



**HSHS**  
**Good Shepherd**  
**Hospital**

# 2019 Community Health Needs Assessment



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## Executive Summary

### HSHS Good Shepherd Hospital Community Health Needs Assessment 2019

An assessment of Shelby County, Illinois conducted by HSHS Good Shepherd Hospital.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a community health needs assessment (CHNA) and adopt implementation strategies to meet the identified needs. The CHNA asks the community to identify and analyze community health needs, as well as community assets and resources to plan and act upon priority community health needs. This process results in a CHNA report which is used to develop implementation strategies based on the evidence and assets and resources identified in the CHNA process.

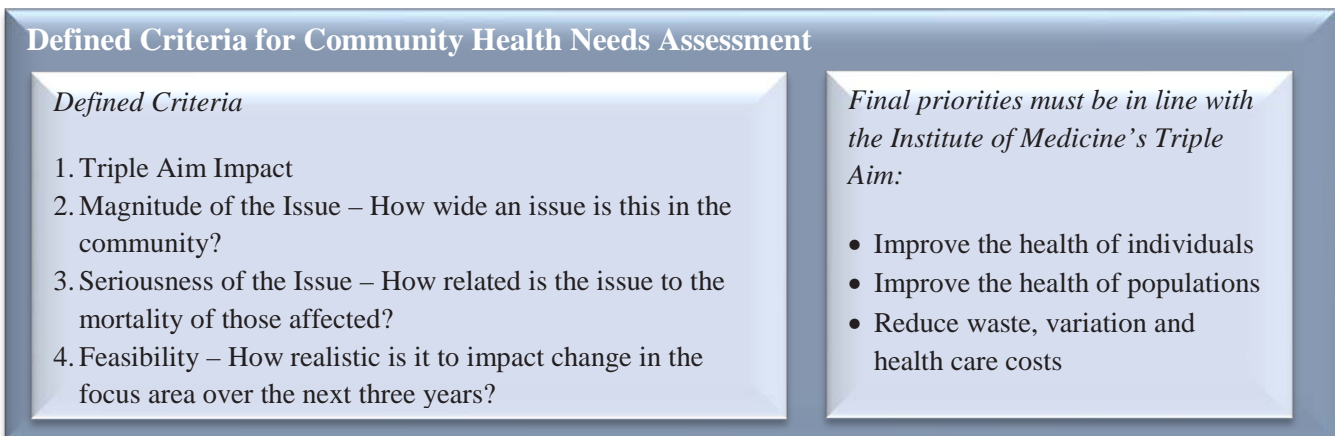
Triennially, HSHS Good Shepherd Hospital conducts a CHNA, adopts an Implementation Plan by an authorized body of the hospital and makes the report widely available to the public. The hospital's previous CHNA Report and Implementation Plan was conducted and adopted in FY2016.

In FY2019 (July 1, 2018 through June 30, 2019), Good Shepherd Hospital conducted a CHNA. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. The population of Shelby County was assessed. Data collected was supplemented with:

- Community gaps analysis review
- Community assets review
- Qualitative data gathered through a CHNA core group
- Qualitative data reviewed by an external advisory council with broad community representation
- Community Survey
- Local leader input
- Internal advisory council

### Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA core group identified 19 health focus areas from extant data sources. A pre-determined set of criteria (Diagram One: Defined Criteria for Community Health Needs Assessment) was used to narrow the health focus areas.



The CHNA core group provided a thorough review of existing and supplemental data sets around the 19 identified health focus areas to the external advisory council. The external advisory council used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas to nine. These focus areas were presented to the community through the Shelby County Community Health Needs Assessment Survey. The survey sought the community's feedback to prioritize the needs based on their perceptions and experiences.

Results from the survey were then presented to the CHNA internal advisory council for further prioritization. Good Shepherd's internal advisory council used the pre-determined criteria to force rank the health focus areas to the top four.

These were the top four health needs identified based on the defined criteria, survey results, stakeholder input from the external advisory council and internal input from Good Shepherd's leaders.

- Access to Care
- Mental Health
- Metabolic Syndrome
- Substance Abuse

## Implementation Plan Development

As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the implementation plan. The implementation plan is considered a "living document" – a set of strategies that can be adapted to the lessons learned while implementing community benefit activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

## Hospital Background

HSHS Good Shepherd Hospital is located in Shelby County, Illinois. As the county's only hospital, Good Shepherd Hospital has been a leader in health and wellness in Shelby and surrounding counties for 100 years. Good Shepherd is a 30-bed hospital with a wide variety of services. Services at Good Shepherd include emergency care, primary care, nuclear medicine, CT scans, digital mammography, X-ray, MRI, ultrasound, pulmonary and cardiac rehabilitation, cardiac stress testing, sleep lab and laboratory testing. The hospital also offers physical therapy, occupational therapy and speech therapy services in an outpatient setting. Broad scopes of general surgical services, including cataract surgery, are provided in both an inpatient and outpatient setting.

Good Shepherd partners with other area organizations to address the health needs of the community, living its mission to reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry, with a preference for the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly-integrated health care delivery system serving more than 2.6 million people in rural and mid-sized communities in Illinois and Wisconsin. HSHS generates approximately \$2 billion in operating revenue with 15 hospitals and has more than 200 physician practice sites. Our mission is carried out by 14,000 colleagues and 2,100 physicians in both states who care for patients and their families.

HSHS has a rich and long tradition of addressing the health needs in the communities we serve. This flows directly from our Catholic identity. In addition to community health improvement services guided by the triennial community health needs assessment (CHNA) process, the hospital contributes to other needs

through our broader community benefit program. This includes health professions education, subsidized health services, research and community building activities. In FY2017, the hospital’s community benefit contributions totaled \$35,244,897.

### Current Hospital Services and Assets

Major Centers & Services	Statistics	New Services & Facilities
<ul style="list-style-type: none"> <li>• Cardiopulmonary</li> <li>• Emergency Care</li> <li>• Home Equipment</li> <li>• Home Health</li> <li>• Inpatient</li> <li>• Laboratory</li> <li>• Orthopedics</li> <li>• Imaging</li> <li>• Rehabilitation Services</li> <li>• Sleep Studies</li> <li>• Substance Abuse Treatment</li> <li>• Surgery Center</li> </ul>	<ul style="list-style-type: none"> <li>• Total Beds: 30</li> <li>• Inpatient admissions: 722</li> <li>• Outpatient registrations: 23,470</li> <li>• ED visits: 4,969</li> <li>• Births: 1 (ED)</li> <li>• Surgical cases: 248</li> <li>• Physicians on Medical Staff: 151 (Credentialed); 15 (Practicing at GSS)</li> </ul>	<ul style="list-style-type: none"> <li>• Remodeled emergency department</li> <li>• Remodeled radiology department</li> <li>• Orthopedic surgery added as a new service</li> <li>• Updated IT and wireless capabilities</li> <li>• Added 40-new workstations</li> <li>• Added on-site IT support</li> </ul>

### Hospital Accreditations and Awards

Good Shepherd Hospital is accredited through DNV Health care which shows the hospitals commitment to quality and patient safety through a more efficient and outcomes-based accreditation program.

The Good Shepherd lab is accredited through the Illinois Department of Public Health (IDPH).

Good Shepherd is accredited as an acute stroke ready hospital through IDPH.

### Community Served by the Hospital

The Hospital is located in the city of Shelbyville, Illinois, in Shelby County. Shelbyville is located along the Kaskaskia River and has a population of almost 5,000 people. It is approximately 59 miles southeast of Springfield, Illinois. Shelbyville and the surrounding geographic area are not close to any major metropolitan area. It is accessible by a state highway and other secondary roads. Shelby County is considered 22.27 percent urban and 77.73 percent rural.

**Demographic Profile of Shelby County.**

Characteristics*	IL 2014	Shelby 2017
Total Population	12,802,023	21,719
Median Age (years)	41	44.4
<b>Age</b>		
Under 5 years	6.0%	5.7%
Under 18 years	22.6%	21.3%
65 years and over	15.2%	22.2%
<b>Gender</b>		
Female	50.8%	50.3%
Male	49.2%	49.7%
<b>Race and Ethnicity</b>		
White (non-Hispanic)	77.1%	98.1%
Black or African American	14.6%	0.4%
Native American or Alaska Native	0.6%	0.2%
Asian	5.7%	0.3%
Hispanic or Latino	17.3%	1.0%
<b>Speaks language other than English at home<sup>^</sup></b>	22.7%	1.2%
<b>Median household income</b>	\$59,196	\$48,572
<b>Percent below poverty in the last 12 months<sup>^</sup></b>	13%	11.7%
<b>High School graduate or higher, percent of persons age 25+<sup>^</sup></b>	88.3%	92.3%

*\*Unless otherwise indicated, the data source is U.S. Census QuickFacts.  
<sup>^</sup>Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5 Year estimates (through Fact Finder).*

## Process and Methods Used to Conduct the Assessment

Good Shepherd Hospital led the planning, implementation and completion of the community health needs assessment. The process described in the narrative below is outlined in Diagram Two: Shelby County FY2019 Community Health Needs Assessment.

### Internal

Good Shepherd Hospital undertook a nine-month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

- Identified the CHNA core group comprised of Good Shepherd Hospital and HSHS Central Illinois Division.
- Convened an external advisory committee to solicit input and help narrow identified priorities.
- Conducted an online community survey to get input from community members around the priorities identified.
- Convened an internal advisory committee to force rank the final priorities and select the FY2020 - FY2022 CHNA priorities.

## External

Good Shepherd worked with core group partners to leverage existing relationships and provide diverse input for a comprehensive review and analysis of community health needs in Shelby County.

Representation on the external advisory committee was sought from health and social service organizations that:

1. Serve low-income populations
2. Serve at-risk populations
3. Serve minority members of the community
4. Represent the general community

The following community stakeholders were invited to serve on the external advisory committee:

- Shelbyville Housing Authority
- United Methodist Church\*
- DOVE, Inc. Domestic Violence\*
- City of Shelbyville
- Cowden-Herrick School District
- Shelby County Coroner
- Shelbyville C.U.S.D.#4\*
- Shelby County Community Services\*
- HSHS Good Shepherd Hospital\* (core group)
- Shelby County State's Attorney
- CEFS Community Action Agency\*
- Shelby Electric Coop.
- Shelby County Health Department\*
- UI Extension\*
- Shelby County Senior Services\*
- HSHS Central Illinois Division (core group)

\* Denotes groups representing medically underserved, low-income and minority populations.

The external advisory committee helped the core group review existing data and offer insights into community issues affecting that data. The committee helped identify local community assets and gaps in the priority areas and offered advice on which issues were the highest priority.

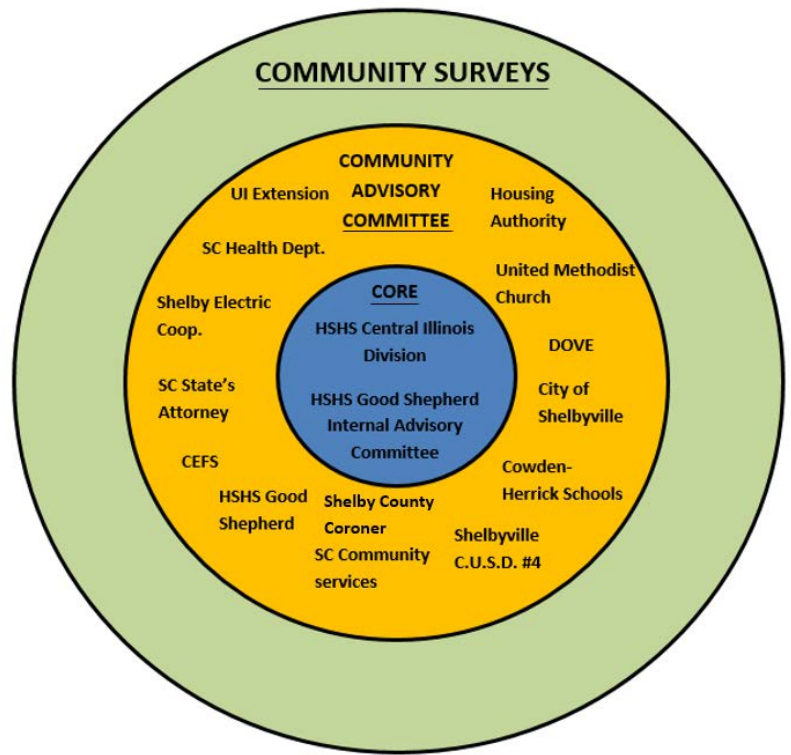


Diagram Two: Shelby County FY2019 Community Health Needs Assessment

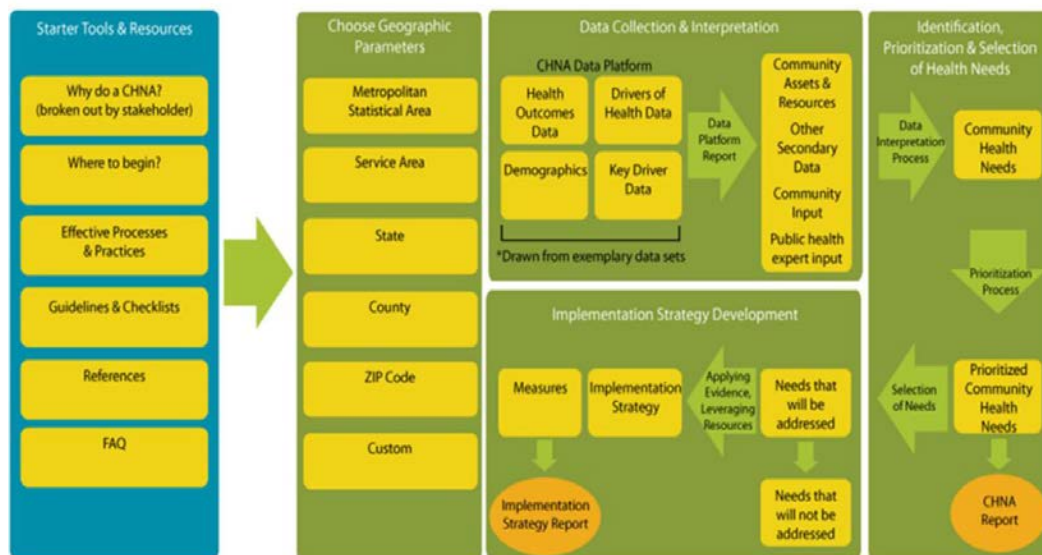


## Defining the Purpose and Scope

The purpose of the CHNA is to 1) evaluate current health needs of the hospital's service area, 2) identify resources and assets available to support initiatives to address the health priorities identified, 3) develop an implementation plan to organize and help coordinate collaborative efforts impacting the identified health priorities, and 4) establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis.

## Data Collection and Analysis

The overarching framework used to guide the CHNA planning and implementation is based on the Catholic Health Association's (CHA) Community Commons CHNA flow chart below:



## Data Sources

The CHNA process utilizes both primary data, including hospital data, focus groups and key stakeholder meetings, as well secondary data. Secondary data sources include Behavioral Risk Factor Surveillance System (BRFSS), the U.S. Census Bureau, and Centers for Disease Control and Prevention (CDC) data sources. In addition, this data was supplemented with data from:

- Illinois Comp Data
- Advisory Board
- County Health Rankings
- USDA Food Atlas
- American Community Survey
- US Census Bureau
- Town Charts
- HSHS Good Shepherd, New Vision
- Illinois Department of Public Health
- Department of Child and Family Services
- 2018 Illinois Youth Survey

The data was gathered into a written report/presentation and shared with community members at in-person focus groups and key stakeholder meetings as described below.

## Input from Persons Who Represent the Broad Interests of the Community

Good Shepherd Hospital is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. The FY2019 assessment focused on collaboration, actively seeking input from a cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus human, material and financial resources.

### Input from Community Stakeholders

The external advisory committee was used as the primary stakeholder group to review and force rank data. During two meetings, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. The external advisory committee also helped develop the community survey tool and outcomes and recommendations on the final priorities. Additionally, the external advisory committee was instrumental in identifying community assets and gaps which were weighed when considering the magnitude and feasibility of the priority areas. Lastly, their feedback was utilized in the development of the implementation plan.

The committee circulated an electronic survey to solicit the community's perception of needs identified, and community health. The survey was live from April 1 - April 30, 2019. In total 152 individuals completed the survey. Survey Monkey was used to analyze results which were presented to the external and internal advisory teams. The results were used to guide further discussion around final priority selection.

Focus groups were conducted around the final priority areas selected and helped determine the implementation plan adopted by the board of directors. More information about the focus groups can be found in the implementation plan document.

### Input from Members of Medically Underserved, Low Income and Minority Populations

HSHS and Good Shepherd Hospital are committed to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, promoting the common good and stewarding resources. We believe the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve. To ensure the needs of these groups were adequately represented, we included representatives from such organizations as noted above. These organizations serve the under-resourced in our community, including low-income seniors, children living in poverty and families who struggle with shelter and food. Representatives of these organizations have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure that needs of the most vulnerable persons in our communities were addressed in the CHNA.

### Input on FY2015 CHNA

No written comments were received regarding the FY2019 CHNA.

## Prioritizing Significant Health Needs

Based on the CHNA planning and development process the following community health needs were identified:

1. Access to care
2. Mental Health
3. Metabolic Syndrome
4. Substance Abuse

As an outcome of the prioritization process, the following community health needs were also identified and will not be addressed directly by the hospital for the reasons indicated:

**Chronic Diseases.**

Good Shepherd Hospital is involved in multiple community outreach and educational events and engagements throughout the year. The main goal of these initiatives is to relay educational and information about healthy behaviors and positive lifestyle choices. Rather than identifying this as a standalone priority, Good Shepherd Hospital includes prevention and management of chronic conditions educational events and presentations. Additionally, as we launch our access to care strategies, chronic disease prevention and management will be addressed.

**Diabetes and Obesity.**

These needs will be addressed as part of our metabolic syndrome strategies.

**Heart Disease and Stroke.**

These needs will be addressed as part of our access to care and metabolic syndrome strategies. Additionally, Good Shepherd Hospital partners with Prairie Cardiovascular Consultants and HSHS Medical Group to provide cardiology and neurology specialty care in Shelbyville. Prevention and management of risks associated with heart disease and stroke will continue to be discussed at community health fairs and educational events.

**Tobacco Use.**

Good Shepherd Hospital is partnering with HSHS St. John's Hospital's mind/body services to offer the Stop Smoking Strat Living program digitally. This will allow individuals to access the smoking cessation program from any location.

**Transportation.**

Given the feedback received on the community survey, and through the external and internal committees; the decision to address transportation under access to care was approved.

## Overview of Priorities

### Access to Care

Access to care has many dimensions. In Shelby County, there is a direct correlation between access barriers and rural communities. Existing data shows Shelby County has a significant shortage of mental health providers; and primary and specialty care providers. Measures have been put into place since the 2017 acquisition of Shelby Memorial Hospital by HSHS; however, Good Shepherd Hospital is committed to continue addressing access issues from a broad perspective.

### Mental Health

Depressive disorders and psychosis are in the top eight diagnoses for emergency department and inpatient visits to Good Shepherd Hospital. According to the County Health Rankings, self-reported 'poor mental health days' are greater in Shelby County than for the state of Illinois.

The Illinois Youth Survey 2018 results show a 10% increase from the 2012 survey in youth experiencing depression. IYS also reports one in three students have reported feeling so sad almost every day for two weeks or more, they have stopped doing usual activities. Lastly, according to the 2018 IYS 19% of high school students have considered attempting suicide; and 15% have engaged in self-harm behavior. The 2018 results are representative of a seven-county area including Shelby County.

Shelby County has a ratio of 5,530 residents per one behavioral health provider compared to a ratio of 682 residents to one provider for the state of Illinois.

## Substance Abuse

According to the Substance Abuse Mental Health Services Administration:

- In 2016, 11.8 million Americans misused opioids.
- In 2017, Illinois saw a 66 percent increase in emergency visits due to overdose.
- In the last year, 93 percent of adults with both mental illness and substance use disorder did not receive treatment.

According to the 2018 IYS:

- One out of five high school students used alcohol or drugs.
- Reported peer pressure for drinking alcohol rose significantly from 18 percent in 8th grade to 42 percent in 12th grade.
- The percent of students who think it is wrong to drink underage decreased from 89 percent in 8th grade to 56 percent in 12th grade.
- Thirteen percent of 12th graders reported using marijuana in the past 30 days.
- The incidence of alcohol use by students rose from 24 percent of 8th graders to 53 percent of 12th graders.

In 2018, 40 Shelby County residents presented in a hospital setting with opioid dependence or abuse as a diagnosis. Ten residents presented with opioid poisoning; and 16 presented with adverse effects of opioids short of poisoning.

## Metabolic Syndrome

Metabolic syndrome is a cluster of conditions that are co-occurring and increase one's risk of heart disease, stroke and Type II diabetes. Adult obesity has steadily increased and is currently at 29 percent for the county. The prevalence of these co-occurring conditions increases significantly in rural areas and disproportionately impact the elderly population.

# Potential Resources to Address the Significant Health Needs

The following resources will be considered when developing the implementation plan:

Hospitals and related medical groups

- Sarah Bush Hospital
- Pana Community Hospital
- HSHS St. Mary's Hospital
- HSHS Med Group
- Decatur Memorial Hospital Physician Group

More than 20 agencies, organizations, non-profit organizations, governmental organizations, educational institutions, city and county resources, social service and healthcare organizations are available to meet identified needs.

Those organizations include, but are not limited to:

- Local social service organizations
- Local health care organizations
- County health department
- City of Shelbyville
- County offices
- Non-profit organizations
- Private and public schools
- Community coalitions and task forces

## Next Steps

After completing the FY2019 CHNA process and identifying the top priority health needs, next steps include:

- Collaborating with community organizations and government agencies to develop or enhance existing implementation strategies.
- Developing a three-year implementation plan (FY2020 through FY2022) to address identified health needs.
- Integrating the implementation plan with organizational strategic planning and budgeting to ensure the proper allocation of human, material and financial resources.
- Presenting and receiving approval of the CHNA report and implementation plan by the hospital's governing board.
- Publicizing the CHNA report and implementation plan on <https://hshsgoodshepherd.org> and CHNA partner websites and making it accessible in public venues, such as town halls, etc.

## Approval

The FY2019 CHNA report was adopted by the hospital's governing board on May 7, 2019.

