



HSHS
Good Shepherd
Hospital



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2022 Community Health Needs Assessment

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Executive Summary

HSHS Good Shepherd Hospital Community Health Needs Assessment 2022

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.

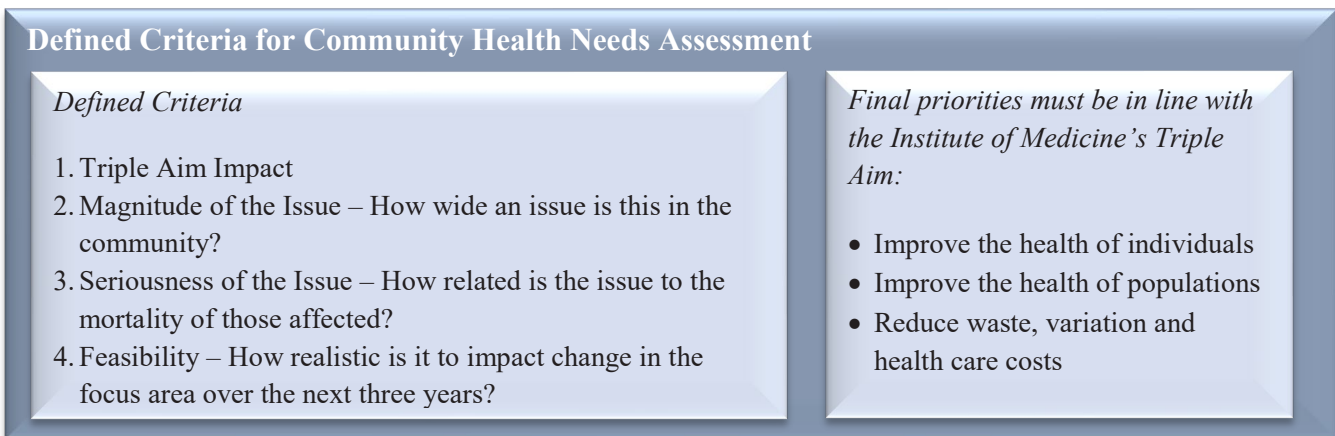
Triennially, HSHS Good Shepherd Hospital conducts a CHNA, adopts an Implementation Plan by an authorized body of the hospital and makes the report widely available to the public. The hospital's previous CHNA Report and Implementation Plan was conducted and adopted in FY2019.

In FY2022 (July 1, 2021 through June 30, 2022), 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
- 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 10 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 core group also identified three major contributing factors as underlying to all health issue areas presented. Those areas include: social determinants of health; access to health and health care barriers; and equality, equity and justice in health care (see Appendix I: Major Contributing Factors). The CHNA core group provided a thorough review of existing and supplemental data sets around the 10 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 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 three.

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

- Access to mental and behavioral health services
- Chronic Conditions
- Workforce development

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

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.

Good Shepherd received a CMS 4-star rating.

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	Shelby
Total Population	12,625,136	20,789
Median Age (years)	37.4	45.7
Age		
Under 5 years	5.9%	5.7%
Under 18 years	22.2%	19%
65 years and over	16.1%	24.3%
Gender		
Female	50.9%	53.04%
Male	49.1%	46.96%
Race and Ethnicity		
White (non-Hispanic)	76.8%	98%
Black or African American	14.6%	0.4%
Native American or Alaska Native	0.6%	0.3%
Asian	5.9%	0.3%
Hispanic or Latino	17.5%	1.2%
Speaks language other than English at home^	23.2%	1.4%
Median household income	\$65,886	\$63,460
Percent below poverty in the last 12 months^	11.5%	10.8%
High School graduate or higher, percent of persons age 25+^	89.2%	93%

**Unless otherwise indicated, the data source is U.S. Census QuickFacts.
^Source: U.S. Census Bureau, 2015-2019 and 2011-2015 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 FY2022 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 Shelby County Health Department and HSHS Illinois Division.
- Convened an external advisory committee to solicit input and help narrow identified priorities.
- Convened an internal advisory committee to force rank the final priorities and select the FY2023 - FY2025 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:

- Shelby County Community Services
- Shelby County Health Department
- Shelbyville School District
- Shelbyville High School
- Shelby County Senior Services
- Shelby County Coroner
- Shelby County Dove, Inc
- UI Extension
- HSHS Good Shepherd Hospital

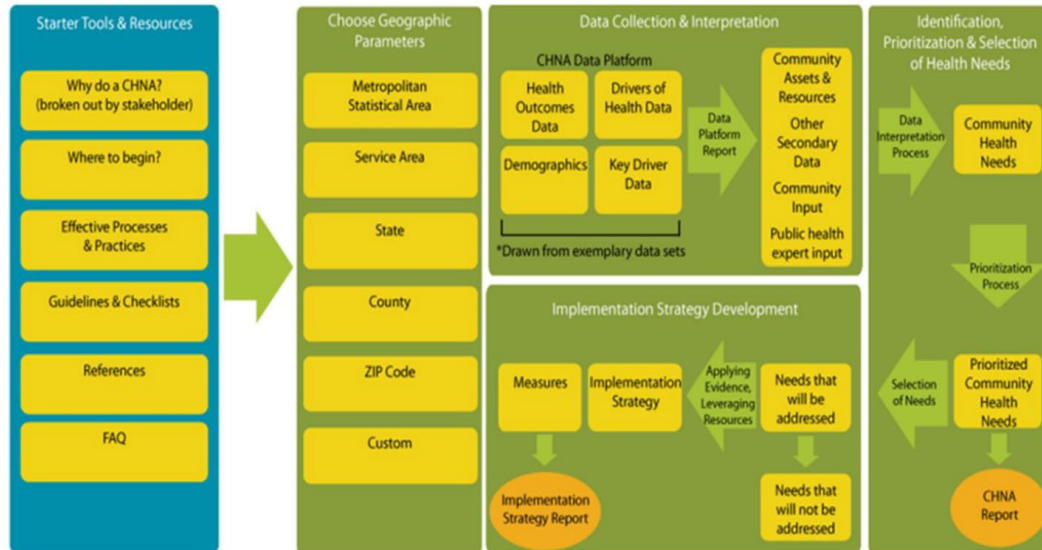
The external advisory committee helped the core group review existing data and offer insights into community issues affecting that data. The committee helped identify local community assets and gaps in the priority areas and offered advice on which issues were the highest priority.

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
- Illinois Department of Public Health
- Department of Child and Family Services

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 FY2022 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. Due to COVID, this year's CHNA external advisory group meetings were conducted by one-on-one interviews. During interviews, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. 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.

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 FY2019 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 mental and behavioral health services
2. Chronic Conditions
3. Workforce development

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:

Child Abuse and Neglect and Human Trafficking:

These are ever-growing issues in all communities across Illinois and the nation. HSHS Good Shepherd Hospital will be represented on the Illinois Human Trafficking Task Force by the HSHS Illinois division.

While not a direct priority area, HSHS and Good Shepherd Hospital will continue to raise awareness in HSHS facilities and the community on identification and response to human trafficking and child abuse and neglect.

Food Insecurity and Healthy Behaviors:

While not named specifically, food insecurity and healthy behaviors will be addressed under Chronic Conditions.

Maternal and Child Health:

Good Shepherd Hospital is not focusing on this need as part of the CHNA. We continue to offer some services and collaborate with those agencies that assist this population.

Senior Health:

While not named specifically, senior health will be factored into all strategies looking at addressing overall health outcomes for the population.

Mental and Behavioral Health Services

Individuals living in HSHS Good Shepherd’s service area have less access to mental and behavioral 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 16% compared to the state average of 13% (County Health Rankings and Roadmaps, 2022). The county rate of emergency department (ED) visits for anxiety-related disorders is higher than the state rate at 47 / 10,000 compared to 36.91 / 10,000 (Illinois Public Health Community Map, 2016 - 2018). The U.S. Health Resources & Services Administration (HRSA) classifies Shelby County as a health professional shortage area for mental health providers. The chart below compares the number of providers per residents for the county and the state. Top U.S. performers have 270 residents per one provider.

Report Area	Ratio of Population to Mental Health Providers
Shelby County	2,700:1
Illinois	440:1

Source: Health Professional Shortage Area: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Suicides for Shelby County during the reporting area of 2016 – 2020 were higher than the state rate: 14:11 / 100,000. While drug overdose deaths are less than the state rate, we are still experiencing a higher rate of overdose deaths than the highest performing counties across the United States: 19 in Shelby County compared to 11 in highest performing counties. Note – this is per 100,000.

Chronic Conditions – Including Food Access and Disease Prevention and Education

According to the County Health Rankings, Shelby County is ranked higher than the state for obese persons: 36%, Shelby County vs 32%, Illinois. Unhealthy lifestyle choices and disease awareness, prevention and management lead to poor health outcomes in a community. According to IHA COMPdata, approximately 66% of Shelby County patients who presented in the ED had one or more chronic conditions such as obesity, depression, hypertension or diabetes. There is a higher incidence of adult smoking, physical inactivity, lack of access to exercise opportunities, premature mortality and mental health disorders in Shelby County as compared to the state. Additionally, there is a higher incidence of high blood pressure in Shelby County’s Medicare population as compared to the state and nation. According to the Illinois Behavioral Risk Factor Survey, nearly 30% of Shelby County residents have been told by a physician they are living with two or more chronic conditions. Lastly, the leading causes of premature death in Shelby County are heart disease and cancer, both of which may be preventable and/or manageable with healthy behaviors and early detection and intervention.

Workforce Development

Shelby County unemployment levels, 4.5%, are beginning to decrease following the COVID-19 shutdown spike in April 2020. At that time, Shelby County unemployment reached a high of 12.5%. According to Best Neighborhoods, the COVID-19 job loss impact may be as high as 9.3% in some parts of Shelby County. While it is notable that the pandemic has had a large impact on employment, current data also suggests employment and job training are the top needs for self-sufficiency in low-income families and unemployed individuals.

Next Steps

After completing the FY2022 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 (FY2023 through FY2025) 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 FY2022 CHNA report was adopted by the hospital's governing board on May 16, 2022.




APPENDIX I

Major Contributing Factors

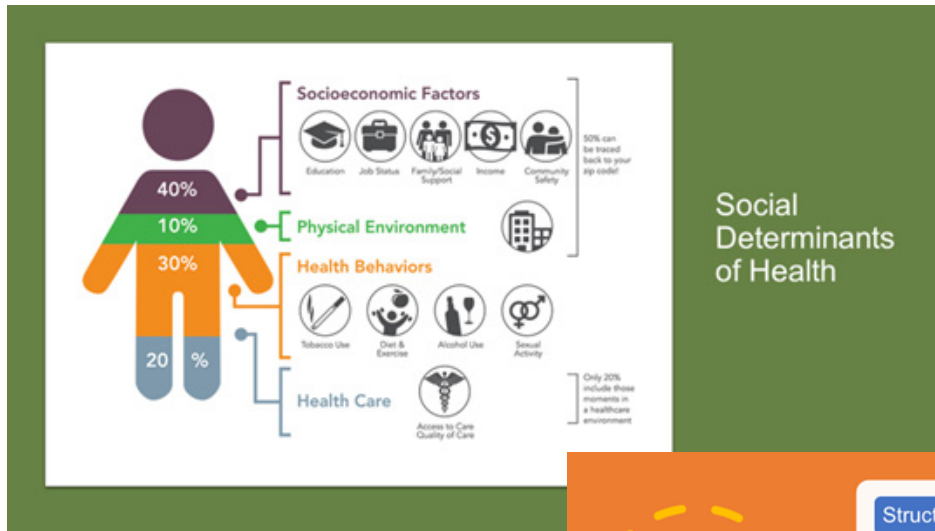
HSHS Illinois Division ministries have identified three major contributing factors for poor health outcomes: 1. Equality, Equity and Justice; 2. Social determinants of health; 3. Access to health and health-care barriers. The Community Health Improvement Plan (CHIP) will guide strategies and shape policies in ways that promote health and health equity. The information below provides definitions of the three major contributing factors and a framework through which we will identify metrics to measure progress toward health equity.

Defining inequities across service areas is critically important to understanding the steps needed to achieve health equity. Urban and rural disparities remain despite progress in closing health and development gaps. Part of the CHNA process was to identify diverse individuals in our markets and focus efforts on gathering their feedback through surveys and/or focus groups to learn where health inequities persist.

Health equity means everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires identifying and addressing obstacles to health, such as poverty, quality education, safe and affordable housing, health care access, safe environments, safe neighborhoods, access to good jobs with fair pay and other determinants as described by the social determinants of health (SDOH). By clearly defining and understanding the differences between equality, equity and justice we can begin to identify gaps and barriers to achieving health equity and social justice in the health care delivery system.

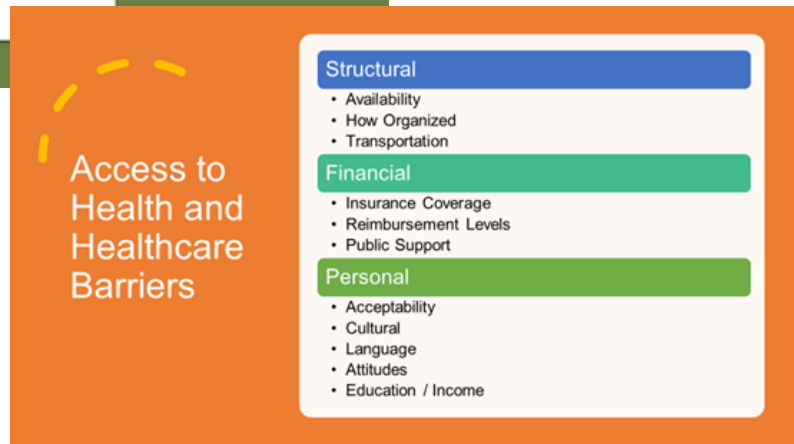
Equality	Equity	Justice
		
<p>The assumption is that everyone benefits from the same supports. This is equal treatment.</p>	<p>Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.</p>	<p>All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.</p>

Social determinants of health are the conditions under which people are born, grow, live, work and age. Medical care drives only 10% to 20% of a person’s overall health. The other 80% to 90% is determined by the complex circumstances in which people are born, grow, live, work and age. The SDOH have a much



deeper connection to a person’s overall health than their genetic make up and overall risk factors. The SDOH are broken up into four categories: socioeconomic factors, physical environment, health behaviors and health care.

Healthcare barriers or health disparities fall into one of three categories: structural, financial and personal. Each category points to a measured difference in health outcomes that is closely linked with social or economic disadvantages. Health disparities negatively impact groups of people who have systematically experienced greater social or economic obstacles to health.



The reality is that health starts long before illness and even long before birth. The measurement of factors such as SDOH and health disparities or health care barriers can be used to support the advancement of health equity. The diagram below shows the framework our HSHS ministries will use to progress toward more equitable communities while addressing the top needs identified through the CHNA process.



APPENDIX II

2022 Shelby County Community Health Needs Assessment Priorities Analyzed, Reviewed and Prioritized

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

1. Behavioral Health: Substance Use
2. Child Abuse and Neglect
3. Chronic Conditions (Prevention and Management)
4. Food Insecurity
5. Healthy Behaviors:
 - a. Nutrition and Healthy Eating
 - b. Access to Exercise
6. Human Trafficking
7. Maternal and Child Health
8. Mental Health
9. Senior Health
10. Unemployment/Workforce Development

The core group presented the 10 needs to the CAC and led them through a forced ranking exercise. At that time, the needs were narrowed to the following five:

1. Behavioral Health: Substance Use
2. Mental Health
3. Healthy Behaviors: Nutrition and Access to Exercise
4. Workforce Development
5. Chronic Conditions

Good Shepherd Hospital's internal committee further prioritized and approved the recommended priorities which were adopted by the board of directors as the FY2022 CHNA priorities:

1. Access to Mental and Behavioral Health Services
2. Chronic Conditions: Focus on Health Behaviors and Food Access
3. Workforce Development: Focus on healthcare pipeline programs; and mentorship programs

APPENDIX III

Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2019 – FY2022 CHNA

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

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

Access to Care

Goal: Work with Shelby County residents to identify access barriers to primary care and specialty care.

Long-term performance indicators include: An increase in understanding of and use of insurance; an increase in the number of residents who have a medical home; to enhance access to substance abuse services and to promote substance abuse awareness, education and prevention in the community.

Surgical services were expanded with the addition of general surgery and an orthopedic surgeon. The addition of local services increases the community's access to local services and local recovery.

In addition to offering more surgery options in Shelbyville, Good Shepherd has invested more than \$2.3 million in updates and renovations to the emergency and radiology departments and the expansion of the family health walk in hours provides convenient care to the community.

Metabolic Syndrome

Goal: To offer a comprehensive, place-based approach to community health improvements through education, nutrition and exercise by focusing on a community garden and the hospital's current metabolic syndrome initiatives.

Strategy 1 - Community garden: The garden continues to supplement the local food pantry by providing fresh produce during the growing season. Ongoing, 100% of produce continues to go to the food pantry to help offset the increase in need due to COVID.

Strategy 2 - Diabetes education: Certification through the American Association of Diabetes Educators was obtained by the hospital's community outreach facilitator in FY2019, and an eight-module diabetes self-management course is in development. Curriculum was finalized in FY2020. This was put on hold due to the onset of COVID-19.

Mental Health

Goal: Create awareness of and access to mental health services in the community, including services offered by the hospital, and increase awareness and education for early identification and intervention.

Strategy 1 - Human trafficking training for emergency providers: In FY2020, emergency department (ED) training began. Additionally, HT protocol has been developed to accompany the policy adopted in FY2019.

Strategy 2 - Behavioral telehealth: In FY2019, the hospital focused its efforts on establishing partnerships between Shelby County and nurturing existing partnerships:

In FY2020, funding and equipment were secured for a behavioral telehealth program at Shelbyville Public Schools. The equipment will be set up and the program fully deployed in school year 2022-2023. Some planning and implementation steps have adapted due to remote learning as a result of COVID.

Substance Abuse

Goal: Work with community stakeholders to prevent opioid-related deaths and other non-fatal opioid overdoses through prevention, treatment and recovery, and response.

Strategy 1 - Opioid/Substance Abuse Task Force: In partnership with the Opioid/Substance Abuse Task Force, the hospital coordinated a prescription drug take back event in October 2018. HSHS Good Shepherd also is working closely with the county to reinstate drop boxes that were removed several years ago.

Strategy 2 - New Visions: Under the umbrella of the Central Illinois Division Behavioral Health Steering Committee, we are establishing and refining stronger referral patterns between hospitals in central Illinois and the New Visions program at HSHS Good Shepherd Hospital. We continue to educate ED leaders on the service available while exploring opportunities to promote the service to the community in the immediate and outlying service areas.

Substance Abuse Disorder Partnership: GSS entered into a collaborative with three hospitals in central Illinois and Gateway Foundation to implement the Substance Abuse Treatment and Recovery Program. The program places an engagement specialist and a recovery coach in the ED to meet with individuals presenting with SUD and provide a warm handoff to a treatment facility.

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

Chronic Diseases - The 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 information about healthy behaviors and positive lifestyle choices. Rather than identifying chronic diseases as a standalone priority, the hospital includes prevention and management of chronic conditions in its educational events and presentations. Additionally, as the hospital implements its Access to Care strategies, chronic disease prevention and management will be addressed.

Diabetes and Obesity - The hospital will address diabetes and obesity as part of its metabolic syndrome strategies.

Heart Disease and Stroke - The hospital will address heart disease and stroke as part of its Access to Care and Metabolic Syndrome strategies. Additionally, the 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 - The hospital partners with HSHS St. John's Hospital's mind/body services to offer the Stop Smoking ... Start Living program digitally, which allows individuals to access the smoking cessation program from any location.

Transportation - The hospital will address transportation through its Access to Care strategies considering the feedback received in the community survey and the external and internal committees.

