9.1.2024–8.31.2027

COMMUNITY HEALTH NEEDS ASSESSMENT

BAPTIST HEALTH®

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Contents

Introduction

Foreword

Baptist Health Floyd 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 Floyd. 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 Floyd County, Indiana.
- Secondary data was gathered from the United States Census Bureau, Centers for Disease Control and Prevention, County Health Rankings and Roadmaps, Indiana Department of Health 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 on health priorities from a community survey and focus groups conducted with two local coalitions.
- Additional feedback was solicited from written comments on the previous CHNA.
- 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. **Mental Health**
    2. **Substance Use (Drug/Alcohol/Tobacco Use)**
- This CHNA also identified potentially available resources for addressing these health needs.
- This CHNA was offered to the Baptist Health Floyd administrative board of directors on April 23, 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.
- 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 450 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 nearly 1,500 providers, including approximately 820 physicians and 955 advanced practice clinicians. Baptist Health's physician network also includes more than 2,000 independent physicians.

Since its inception in 1953, Baptist Health Floyd has emerged to be an outstanding regional healthcare provider. Its medical staff is a well-built team of more than 600 physicians, representing a variety of specialties. The hospital currently employs over 2,000 employees.

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. Floyd County, Indiana accounted for the single largest county of origin for Baptist Health Floyd's inpatients with 36.5% of all inpatients in 2023. Floyd County is the community definition for this CHNA.

The community definition for the purposes of this report was agreed upon through discussion between the Baptist Health Floyd Healthier Community Initiative team 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 ten patients originating in that county.

Calendar Year 2023 Admissions: Patient County of Origin		
County	*Admissions*	*Percent of Total*
FLOYD, IN	4,516	36.5%
CLARK, IN	3,741	30.2%
HARRISON, IN	1,535	12.4%
WASHINGTON, IN	1,061	8.6%
SCOTT, IN	460	3.7%
CRAWFORD, IN	320	2.6%
JEFFERSON, KY	213	1.7%
ORANGE, IN	151	1.2%
JEFFERSON, IN	51	0.4%
JACKSON, IN	47	0.4%
MEADE, KY	39	0.3%
LAWRENCE, IN	23	0.2%
HARDIN, KY	18	0.1%
DUBOIS, IN	15	0.1%
BULLITT, KY	14	0.1%
PERRY, IN	10	0.1%
All Other Counties	174	1.4%
Grand Total	**12,388**	**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 Floyd County is the significantly higher population density than the Indiana state average. There is less racial and ethnic diversity than the state. The chart below shows county-level demographics as compared with Indiana.

County-Level Demographics as Compared to State			
Category	Demographic Metric	Floyd County	Indiana
Population	Population, 2023 estimate	80,809	6,862,199
	Population per square mile, 2020	542.0	189.4
	Population, Percent Change estimate: April 1, 2020 to July 1, 2023	0.4%	1.1%
Age	Persons under 5 (percent)	5.4%	5.9%
	Persons under 18 (percent)	22.3%	23.0%
	Persons 65 years and older (percent)	17.6%	16.9%
Gender	Female persons (percent)	51.1%	50.3%
Race, Ethnicity, and Country of Origin	White, alone (percent)	89.9%	84.0%
	Black or African American, alone (percent)	5.7%	10.3%
	American Indian or Alaska native, alone (percent)	0.4%	0.4%
	Asian, alone (percent)	1.4%	2.8%
	Native Hawaiian or Other Pacific Islander, alone (percent)	0.1%	0.1%
	Two or more races (percent)	2.6%	2.4%
	Hispanic or Latino (percent)	4.1%	7.9%
	Foreign-born persons, 2018-2022 (percent)	2.8%	5.6%
Health	Persons with a disability ≤65 years old (percent)	10.0%	9.9%
	Persons without health insurance ≤65 years old (percent)	7.5%	8.3%
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
    - Rebecca Didelot (Healthier Community Initiative Coordinator) led a focus group with the Floyd County Nutrition and Physical Activity Coalition. Represented at that meeting were the following groups: Purdue Extension Office, YMCA, Family Health Center (federally qualified health clinic), Floyd County Health Department, Minority Health Coalition, Let Us Learn and Anthem. See the Appendix of this report for this focus group feedback.
    - Carla Creech (Healthier Community Initiative Coordinator) led a focus group with the Floyd County Tobacco Prevention and Cessation Coalition. Represented at that meeting were the following groups: Our Place, Q Source, American Cancer Society, Anthem, a community representative (military), Community Action of Southern Indiana, Family & Children's Place, and Indiana University Southeast. See the Appendix of this report for this focus group feedback.
    - The Floyd County Health Department, the public health agency for this community, had its input included as part of the Nutrition and Physical Activity Coalition. The Floyd County Health Department uses the hospital CHNA as its community health assessment.
- 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 solicited through a Survey Monkey survey based on a Kentucky Department for Public Health survey. The "Baptist Health Floyd Community Survey" received responses from February 15, 2024–March 14, 2024. Twenty-one questions were included on a survey with an estimated completion time of seven minutes. The survey received 72 responses. Results are included in the Appendix to this report.
- 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.
- Indiana Department of Health
  - The Indiana Department of Health maintains the "Indiana Drug Overdose Dashboard," which contains county-leave data on indicators of drug use in the community.
- 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 and Baptist Health Floyd Healthier Community Initiative team are 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 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.

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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 Floyd County. Heart disease, cancer, and COVID-19 rounded out the top three leading causes of death in this community. This data was from the latest year available as of this writing, which was 2020. COVID-19 is no longer this high on the list of leading causes of death.

Health Outcomes: Mortality Leading Causes of Death in Floyd County, IN				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Diseases of heart	199	78,936	252.1
2	Malignant neoplasms (cancers)	169	78,936	214.1
3	COVID-19	87	78,936	110.2
4	Accidents (unintentional injuries)	58	78,936	73.5
5	Alzheimer's disease	47	78,936	59.5
6	Chronic lower respiratory diseases	47	78,936	59.5
7	Cerebrovascular diseases	29	78,936	36.7
8	Chronic liver disease and cirrhosis	17	78,936	Unreliable
9	Diabetes mellitus	16	78,936	Unreliable
10	Intentional self-harm (suicide)	16	78,936	Unreliable
11	Influenza and pneumonia	14	78,936	Unreliable
12	Essential hypertension and hypertensive renal disease	14	78,936	Unreliable
13	Septicemia	13	78,936	Unreliable
14	Nephritis, nephrotic syndrome and nephrosis	13	78,936	Unreliable
15	Parkinson's disease	11	78,936	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. Floyd County's self-reported health metrics and birth weights are on par with that of the Indiana average. The rate of diabetes us lower in Floyd County than compared with Indiana or the United States. For an idea of morbidity in the community, the chart below details quality of life metrics for the community compared to metrics from Indiana and the United States.

Health Outcomes: Morbidity Quality of Life Metrics			
Quality of Life Measures	*Floyd County*	*Indiana*	*United States*
Poor or Fair Health**	15%	16%	14%
# of Poor Physical Health Days in Past 30 Days**	3.7	3.5	3.3
# of Poor Mental Health Days in Past 30 Days**	5.1	5.2	4.8
Diabetes Prevalence	9%	11%	10%
Low Birth Weight: Percentage of live births with low birth weight (< 2,500 grams)	8%	8%	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	*Floyd County*	*Indiana*	*United States*
Alcohol and Tobacco Use			
Adult Smoking Rate	17%	18%	15%
Excessive Drinking Rate	17%	18%	18%
Alcohol-Impaired Driving Deaths	33%	18%	26%
Drug Use[2]			
Unintentional Overdose Deaths	35.0	2,440	NA
ED Visits Due to Any Drug	182	16,694	NA
Hospitalizations Due to Any Drug	61	5,581	NA
Sexual Activity			
Sexually Transmitted Infections Number of newly diagnosed chlamydia cases per 100,000 population	359.2	510.7	495.5
Teen Births Number per 1,000 female population ages 15-19	16	20	17
Diet and Exercise			
Physical Inactivity Rate	24%	25%	23%
Adult Obesity Rate	37%	37%	34%
Food Insecurity % of the population who lack adequate access to food	9%	11%	10%
Limited Access to Healthy Foods % of population who are low income and do not live close to a grocery store	5%	9%	6%
Food Environment Index Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	8.3	6.8	7.7
Sources: County Health Rankings (2024) and Indiana Department of Health (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 their 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 in green were noted as "areas of strength" by the County Health Rankings and Roadmaps.

Health Factors: Clinical Care			
Clinical Care Measures	Floyd County	Indiana	United States
Access to Care			
Uninsured Rate	8%	9%	10%
Ratio of Population to Primary Care Physicians	1,790:1	1,520:1	1,330:1
Ratio of Population to Mental Health Providers	630:1	500:1	320:1
Quality of Care			
Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,510	3,135	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 in green were noted as "areas of strength" by the County Health Rankings and Roadmaps.

Health Factors: Social and Economic Factors			
Social and Economic Factors	*Floyd County*	*Indiana*	*United States*
Education			
High School Completion	92%	90%	89%
Bachelor's Degree or Higher[2]	31.3%	28.2%	34.3%
Employment/Economic Factors			
Unemployment	2.5%	3.0%	3.7%
Median Household Income	$74,300	$66,800	$74,800
Income Inequality Ratio of household income at the 80th percentile to that at the 20th percentile	4.1	4.3	4.9
Persons in Poverty[2]	10.1%	12.6%	11.5%
Social Support			
Social Associations Number of associations per 10,000 residents	10.3	11.8	9.1
Children in Single Parent Households	26%	24%	25%
Community Safety			
Firearm Fatalities Number of firearm deaths per 100,000 population	13	16	13
Injury Deaths Number of injury deaths per 100,000 population	92	90	80
Motor Vehicle Crash Deaths Number of motor vehicle crash deaths per 100,000 population	10	13	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			
Physical Environment Measures	*Floyd County*	*Indiana*	*United States*
Environment			
Air Pollution—Particulate Matter	10.0	8.8	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	9%	12%	17%
Severe Housing Cost Burden Percent of households that spent ≥50% or more of their income on housing	8%	11%	14%
Broadband Access	85%	87%	88%
Transportation[2]			
Transportation Costs Average transportation costs as a percent of average income	25%	25%	NA
Transit Performance Score Score from 1-10 that looks at connectivity, access to jobs, and frequency of service	1.2 (Car-dependent)	NA	NA
Source: County Health Rankings (2024) The Center for Neighborhood Technology (2023)[2]			

Community and Public Health

General community input was solicited through a Survey Monkey survey based on a Kentucky Department for Public Health survey. The "Baptist Health Floyd Community Survey" received 72 responses from Feb. 15, 2024—Mar. 14, 2024. Full survey results are included in the Appendix to this report. For the purposes of weighing community feedback in our determination of priority health needs, we selected responses to the question, "What are the most important health problems in our community?" The top three health issues of importance to the community are listed below.

Community Input from Floyd County: Most Important Health Problems Ranked	
Health Need	*Rank*
Mental health problems	1
Access to health care	2
Overweight/obesity	3
Source: Baptist Health Floyd Community Survey (2024)	

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 Floyd County showed the top need as a basis for referral was housing and shelter. 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. The top five needs as basis for referral in 2023 are listed below.

Unite Us Platform: Community Needs for Floyd County (1.1.2023-12.31.2023) Case Volume by Service Type		
Top Five Needs as Basis for Referral	*Number of Cases*	*Percent of All Cases*
Housing and Shelter	575	44%
Benefits Navigation	321	25%
Utilities	154	12%
Employment	79	6%
Individual and Family Support	63	5%
Source: Unite Us Insights: Network Activity Overview (2024)		

Public health feedback and input from other persons who represent the broad interests of the community was solicited through focus groups with two community coalitions: the Nutrition and Physical Activity Coalition and the Tobacco Prevention and Cessation Coalition. Full focus group feedback is included in the Appendix to this report. A complete listing of groups included on these coalitions is listed in the "Required Input" subsection of

this report. For the purposes of weighing public health feedback in our determination of priority health needs, we selected responses to the question, "What are the two biggest health issues for your community?" The top health issues of importance to the coalitions are listed below.

Focus Group Feedback		
"What are the two biggest health issues for your community?"	*Tobacco Prevention and Cessation Coalition*	*Nutrition and Physical Activity Coalition*
Health Issues		
Diabetes	✓	✓
Heart Disease	✓	
Insurance and Coverage of Preventative Screenings	✓	
Mental Health	✓	✓
Access		✓
Outpatient Facility		✓
Youth		✓
Social justice		✓
Vaping/Smoking	✓	✓
Healthy Food Access		✓
Obesity		✓
Source: Rebecca Didelot and Carla Creech (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.
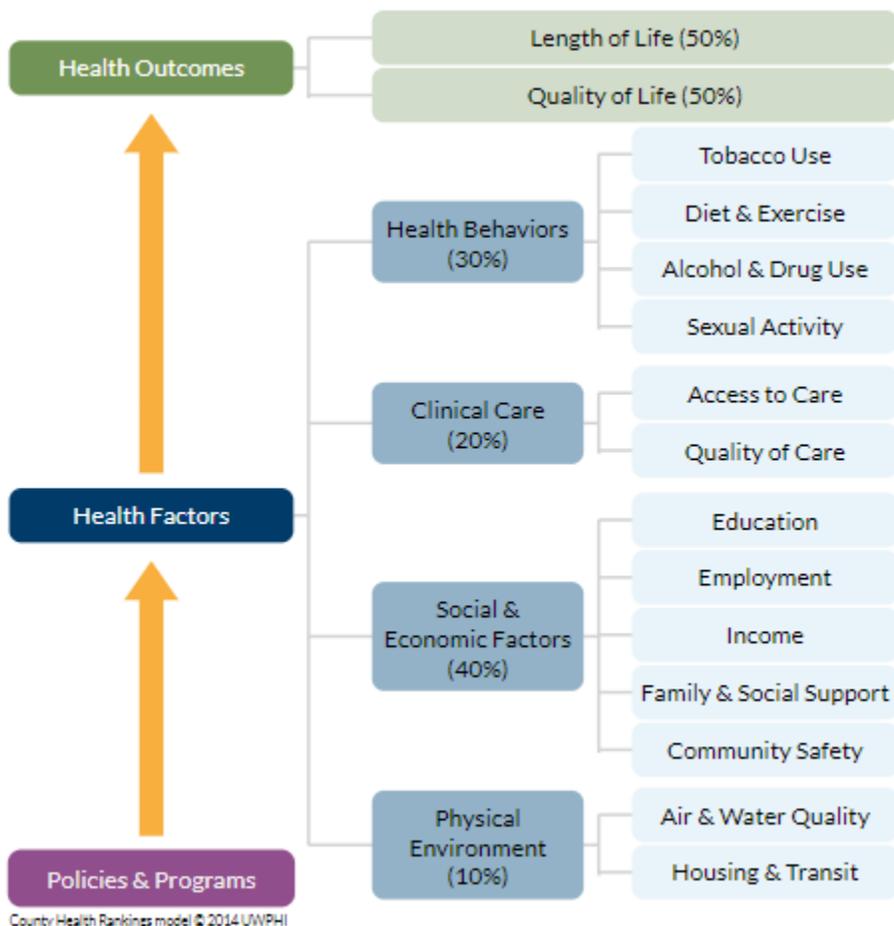
This population health model illustrates that health outcomes are determined 40% by social and economic factors, 30% by health behaviors, 20% by clinical care, and 10% by the physical environment. (A fifth set of health factors, genetic, is not included in these rankings because these variables cannot 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 and Roadmaps 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 number one cause of death in this community, so it received three points. Cancer is the number two cause of death, so it received two points. COVID-19 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, mental health received three points for its impact. The high ratios of population to providers and physicians earned access to care two points. The prevalence of diabetes led diabetes to receiving 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 were high in this community, but about average when compared with Indiana. Alcohol-impaired driving deaths rates were significantly higher in this community than the state average, so these health needs were grouped into "substance use" and received four points. The rate of obesity is higher than the state average, so this received two points.
- **Community:** Was this need identified as a priority by the community served?
  - Data reference: "Community Input: Most Important Health Problems"
  - The top concern in the community survey was "mental health problems," so this area received three points. The second concern was "access to health care," so this received two points. "Overweight/obesity" was the third top concern, 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: "Focus Group Feedback"
  - The focus groups' top health priority was identified as mental health due to this issue and multiple influencing factors coming up in both focus groups. Diabetes was also chosen by both focus groups and earned two points. Vaping/smoking were also identified in both groups, so one point was given to substance use, which includes tobacco use.
- **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 housing and shelter (housing and transit, three points), benefits navigation (access to care, two points), and utilities (housing and transit, 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

- o Obesity rates were significant in this community and identified as an area to explore, so three points were given to obesity. Smoking rates were also listed as an area to explore, so substance use received two points. No other areas were listed as areas to explore.
- **Alignment:** Was this an identified health need on previous CHNA?
  - o Data reference: FY22-24 Baptist Health Corbin CHNA
  - o The previous CHNA listed cardiovascular disease, mental health, social determinants of health, and substance use disorder (in descending order) as health priorities. To recognize and support existing efforts, three points were credited toward heart disease, two points toward mental health, and one point toward substance use.

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

Health Needs Prioritization Matrix									
Health Needs	Area	Mortality	Morbidity	Magnitude	Community	Public Health	Equity	Explore	Alignment	Sum
Health Behaviors	**Substance Use (Drug/Alcohol/Tobacco)**			4		1		2	1	8
	Diet and Exercise									0
	Sexual Activity									0
Clinical Care	Access to Care		2		2		2			6
	Quality of Care									0
Social and Economic Factors	Education									0
	Employment									0
	Income									0
	Family & Social Support									0
	Community Safety									0
Physical Environment	Air & Water Quality									0
	Housing & Transit							4		4
Health Outcomes	Heart Disease	3							3	6
	Cancer	2								2
	Diabetes		1			2				3
	Mental Health		3		3	3			2	11
	Stroke									0
	Alzheimer's Disease									0
	COVID-19	1								1
	Obesity			2	1			3		6

Identification of Significant Health Needs

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

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

The findings in this report were offered for the Baptist Health Floyd administrative board's review on April 23, 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, social determinants of health and cardiovascular disease 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 use and mental health. The upstream efforts of the Healthier Community Initiative team will impact these, and other areas, due to the preventive nature of their work. 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
  - o The Indiana Department of Health Consumer Services and Health Care Regulation Commission is responsible for health care facility licensing and certification. Due to the changing nature of this inventory, the website with the most up-to-date information is linked here: Health: Consumer Services & Health Care Regulation: Home (in.gov).
- Health Departments
  - o The health department serving this community is the Floyd County Health Department.
- Community-Based Organizations
  - o The community organizations participating in our focus groups used to inform this report have all indicated an interest in supporting the health of our community, and should thus be considered an available resource for addressing health needs:
    - ▪ Purdue Extension Office
    - ▪ YMCA
    - ▪ Family Health Center
    - ▪ Minority Health Coalition
    - ▪ Let Us Learn
    - ▪ Anthem
    - ▪ Our Place
    - ▪ Q Source
    - ▪ American Cancer Society
    - ▪ Community Action of Southern Indiana
    - ▪ Family & Children's Place

- Indiana University Southeast

Evaluation of Previous CHNA

The actions below 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.

- Cardiovascular Disease
    - Screened and counseled 429 community members for blood pressure screenings at community sites.
    - Contributed to nutrition education for 3,111 persons as part of the Nutrition and Physical Activity Coalition.
    - Provided healthy living education to 9,100 persons through community publications.
- Mental Health
    - Provided Mental Health First Aid education to 70 people.
    - Provided support groups to 217 persons.
- Social Determinants of Health
    - Offered cooking classes to 21 community members.
    - Provided off-site screenings to 86 persons.
- Substance Use Disorder
    - Contributed to tobacco use prevention and cessation education for 1,899 persons as part of the Tobacco Prevention and Cessation Coalition.

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 Floyd identified four priority health needs for its previous CHNA. To appreciate the synergy enjoyed by cumulative effort, Baptist Health narrowed its 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 System, Inc. 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 Floyd, the Baptist Health System, Inc. Board of Directors approves and adopts this community health needs assessment on the date listed below.
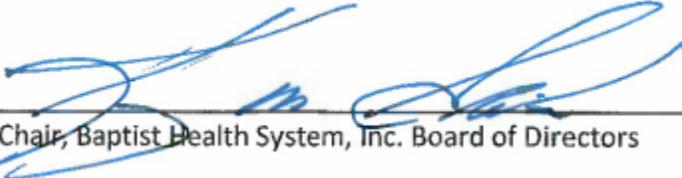
_____   _____
Chair, Baptist Health System, Inc. Board of Directors   Date

References

Baptist Health Planning Department. (2024). *Baptist Health Patient Origin Calendar Year 2023* [Dataset].

Centers for Disease Control and Prevention. (2024). *Underlying Cause of Death, 1999-2020 Request: Deaths occurring through 2020*. CDC Wonder. Retrieved May 1, 2024, from https://wonder.cdc.gov/controller/datarequest/D76

Consumer Services & Health Care Regulation. (2024, January 17). *Home*. https://www.in.gov/health/cshcr/home/

County Health Rankings and Roadmaps. (2024). *Health data*. County Health Rankings & Roadmaps. Retrieved May 1, 2024, from https://www.countyhealthrankings.org/health-data

Creech, C. (2024, February 21). *Tobacco Coalition Focus Group*.

Didelot, R. (2024, February 8). *Nutrition and Physical Activity Coalition Focus Group*.

Indiana Department of Health. (2023, December 11). *Indiana Drug Overdose Dashboard*. Overdose Prevention. https://www.in.gov/health/overdose-prevention/overdose-surveillance/indiana/

Pike, A. (2024, March 14). *Baptist Health Community Health Survey*. https://www.surveymonkey.com/r/BaptistHealthFloydCommunitySurvey

The Center for Neighborhood Technology. (2024). *H+T Affordability Index*. H+T Affordability Index. Retrieved May 1, 2024, from https://htaindex.cnt.org/map/

Unite Us. (2024). Unite Us Insights Network Activity Overview. In *Unite Us Insights*. Retrieved May 1, 2024, From https://tableau.uniteus.io/views/NetworkActivity/Referrals?%3Alinktarget=_self&%3Aembed=yes&%3Atoolbar=top&%3AshowShareOptions=false#1

United States Census Bureau. (2024). *United States Census Bureau Quick Facts*. Retrieved May 1, 2024, from https://www.census.gov/quickfacts/

World Health Organization: WHO. (2019, May 30). *Social determinants of health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Appendix

Nutrition and Physical Activity Coalition Focus Group

2/8/24 Nutrition/Physical Activity Coalition Focus Group

1. What would you describe as the strengths or best things about your community (Floyd County)?
   a. YMCA
   b. Community partners working together to make Floyd County healthier
   c. Networking with Others!
   d. Community partners working together to make Floyd County healthier
   e. Lots of small non-profits doing big work
   f. Nonprofits/community partners work together!
   g. Community partners
   h. Working together for a cause
   i. The number of community partners is growing
   j. Community partners-Increase in funding (Indiana First)
   k. Increase in resources
   l. Life Span-excellent!
   m. Many green spaces

2. What challenges do you (or the population you serve) face in the community?
   a. Reaching rural areas/populations
   b. Getting the services, we provide to the unhoused, harder since Outpost closed
   c. Work more with veterans
   d. Homelessness
   e. Local government
   f. Housing prices
   g. Re-entry to community after incarceration
   h. Addictions
   i. High cost of food
   j. Cost of living/food, wages, inflation
   k. Lack of affordable housing
   l. Increase in cost of living
   m. Drug use

3. What barriers do you (or those you serve) face in the community? (star most important)
   a. Transportation
   b. Communication/foreign languages
   c. Transportation
   d. Finding those who need help *
   e. Living wages
   f. Getting information about services offered to those who need it
   g. Difficult to get buy in from decision makers*
   h. It is hard to get information about services out to those who need it *
   i. Lack of motivation-or confusion about what to do
   j. Trust in healthcare due to lack of relationships which causes a decline in proper usage
   k. Lack of healthcare provider relationships

4. What are the top 2 things that would make your community a better place to live?
   a. Community center with community garden classes

b. Better public transportation
c. More outside events/parks
d. Homelessness
e. Services for homeless and help to avoid homelessness
f. Open access to community gardens
g. Bike trails-tennis courts/basketball
h. Affordable housing
i. Open community gathering spaces with regular activities to be involved in increased access to affordable fresh food
j. Domestic Violence shelter
k. Complete streets, increased walkability

5. What are the 2 biggest health issues for your community? (star most important)
   a. Mental health*
   b. Obesity
   c. Healthy food access*
   d. No public transportation
   e. Mental health access *
   f. Health disease rates
   g. Mental health (outpatient facility) *
   h. Smoking
   i. Mental health -adults and children "post-covid"
   j. Obesity
   k. Obesity*
   l. Need for public transportation
   m. Youth and mental health *
   n. Vaping/smoking *
   o. Diabetes *
   p. Social justice (mental health) *

6. When you (or those you serve) cannot get the healthcare services that you need, what are the challenges they come across?
   a. Bad public transportation
   b. Uber-high cost
   c. Transportation access
   d. Financial support
   e. Transportation
   f. Preventive services (using emergency departments as primary care doctors)
   g. Services close enough to get to and/or better transportation to get there. No money to buy prescriptions
   h. Can't get doctor appointments in timely manner, cost of options that are available (i.e.- urgent care is more expensive)
   i. When healthcare services are not available, they patients don't follow-up, which causes health decline
   j. Lack of education on chronic diseases/referral and follow-up

7. What healthcare services in your community would you like to see added?

a. More access to specialists (dental, ortho, etc.)
b. More Type 2 diabetes education and services
c. More readily available affordable mental health services
d. More trainings for providers to address stigma in the black community (i.e.-sickle cell treatment in the ER)
e. Additional doulas in Floyd (more programs to address maternal health in women of color)
f. Women's and children homeless shelter (this was listed many times over!)
g. Domestic violence shelter
h. Vision and hearing assistance
i. Assistance to early dental care-informing public
j. Community garden with classes

8. What else would you like to share with our team about the health of your community?
a. Many people don't know how to plan or prepare a healthy meal and many do not eat vegetables or fruit
b. Assist high school kids with solid pathways to be a healthcare worker
c. Vaping is so bad in the bathrooms at our schools, those that don't smoke are not using the restrooms (this was mentioned a couple times)
d. Have more healthy options in school
e. Mental health services are so needed-poor mental health affects all other aspects of health and wellness (this was listed several times)
f. Have schools package food for students to take home instead of throwing away

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Tobacco Prevention and Cessation Coalition Focus Group

2/21/24 Tobacco Coalition Focus Group

1. What would you describe as the strengths or best things about your community (Floyd County)?
   a. Built with a good foundation with people like Vince Klein in our community that laid the ground work
   b. Public health workers are better able to connect community with resources
   c. Better communication
   d. Networking with other community partners
   e. Size of county in terms of being able to meet the needs
   f. Over time there has been positive improvements made as far as community collaborations among different agencies (all having a common goal)
   g. School corporation embedded mental health/Lifesprings Clinic

2. What challenges do you (or the population you serve) face in the community?
   a. Transportation
   b. Access to fresh fruit/vegetables into our community
   c. Screenings are difficult to get the community involved in
   d. People of color do not trust the healthcare system
   e. Challenges after COVID making it more difficult to trust the healthcare system
   f. School corporation needs to be at the table for decision making
   g. Businesses need to be at the table in terms of workforce decisions involving prevention
   h. More education is needed for the community in terms of prevention
   i. Homelessness/Cost of Rent and Housing
   j. Bullying
   k. Social Media – isolation aftermath
   l. Stigma

3. What barriers do you (or those you serve) face in the community? (star most important)
   a. Decision makers in our county- final decisions should not be left up to the commission board on certain issues. Too political *
   b. Lack of access to Narcan
   c. Lack of parent involvement
   d. Ease of access to harmful products such as vaping, THC, etc.*
   e. Social norms surrounding substance use
   f. Alcohol advertisement, harmful substance being portrayed as the greatest thing
   g. Rate of Food Insecurity

4. What are the top 2 things that would make your community a better place to live?
   a. More geared toward our youth – positive Youth Development Assets
   b. Access to Mental Health Services for all with providers taking more Medicare and Medicaid
   c. Improvement for those under age of 18 to access Mental Health or other Medically Necessary healthcare
   d. Improved wait times to get into mental health/primary care
   e. Access to Primary Care for all with providers taking more Medicare and Medicaid
   f. Workforce improvement
   g. More green space

h.   More community gardens

i.   Free transportation with better scheduled public health transportation

5.   What are the 2 biggest health issues for your community? (star most important)

a.   Diabetes*

b.   Heart Disease*

c.   Access to healthcare – Primary care, Specialists, and Mental Health

d.   Insurance dictates prevention screenings*

e.   Cost of Vision and Dental

f.   Mental Health*

g.   Vaping*

6.   When you (or those you serve) cannot get the healthcare services that you need, what are the challenges they come across?

a.   Insurance

b.   Lack of Providers

c.   Reciprocity State (boarding state with different licensing, telehealth issues)

d.   Health literacy

e.   Advocacy in age groups or personality barrier – Doctors do not listen or take serious certain age groups. Example: geriatric age informing his doctor of depression issues. Not addressed in all circumstances and has led to suicidal death.

7.   What healthcare services in your community would you like to see added?

a.   Comprehensive free healthcare community center encompasses all needs (dental, vision, Maternity, PT/OT etc.) with transportation access

b.   Mental Health providers

c.   More practices focused on Autism, Sickle Cell

d.   More access to food for those in need

8.   What else would you like to share with our team about the health of your community?

a.   FCHD is expanding with grant dollars – hoping this will help alleviate some needs identified

b.   Tobacco use remains the leading cause of preventable death in the US, vaping making this problem even worse.

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Baptist Health Floyd Community Survey

Q1: Who or what do you rely on most often for health information? Please select all that apply.

Answered: 71   Skipped: 1
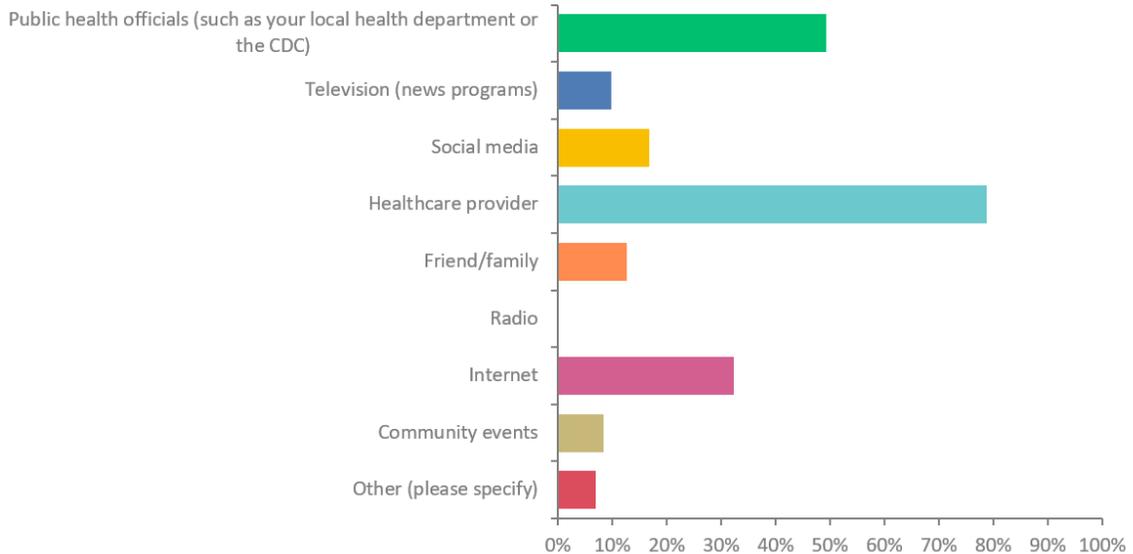
Q2: In your opinion, what are the most important health problems in our community? Please select the top three.

Answered: 72   Skipped: 0

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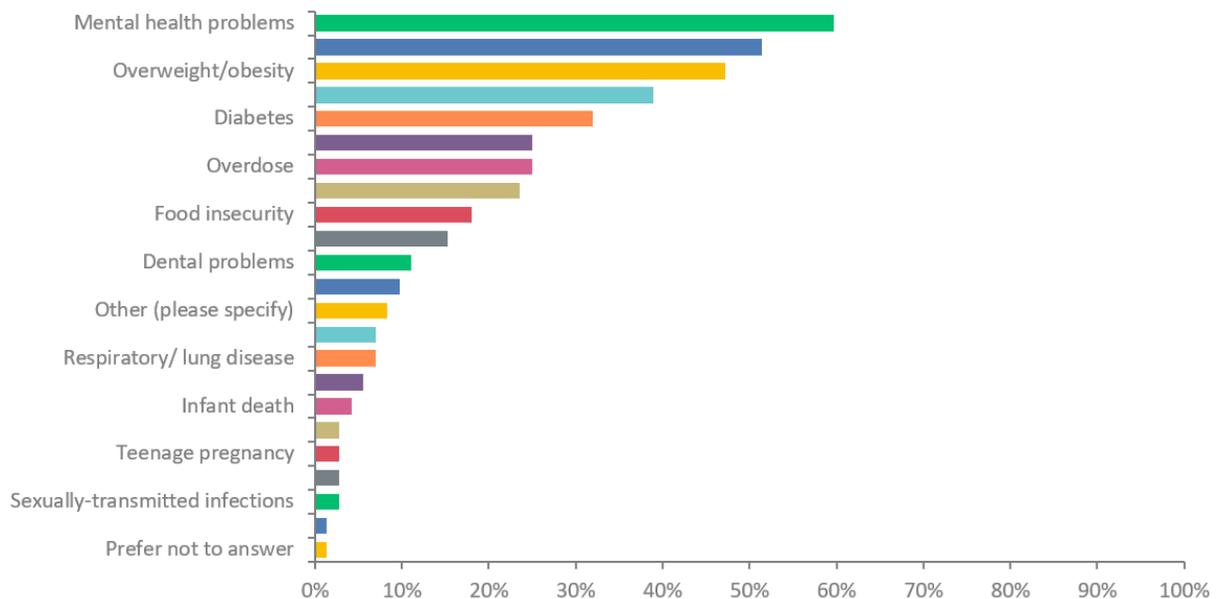
Q3: In your opinion, what are the strengths of our community that can help citizens be healthier? Please select the top 3.

Answered: 70   Skipped: 2
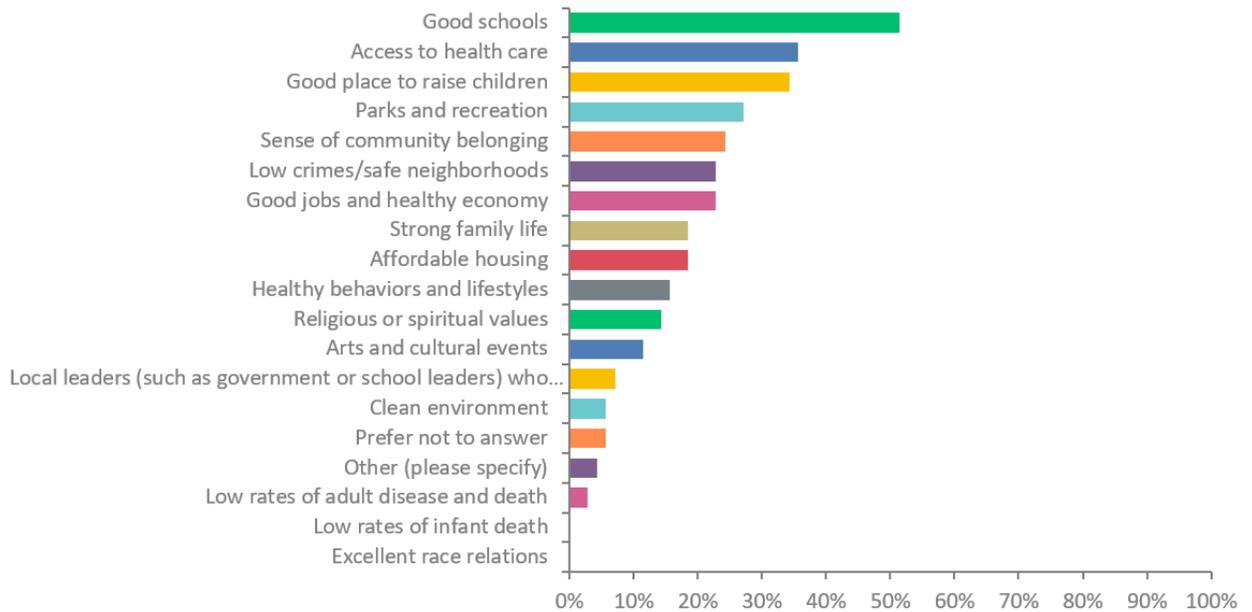
Q4: Think about your physical health, which includes injury or physical illness. How many days during the past 30 days was your physical health not good?

Answered: 65   Skipped: 7

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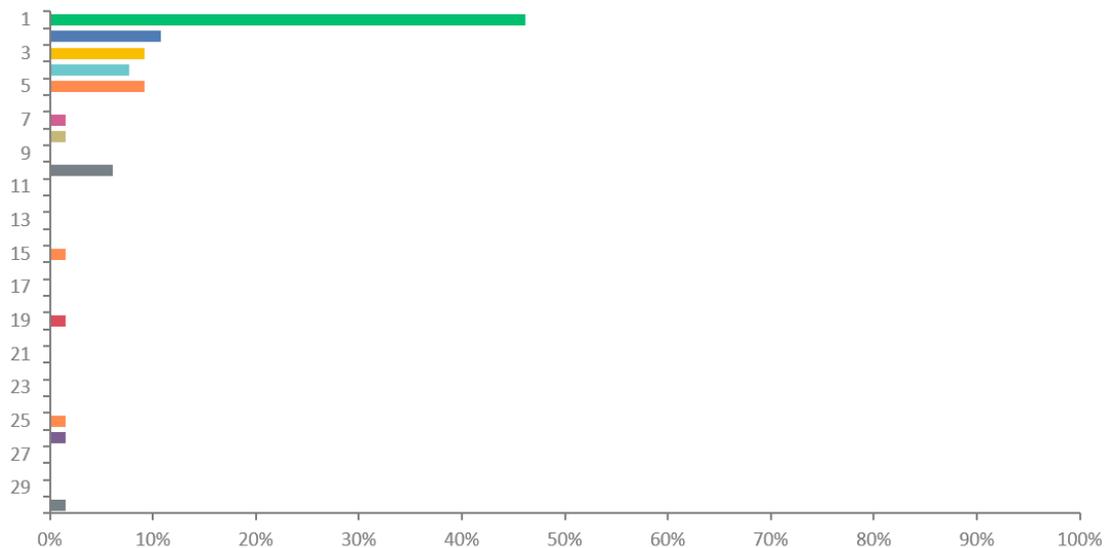
Q5: Think about your mental health, which includes stress, depression, and problems with emotions. How many days during the past 30 days was your mental health not good?

Answered: 62   Skipped: 10
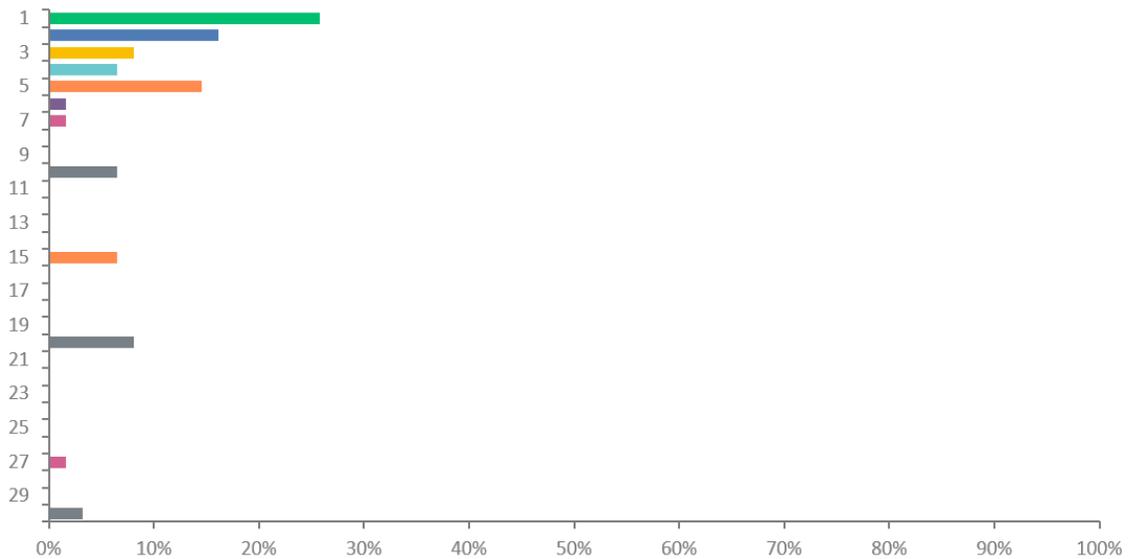
Q6: During the past 30 days, how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Answered: 54   Skipped: 18

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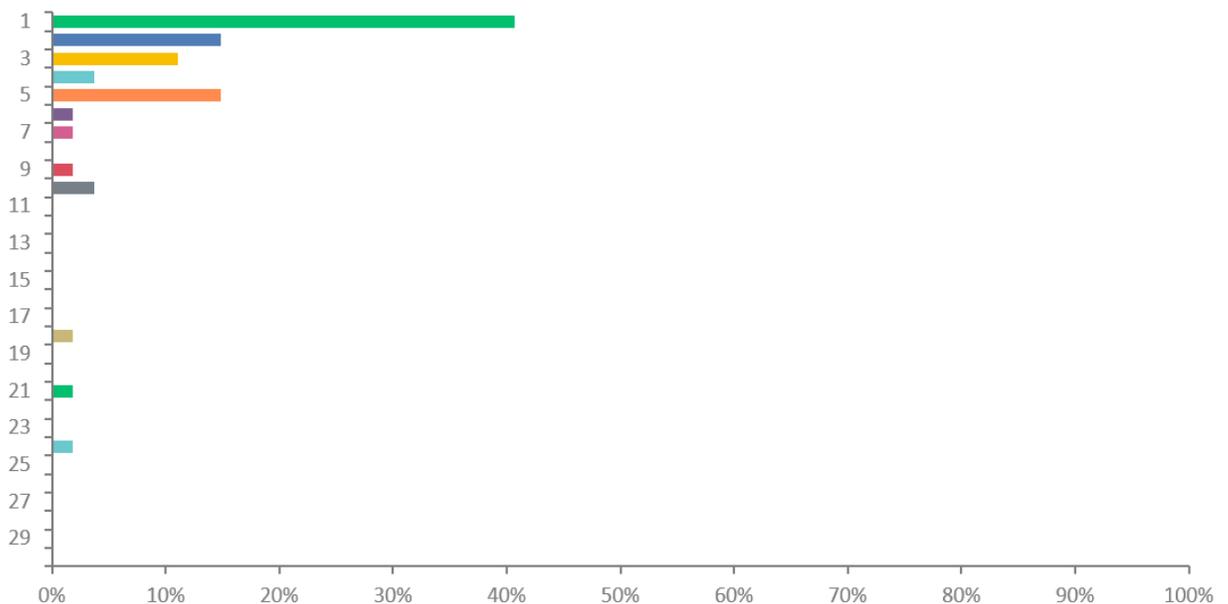
Q8: Are you...?

Answered: 71   Skipped: 1
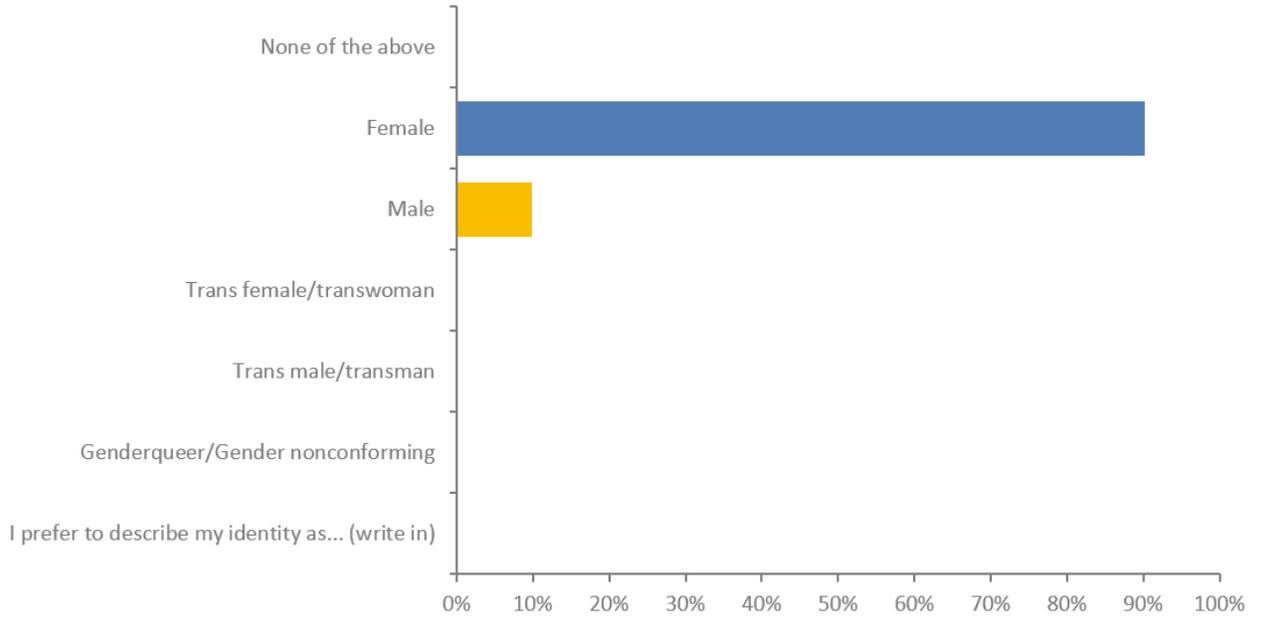
Q10: In which county do you live (or where you most often stay)?

Answered: 71   Skipped: 1

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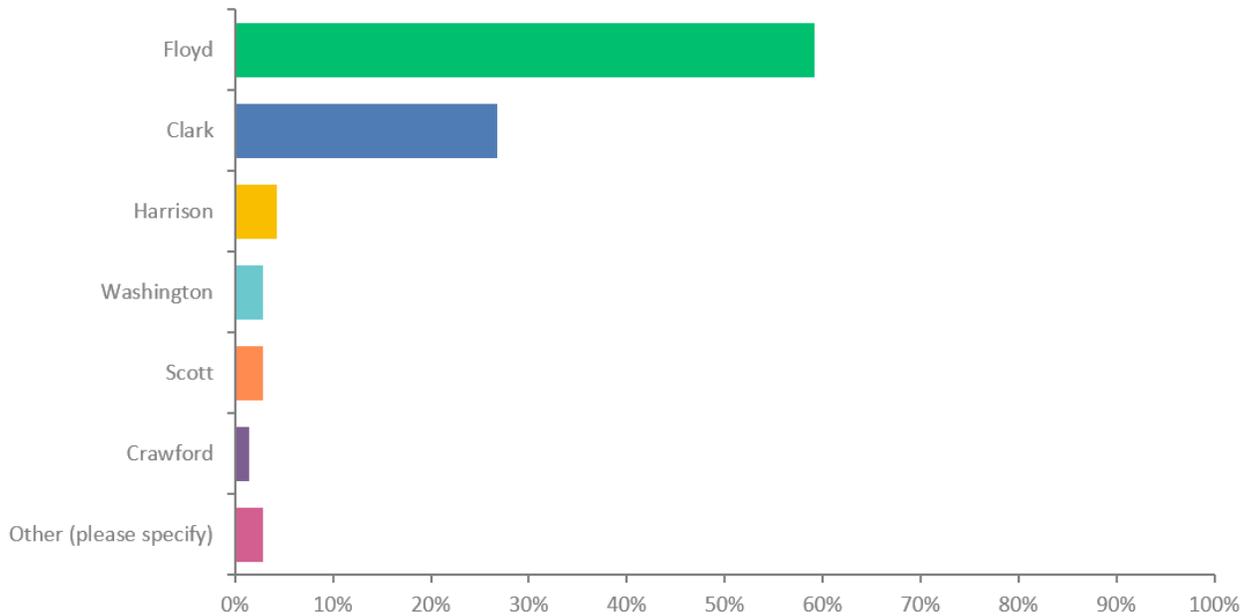
Q11: Are you Hispanic, Latino(a), or Spanish?

Answered: 72   Skipped: 0
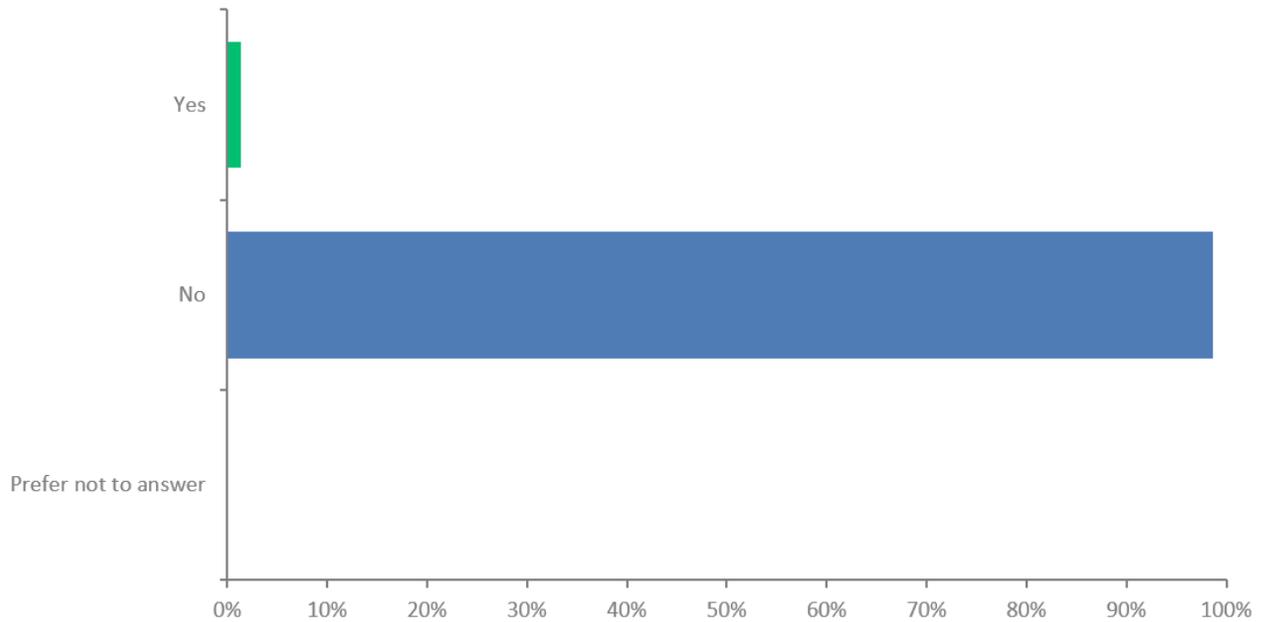
Q12: What is your race? Please select all that apply.

Answered: 71   Skipped: 1

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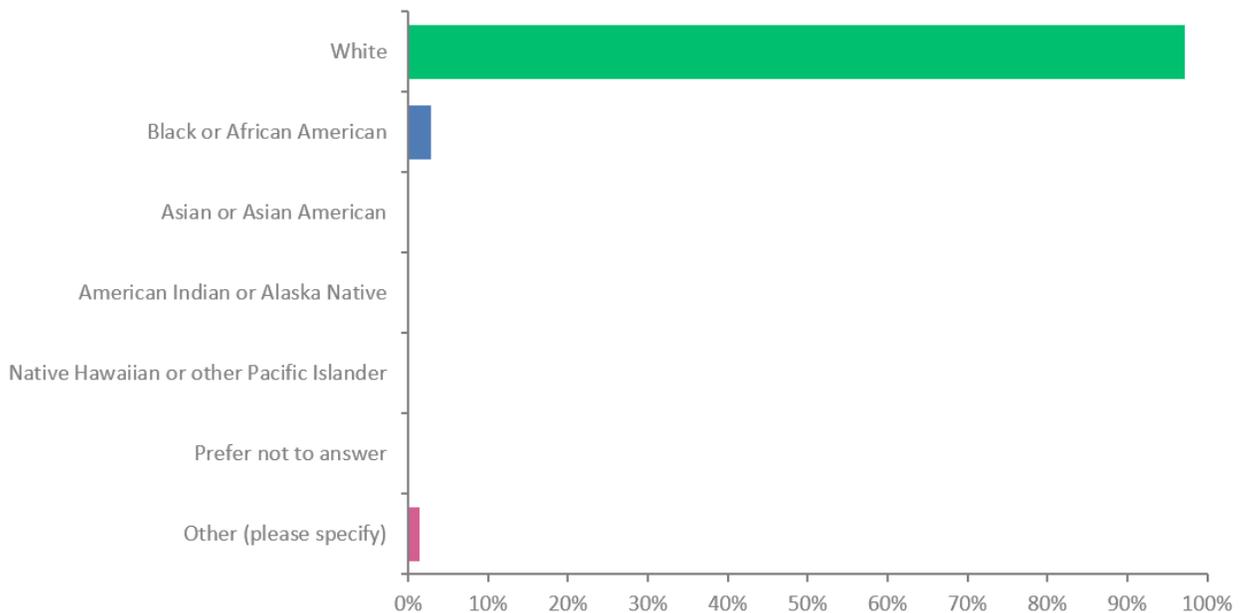
Q13: What is the highest grade or year of school you completed?

Answered: 72   Skipped: 0
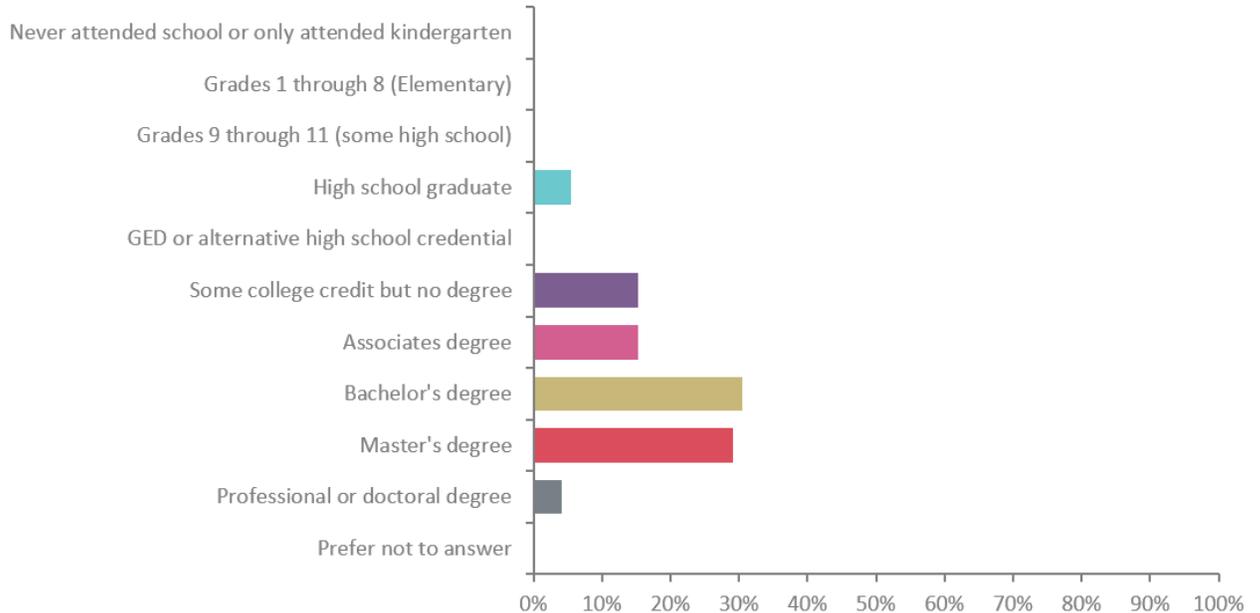

Q14: Are you currently...?

Answered: 72   Skipped: 0

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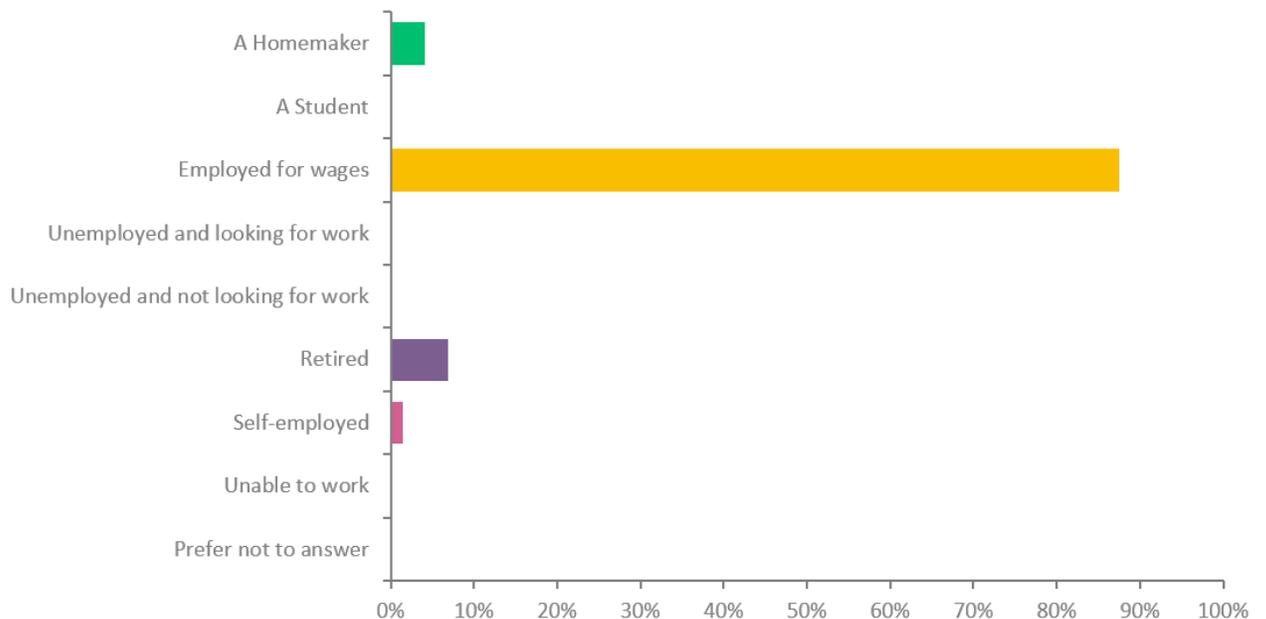
Q15: What was your total household income last year?

Answered: 72   Skipped: 0

Q15: What was your total household income last year?
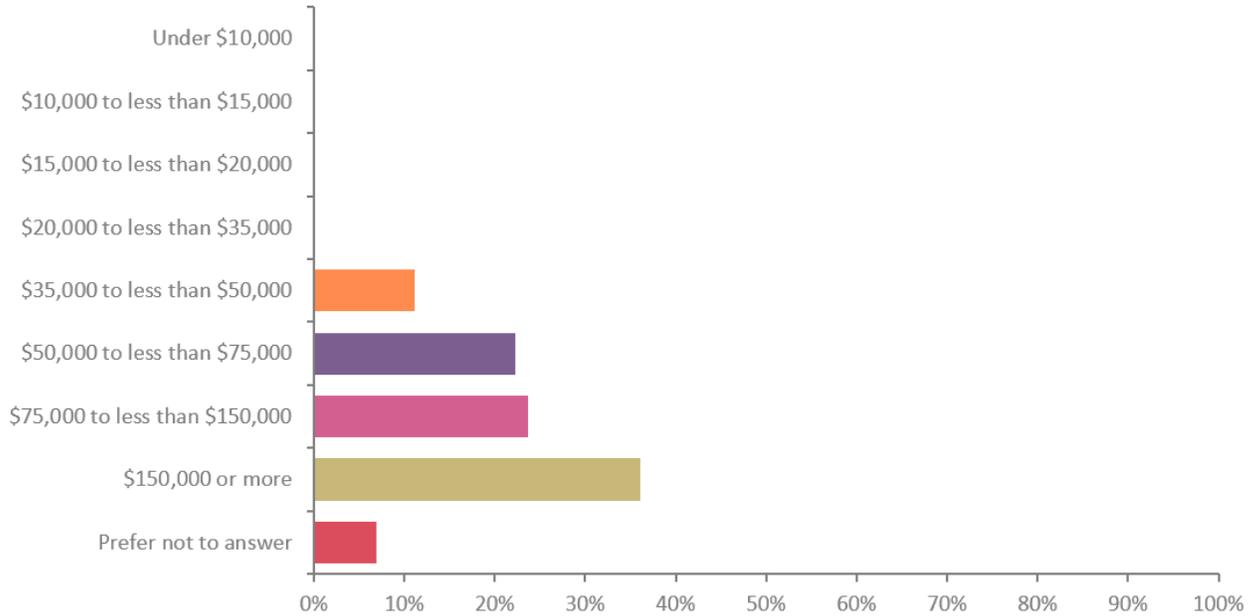
Answered: 72   Skipped: 0
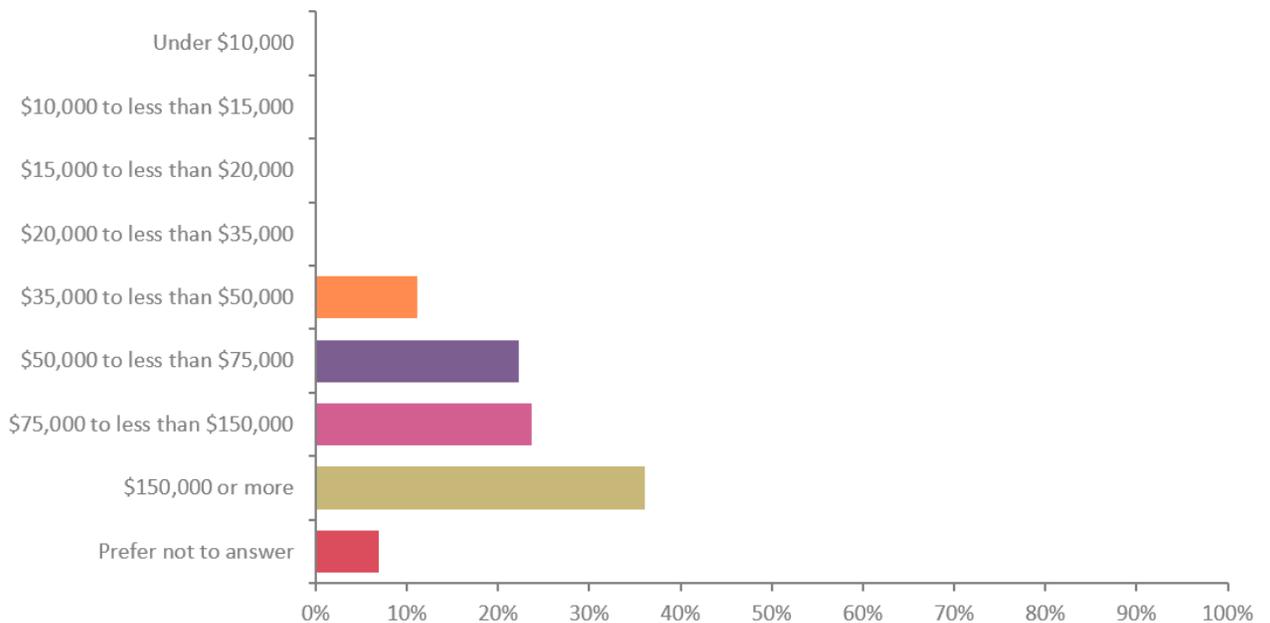
Q16: How would you describe your financial well-being?

Answered: 71   Skipped: 1
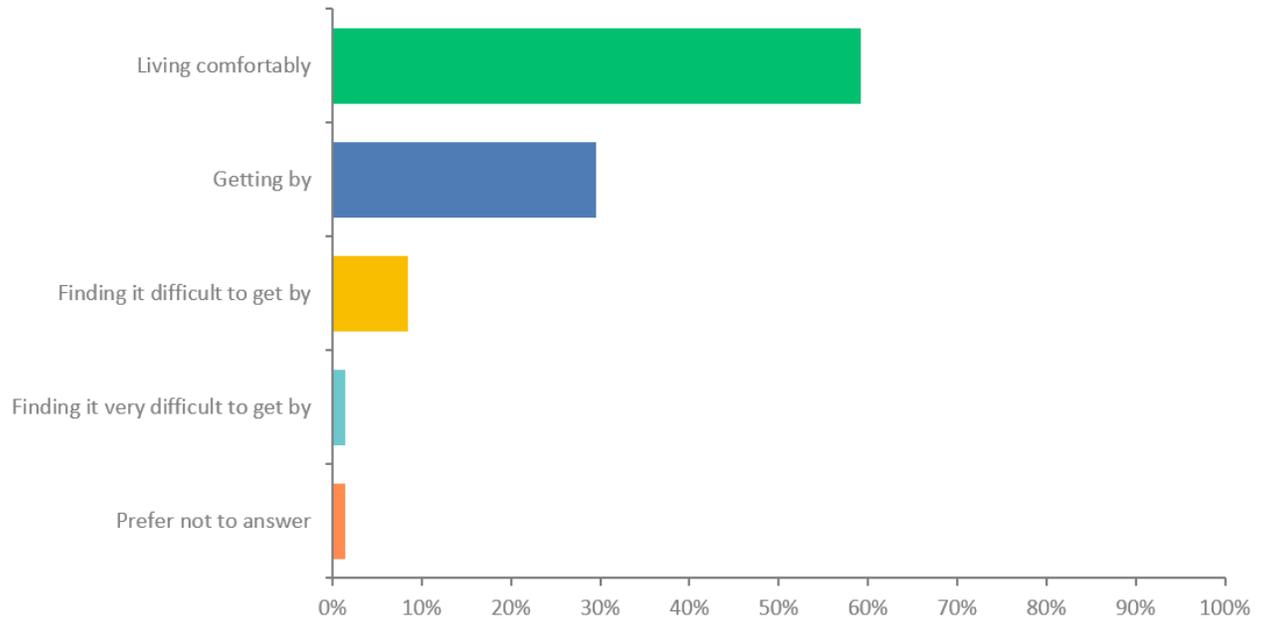
Q17: In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Please select all that apply.

Answered: 70   Skipped: 2

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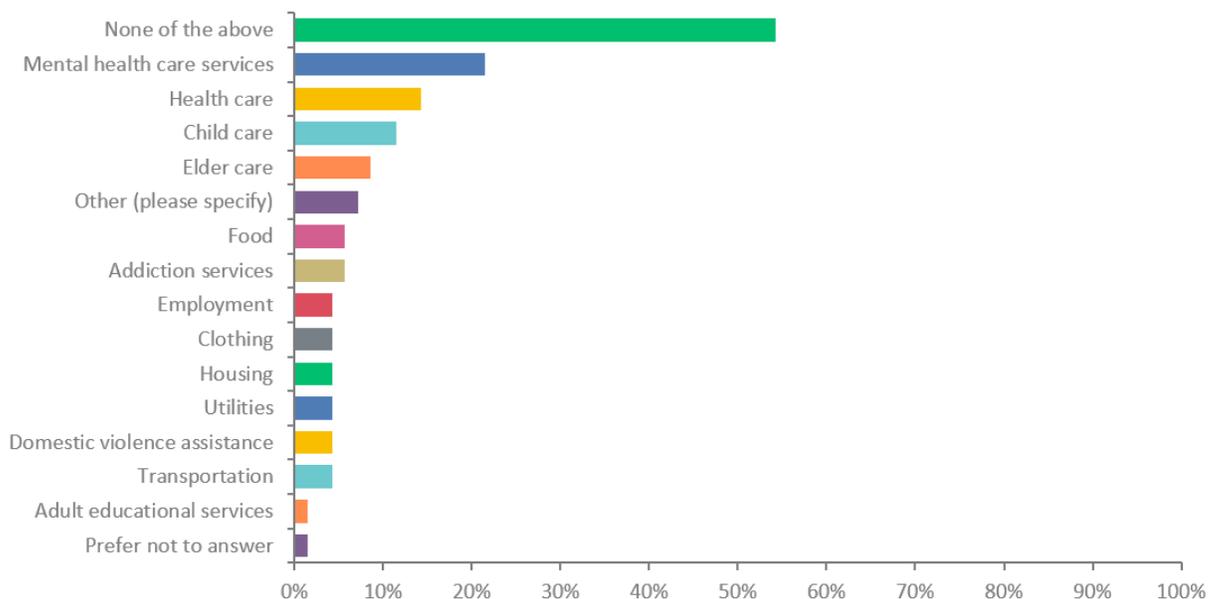
Q18: What is your housing situation today?

Answered: 72   Skipped: 0

I have housing

I do not have permanent housing (staying with others, in a hotel, in a shelter, living outside on the street, in a car)

I have housing today, but I am worried about losing housing in the future

Prefer not to answer

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
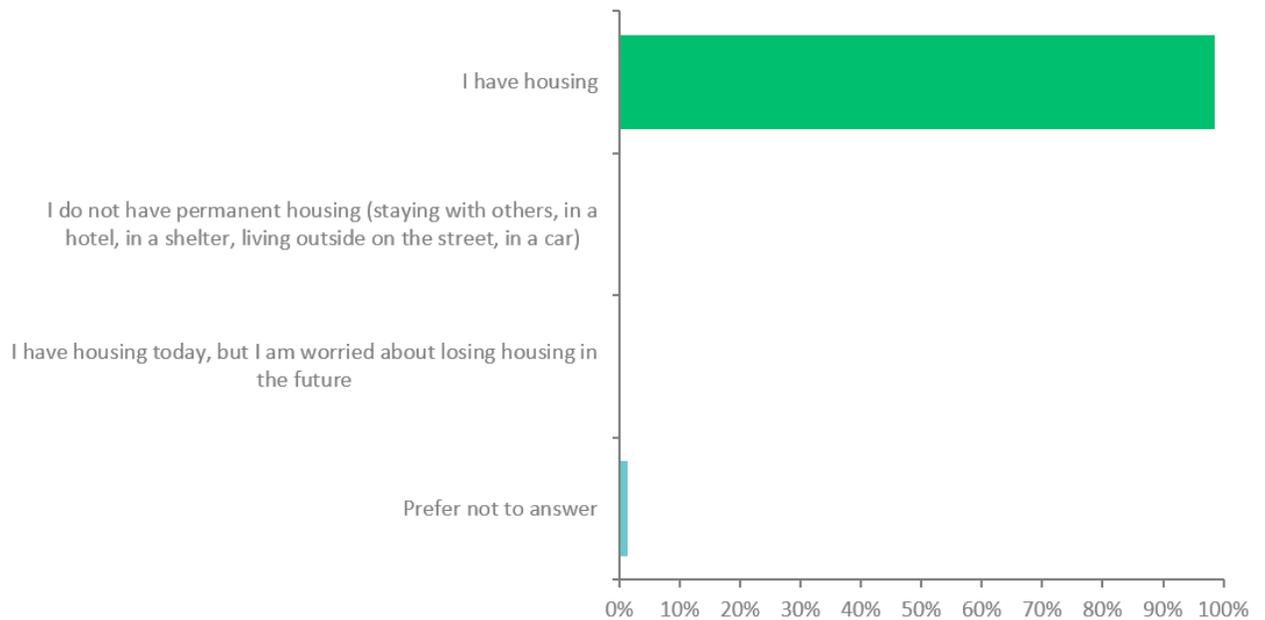
Q19: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, Medicaid, or Indian Health Service?

Answered: 72   Skipped: 0

Yes

No

Not sure

Prefer not to answer

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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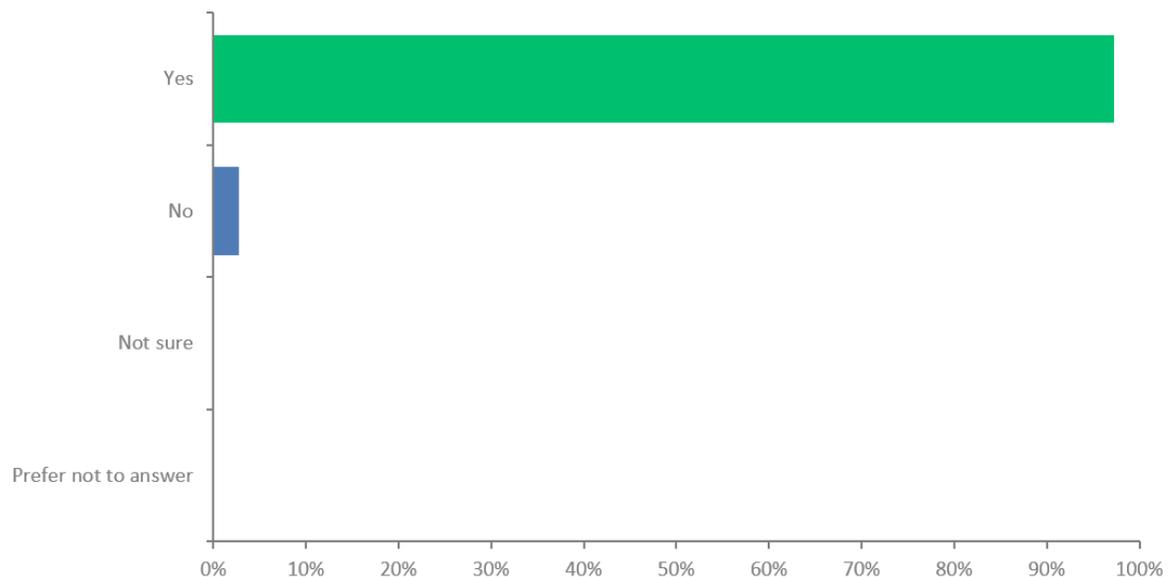
Q20: What barriers exist that prevent you from receiving health services? Please select all that apply.

Answered: 72   Skipped: 0
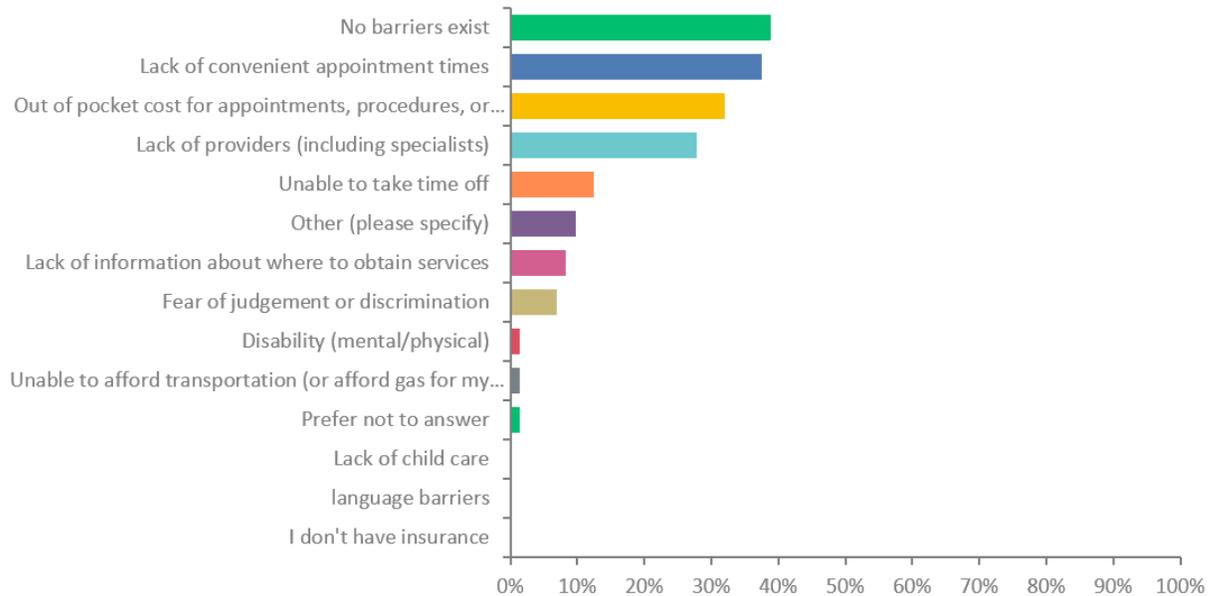
Q21: How often have you been discriminated against for any of the following?

Answered: 72   Skipped: 0