

9.1.2024-8.31.2027

COMMUNITY HEALTH NEEDS ASSESSMENT



BAPTIST HEALTH[®]

CORBIN

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Introduction

Foreword

Baptist Health Corbin conducted this community health needs assessment as basis for its community health and engagement strategy to cover fiscal years 2025–2027 (September 1, 2024–August 31, 2027). The approval and adoption of this report by the Baptist Health System, Inc. Board of Directors complies with federal requirements of tax-exempt hospitals.

Executive Summary

The purpose of this community health needs assessment (CHNA) is to identify and analyze community health needs for the community served by Baptist Health Corbin. This CHNA prioritizes the health needs the hospital will work to address from September 2024–August 2027.

The community health needs assessment process followed these steps:

- Inpatient data on patient county of residence defined the “community served” to include Whitley, Knox and Laurel counties.
- Secondary data was gathered from the United States Census Bureau, Centers for Disease Control and Prevention, County Health Rankings and Roadmaps, Kentucky Injury Prevention and Research Center, the University of Kentucky Cooperative Extension Office and Unite Us. These sources provided information on the community’s demographics, mortality, quality of life, clinical care options, health behaviors, socio-economic factors, physical environment, and community feedback.
- Primary data was gathered from the Whitley County Health Department on health priorities. Additional data input was solicited from other local health departments.
- Written comments on the previous CHNA were solicited for input.
- Eight prioritization factors were used to examine health need, including: mortality, morbidity, magnitude, community input, public health, equity, identification as an “area to explore,” and alignment. Each health need was scored for its impact on current community health conditions. The total score for each health need was summed. The top-scoring health needs were identified as priority health needs.
- The significant health needs to be addressed in this CHNA are:
 - 1. Substance Use (Drug/Alcohol/Tobacco Use)**
 - 2. Mental Health**
 - 3. Obesity**
- This CHNA identified potentially available resources for addressing these health needs.
- This CHNA was reported to the Baptist Health Corbin administrative board of directors on April 25, 2024.
- This report was offered for approval and adoption at the Baptist Health System, Inc. Board of Directors meeting on June 25, 2024.
- The final adopted CHNA will be made public and widely-available on or before August 31, 2024 on the Baptist Health website at [BaptistHealth.com](https://www.baptisthealth.com).
- Next steps include developing an action plan to address the identified health needs through the accompanying report to this CHNA, the Implementation Strategies.

Organization Description

Founded in 1924 in Louisville, Kentucky, Baptist Health is a full-spectrum health system dedicated to improving the health of the communities it serves. The Baptist Health family consists of nine hospitals, employed and independent physicians, and more than 500 points of care, including outpatient facilities, physician practices and services, urgent care clinics, outpatient diagnostic and surgery centers, home care, fitness centers, and occupational medicine and physical therapy clinics.

Baptist Health's eight owned hospitals include more than 2,300 licensed beds in Corbin, Elizabethtown, La Grange, Lexington, Louisville, Paducah, Richmond and New Albany, Indiana. Baptist Health also operates the 410-bed Baptist Health Deaconess Madisonville in Madisonville, Kentucky in a joint venture with Deaconess Health System based in Evansville, Indiana. Baptist Health employs more than 24,000 people in Kentucky and surrounding states.

Baptist Health is the first health system in the U.S. to have all its hospitals recognized by the American Nursing Credentialing Center with either a Magnet® or Pathway to Excellence® designation for nursing excellence.

Baptist Health's employed provider network, Baptist Health Medical Group, has more than 1,775 providers, including approximately 820 physicians and 955 advanced practice clinicians. Baptist Health's physician network also includes more than 2,000 independent physicians.

Baptist Health Corbin is a 273-bed, acute care facility providing a wide variety of healthcare services to the residents of Whitley, Knox, Laurel, Bell, Clay, McCreary and Harlan counties in Kentucky and nearby Jellico, Tennessee in Campbell County. The hospital offers 24 points of care in a full continuum from inpatient care to rehab services to behavioral health. Services include cardiac, orthopedics, pain management, a full range of women's services (including obstetrics and breast care), wound care, pain management, cancer care, and diabetic treatments. Formerly known as Baptist Regional Medical Center, the hospital includes outpatient diagnostic, home care, occupational medicine and physical therapy clinics, and a fitness center.

Community Served by the Hospital

Community Definition

The community is defined as the geographic area from which a substantial number of patients admitted to the hospital reside. The Baptist Health Planning Department pulled a report reviewing calendar 2023 admission and the patient county of origin data. The top three counties of origin accounted for 70.5% of admissions in 2023, the latest calendar year available as of this report. Whitley, Knox, and Laurel counties are the community definition for this CHNA.

The community definition for the purposes of this report was agreed upon through discussion between the hospital president and the system director of community health. This does not change or impact service area definitions for other hospital purposes. The chart below details the number of patients by county for counties with at least 10 patients originating in that county.

Calendar Year 2023 Admissions: Patient County of Origin		
<i>County</i>	<i>Admissions</i>	<i>Percent of Total</i>
WHITLEY, KY	4,029	43.6%
KNOX, KY	1,243	13.5%
LAUREL, KY	1,239	13.4%
MCCREARY, KY	510	5.5%
BELL, KY	434	4.7%
PULASKI, KY	252	2.7%
HARLAN, KY	178	1.9%
CAMPBELL, TN	162	1.8%
CLAY, KY	155	1.7%
MADISON, KY	138	1.5%
JACKSON, KY	107	1.2%
FAYETTE, KY	77	0.8%
ROCKCASTLE, KY	57	0.6%
WAYNE, KY	40	0.4%
CLAIBORNE, TN	36	0.4%
HARDIN, KY	30	0.3%
PERRY, KY	26	0.3%
LESLIE, KY	25	0.3%
RUSSELL, KY	24	0.3%
DAVIDSON, TN	18	0.2%
JEFFERSON, KY	18	0.2%
ESTILL, KY	17	0.2%
OWSLEY, KY	16	0.2%
KNOX, TN	14	0.2%
LINCOLN, KY	12	0.1%
PIKE, KY	12	0.1%
FRANKLIN, KY	11	0.1%
SCOTT, KY	10	0.1%
BREATHITT, KY	10	0.1%
SCOTT, TN	10	0.1%
HAMILTON, TN	10	0.1%
All Other Counties	315	3.4%
Grand Total	9,235	100.0%
Source: Baptist Health Planning & Analysis Qlik Data Exports (Patient Level Export)		

Population Demographics

Identifying population demographics helps the hospital team understand characteristics unique to their community. Notable for Whitley County is that residents are younger than the Kentucky average. Both Whitley and Knox counties have more persons with a disability under the age of 65 than the state rate. Laurel County has a higher population rate per square mile than the other two counties and the state overall. All three counties have less racial and ethnic diversity than the state. The chart below shows county-level demographics as compared with Kentucky.

County-Level Demographics as Compared to State					
Category	Demographic Metric	Whitley County	Knox County	Laurel County	Kentucky
Population	Population, 2023 estimate	36,825	29,794	63,296	4,526,154
	Population per square mile, 2020	83.8	78.2	144.3	114.1
	Population, Percent Change estimate: April 1, 2020 to July 1, 2023	0.3%	-1.3%	1.1%	0.4%
Age	Persons under 5 (percent)	7.0%	6.3%	5.8%	5.8%
	Persons under 18 (percent)	25.8%	23.4%	22.6%	22.3%
	Persons 65 years and older (percent)	16.0%	17.7%	17.3%	17.6%
Gender	Female persons (percent)	50.4%	51.0%	50.5%	50.3%
Race, Ethnicity, and Country of Origin	White, alone (percent)	96.7%	96.6%	96.6%	86.9%
	Black or African American, alone (percent)	1.0%	1.2%	0.9%	8.7%
	American Indian or Alaska native, alone (percent)	0.3%	0.3%	0.4%	0.3%
	Asian, alone (percent)	0.5%	0.4%	0.7%	1.8%
	Native Hawaiian or Other Pacific Islander, alone (percent)	0.1%	<0.1%	<0.1%	0.1%
	Two or more races (percent)	1.4%	1.3%	1.4%	2.3%
	Hispanic or Latino (percent)	1.8%	1.6%	1.6%	4.3%
	Foreign-born persons, 2018-2022 (percent)	0.6%	0.7%	95.3%	4.1%
Health	Persons with a disability ≤65 years old (percent)	17.9%	17.4%	13.5%	13.3%
	Persons without health insurance ≤65 years old (percent)	6.7%	7.2%	7.9%	6.7%

Source: United States Census Bureau QuickFacts (2023)

Data Sources and Collaborators

Required Input

Three sources of input are required for the CHNA, and those three sources of input were satisfied through the inclusion of the following sources:

- Public health agency
 - Input from the Whitley County Health Department was included to satisfy this requirement. Feedback was provided directly by the Whitley County Health Department Director to Baptist

Health. The Whitley County Health Department’s Community Health Assessment and Community Health Improvement Plan was referenced to identify and weight priorities for this CHNA. Feedback from other health departments serving this community was also solicited, but communication was not returned.

- Members of medically underserved, low-income and minority populations, or individuals representing the interests of these populations
 - Data from Unite Us, a community referral platform serving our community’s most vulnerable, provided information on the needs of underserved populations. A Network Activity report run by Baptist Health identified the needs for which community members requested resources or support from community agencies and healthcare organizations from January 1, 2023–December 31, 2023. This input was included in the prioritization matrix under the “Equity” factor.
 - General community input was pulled from a University of Kentucky Community Assessment. There was a separate survey for each of the three counties, and each county’s feedback was reviewed. Included in the assessments were survey results where community members ranked community issues on a scale of “very important” to “not important.” The general community input was included in the prioritization matrix under “Community.” Links to the surveys are available in the “References” section of this CHNA.
- Written comments received on the previous CHNA
 - Written comments were solicited via a webform at [Community Health Needs Assessments - Baptist Health](#), beginning in September 2021 and available through the present time. The webform included the language: “Please provide any feedback on our Community Health Needs Assessment or Strategic Implementation Plan. Input will be considered as we measure progress on our current plan and as we conduct our next assessment. If you represent an organization whose feedback you would like represented on our CHNA Steering Committee, please contact us below.”
 - The webform received responses, but no comments provided direct feedback on the preceding CHNA or accompanying Implementation Strategies report.

Additional Sources of Input

Other data sources used to understand the community health needs include:

- Baptist Health Planning
 - The Baptist Health Planning Department provided data on inpatient county of origin, which was used to determine the community definition for this CHNA.
- Center for Neighborhood Technology
 - The “Housing and Affordability Index” was used to determine the potential impact of transportation costs on the health outcomes in the community.
- Centers for Disease Control and Prevention (CDC)
 - The CDC’s National Center for Health Statistics data report “Leading Causes of Death” identified mortality in the community served.
- County Health Rankings and Roadmaps (a program of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation)

- The County Health Rankings and Roadmaps is a publicly available data repository updated annually from many sources. Health data is available at a county level on such topics as quality of life, clinical care, health behaviors, socio-economic factors, and physical environment data.
- Kentucky Injury Prevention and Research Center (KIPRC)
 - KIPRC provides county-level drug overdose rates, as well as data on hospital visits and inpatient admissions due to drug use.
- United States Census Bureau
 - The 2023 Quick Facts data identified community demographics regarding population, age, gender, race/ethnicity, country of origin and health data.

Third-Party Collaboration

No third-party organizations were involved in the writing of this report outside of providing data and feedback as described in the above sub-sections of this CHNA. The Baptist Health System Director, Community Health and Engagement is responsible for the data gathering and needs analysis in this report.

Information Gaps

As is often the case with data collection, some of the data contained within this CHNA was gathered a few years prior to the writing of this report. This may not reflect what is currently happening in the community and the impact of interventions that have since been placed.

We also recognize that community survey data only represents the voices of those who were offered the survey and able to read and respond to it. There is an inherent privilege in this circumstance that may not represent the experience of all living in the community.

We also recognize that Unite Us platform data is only able to respond to needs of which there are referral agencies in the community. This may mean there are underrepresented needs in the community not listed here because there are no agencies or not enough agencies accepting referrals to address the health needs of those community members.

Community Health Data

Health Outcomes: Mortality

Health outcomes detail how healthy a community is and are measured by length of life (mortality) and quality of life (morbidity). The charts below detail the leading causes of death in Whitley, Knox and Laurel counties. Heart disease, cancer, and chronic lower respiratory disease are the top three leading causes of death in this community.

Health Outcomes: Mortality Leading Causes of Death in Whitley County, KY				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Diseases of heart	149	36,451	408.8
2	Malignant neoplasms (cancers)	93	36,451	255.1
3	Chronic lower respiratory diseases	55	36,451	150.9
4	Accidents (unintentional injuries)	39	36,451	107.0
5	COVID-19	25	36,451	68.6
6	Septicemia	17	36,451	Unreliable
7	Influenza and pneumonia	14	36,451	Unreliable
8	Cerebrovascular diseases	11	36,451	Unreliable
9	Alzheimer's disease	11	36,451	Unreliable
10	Nephritis, nephrotic syndrome and nephrosis	11	36,451	Unreliable

Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)

Health Outcomes: Mortality Leading Causes of Death in Knox County, KY				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Malignant neoplasms (cancers)	90	31,022	290.1
2	Diseases of heart	87	31,022	280.4
3	Chronic lower respiratory diseases	46	31,022	148.3
4	COVID-19	30	31,022	96.7
5	Accidents (unintentional injuries)	26	31,022	83.8
6	Diabetes mellitus	26	31,022	83.8
7	Alzheimer's disease	16	31,022	Unreliable
8	Septicemia	15	31,022	Unreliable
9	Cerebrovascular diseases	14	31,022	Unreliable

Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)

Health Outcomes: Mortality Leading Causes of Death in Laurel County, KY				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Diseases of heart	195	61,238	318.4
2	Malignant neoplasms (cancers)	173	61,238	282.5
3	Chronic lower respiratory diseases	58	61,238	94.7
4	Accidents (unintentional injuries)	56	61,238	91.4
5	Alzheimer's disease	35	61,238	57.2
6	COVID-19	27	61,238	44.1
7	Cerebrovascular diseases	25	61,238	40.8
8	Diabetes mellitus	24	61,238	39.2
9	Influenza and pneumonia	14	61,238	Unreliable
10	Chronic liver disease and cirrhosis	13	61,238	Unreliable
11	Nephritis, nephrotic syndrome and nephrosis	13	61,238	Unreliable
12	Intentional self-harm (suicide)	11	61,238	Unreliable
13	Septicemia	11	61,238	Unreliable

Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)

Health Outcomes: Morbidity

Many factors impact morbidity in a community. We looked at self-reported metrics, like the community's perception of their own physical and mental health. We also reviewed disease prevalence, like diabetes, and indicators of infant health, including babies born at low birthweights. All three counties reported worse physical and mental health when compared with Kentucky and the United States overall. For an idea of morbidity in the community, the chart below details quality of life metrics for the community compared with metrics from Kentucky and the United States.

Health Outcomes: Morbidity Quality of Life Metrics					
Quality of Life Measures	Whitley County	Knox County	Laurel County	Kentucky	United States
Poor or Fair Health**	24%	30%	24%	21%	14%
# of Poor Physical Health Days in Past 30 Days**	5.1	6.0	5.2	4.5	3.3
# of Poor Mental Health Days in Past 30 Days**	6.3	6.8	6.0	5.5	4.8
Diabetes Prevalence	12%	14%	12%	12%	10%
Low Birth Weight Percentage of live births with low birth weight (< 2,500 grams)	11%	11%	9%	9%	8%

**Self-Reported Health Metric
Source: County Health Rankings (2024)

Health Factors: Health Behaviors

Health factors influence an individual’s health and are impacted by four different areas: health behaviors, clinical care, social and economic factors, and the physical environment. Health behaviors refer to health-related practices that can improve or damage health. However, we do recognize that not all community members have the access or means to make healthy choices, as evidenced by the inclusion of data points such as food insecurity (County Health Rankings and Roadmaps, 2024). Areas highlighted in red were noted as “areas of opportunity” and those in green were noted as “areas of strength” by the County Health Rankings and Roadmaps.

Health Factors: Health Behaviors					
Health Behaviors	Whitley County	Knox County	Laurel County	Kentucky	United States
Alcohol and Tobacco Use					
Adult Smoking Rate	26%	30%	25%	20%	15%
Excessive Drinking Rate	15%	13%	14%	15%	18%
Alcohol-Impaired Driving Deaths	26%	14%	29%	26%	26%
Drug Use² (rate per 100,000 population)					
Fatal Overdose	86.6	<10	36.8	47.4	NA
ED Visits for Nonfatal Overdose	278.8	217.3	147.1	250.0	NA
Inpatient Hospitalizations for Nonfatal Overdose	227.4	73.6	92.7	95.6	NA
ED Visits for Substance Use Disorder	1,267.0	1,538.0	703.3	985.3	NA
Inpatient Hospitalizations for Substance Use Disorder	197.6	83.6	48.0	41.9	NA
Sexual Activity					
Sexually Transmitted Infections Number of newly diagnosed chlamydia cases per 100,000 population	465.6	344.4	282.9	410.3	495.5
Teen Births Number per 1,000 female population ages 15-19	44	46	36	26	17
Diet and Exercise					
Physical Inactivity Rate	32%	38%	32%	30%	23%
Adult Obesity Rate	42%	42%	47%	41%	34%
Food Insecurity % of the population who lack adequate access to food	16%	38%	15%	13%	10%
Limited Access to Healthy Foods % of population who are low income and do not live close to a grocery store	2%	18%	11%	6%	6%
Sources: County Health Rankings (2024) and Kentucky Injury Prevention and Research Center (2022) ²					

Health Factors: Clinical Care

Clinical care refers to direct medical treatment or testing. “Access to affordable, quality health care can prevent disease and lead to earlier disease detection,” according to the County Health Rankings and Roadmaps model. Limited or low-quality care can lead to worse health outcomes and lower quality of life.

Clinical care is examined here through two lenses: access and quality. Access to care includes having insurance coverage and having providers available in communities. “Language barriers, distance to care, and racial disparities in treatment present further barriers to care,” according to the County Health Rankings and Roadmaps. Quality of care includes evidence-based decisions, quality improvement efforts, and care coordination within and among facilities (County Health Rankings and Roadmaps, 2024). Areas highlighted in red were noted as “areas of opportunity” and those in green were noted as “areas of strength” by the County Health Rankings and Roadmaps.

Health Factors: Clinical Care					
Clinical Care Measures	Whitley County	Knox County	Laurel County	Kentucky	United States
Access to Care					
Uninsured Rate	7%	7%	8%	7%	10%
Ratio of Population to Primary Care Physicians	1,150:1	3,740:1	2,610:1	1,600:1	1,330:1
Ratio of Population to Mental Health Providers	60:1	1,100:1	1,120:1	340:1	330:1
Quality of Care					
Preventable Hospital Stays Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,525	3,439	3,114	3,457	2,681
Source: County Health Rankings (2024)					

Health Factors: Social and Economic Factors

Social and economic factors affect how long and how well communities live. Areas highlighted in red were noted as “areas of opportunity” (County Health Rankings and Roadmaps, 2024).

Health Factors: Social and Economic Factors					
<i>Social and Economic Factors</i>	<i>Whitley County</i>	<i>Knox County</i>	<i>Laurel County</i>	<i>Kentucky</i>	<i>United States</i>
Education					
High School Completion	82%	79%	84%	88%	89%
Bachelor's Degree or Higher ²	18.7%	16.7%	16.6%	26.5%	34.3%
Employment/Economic Factors					
Unemployment	4.4%	5.3%	4.2%	3.9%	3.7%
Median Household Income	\$43,600	\$36,600	\$50,700	\$59,200	\$74,800
Income Inequality Ratio of household income at the 80th percentile to that at the 20th percentile	5.8	6.8	5.2	4.9	4.9
Persons in Poverty ²	26.3%	33.1%	20.4%	16.5%	11.5%
Social Support					
Social Associations Number of associations per 10,000 residents	8.4	7.7	5.3	10.2	9.1
Children in Single Parent Households	21%	41%	24%	25%	25%
Community Safety					
Firearm Fatalities Number of firearm deaths per 100,000 population	26	13	20	18	13
Injury Deaths Number of injury deaths per 100,000 population	126	103	94	106	80
Motor Vehicle Crash Deaths Number of motor vehicle crash deaths per 100,000 population	24	22	20	18	12
Source: County Health Rankings (2024) United States Census Bureau QuickFacts (2023) ²					

Health Factors: Physical Environment

The physical environment of a community impacts its health in obvious areas, like air quality (County Health Rankings and Roadmaps, 2024). The physical environment also impacts quality of life and access to care through factors like its connectivity to jobs and healthcare. Opportunities for transportation, as well as its relative costs and ease of access, greatly influence the health of a community. The relative cost, availability, and quality of housing also affect health.

Health Factors: Physical Environment					
<i>Physical Environment Measures</i>	<i>Whitley County</i>	<i>Knox County</i>	<i>Laurel County</i>	<i>Kentucky</i>	<i>United States</i>
Environment					
Air Pollution—Particulate Matter	8.0	7.9	8.1	8.2	7.4
Housing					
Severe Housing Problems Percent of households experiencing ≥1 of the following: overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing facilities	14%	13%	13%	13%	17%
Severe Housing Cost Burden Percent of households that spent ≥50% or more of their income on housing	13%	14%	10%	12%	14%
Broadband Access	78%	80%	85%	86%	88%
Transportation²					
Transportation Costs Average transportation costs as a percent of average income	38%	36%	39%	NA	NA
Transit Performance Score Score from 1-10 that looks at connectivity, access to jobs, and frequency of service	0 (Car-dependent with very limited or no access to public transportation)	0 (Car-dependent with very limited or no access to public transportation)	0 (Car-dependent with very limited or no access to public transportation)	NA	NA
Source: County Health Rankings (2024) The Center for Neighborhood Technology (2023) ²					

Community and Public Health

Feedback from several county-level community assessments was used to ascertain feedback directly from residents. Considering the inherent privilege of people accessing the healthcare system, we chose to use an external data source to garner more representative feedback than would have been gathered by a hospital survey. Using an established data source also allowed for less survey fatigue in the community.

The data below shows employment and chronic diseases were the top two areas of concern for all three counties in this community. The third top concern differed among the counties surveyed but included access to care and obesity.

Community Input: Most Important Health Issues Ranked by County			
<i>Health Need</i>	<i>Whitley County</i>	<i>Laurel County</i>	<i>Knox County</i>
Jobs with Good Wages	1	1	1
Chronic Diseases	2	2	2
Access to Affordable Health Care	3	3	
Obesity			3
Sources: Whitley County Extension Community Assessment (2019), Laurel County Extension Community Assessment (2019), Knox County Extension Community Assessment (2019)			

To further examine the needs of our community’s most vulnerable, we pulled referral data from Unite Us, a community referral platform used by a variety of agencies across the United States. The platform allows organizations, such as hospitals and community-based organizations, to send referrals for a community member for needs the referring organization cannot address. For example, a hospital may send a referral for a patient to a local food bank when the patient expresses issues of food insecurity.

A report pulled for all three counties showed the top need as a basis for referral was food assistance. This data source is limited by the small number of referrals and by the type of agencies available on the platform. Despite the limitation, this data source represents a concerted effort to include the community members whose voices may not be represented in a traditional survey.

Unite Us Platform: Community Needs from 1.1.2023-12.31.2023		
Whitley, Knox, and Laurel Counties		
<i>Top Five Needs as Basis for Referral</i>	<i>Number of Cases</i>	<i>Percent of All Cases</i>
Case Volume by Service Type		
Food Assistance	8	47.1%
Housing & Shelter	3	17.6%
Individual and Family Support	2	11.8%
Employment	2	11.8%
Individual and Family Support	1	5.9%
Source: Unite Us Insights: Network Activity Overview (2024)		

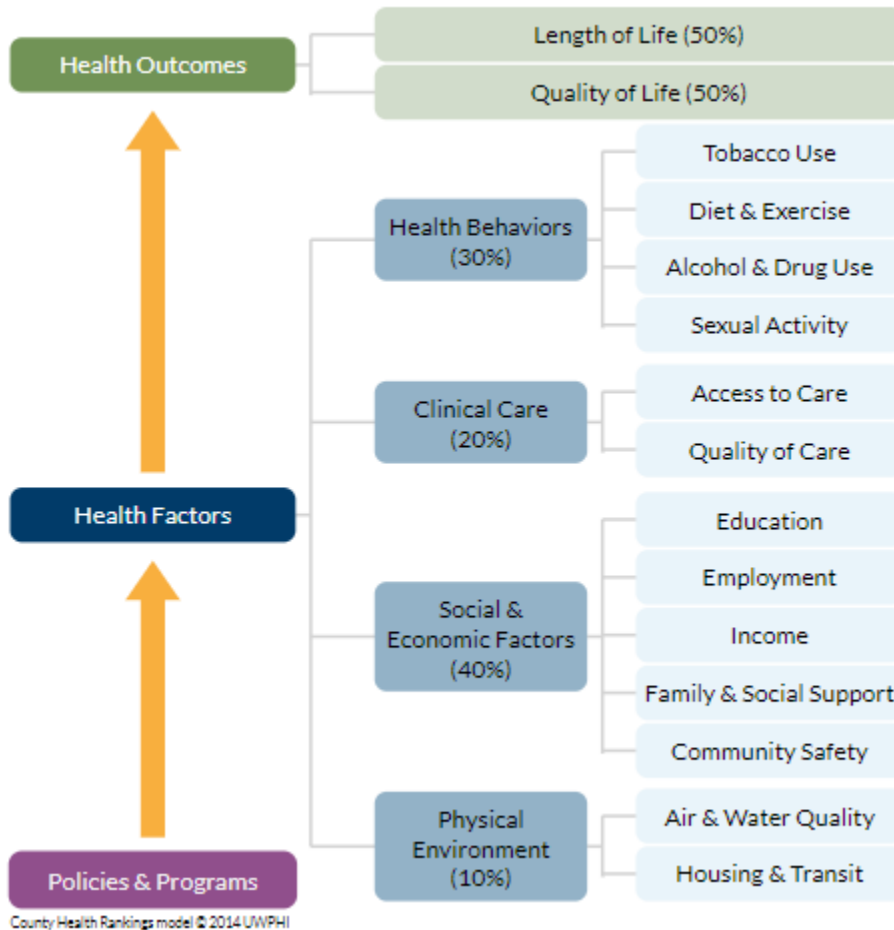
The public health department serving the county of origin for the largest percent of the hospital’s patients, Whitley County Health Department, provided feedback directly to Baptist Health regarding priority areas. Feedback from other health departments serving this community was solicited but communication was not returned.

Public Health Input: Priority Health Needs Identified	
<i>Health Need</i>	<i>Whitley County Health Department Priority</i>
Obesity (including diabetes)	1
Mental Health	2
Substance Use (including tobacco)	3
Source: Whitley County Health Department (2024)	

Community Health Needs Assessment Process

Population Health Model

The main secondary data source for this CHNA is the County Health Rankings and Roadmaps. Their model is depicted below.



This population health model illustrates that health outcomes are determined 40% by social and economic factors, 30% by health behaviors, 20% by clinical care, and 10% by the physical environment. (A fifth set of health factors, genetic, is not included in these rankings because these variables cannot be impacted by community-level intervention.) Thus, the model tells us that 80% of health outcomes are dictated by the social determinants of health.

The World Health Organization defines social determinants of health as “the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”

By including the social determinants of health in the needs we assessed for this CHNA, Baptist Health is positioned to address those factors which have the greatest impact on our community’s health.

Prioritization of Community Health Needs

To increase transparency and data-supported decisions, Baptist Health developed a process for identifying priority health needs using a prioritization matrix. The process began by listing the health needs in the County Health Rankings model, as well as some health conditions.

Each of these needs was scored for impact across factors. These prioritization factors are:

- **Mortality:** How is this health need related to the leading causes of death in this community?
 - Data reference: "Leading Causes of Death"
 - Heart disease is the leading cause of death in two of the three counties in this community, so it received three points. Cancer is the second leading cause of death, so it received two points. Respiratory disease was the third leading cause, so it received one point.
- **Morbidity:** How does this need relate to this community's quality of life data?
 - Data reference: "Quality of Life" and "Clinical Care"
 - In reviewing the data related to what makes a community sick, the high rates of self-reported poor mental health stood out against the state and national rates, so mental health received three points for its impact. The high ratios of population to primary care providers in the community earned access to care two points. The prevalence of diabetes in one of the counties in the community led diabetes to receive one point.
- **Magnitude:** How many people in the community are personally affected by this health need?
 - Data reference: "Health Behaviors," "Social and Economic Factors" and "Physical Environment"
 - Smoking and drug use rates were significantly higher in this community than state averages, so these health needs were grouped into "substance use" and received three points. The rates of obesity were higher in all three counties than the state average, so this received two points. The unemployment rate was higher in each of these counties than the state average, so this received one point.
- **Community:** Was this need identified as a priority by the community served?
 - Data reference: "Community Input: Most Important Health Issues Ranked"
 - The top concern in the community survey was "jobs with good wages," so employment received three points. The second concern was "chronic diseases" without further detail, so each of the chronic diseases on this list received two points. "Access to affordable healthcare" was the third top concern in two of the three counties, so it received one point.
- **Public Health:** Was this need identified as a priority by a public health agency or other community agencies representing the broad interests of the community?
 - Data reference: "Public Health Input: Priority Health Needs Identified"
 - The Whitley County Health Department outlined their top health priorities in descending order: obesity (three points), mental health (two points), and substance use (one point).
- **Equity:** Does this health need disproportionately impact vulnerable populations?
 - Data reference: "Unite Us Platform: Community Needs"
 - Unite Us data showed that the top three health needs were food assistance (diet and exercise, three points), housing (two points), and employment (one point).
- **Explore:** Is this area delineated as "an area to explore" by the County Health Rankings?
 - Data reference: Areas highlighted in red on charts in the "Community Health Data" section

- Smoking rates were highlighted in all three counties, so three points were given to substance use. Obesity was also highlighted in all three counties, although the rates were not as statistically significant as the smoking rates, so obesity received two points. The physical inactivity rate was also highlighted in all three counties, so it received one point.
- **Alignment:** Was this an identified health need on previous CHNA?
 - Data reference: FY22-24 Baptist Health Corbin CHNA
 - The previous CHNA listed mental health/substance abuse, obesity, cancer, cardiovascular disease, and patient transportation (in descending order) as health priorities. To recognize and support existing efforts, three points were credited in each of the substance use and mental health areas. The other remaining areas listed above received one point.

After each prioritization factor was scored, the scores were summed for each health need. The chart below shows the prioritization matrix described.

Health Needs Prioritization Matrix										
Area	Health Needs	Mortality	Morbidity	Magnitude	Community	Public Health	Equity	Explore	Alignment	Sum
<i>Health Behaviors</i>	Substance Use (Drug/Alcohol/Tobacco)			3		1		3	3	10
	Diet and Exercise						3	1		4
	Sexual Activity									0
<i>Clinical Care</i>	Access to Care		2		1					3
	Quality of Care									0
<i>Social and Economic Factors</i>	Education									0
	Employment			1	3		1			5
	Income									0
	Family & Social Support									0
	Community Safety									0
<i>Physical Environment</i>	Air & Water Quality									0
	Housing & Transit						2		1	3
<i>Health Outcomes</i>	Heart Disease	3			2				1	6
	Cancer	2			2				1	5
	Diabetes		1		2					3
	Mental Health		3			2			3	8
	Stroke									0
	Alzheimer's Disease									0
	COVID-19/Respiratory Disease	1								1
	Obesity			2		3		2	1	8

Identification of Significant Health Needs

The top-scoring health needs were identified as significant health needs to address in the CHNA:

- **Substance Use (Drug/Alcohol/Tobacco)**
- **Mental Health**
- **Obesity**

The Baptist Health Corbin administrative board of directors reviewed this process and accepted these significant health needs in the meeting on April 25, 2024. This review preceded approval from the Baptist Health System, Inc. Board of Directors, the authorized body for Baptist Health Corbin.

Needs Not Addressed

In the previous CHNA, heart disease, cancer, and patient transportation were listed as significant health needs. While we recognize that these are still important areas of focus, we will report progress on these within the context of addressing substance abuse, mental health and obesity. For example, we may still impact transportation issues as part of connecting patients to substance use treatment services. See the subsection “Learning from Previous CHNA” for further discussion.

Potentially Available Resources

Community health needs are best addressed collaboratively. Due to the large and complex nature of health needs, each type of organization has a part to play. Each of the below types of organizations may be available to address the significant health needs identified in this report:

- Health Facilities and Services
 - The Kentucky Cabinet for Health and Family Services maintains an inventory of health facilities and services. Due to the nature of the bi-monthly updates to this inventory, the website containing this information is linked here: [Inventory of Health Facilities and Services - Cabinet for Health and Family Services \(ky.gov\)](#).
- Health Departments
 - Each county included in the community definition for this CHNA has its own health department.
 - Whitley County Health Department
 - Laurel County Health Department
 - Knox County Health Department
- Community-Based Organizations
 - The Unite Us platform lists organizations that have received referrals to address needs in the community. A referral report showed these organizations received referrals to assist community members in Whitley, Laurel, and Knox counties from January 2023–May 2024. The organizations were:
 - Home Helpers Home Care, London, KY
 - Second Mile Behavioral Health LLC
 - Bluegrass Aging and Disability Resource Center
 - Daniel Boone Community Action Agency, London
 - Christian Appalachian Project — Eagle Food Pantry
 - Christian Appalachian Project Cumberland Valley Region (CAP)
 - Daniel Boone Community Action Agency — Jackson County

- God's Food Pantry — Somerset, KY
- Horizon Adult Day Health Care
- Lakeshore Legal Aid

Evaluation of Impact

Evaluation of Previous CHNA

The below actions were taken as part of the Implementation Strategies accompanying the previous CHNA. The actions are listed by the health needs previously identified as significant health needs:

- Mental Health and Substance Abuse
 - Increased access points to behavioral health.
 - Integrated behavioral health virtual care in Baptist Health primary care clinics.
 - Hosted Chalk the Walk events.
 - Supported Camp UNITE.
- Obesity
 - Provided healthy meals to Corbin Senior Citizens Center.
 - Offered diabetes management classes and education.
- Cancer
 - Increased lung cancer screenings and mammograms.
 - Provided community education at local movie nights.
 - Produced videos to educate on health topics.
- Cardiovascular Disease
 - Hosted Cardiovascular Symposium for education.
 - Provided blood pressure screenings at every health fair attended by Baptist Health Corbin.
- Patient Transportation
 - Explored grant opportunities to cover patient transportation for needed services.

Learning from Previous CHNA

During the last CHNA cycle, nine Baptist Health hospitals had 14 health needs to address in a three-year cycle. Baptist Health Corbin identified five priority health needs for its previous CHNA. To appreciate the synergy enjoyed by cumulative effort, Baptist Health narrowed focus and selected two to three health needs on which to focus per hospital. Given the quick turnaround time of the CHNA report in which to realize outcomes metrics, it is more meaningful to develop a few outcomes-based metrics addressing fewer needs than to track many process metrics addressing more needs, of which impact may not be discernible. We also look forward to implementing more evidence-based responses to our community health needs, which requires rigorous effort.

Next Steps

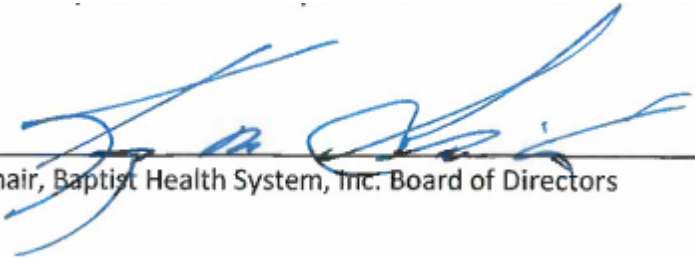
Once approved by the Baptist Health Board of Directors, this CHNA will be made public and widely available no later than August 31, 2024.

Baptist Health will use the findings in this CHNA to develop a plan to address each identified health need. This will include the actions we will take, resources committed, and any collaboration with external partners. This

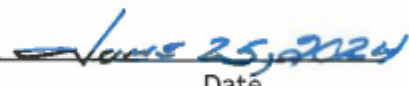
plan will be documented in an accompanying report, the Implementation Strategies. That report will be reviewed by the hospital's administrative board before approval and adoption by the Baptist Health System, Inc. Board of Directors. That report will be made public and widely available no later than January 15, 2025.

Approval and Adoption

As an authorized body of Baptist Health Corbin, the Baptist Health System, Inc. Board of Directors approves and adopts this community health needs assessment on the date listed below.



Chair, Baptist Health System, Inc. Board of Directors



Date

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