



HSHS  
Good Shepherd  
Hospital

# 2025 Community Health Needs Assessment

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



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## Executive Summary

### Background

Provisions in the 2010 Patient Protection and Affordable Care Act (ACA) require charitable hospitals to conduct a triennial community health needs assessment (CHNA) and accompanying implementation plan to address 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, 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 FY2022.

In FY2025 (July 1, 2024, through June 30, 2025), Good Shepherd Hospital conducted the triennial 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.

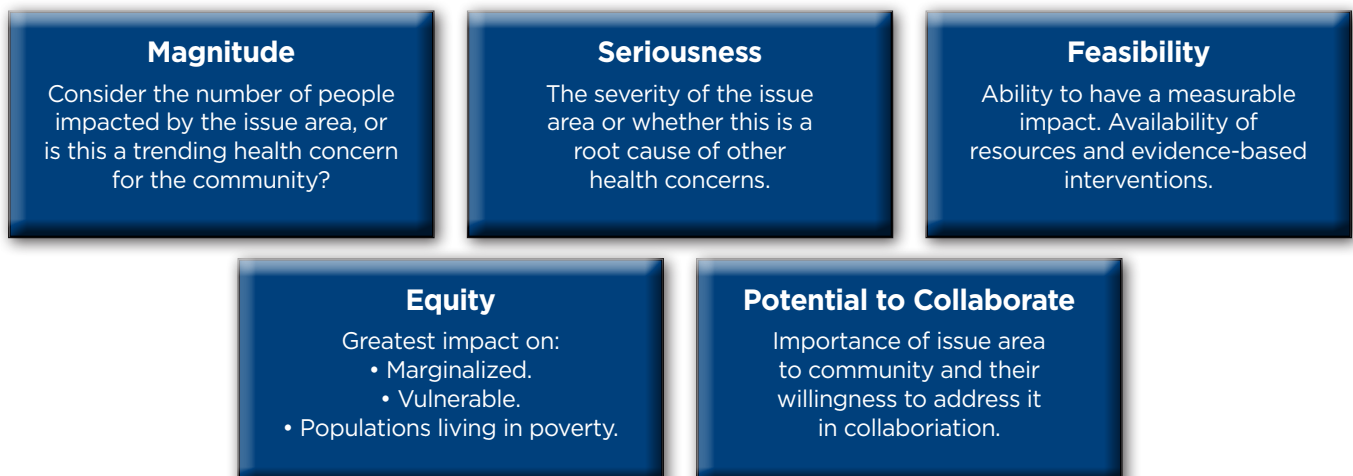
Data collected was supplemented with:

- Community gaps analysis review
- Community assets review
- Qualitative data gathered through a CHNA core group
- Qualitative data reviewed by a community advisory council (CAC) with broad community representation
- Surveys, including input from area health and social service providers, as well as community members who identify with the needs addressed
- 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 seven health focus areas from extant data sources: access to care, behavioral health and substance use disorder, chronic conditions, food insecurity, maternal health, mental health and transportation. A pre-determined set of criteria (Diagram One: Defined Criteria for Community Health Needs Assessment) was used to narrow the health focus areas.

*Diagram One: Defined Criteria for Community Health Needs Assessment*



HSHS Community Health identifies three guiding principles to achieving sustainable community health. Those principles are considered throughout each step in this process:

1. Health care is efficient and equitable
2. Good health flourishes across geographic, demographic and social sectors
3. Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health (see Appendix I: Community Health Guiding Principles)

The CHNA core group provided a thorough review of existing and supplemental data sets around the seven identified health focus areas to the CAC. The CAC used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas to five. These focus areas were presented to the community through a community survey. The survey sought the community's feedback to prioritize the needs based on their perceptions and experiences (see Appendix II: 2025 Shelby County Community Survey).

Results from the survey were then presented to the Good Shepherd Hospital internal advisory council for review. The internal advisory council used the pre-determined criteria to force rank the health focus areas to the final three priority areas recommended through the CAC and survey process (see Appendix III: Shelby County Community Health Needs Assessment Priorities Reviewed and Prioritized).

These were the final three health needs identified based on the defined criteria, survey results, stakeholder input from the CAC and internal input from Good Shepherd's leaders.

1. Access to care
2. Access to mental and behavioral health – including substance use disorder
3. Chronic conditions

## 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 has been a leader in health and wellness in Shelby and surrounding counties for more than 100 years. Good Shepherd is a Critical Access Hospital with a wide variety of services including emergency care, primary care, imaging (nuclear medicine, CT scans, digital mammography, X-ray, MRI and ultrasound), pulmonary and cardiac rehabilitation, cardiac stress testing, sleep lab and laboratory testing. The hospital also offers physical and occupational therapy in an outpatient setting. Broad scopes of general surgical services, including cataract surgery, are provided in both an inpatient and outpatient setting.

Good Shepherd Hospital 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 13 hospitals and has more than 200 physician practice sites.

HSHS has a rich and long tradition of addressing the health needs in the communities it serves. This flows directly from its Catholic identity. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through its broader community benefit program. This includes health professions education, subsidized health services, research and community building activities. In FY2024, the hospital's community benefit contributions totaled \$1,676,930.

## Current Hospital Services and Assets

Major Centers and Services	Statistics
<ul style="list-style-type: none"> <li>• Emergency Care</li> <li>• Heart and Lung Health</li> <li>• Home Health and Hospice</li> <li>• Imaging</li> <li>• Inpatient Care</li> <li>• Laboratory Services</li> <li>• Mammograms</li> <li>• Orthopedics</li> <li>• Podiatry</li> <li>• Pulmonary Rehabilitation</li> <li>• Rehabilitation</li> <li>• Rural Health Clinic</li> <li>• Sleep Disorders Center</li> <li>• Specialty Clinics</li> <li>• Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Total Beds: 25</li> <li>• Total Colleagues: 98</li> <li>• RNs: 24</li> <li>• Inpatient Admissions: 333</li> <li>• Outpatient Registrations: 23,508</li> <li>• Emergency Department (ED) Visits: 4,568</li> <li>• Surgical Procedures: 103</li> <li>• Physicians on Medical Staff: 164</li> <li>• Volunteers: 28 active</li> <li>• Community Benefit: \$1,676,960</li> </ul>

## Hospital Accreditations and Awards

- DNV Healthcare Accreditation – Demonstrates the hospital's commitment to quality and patient safety through a more efficient and outcomes-based accreditation program.
- Illinois Department of Public Health (IDPH) – Laboratory Accreditation
- Illinois Department of Public Health (IDPH) -- Acute Stroke Ready Hospital Designation

## Community Served by the Hospital

For purposes of the CHNA, Good Shepherd Hospital defined its primary service area and populations as Shelby County. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

### Demographic Profile of Shelby County

Data Source: <https://www.census.gov/quickfacts/fact/table/shelbycountyillinois/EDU635219>

<https://worldpopulationreview.com/us-counties/illinois/shelby-county>

Characteristics	Illinois	Shelby County 2022	Shelby County 2024	% Change for County
Total Population	12,812,508	20,789	20,542	-1.19%
Median Age (years)	38.3	45.7	45.5	-0.44%
Age				
Under 5 years	5.6	5.70%	5%	-12%
Under 18 years	22.1	19%	21.10%	11.05%
65 years and over	16.6	24.30%	24.50%	0.82%
Gender				
Female	50.6	53.04%	49.90%	-5.92%
Male	49.4	46.96%	50.10%	6.69%
Race and Ethnicity				
White (non-Hispanic)	76.3	98%	97.50%	-0.51%
Black or African American	14.7	0.40%	0.7%	75.0%
Native American or Alaska Native	0.1	0.30%	0.3%	0.0%
Asian	6.1	0.30%	0.4%	33.3%
Hispanic or Latino	18	1.20%	1.3%	8.3%
Speaks language other than English at home	23.2	1.40%	2.0%*	42.9%
Median household income	78,433	\$63,460	\$68,457*	7.87%
Percent below poverty in the last 12 months	11.9	10.80%	10.6%*	-1.85%
High School graduate or higher, percent of persons age 25+	90.1	93%	94.5%*	1.61%
			*2023	

## Process and Methods Used to Conduct the Assessment

Good Shepherd Hospital led the planning, implementation and completion of the community health needs assessment.

### Internal

Good Shepherd Hospital undertook an eight-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:

1. Identified the CHNA core group comprised of Good Shepherd Hospital, Shelby County Health Department and Hospital Sisters Health System
2. Convened a CAC to solicit input and help narrow identified priorities
3. Conducted a community survey to get input from community members around the priorities identified
4. Convened an internal advisory committee to force rank the final priorities and select the FY2026-FY2028 CHNA priorities

### External

Good Shepherd Hospital 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 CAC 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 CAC:

- DOVE, Inc. Domestic Violence\*
- Shelby County Coroner
- Shelbyville C.U.S.D.#4\*
- Shelby County Community Services\*
- HSHS Good Shepherd Hospital\*
- CEFS Community Action Agency\*
- Shelby County Health Department\*
- Shelby County Senior Services\*

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

The CAC helped the core group review existing data and offer insights into community issues affecting that data. The council helped identify local community assets and gaps in the priority areas and offered advice on which issues were the highest priority. See Appendix IV: Community Advisory Council Charter and Meetings.

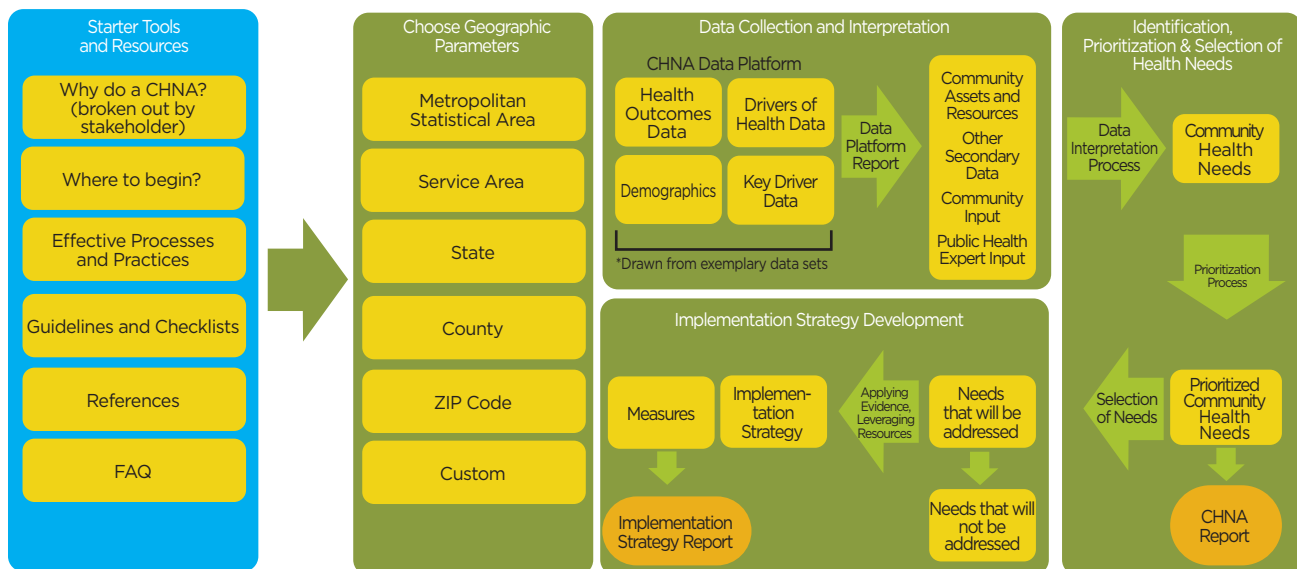
## Defining the Purpose and Scope

The purpose of the CHNA was 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
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 process 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 as secondary data. Secondary data sources include the Behavioral Risk Factor Surveillance System (BRFSS), the U.S. Census Bureau, and Centers for Disease Control and Prevention (CDC) data sources. Data sources and specific data points were considered for their timeliness and accessibility at the county level. All data were extracted from reputable, publicly available data sources. In addition, this data was supplemented with data from:

- U.S. Census Bureau
- World Population Review
- Data USA
- Best Neighborhood
- Illinois Report Card
- Data Center
- United for ALICE
- Illinois COMPdata
- Advisory Board
- County Health Rankings
- USDA Food Atlas
- Feeding America
- American Community Survey
- Illinois Department of Public Health
- Department of Child and Family Services
- Illinois Youth Survey
- Center for Disease Control and Prevention
- Illinois Kids County
- March of Dimes

The data was gathered into a written report/presentation and shared with community members through the community survey 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. In response to the FY2022 CHNA, the hospital planned, implemented and evaluated strategies to address the top identified community health needs. This year's assessment sought input from a broad 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 CAC was used as the primary stakeholder group to review and force rank data. During a 60-minute virtual meeting, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. The CAC also helped identify community assets and gaps which were weighed when considering the magnitude and feasibility of the priority areas. Lastly, their feedback was instrumental in developing the implementation plan.

The core group developed and circulated a community survey to solicit first-person feedback on the health issue areas. In May 2025, 136 individuals completed the survey. The core group analyzed and presented the results (Appendix V: 2025 Shelby County Community Survey Analysis) to the internal team. The results were used to guide further discussion around final priority selection .

### 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. The CHNA process must be informed by input from the poor and vulnerable populations it seeks to serve. To ensure the needs of these groups were adequately represented, the CHNA process included representatives from such organizations as noted above. These organizations serve the under-resourced in the community, including low-income seniors, children living in poverty and families who struggle with shelter and food insecurity. 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 the needs of the most vulnerable persons in the communities were addressed.

### Input on FY2022 CHNA

No written comments were received regarding the FY2022 CHNA.

## Prioritizing Significant Health Needs

Members of Good Shepherd Hospital administration team collaborated with key department leaders in the review and analysis of CHNA data.

As part of the identification and prioritization of health needs, the hospital considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

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

1. Access to care
2. Access to mental and behavioral health – including substance use disorder
3. Chronic conditions

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

- Maternal and infant health: Good Shepherd Hospital leadership is currently working with providers to address access to maternal and infant health
- Transportation: While not a direct priority issue, these barriers for health are incorporated in all strategic planning. Additionally, transportation will be assessed during patient social determinants of health (SDOH) screenings. If a patient screens at risk, resources will be provided
- Food insecurity: While not a direct priority issue, these barriers for health are incorporated in all strategic planning. Additionally, food insecurity will be assessed during patient SDOH screenings. If a patient screens at risk, resources will be provided

## Overview of Priorities

### Access to Care

Access to care: The U.S. Health Resources & Services Administration (HRSA) classifies Shelby County as a health care professional shortage area for primary care, dental and mental health providers. The chart below compares the number of providers per residents for the county and the state. Existing data suggests the county has a higher incidence of preventable hospital stays due to chronic conditions that could be managed through regular visits with a general provider. Access to care efforts since 2019 have led to a measurable improvement in provider to resident ratios. Significant work needs to continue to ensure Shelby County residents have timely access to preventive and management care.

Health Care Professional	Shelby County	Illinois	United States
Primary Care	4,160:1	1,260:1	1,330:1
Dentists	4,150:1	1,190:1	1,360:1
Mental Health Provider	2,060:1	300:1	300:1

### Chronic Conditions

As a result of the last round of System CHNAs, HSHS undertook a three-year process to investigate a closed-loop referral software program integrated within our electronic medical chart to assess, refer and track referral conversions for patients screening at risk for one of the social determinants of health. A contract was signed in September 2024, and FindHelp will be fully launched across HSHS's 13 ministries in July 2025.

This tool will allow us to integrate screening and direct referral into the hospital and HSHS affiliate physician practice workflow and connect patients to essential community resources for basic needs and management care.

Shelby County remains higher than the state rate for obesity and physical inactivity. Additionally, Shelby County residents experience stroke, diabetes and asthma at a higher rate than national average. One factor compounding this issue is the lack of primary care providers in the county. As noted above, Shelby County is in a health care professional shortage area and significant work needs to continue to ensure Shelby County residents have timely access to preventive and management care.

## Mental and Behavioral Health Services

Since the last CHNA, Good Shepherd Hospital partnered with the Illinois Telehealth Network and Shelbyville School District to launch the school-based behavioral telehealth program at Shelbyville High School. This initiative has improved adolescent access to a behavioral health specialist during crisis, as well as needed reoccurring counseling for behavior management.

While successful initiatives are underway, individuals living in Good Shepherd's service area continue to have limited access to mental health care providers. While it's difficult to measure the rate of individuals in the service area suffering from mental illness, there is some data available that can aid in assessing the need. When looking at the BRFSS question which asks the number of days that mental health is not good for respondents, the rate for Shelby County of those who report frequent mental distress is an average of 20%, compared to the state average of 14% (County Health Rankings, 2022).

The U.S. Health Resources and Services Administration (HRSA) classifies Shelby County as a health care professional shortage area for mental health providers. The chart below compares the number of providers per residents for the county and the state. According to the 2024 data below, the ratio has improved slightly since the last measurement period — 2,700:1 in 2022 — however, significant work still needs to be done to ensure Shelby County residents have timely access to mental and behavioral health services.

Health Care Professional	Shelby County	Illinois	United States
Mental Health Provider	2,060:1	300:1	300:1

## Potential Resources to Address the Significant Health Needs

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

### Hospitals and related medical groups

- HSHS Good Shepherd Hospital
- HSHS Medical Group and Specialty Care
- Gateway Foundation
- Sarah Bush Lincoln Shelbyville Clinic
- Consolidated Community Medical Center
- Shelby County Community Services
- Shelby County Health Department

### Other Community Organizations and Government Agencies:

More than 50 agencies, organizations, non-profit organizations, governmental organizations, educational institutions, city and county resources, social service and health care organizations are available to meet identified needs. Those organizations include but are not limited to:

- Local social service organizations
- Local health care organizations
- Neighborhood associations in impacted neighborhoods
- City and County offices
- Non-profit organizations
- Private and public schools
- Community coalitions and task forces
- 2-1-1

## Next Steps

After completing the FY2025 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 (FY2026 through FY2028) to address identified health needs
- Integrating the implementation plan into organizational strategic planning and budgeting to ensure alignment and 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 at <https://www.hshs.org/good-shepherd/about-us/community-health-needs-assessment>. Printed copies will be available upon request

## Approval

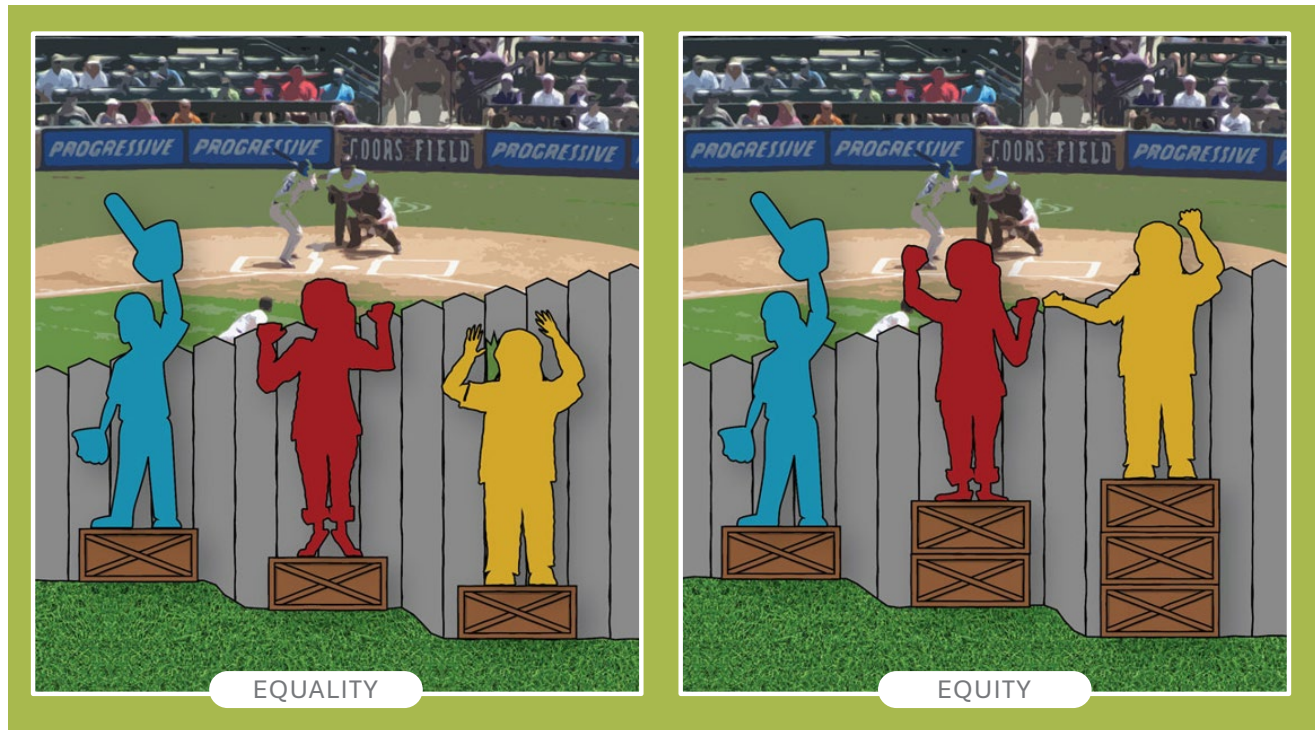
The FY2025 CHNA report was adopted by the hospital's governing board on May 19, 2025.



## **APPENDIX I**

### **Community Health Guiding Principles**

## Principle One: Health Care is Efficient and Equitable

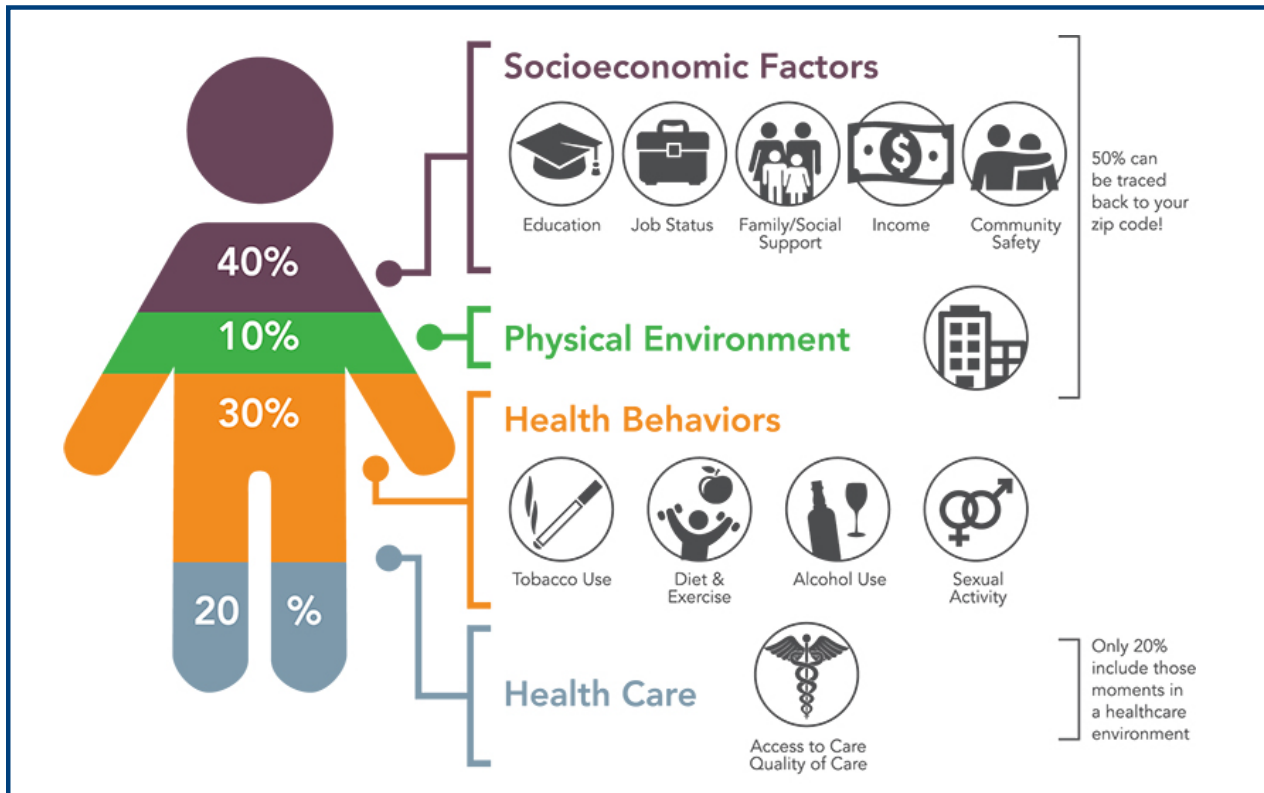


This graph challenges us to redefine our basic expectations for fairness and success as contingent upon those individual differences.

- **Equality** is treating everyone **the same**. It **ignores** our **differences**, and it **ignores** our **unique** needs.
- Equality can only work if everyone **starts from the same place**. Often, we are starting from different places and need resources allocated accordingly.
- Equality recognizes that **fairness means equality** — every person gets one box.

- **Equity** actively **moves everyone closer to success** by leveling the playing field.
- Equity recognizes **not everyone starts at the same place**, and not everyone has the same needs.
- Equity recognizes that fairness means **each person has the same access based on resources needed**.

## Principle Two: Good health flourishes across geographic, demographic and social sectors



Good health flourishes when we acknowledge and address disparities that affect a wide range of health risks and outcomes

### Socioeconomic factors:

Influence of financial resources on health including availability of services due to financial constraints. Service limitations include safe housing, nutritive food, exercise, socialization and more.

### Neighborhood and Physical Environment:

1. Where someone lives impacts wellbeing.
2. Robert Wood Johnson analysis of life expectancy by ZIP code found that where one lives is one of the leading predictors of life expectancy.

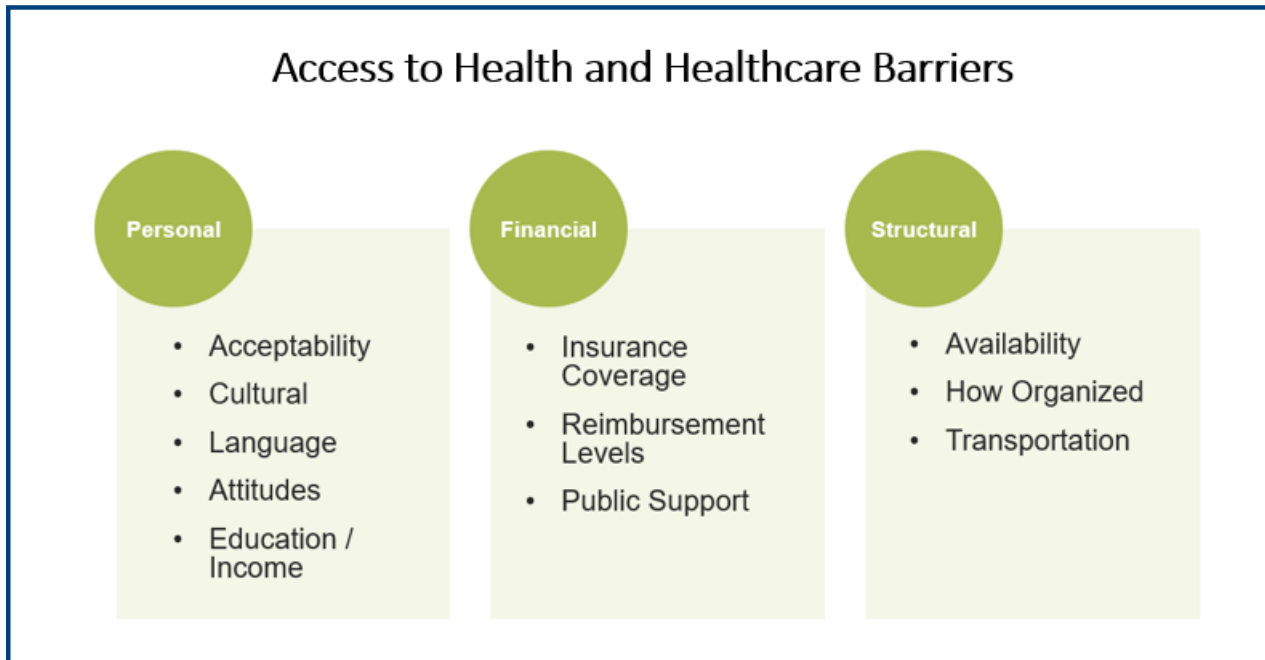
### Healthy Behaviors:

1. May be influenced by socioeconomic factors and physical environment.
2. Indicator of health outcomes.
3. Consideration must be given to unhealthy behaviors as a coping mechanism of a past or current trauma.

### Health Care:

1. Note 20% (some RWJ studies indicate 10% - 20%).
2. If our emphasis is on health care access, we are missing the opportunity for clinical and non-clinical community-based linkages to drive sustainable individual and population health improvement.

## Principle Three: Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health.



The reality is that health starts long before illness and even long before birth. The measurement of factors such as equity, health disparities, social determinants of health and cultural indicators can be used to support the advancement of health equity.

These principles show the foundation HSHS ministries use to progress toward more equitable communities while addressing the top needs identified through the triennial CHNA process.

## **APPENDIX II**

### **2025 Community Survey**



## 2025 Shelby County Health Needs Assessment

This survey will take less than five minutes. Thank you for helping us find ways to create a healthier community. This survey is being conducted by HSHS Good Shepherd Hospital in Shelbyville.

1. In what year were you born?

2. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ Other: \_\_\_\_\_

3. What is the highest level of education you have completed?

- ☐ Less than high school
- ☐ Some high school
- ☐ High school diploma or equivalent
- ☐ Trade or technical school beyond high school
- ☐ Some college
- ☐ Four-year college degree
- ☐ More than four-year college degree

4. What is your approximate average household income?

- ☐ Less than \$20,000
- ☐ \$20,001 - \$40,000
- ☐ \$40,001 - \$60,000
- ☐ \$60,001 - \$80,000
- ☐ \$80,001 - \$100,000
- ☐ \$100,000+
- ☐ Retired
- ☐ Prefer not to answer

5. Select the option(s) that best describe your race/ethnicity:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino, or Spanish Origin
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other race or ethnicity

6. What is your zip code?

7. What is your disability status?

- ☐ Do not have a disability
- ☐ Have a disability
- ☐ Prefer not to say

8. Rank the following health concerns in order from 1 to 5: (1 = most important health concern; 5 = least important health concern).

- \_\_\_\_\_ Access to Care
- \_\_\_\_\_ Behavioral Health & Substance Use Disorder
- \_\_\_\_\_ Chronic Conditions
- \_\_\_\_\_ Maternal Health & Infant Health
- \_\_\_\_\_ Mental Health

9. How would you rate YOUR overall health?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Not very healthy

10. How would you rate the health of Shelby County?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Not very healthy

11. What do you think is/are the biggest health problems facing Shelby county?

12. What is the one thing you would do to make the health of Shelby county better?



## **APPENDIX III**

### **Shelby County Community Health Needs Assessment Priorities Reviewed and Prioritized**

Seven original needs were identified by the core group using existing secondary data. The needs identified were:

1. Access to care
2. Behavioral health and substance use disorder
3. Chronic conditions
4. Food insecurity
5. Maternal health
6. Mental health
7. Transportation

The core group presented the seven needs to the CAC and led them through a forced ranking exercise. At that time, the needs were narrowed to the following five:

1. Access to care
2. Behavioral health and substance use disorder
3. Chronic conditions
4. Maternal health and infant health
5. Mental health

The core group then solicited input from community members through the 2025 Shelby County Community Survey. Following survey analysis, findings were presented to the Good Shepherd Hospital internal advisory council. The council approved the recommended priorities which were adopted by the board of directors as the FY2025 CHNA Priorities:

1. Access to care
2. Access to mental and behavioral health – including substance use disorder
3. Chronic conditions

## **APPENDIX IV**

### **Community Advisory Council Charter and Meetings**



Dear Community Partner,

It is time again for HSHS Good Shepherd Hospital to conduct our Shelby County Health Needs Assessment (CHNA). We hope you or someone from your organization can provide input through our Community Advisory Council (CAC).

**Community Advisory Council Meeting:**

This year, we will conduct ONE virtual CAC meeting on: **April 8, 2025; 10 - 11 am.**

Agenda:

1. Introduction
2. Data Discussion: a thorough data dive will be sent to you one-week prior to the meeting. The data will include information surrounding the priorities we are asking you to rank.
3. Forced Ranking: you will be asked to rank the priorities.
4. Closing

**First Person Data:**

Following the CAC meeting, we will conduct community surveys with Shelby County organizations and community members to solicit feedback from a broad and diverse range of individuals.

**Final Priority Areas:**

Finally, we will take information learned from the CAC and surveys to our internal team for further discussion and ranking. Once the final CHNA priorities have been identified, we will notify you of the outcome via e-mail. Please note - we may call upon you once again as we develop workgroups to address the identified needs.

We value your knowledge of our community, the work you do with your constituents, and the experience and wisdom you bring to the discussion. Thank you in advance for considering participating on the advisory council. Please e-mail: [kim.luz-mobley@hshs.org](mailto:kim.luz-mobley@hshs.org) by **April 2**, to let us know if you or someone from your organization will serve in this role.

Please don't hesitate to reach out with any questions or further discussion.

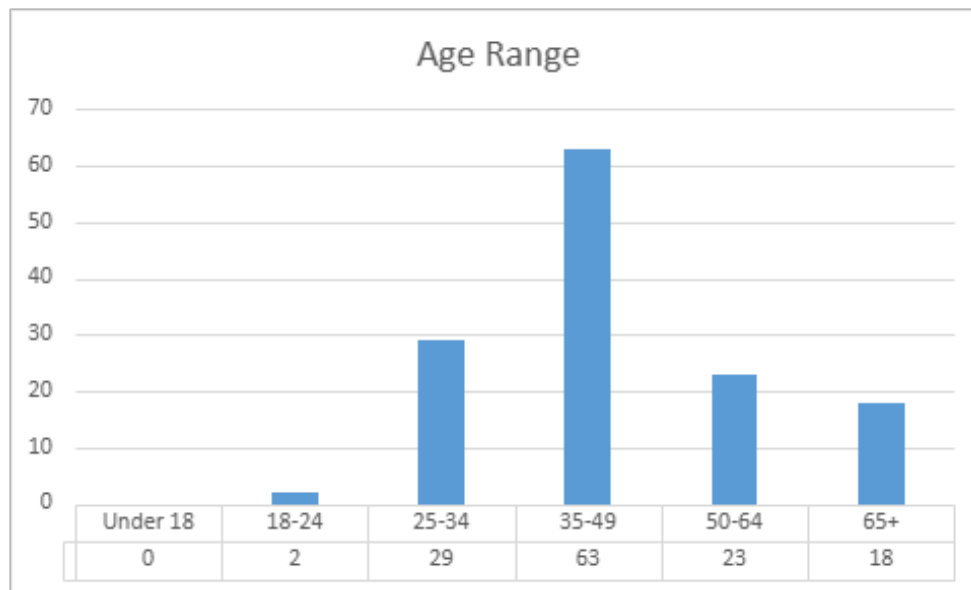
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## **APPENDIX V**

### **2025 Shelby County Community Survey Analysis**

The community survey returned 136 completed surveys. Results represented a variety of levels of education, age and race distribution compared to county demographics; however, an inadequate representation by gender and income level was received. During the community health improvement plan (CHIP) process, additional feedback will be solicited from groups not represented through focus groups. More information on the CHIP process, focus group identification and analysis will be included in the final plan.

1. In what year were you born?

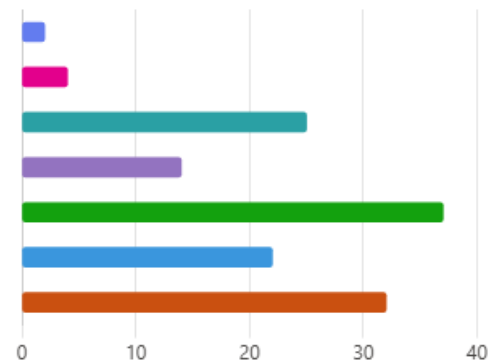


2. What is your gender?

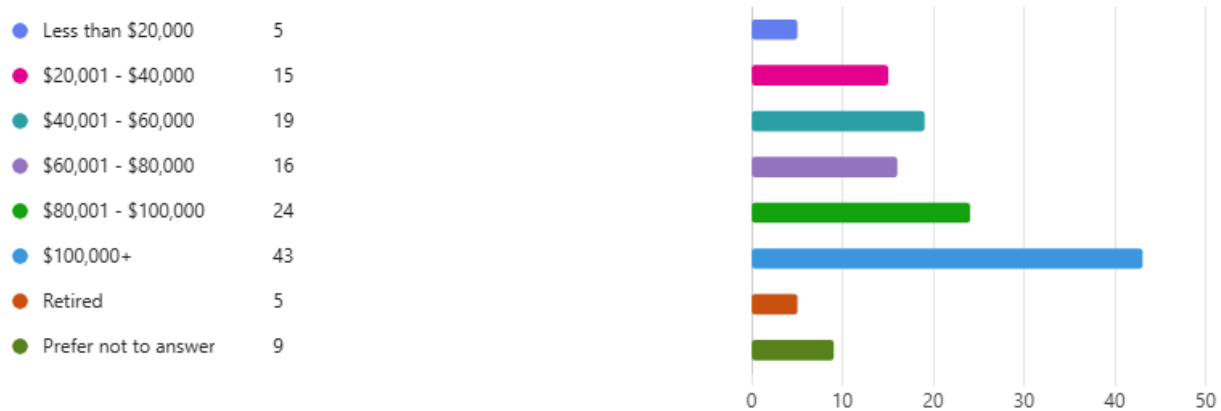
Gender: Female	77.20%
Gender: Male	22.79%
White	98.54%
Living with a disability	10.29%

3. What is the highest level of education you have completed:

Less than high school	2
Some high school	4
High school diploma or equivalent	25
Trade or technical school beyond high school	14
Some college	37
Four-year college degree	22
More than four-year college degree	32



4. What is your approximate average household income?



5. Select the option(s) that best describe your race / ethnicity.

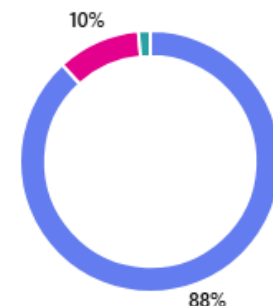
American Indian or Alaska Native	2
Asian	0
Black or African American	0
Hispanic, Latino, or Spanish Origin	1
Native Hawaiian or Other Pacific Islander	0
White	135
Other race or ethnicity	0

6. What is your zip code?

- 78.67% of responses came from Zip code: 62565
- 4.41% of responses came from Zip code: 62541
- All other present zip codes had 2 or less responses.

7. What is your disability status?

Do not have a disability	120
Have a disability	14
Prefer not to say	2



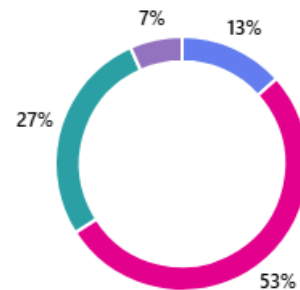
8. Rank the following health concerns in order from 1 to 5: (1 = most important health concern; 5 = least important health concern).



- Access to care has a significant lead as the highest ranked priority.
- Mental health and chronic conditions are nearly tied, with mental health just barely taking second.
- Maternal and Infant came in 4<sup>th</sup>.
- Behavioral health & substance use disorder scored the last; however, it was mentioned frequently in write ins.

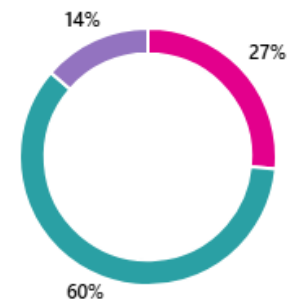
9. How would you rate YOUR overall health?

Very healthy	18
Healthy	71
Somewhat healthy	37
Not very healthy	9



10. How would you rate the health of Shelby County?

Very healthy	0
Healthy	35
Somewhat healthy	79
Not very healthy	18



11. What do you think is/are the biggest health problems facing Shelby County?

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Responses

Latest Responses

"The quality of drs. And lack of mental health and substance abuse help. Lack of de... "

"Drug abuse and obesity"

"Access to care for those not on govt assistance but not able to afford care"

...

20 respondents (19%) answered mental health for this question.



- Top three themes were Mental Health, Access to care, and Lack of services
- Many cited substance use as a major problem despite it not ranking high in priorities
- Many complaints cited lack of access to specialized services listing OB, Dermatology, and pediatricians
- Obesity was specifically mentioned as the only or main concern by many respondents

12. What is the one thing you would do to make the health of Shelby County better?

24 respondents (24%) answered care for this question.



- Access to care and services is the main take away
- Many requests for an Urgent Care or walk in clinic
- A few responses noting a frequent need to be helicoptered from the local hospital for advanced care and the financial strain that comes from those fees
- A recurring call for more providers in the area
- Many calls for mental health facilities or program

## **APPENDIX VI**

### **Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2023 - FY2025 CHNA**

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

1. Access to mental and behavioral health services
2. Chronic conditions
3. Workforce development

Implementation strategies established to address these needs through specific initiatives included:

## **Access to mental and behavioral health services:**

### ***Emergency department-based screening and referral to treatment and recovery.***

In FY2022, the substance, treatment and recovery program was fully deployed in HSHS Good Shepherd Hospital's emergency department. This collaborative program, in partnership with Gateway Foundation, focuses on warm handoff services for treatment and recovery of patients presenting with substance use disorder in the emergency department. This collaborative initiative has provided rehab services for more than 30 persons during the community health improvement plan (CHIP) cycle.

The following colleagues work together to identify, screen, assess and transition patients from the emergency department directly to a treatment bed:

- Engagement specialist: A certified addictions counselor who promotes substance use disorder treatment services and programs to engage potential clients, completes intake screenings and assessments, evaluates patients' needs, determines appropriate program placement, and completes related forms and records. They maintain collaborative working relationships and regular communication with referral sources to plan and coordinate services and resolve potential barriers to effective treatment.
- Recovery coach: A staff person with lived experience who provides support and outreach to individuals in recovery or seeking recovery. They serve as a role model by exhibiting long-term stable personal recovery and use of appropriate coping skills. They maintain relationships with and knowledge of resources for clients, as well as consulting with other treatment team members and providing resources to assist with recovery and transition.
- Clinical supervisor: A clinical leader who is responsible for providing direct supervision to team members delivering services. They oversee client services and ensure compliance with established program standards and service delivery objectives. Responsible for orienting and training staff, they serve as a resource to assigned staff in identifying and resolving complex case problems. They also interpret and enforce area policies and procedures, and initiate corrective actions. They assume client caseload in response to workload or staffing shortages, and also interface with key staff at assigned community resources to foster exceptional relationships.

### ***School-based behavioral telehealth.***

As a result of the FY2019 CHNA, the hospital focused its efforts on establishing partnerships between Shelby County and Shelbyville Public Schools. In FY2020, funding and equipment were secured for a behavioral telehealth program at Shelbyville High School. The equipment was set up and the program fully deployed in school year 2022-2023. The gap in time was a result of the COVID pandemic leading to remote learning.

Since its launch, nearly 296 student referrals have been made to crisis care, psychiatric care and general counseling. This resource allows teachers to refer students with behavioral health issues directly to care.

## Chronic conditions:

### ***Work with providers to determine patient barriers to living a healthy life; i.e. — social determinants of health.***

As a result of the last round of System CHNAs, HSHS undertook a three-year process to investigate a closed loop referral software program integrated within our electronic medical chart to assess, refer and track referral conversions for patients screening at risk for one of the social determinants of health. A contract was signed in September 2024, and FindHelp will be fully launched across Hospital Sisters Health System's 13 ministries in July 2025.

This tool will allow us to integrate screening and direct referral into the hospital and HSHS affiliate physician practice workflow and connect patients to essential community resources.

### ***Work with community partners to provide health education, screening and referrals to care.***

Good Shepherd Hospital has partnered with Shelbyville School District to participate in their annual back-to-school health fair. Each year, we meet with school families to better understand their primary and specialty care needs and help connect them with available providers in the community.

Additionally, local hospital leadership has worked tirelessly with county officials and the HSHS system office to recruit needed care to the area:

- Dr. Lisa Kowalski, general surgeon, joined Good Shepherd Hospital's medical staff
- Macy Collins, APRN, specializing in behavioral health, joined the Rural Health Clinic (RHC)
- The hospital expanded free fecal immunochemical test (FIT) testing program for the month of March for Colon Cancer Awareness Month
- Caitlin Bird, APRN, family medicine, joined the RHC
- Corrie Smith, APRN, family medicine, joined the RHC

## Workforce Development:

### ***Integrated programs, long-term goals with workers at the center.***

#### ***Develop workforce plan and training programs.***

Good Shepherd Hospital fulfilled these strategies with the launching of the System Diversity, Equity and Inclusion (DEI) committee in FY2022. By participating in the workforce subcommittee, Good Shepherd Hospital explored gaps in workforce readiness and success. Their commitment to the long-term inclusion of workers was demonstrated through \$27,638 worth of mentoring and job-shadowing experiences. Good Shepherd Hospital collaborated with local schools and colleges to train interns, providing hands-on experience in their respective fields. Their partnership with these institutions fostered a training program that prepared individuals for health care careers, contributing to the community's workforce development. This comprehensive training ensured that future health care workers gained practical skills, enhancing their employability. The hospital invested 600 hours in the lives of two radiology interns.



