Community Health Needs Assessment 2016

Shelby Memorial Hospital

Contents

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA as well as describe the needs that are not being addressed with the reasons why such needs are not being addressed.

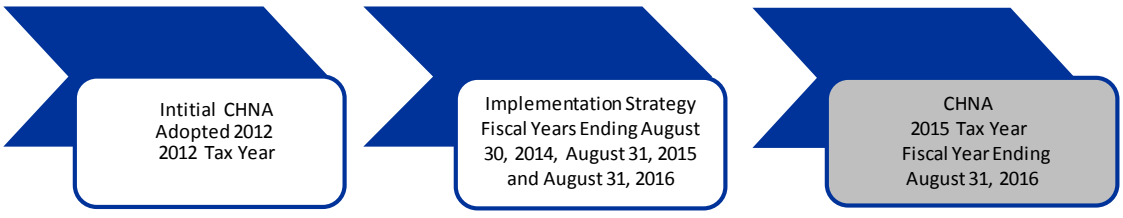
The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document Shelby Memorial Hospital's (Hospital or SMH) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ An evaluation of the implementation strategy for fiscal years ending August 31, 2014 through August 31, 2016, which was adopted by the Hospital board of directors in 2013.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
  - oObtaining community input through interviews with key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2015. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from February 2016 to June 2016.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2013 CHNA was completed to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by the Center for Disease Control and Prevention (Community Health Status Indicators). Health factors with significant opportunity for improvement were noted.
- Community input was provided through key stakeholder interviews of 16 stakeholders. Results and findings are described in the *Key Stakeholder Interviews* section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes, and 5) how important the issue is to the community
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the Hospital

Shelby Memorial Hospital is Shelby County's only hospital, featuring 30 inpatient beds and a wide variety of outpatient services. The hospital has served the community for over 90 years. Shelby Memorial Hospital is "committed to providing top-notch, state-of-the-art healthcare for all of those living in and visiting the community." Services include emergency care, primary care, nuclear medicine services, CT scans, digital mammography, x-ray, MRI, ultrasound, pulmonary and cardiac rehabilitation, cardiac stress testing, sleep lab, laboratory testing, and more. The Hospital also offers physical therapy, occupational therapy and speech therapy services in an outpatient setting. Broad scopes of surgical services are provided in both an inpatient and outpatient setting including general and cataract surgery.

Primary care services are offered at SMH's Family Healthcare Center. SMH's Family Medicine Services include:

- Children: Newborn, Pediatric and Well Child Care
- Acute Injury Evaluation and Referrals
- Annual Employment Physicals
- Cancer Screenings
- Dermatology and Lesion Biopsies
- Geriatric Care
- Management of Acute and Chronic Disease
- Sports Medicine and Physicals
- Women's Health Care

Shelby Memorial Hospital's Home Health division provides a variety of medical services and rehabilitative therapies, all designed to help patients heal in their own environment. SMH Home Health is Medicare-certified and our services include:

- Skilled nursing care
- Physical and Occupational Therapies
- Speech Pathology
- Health Education
- Nutritional Counseling by a licensed and registered dietician
- Social Work by a licensed social worker

SMH Home Health provides services within a 30-mile radius of Shelbyville, Illinois.

Mission

To serve the healthcare and wellness needs of the community. The mission is supported by the Shelby Memorial Hospital Foundation. Through various fundraising events and activities, the Foundation can provide funds for hospital equipment, programs and other services that enhance patient care.

Evaluation of Prior Implementation Strategy

Priority 1: Mental Health Services, including substance abuse prevention and treatment

Shelby Memorial Hospital has had several meetings with the Shelby County Mental Health Department , Southern Illinois University School of Medicine (SIU) and others trying to find a way to enhance our current mental health services for the community. However due to lack of providers and funding for the services we have as of yet been unable to come up with a viable solution.

Through our New Vision program we continue to work with those with substance abuse problems. Shelby Memorial Hospital provides inpatient medical treatment for withdrawal issues and has developed an outpatient referral source for the continued care and treatment of patients once they have left the hospital.

In addition Shelby Memorial Hospital has entered into an affiliation with a large hospital system. This affiliation will provide Shelby Memorial Hospital with improved access to mental health and substance abuse services.

Priority 2: Education

SMH Educational Outreach to Community

2014 – 2015 – Girls Night Out – Free to the public. Sponsored by SMH. Girls Night Out is a monthly program which provides 90 minutes of a lecture-based, educational outreach on a health topic by a healthcare provider. Each month, the focus shifted to a different health issue. In 2014, only women were invited. In July of 2015, the monthly event was expanded to men as well. Over the course of those two years, programs were provided about different subjects including sleep-related illnesses such sleep apnea, heart disease, colon cancer, breast cancer, diabetes, wellness, respiratory diseases, skin cancer, medication safety and addiction, and stroke. Audiences numbered from 25-65.

2014 – 2016 – Shelby County Health Fair at the Christian Church – Free to the public. Several SMH Departments participate in this large, annual health fair which usually has between 200-300 people attend. These departments include Radiology, Rehabilitation Services, Shelby Home Equipment, and SMH Home Health. Representatives from these departments answer questions from community members. Home Health nurses provide a free blood pressure and pulse oximeter clinic.

2014-2016 – Shelby Electric Coop Health Fair and Annual Meeting – Several SMH Departments participate in this large, annual health fair in which about 300 Shelby County residents attend. Employees from the SMH Home Health, Shelby Home Equipment, and Rehabilitation Services Departments answer questions from the public. Home Health nurses provide a free blood pressure and pulse oximeter clinic as well.

2014 – 2016 - Health Jam with the Home Extension Office from U of I – Sponsored by SMH. Free. Annually four SMH departments meet with 100 Shelbyville's Moulton Middle School 5thstudents. Students get a half-hour of education on bone injuries from Radiology, the importance of wellness and exercise from Rehabilitation Services, general health tips from Family Health, and proper diet from Nutrition.

2014-2015 – Tom Short Couch to 5K Training – Sponsored by SMH. Fee. Led by SMH Rehabilitation, Services Athletic Trainer and Wellness Coordinator, Craig Deverell, community members and employees are conditioned to run a 5K over a six-week period.

2014-2016 – Sports Enhancement Training Camp – Sponsored by SMH. Fee. Led by SMH Rehabilitation, Services Athletic Trainer and Wellness Coordinator, Craig Deverell, student-athletes receive training to elevate their skill levels, improve their timing in running and reaction, enhance their stamina, and learn to prevent injury. This camp is an eight-week training period for students from 5th grade through seniors in high school.

2014-2016 – Junior Football League Education – Sponsored by SMH. No fee. Led annually by SMH Rehabilitation Services, Athletic Trainor and Wellness Coordinator, Craig Deverell, student-athlete football players learn about hydration, nutrition, and injury prevention.

2014-2016 – Coaches Education – Sponsored by SMH. Led by SMH Rehabilitation Services Athletic Trainor and Wellness Coordinator, Craig Deverell, this training is an annual class in which football coaches learn about hydration, nutrition and injury prevention.

2014-2015 – Punt, Pass and Kick Competition – Sponsored by SMH. Free. This event is part of the National Football League to get children active in sports. This competition of punting, passing and kicking is held annually by the SMH Rehabilitation Services team. Student athletes, ages 6-15, compete. Each student's longest kicks, punts and passes are recorded. In 2015, four student-athletes from Shelby County competed in the state finals.

2014-2016 – Wellness for Life Program – Sponsored by SMH. Fee. Led by SMH Rehabilitation Services Athletic Trainor and Wellness Coordinator, Craig Deverell, this program works with individuals on nutrition, exercise, weight management, and stress for the optimal health advantages for that person.

2014-2016 – Shelby County Senior Center - Seniors, Wellness and Exercise – Sponsored by SMH. Free to senior citizens. Twice weekly during one-hour-intervals, an employee from the SMH Rehabilitation Services team leads a group of seniors through exercises designed to increase cardio activity and help circulation.

2014-2016 – Hollybrook Assisted Living - Seniors, Wellness and Exercise – Sponsored by SMH. Free to senior residents. Twice weekly during one-hour-intervals, an employee from the SMH Rehabilitation Services team leads a group of seniors through exercises designed to increase cardio activity and improve circulation. SMH Rehab also developed an exercise video for this group.

2014-2016 – The Loop Bicycle Ride – Co-sponsored by the Army Corp. of Engineers and SMH. Fee. This sixty-mile bike ride is designed to get community members active on their bikes and into fitness.

2014-2016 – WTIM Newstalk 96.3 FM Radio – On the second Friday of each month, a spokesperson from SMH is selected to speak about their field of expertise. This interview lasts for 30-minutes and covers a health-related issue. Over the past three years, SMH has used this opportunity to educate the public on a wide spectrum of health issues. Some of those topics are detecting breast cancer and the SMH Pink Ribbon Program, understanding heart emergencies and STAT heart response, respiratory issues and respiratory rehabilitation, treatment plans for sleep apnea and other sleep-related disorders, recognizing stroke and stroke telemedicine. Speakers have recently presented on wellness and the importance of staying active, cardiac testing and cardiac rehabilitation, Cystic Fibrosis, medication safety, and alcohol and pain-pill addiction.

2014-2016 – Dine with a Doc Program – Free to seniors. This program is held at the Shelby County Senior Center as a free noon lunch and lecture. At least once annually, SMH participates in this program as a sponsor. A physician from SMH speaks on a health-related topic for up to 45 minutes. Professional healthcare employees present information on rehabilitation services, durable medical equipment, cardiopulmonary rehabilitation, home health, radiology, and sleep medicine. Physicians' topics include Medicare Wellness Programs, medication safety, diabetes, and bone health.

2014-2015 – Shelbyville Manor and Hawthorne Inn Luncheon - Guest Speaker – Annually, SMH health care providers present health-related education to about 40 seniors at this program. Topics have included sleep-related disorders, wellness plans for seniors, and Medicare Wellness programs. These lectures are 30-minutes in length.

2015 – Chamber of Commerce After-Hours – Entertained Chamber members and provided information on SMH Rehabilitation Services, the facility and the Wellness for Life Program.

2014-2015 – Farmers Market – Shelbyville – Farmers Market occurs once weekly from May-September. SMH held an educational booth and provided the public with information about the Wellness for Life Program, Rehabilitation Services, nutrition, Stay Active Program, and Group Fitness Classes.

2014-2015 – August Student Health Fair at the Shelbyville School - Rehabilitation Services educated students on hydrations, exercise, and nutrition.

2015 – SMH Employee Health Fair – Provided information on colon health, heart health, nutrition, addiction, laboratory testing, sleep medicine, radiology and mammograms, and wellness programs. More than a 100 employees attended.

2014-2016 – Shelbyville Schools – Home Health nurses train teachers and school administartors annually on juvenile diabetes, sudden illnesses, first aid, and how to respond to health-related emergencies in an hour-long presentation.

June 2014 – Chamber of Commerce - Led by SMH Rehabilitation, Services Athletic Trainor and Wellness Coordinator, Craig Deverell, educated members of the Chamber of Commerce on hydration, injury prevention and heat-related illnesses.

Priority 3: Planning for continued local availability of physicians and medical specialists

Shelby Memorial Hospital is continually recruiting providers and care givers to the Hospital. In addition Shelby Memorial Hospital has entered into an affiliation with a large hospital system which will provide the Hospital more availability to primary and specialist providers.

Priority 4: Access to basic services for all residents

Shelby Memorial Hospital services are available to everyone 24/7 no matter the patient's ability to pay. In addition the hospital operates and owns a rural health clinic which is also available to everyone regardless of their ability to pay. In the past year we have extended the evening hours in the Clinic and have also started doing home visits for those patients unable to leave their home. In addition with the affiliation into a larger system we have available to the public virtual care technology

Summary of Findings – 2015 Tax Year CHNA

Health needs were identified based on information gathered and analyzed through the 2016 CHNA conducted by the Hospital. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 25*.

Based on the prioritization process, the following significant needs were identified:

- Healthy Behaviors/Lifestyle Choices
- Lack of Health Knowledge/Education
- Financial Barriers/Poverty/Low Socioeconomic
- Poor Nutrition/Limited Access to Healthy Food Options
- Lack of Mental Health Services
- Substance Abuse
- Lack of Primary Care Physicians
- Obesity
- Uninsured/Limited Insurance
- Physical Inactivity

These needs have been prioritized based on information gathered through the CHNA and the prioritization process is discussed in greater detail later in this report.

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.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing Hospital services reside. While the CHNA considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from September 1, 2014, through August 31, 2015, management has identified Shelby County as the defined CHNA community. Shelby County represents roughly 52% of the inpatient discharges as reflected in *Exhibit 1* below. Many discharges show individuals coming from surrounding counties near Shelby County. This is due to a rehab facility located within the county. Therefore, SMH will utilize Shelby County as their primary service area and community. The CHNA will utilize data and input from this county to analyze health needs for the community.

Exhibit 1
Shelby Memorial Hospital
Summary of Inpatient Discharges by Zip Code
9/1/2014 - 8/31/2015

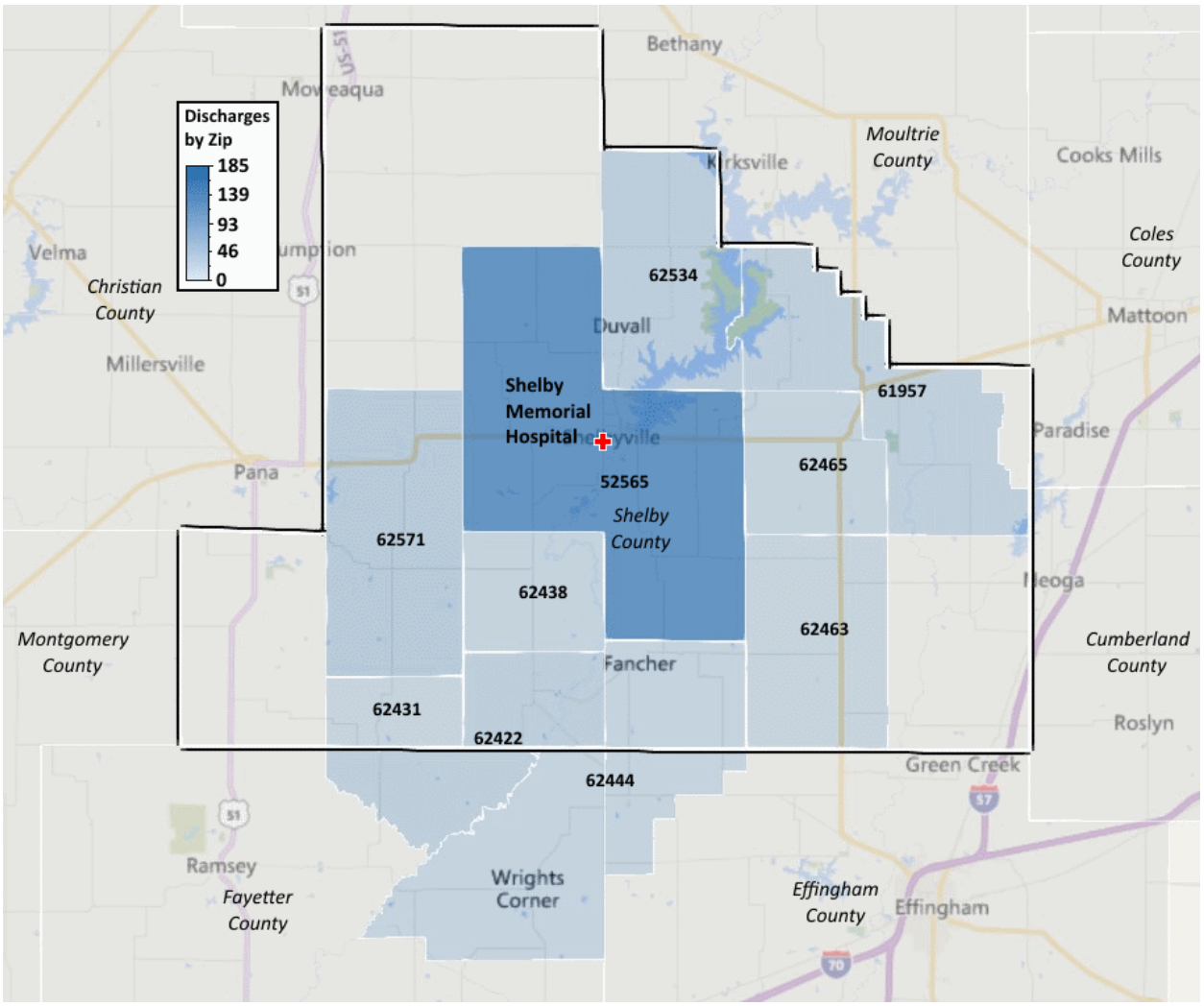
Zip Code	City	Discharges	Percent of Total Discharges
Shelby County:			
62565	Shelbyville	185	36.7%
62571	Tower Hill	27	5.4%
62534	Findlay	15	3.0%
62422	Cowden	13	2.6%
61957	Windsor	10	2.0%
62465	Strasburg	4	0.8%
62438	Lakewood	4	0.8%
62444	Mode	3	0.6%
62431	Herrick	1	0.2%
62463	Stewardson	1	0.2%
	Total Shelby	263	52.2%
	Total Other Discharges	241	47.8%
	Total	504	100.0%

Source: Hospital

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Hospital's community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Hospital's geographic relationship to the community, as well as significant roads and highways.



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between the male and female population, age distribution, and race/ethnicity. Persons 65 and older represent the highest percentage of the population (19.69%). This percentage is significantly higher than the average for Illinois and the United States. The community has an aging population, with nearly 50% of the population over the age of 45.

Exhibit 2
Demographic Snapshot
Shelby Memorial Hospital

DEMOGRAPHIC CHARACTERISTICS

	Total Population		Shelby County
Shelby County	22,216	**Total Male Population**	11,078
Illinois	12,868,747	**Total Female Population**	11,138
United States	314,107,083		

POPULATION DISTRIBUTION

	Age Distribution					
Age Group	Shelby County	Percent of Total Community	Illinois	Percent of Total IL	United States	Percent of Total US
0 - 4	1,204	5.42%	810,671	6.30%	19,973,712	6.36%
5 - 17	3,647	16.42%	2,244,295	17.44%	53,803,944	17.13%
18 - 24	1,637	7.37%	1,253,226	9.74%	31,273,296	9.96%
25 - 34	2,351	10.58%	1,781,319	13.84%	42,310,184	13.47%
35 - 44	2,553	11.49%	1,699,140	13.20%	40,723,040	12.96%
45 - 54	3,268	14.71%	1,823,332	14.17%	44,248,184	14.09%
55 - 64	3,182	14.32%	1,560,481	12.13%	38,596,760	12.29%
65+	4,374	19.69%	1,696,283	13.18%	43,177,963	13.75%
Total	**22,216**	**100%**	**12,868,747**	**100%**	**314,107,083**	**100%**

RACE/ETHNICITY

	Race/Ethnicity Distribution					
Race/Ethnicity	Shelby County	Percent of Total Community	Illinois	Percent of Total IL	United States	Percent of United States
White	21,715	97.74%	8,088,630	62.85%	197,159,492	62.77%
Hispanic	199	0.90%	2,095,495	16.28%	53,070,096	16.90%
Black	83	0.37%	1,822,304	14.16%	38,460,597	12.24%
Asian and Pacific	72	0.32%	625,253	4.86%	16,029,364	5.10%
All Others	147	0.66%	237,065	1.84%	9,387,534	2.99%
Total	**22,216**	**100%**	**12,868,747**	**100%**	**314,107,083**	**100%**

Source: Community Commons (ACS 2010-2014 data sets)

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories of race such as, white, black, Asian, other and multiple races. White non-Hispanics make up over 97% of the community.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation may or may not be considered a need within the community, especially within the rural and outlying populations.

Exhibit 3	Percent Urban	Percent Rural
Shelby County, IL	22.27%	77.73%
ILLINOIS	88.49%	11.51%
UNITED STATES	80.89%	19.11%

Source: Community Commons

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, poverty, uninsured population and educational attainment for the CHNA community. These standard measures will be used to compare the socioeconomic status of the community to the state of Illinois and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Shelby County's per capita income is below the state of Illinois and the United States.

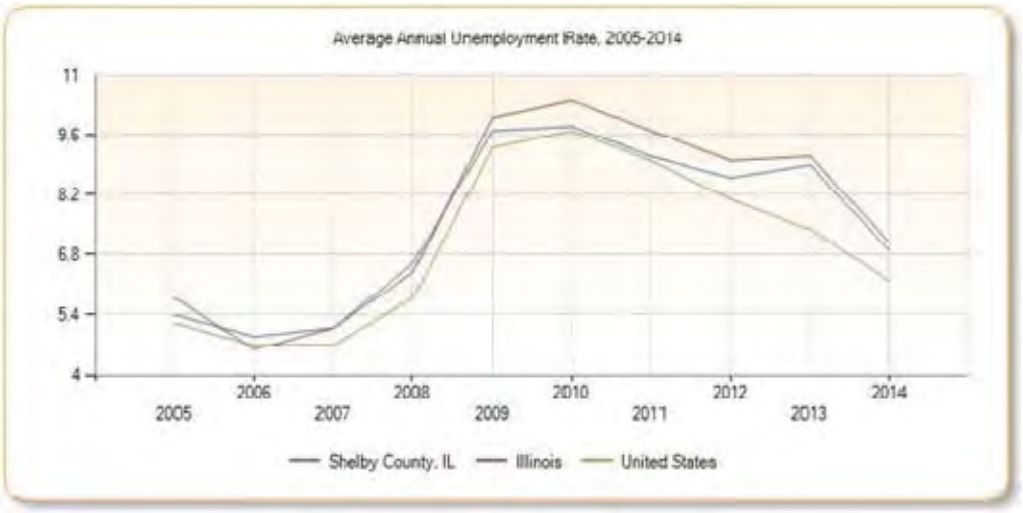
Exhibit 4	Total Population	Total Income ($)	Per Capita Income ($)
Shelby County, IL	21,216	$ 517,176,992	**$ 23,279**
ILLINOIS	12,868,747	$ 386,312,175,616	$ 30,019
UNITED STATES	314,107,072	$ 8,969,237,037,056	$ 28,554

Source: Community Commons

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from 2005 - 2014 for the CHNA community, as well as the trend for Illinois and the United States. Since 2009, the average unemployment rate for Shelby has been lower than Illinois but slightly higher than the United States. Since hitting a high rate of 9.8 in 2010, Shelby County has declined down to a rate 6.9 by 2014.

Exhibit 5



Data Source: US Department of Labor, Bureau of Labor Statistics. 2015 - May. Source geography: County

Poverty

Exhibit 6 presents the percentage of total population below 100% Federal Poverty Level (FPL). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. Shelby County's poverty rate is lower than the state and national poverty rate.

Exhibit 6	Total Population	Population in Poverty	Percent Population in Poverty
Shelby County, IL	21,905	2,518	**11.50%**
Illinois	12,566,139	1,810,470	14.41%
United States	306,226,400	47,755,608	15.59%

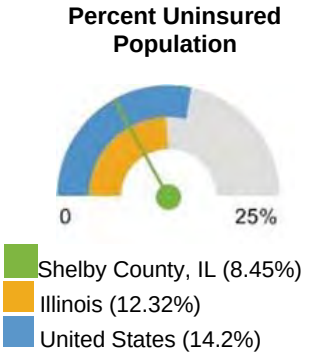
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract
Note: Total population for poverty status was determined at the household level.

Uninsured

Exhibit 7 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Table 7 shows over 1,800 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2010-2014 American Community Survey. However, the 2015 uninsured rate is estimated to be 7% for Shelby County, per www.enrollamerica.org, which indicates the uninsured population has decreased by an additional 300 persons, since 2014, in in the CHNA Community; primarily the result of the Affordable Care Act. The table below shows Shelby County has a lower percentage of uninsured population than the state and national rates.

Exhibit 7	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Shelby County, IL	22,001	1,859	8.45%
Illinois	12,690,056	1,563,887	12.32%
United States	309,082,272	43,878,140	14.20%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

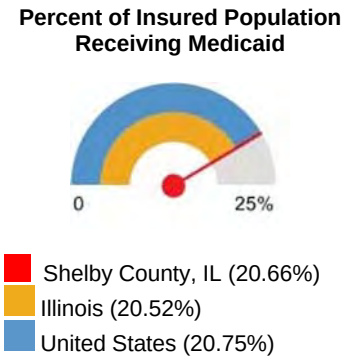


Medicaid

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 8* shows Shelby County ranks slightly unfavorably compared to the state of Illinois and ranks slightly favorably compared to the United States.

Exhibit 8	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Shelby County, IL	22,001	20,142	4,161	20.66%
Illinois	12,690,056	11,126,169	2,282,641	20.52%
United States	309,082,272	265,204,128	55,035,660	20.75%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

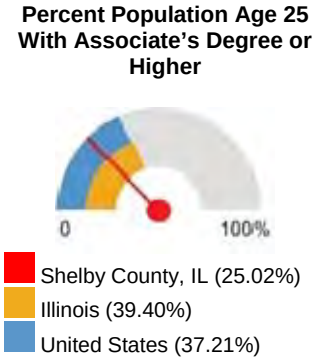


Education

Exhibit 9 presents the population with an Associate's level degree or higher in Shelby County versus Illinois and the United States.

Exhibit 9	Total Population Age 25	Population Age 25 with Associate's Degree or Higher	Percent Population Age 25 with Associate's Degree or Higher
Shelby County, IL	15,728	3,935	**25.02%**
Illinois	8,560,555	3,373,016	39.40%
United States	209,056,128	77,786,232	37.21%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community obtaining an Associate's Degree or higher is well below the state and national percentages.

Physical Environment of the Community

A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

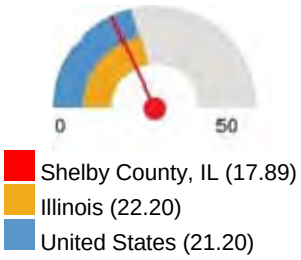
Grocery Store Access

Exhibit 10 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 10	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Shelby County, IL	22,363	4	**17.89**
Illinois	12,830,632	2,850	22.20
United States	312,732,537	66,286	21.20

Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County

Grocery Stores, Rate (Per 100,000 Population)



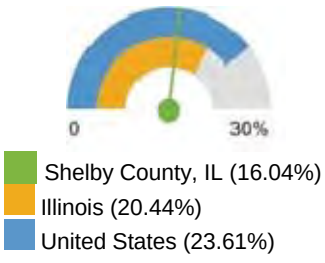
Food Access/Food Deserts

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in *Exhibit 11* below is relevant because it highlights populations and geographies facing food insecurity.

Exhibit 11	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Shelby County, IL	22,363	3,587	**16.04%**
Illinois	12,830,632	2,623,048	20.44%
United States	308,745,538	72,905,540	23.61%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Percent Population With Low Food Access



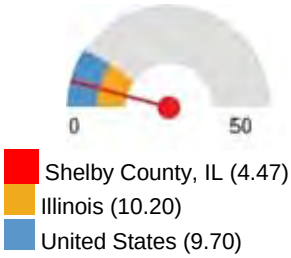
Recreation and Fitness Facility Access

This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 12* shows that Shelby County has fewer fitness establishments available to the residents of the community than Illinois and the United States.

Exhibit 12	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Shelby County, IL	22,363	1	**4.47**
Illinois	12,830,632	1,313	10.20
United States	312,732,537	30,393	9.70

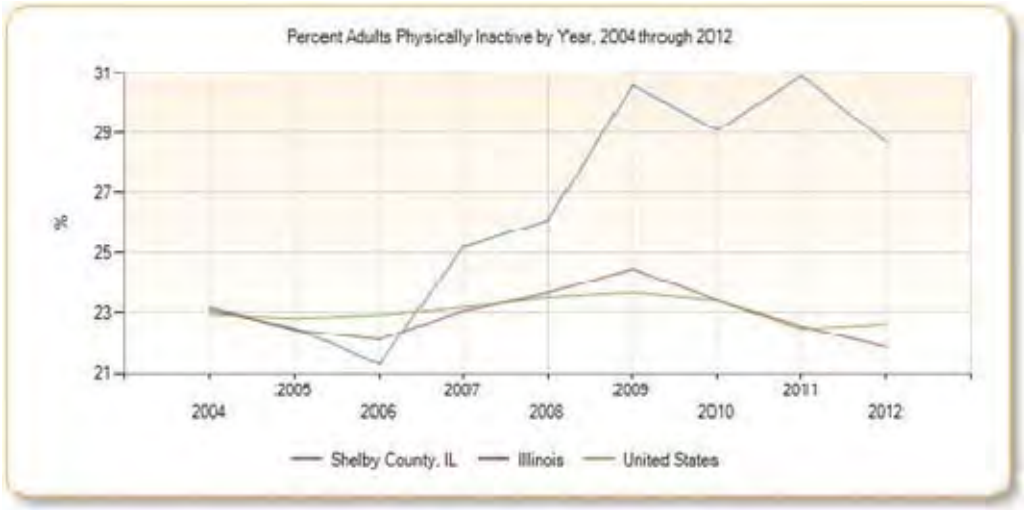
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



The trend graph below (*Exhibit 13)* shows the percentage of adults who are physically inactive by year for the community and compared to Illinois and the United States. Since 2007, the CHNA community has had a higher percentage of adults who are physically inactive compared to both the state of Illinois and the United States. The percentage of adults physically inactive within the community is significantly higher than both the state of Illinois and the United States.

Exhibit 13



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 14 shows the number of primary care physicians per 100,000-population. Doctors classified as "primary care physicians" by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 14	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Shelby County, IL	22,196	7	**31.5**
Illinois	12,875,255	10,168	79.0
United States	313,914,040	233,862	74.5

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

Lack of a Consistent Source of Primary Care

Exhibit 15 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 15	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Shelby County, IL	16,397	1,951	**11.90%**
Illinois	9,702,848	1,743,367	17.97%
United States	236,884,668	52,290,932	22.07%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 16* below shows, 100% of the residents within the CHNA community are living in a health professional shortage area.

Exhibit 16	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Shelby County, IL	22,363	22,363	**100.00%**
Illinois	12,830,632	5,894,575	45.94%
United States	308,745,538	105,203,742	34.07%

Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015. Source geography: HPSA

Preventable Hospital Events

Exhibit 17 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 17	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Shelby County, IL	3,792	354	**93.6**
Illinois	1,420,984	92,604	65.2
United States	58,209,898	3,448,111	59.2

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Health Status of the Community

This section of the assessment reviews the health status of Shelby County residents. As in the previous section, comparisons are provided with the state of Illinois and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle/ Behavior	Primary Disease Factor	
Smoking	Lung cancer Cardiovascular disease	Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition	Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression	
Driving at excessive speeds	Trauma Motor vehicle crashes	
Lack of exercise	Cardiovascular disease Depression	
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease	

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death and Health Outcomes

Exhibit 18 reflects the leading causes of death for the community and compares the age-adjusted rates to the state of Illinois and the United States.

Exhibit 18

Selected Causes of Resident Deaths – Age Adjusted Rate	Shelby County	Illinois	United States
Cancer	164.3	176.5	168.9
Heart Disease	183.5	177.4	175.0
Lung Disease	40.5	39.5	42.2
Stroke	44.7	38.2	37.9
Unintentional Injury	44.2	31.9	38.6
Motor Vehicle Accident	20.8	7.8	10.8

Source: Community Commons

The table above shows leading causes of death within Shelby County as compared to the state of Illinois and also to the United States. The age adjusted rate is shown per 100,000 residents. The rates above in red represent Shelby County and corresponding leading cause of death that is greater than the state and national rates. As the table indicates, all but one (Cancer) of the leading causes of death in Shelby County above are greater than the rate in Illinois and the United States.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest". Counties are ranked relative to the health of other counties in the same state based on health outcomes and factors, clinical care, economic status and the physical environment.

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following tables in *Exhibit 19.1* and *19.2* below show the health factors that are unfavorable when compared to the national/top performer rates and are shaded in gray.

Exhibit 19.1

Shelby Memorial Hospital
County Health Rankings - Health Outcomes (2015)

	Shelby County 2012***	Shelby County 2015***	Illinois 2015	Top US Performers 2015**
*Mortality**	35	13		
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,250	5,400	6,300	5,200
*Morbidity**	19	35		
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	12%	13%	17%	12%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.8	3.4	3.8	2.9
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.0	3.5	3.6	2.8
Low birthweight - Percent of live births with low birthweight (<2500 grams)	7.0%	7.0%	8.0%	6.0%

* Rank out of 102 Illinois counties

** 90th percentile, i.e., only 10% are better

*** Data for 2012 and 2015 was pulled in 2013 and 2016

^ Data should not be compared between years due to changes in definition and/or methods

Source: Countyhealthrankings.org

Exhibit 19.2

Shelby Memorial Hospital
County Health Rankings - Health Factors (2015)

	Shelby County 2012***	Shelby County 2015***	Illinois 2015	Top US Performers 2015**
Health Behaviors	**15**	**59**		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	14%	15%	17%	14%
Adult obesity - Percent of adults that report a BMI >= 30	28%	32%	27%	25%
Food environment index - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	N/A	7.7	7.8	8.3
Physical inactivity - Percentage of adults age 20 and over reporting no leisure-time physical activity	32%	31%	22%	20%
Access to exercise opportunities - Percentage of population with adequate access to locations for physical activity	N/A	49%	89%	91%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	11%	20%	21%	12%
Alcohol-impaired driving deaths - Percentage of driving deaths with alcohol involvement	N/A	40%	36%	14%
Sexually transmitted infections - Chlamydia rate per 100K population	130	279	496	134
Teen birth rate - Per 1,000 female population, ages 15-19	38	37	33	19
Clinical Care	**92**	**75**		
Uninsured adults - Percent of population under age 65 without health insurance	13%	12%	15%	11%
Primary care physicians - Ratio of population to primary care physicians	5,585:1	3,160:1	1,240:1	1,040:1
Dentists - Ratio of population to dentists	4,468:1	3,670:1	1,410:1	1,340:1
Mental health providers - Ratio of population to mental health providers	N/A	4410:1	560:1	370:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	125	76	59	38
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	86%	85%	86%	90%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	62.4%	64.0%	65.0%	71.0%

Shelby Memorial Hospital
County Health Rankings - Health Factors (2015)

	Shelby County 2012***	Shelby County 2015***	Illinois 2015	Top US Performers 2015**
Social and Economic Factors	32	17		
High school graduation - Percent of ninth grade cohort that graduates in four years	88%	93%	83%	93%
Some college - Percent of adults aged 25-44 years with some post-secondary education	62.5%	63.0%	67.0%	72.0%
Unemployment - Percentage of population ages 16 and older	9.5%	6.9%	7.1%	3.5%
Children in poverty - Percent of children under age 18 in	17%	18%	20%	13%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	4.0	4.9	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	19%	22%	32%	21%
Social associations - Number of membership associations per 10,000 population	N/A	19.9	9.9	22.1
Violent crime rate - Violent crime rate per 100,000 population	121	101	430	59
Injury deaths - Number of deaths due to injury per 100,000 population	N/A	61	50	51
Physical Environment	55	51		
Air pollution-particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter	12.8	13.1	12.5	9.5
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	8%	19%	9%
Driving alone to work - Percentage of the workforce that drive alone to work	N/A	84%	73%	71%
Long commute driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	N/A	32%	40%	15%

* Rank out of 102 Illinois counties

** 90th percentile, i.e., only 10% are better

*** Data for 2012 and 2015 was pulled in 2013 and 2016

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

As seen in the exhibits above, almost all health factors rank unfavorably when compared to the national rates.

Community Health Status Indicators

The Community Health Status Indicators (CHSI) Project of the U.S. Department of Health and Human Services compares many health status and access indicators to both the median rates in the United States and to rates in "peer counties" across the United States. Counties are considered "peers" if they share common characteristics such as population size, poverty rate, average age and population density.

Shelby County has multiple designated "peer" counties throughout the US, including Washington and Wabash in Illinois, Kingman in Kansas and Davis and Green in Iowa. *Exhibit 20* provides a summary comparison of how Shelby County compares with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles.

Exhibit 20

Shelby County, Illinois – County Health Status Indicators

	Most Favorable Quartile	Middle Two Quartiles	Least Favorable Quartile
Mortality	• Alzheimer's disease deaths • Chronic Lower Respiratory Disease (CLRD) deaths • Diabetes deaths	• Chronic Kidney Disease Deaths • Coronary Heart Disease Deaths • Female Life Expectancy • Male Life Expectancy • Motor Vehicle Deaths • Stroke Deaths • Unintentional Injury (including motor vehicle)	• Cancer deaths • Stroke Deaths
Morbidity	• Adult Overall Health Status • HIV	• Adult Diabetes • Adult Obesity • Alzheimer's Disease/Dementia • Cancer • Gonorrhea • Older Adult Depression	• Older Adult Asthma • Preterm births • Syphilis
Health Care Access and Quality		• Primary Care Provider Access • Uninsured	• Older Adult Preventable Hospitalizations
Health Behaviors			• Adult physical inactivity • Teen births
Social Factors		• Children in Single-Parent households • High Housing Costs • On Time High School Graduation • Poverty • Violent Crime	• Unemployment
Physical Environment		• Access to parks • Housing stress • Limited access to healthy food • Living near highways	• Annual Average PM2.5 Concentration

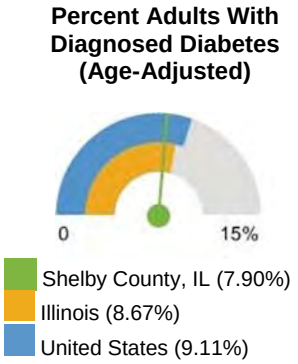
The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for Shelby County and the community as a whole are compared to the state of Illinois and also the United States.

Diabetes (Adult)

Exhibit 21 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 21	Total Population Age 20	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
Shelby County, IL	16,830	1,683	10.0	**7.90%**
Illinois	9,429,505	873,757	9.27	8.67%
United States	234,058,710	23,059,940	9.85	9.11%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

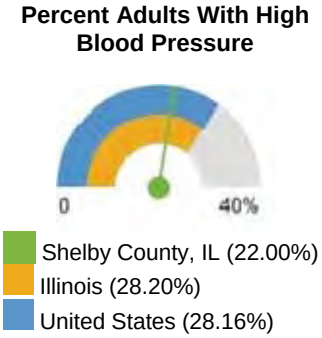


High Blood Pressure (Adult)

Per *Exhibit 22* below, 3,800 or 22% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. The community percentage of high blood pressure among adults is lower than both the percentage of Illinois and the United States.

Exhibit 22	Total Population (Age 18)	Total Adults With High Blood Pressure	Percent Adults With High Blood Pressure
Shelby County, IL	17,271	3,800	**22.00%**
Illinois	9,654,603	2,722,598	28.20%
United States	232,556,016	65,476,522	28.16%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County



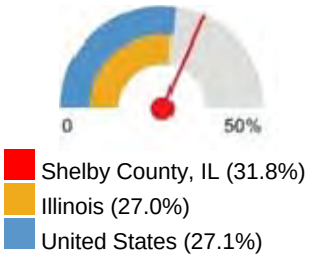
Obesity

Of adults aged 20 and older, 31.8 % self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the Community per *Exhibit 23*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Shelby County has a BMI percentage higher than the state and national rates.

Exhibit 23	Total Population Age 20	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
Shelby County, IL	16,870	5,466	**31.8%**
Illinois	9,449,802	2,592,853	27.0%
United States	231,417,834	63,336,403	27.1%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2012. Source geography: County

Percent Adults With BMI > 30.0 (Obese)



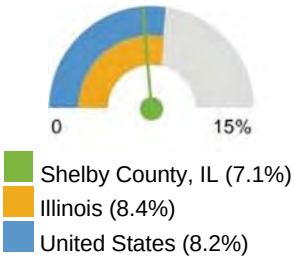
Low Birth Weight

Exhibit 24 reports the percentage of total births that are low birth weight (under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 24	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Shelby County, IL	1,708	121	**7.1%**
Illinois	1,251,656	105,139	8.4%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Data Source: U.S. Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER 2006-12. Source geography: County

Percent Low Birth Weight Births



Community Input – Key Stakeholder Interviews

Interviewing key stakeholders (persons with knowledge of or expertise in public health, community members who represent the broad interest of the community or persons representing vulnerable populations) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Interviews were performed with 16 key stakeholders. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry.

All interviews were conducted by BKD personnel. Participants provided comments on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Interview data was initially recorded in narrative form asking participants a series of fifteen questions. Please refer to *Appendix D* for a copy of the interview instrument. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community (see *Appendix D* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Shelby Memorial Hospital
- ✓ Social service agencies
- ✓ Local school systems
- ✓ Public health agencies
- ✓ Other medical providers
- ✓ Community centers
- ✓ Local churches
- ✓ Senior living facilities

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in Shelby County. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Two thirds (11 out of 16) rated the health and quality of life as "good" or "average" while the remaining five stakeholders rated the health and quality of life in Shelby County as "above average" or "very good". Stakeholders noted that the community is more focused on wellness and there is increased promotion of activities such as runs and walks. Stakeholders also thought the Hospital's emphasis on preventive care has made difference in the overall health of the community. They referred to additional medical providers being provided in rural areas and the increase in visiting doctors to Shelby Memorial Hospital as having a positive impact to the community because people don't have to travel so far for care.

When asked whether the health and quality of life had improved, declined or stayed the same, 87% (14 out of 16) of the stakeholders responded they felt the health and quality of life had improved over the last few years. When asked why they thought the health and quality of life had improved, key stakeholders noted that there has been more of a push for healthy behaviors within the community. Some stakeholders made the comment that people are starting to take better care of themselves and have a healthy outlook on their behaviors. Stakeholders routinely noted there are excellent doctors in the community and that the hospital has done a really good job in the community by continually adding more services and brining more clinics to the community.

The majority of the stakeholders (14 of 16) felt that access to health services has improved over the last few years. They noted the addition of many specialists at the clinic was a main factor in the improved access. They also noted the hospital does an excellent job with diagnostic and lab tests.

"People are more aware of the importance of healthy living and are trying to live healthier."

"There has been a lot of outreach from the hospital regarding preventive care."

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. BKD also asked the key stakeholders to provide their opinions as to why they thought these populations were underserved or in need. Each key stakeholder was asked to consider the specific populations they serve or those with which they usually work.

Almost all of the key stakeholders identified persons living with low-incomes or in poverty as most likely to be underserved. Reasons for this are due to lack of access to services and a lack of financial resources, which prevents persons with low-income from seeking medical care and receiving the resources they need. It also leads to people being uninsured and underinsured. Additionally, persons living with low-incomes have a harder time obtaining healthy nutrition.

The elderly/aging were also identified as a population that is faced with challenges accessing care due lack of understanding of how to pay for medical services or prescriptions. Stakeholders also noted that the elderly population is becoming more isolated due to fixed incomes, transportation limitations and lack of support. Health needs are going unidentified and unaddressed due to this increased isolation.

Persons with mental health issues were identified as persons who have unmet health needs in the community due to the lack of mental health providers in the community. Cuts in funding was identified as the primary reason for the lack of mental health providers and hours provided to residents of the community. Mental health centers are trying to move towards integrated, comprehensive care where primary care physicians are also involved in looking at the patient as a whole but coordination takes time and funding is limited.

Lastly, key stakeholder noted children are also an underserved population within the community. Some children do not have a structured family life which can lead to not attaining the proper preventative care or services.

"The elderly don't understand [how to access services] and need help."

"Transportation still has challenges, particularly for families and those living in outlying areas."

"When people become aware of a person in need, the community tries to support them."

3. Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. Many of the key stakeholders indicated that the size and location of the community had an impact on the availability of health resources and the quality of life. Stakeholders noted that employment opportunities are limited in the community. They also recognized that some types of medical services are not economically feasible for the hospital to provide to the community and the availability of larger hospitals and specialty clinics in nearby cities takes a toll on the Hospital. They also expressed very positive sentiments regarding Shelby Memorial Hospital noting the hospital is doing the best they can in making services available to the community and that the hospital provides a lot of help to patients and the local physicians are providing great care to patients.

The key stakeholders also identified transportation as a barrier to obtaining care; particularly for persons living in rural areas. Stakeholders noted that transportation to doctor's appointments is challenging and people don't have a way to get back home if they access the emergency room but are not admitted because Medicare does not cover it.

Families living in poverty and general lack of financial resources were also identified as a barrier to improving health. Whether it be the cost of prescription medicine, inability to afford insurance,

perceived cost of healthy nutrition or gap between what Medicare pays and supplemental insurance for the elderly, the inability for persons to afford these items impact overall health.

"A lot of folks don't have transportation."

"We are a smaller county. The economies of scale related to providing certain medical services within the county limit the availability of certain services."

4. Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The issues identified most frequently were:

- Substance abuse – drugs and alcohol
- Neglect of personal health/preventive care
- Mental health
- Obesity

The key stakeholders were also asked to provide suggestion on what should be done to address the most critical issues. Responses included:

- More education and awareness regarding resources and preventive programs; particularly in schools and youth programs. Education should be taken out into the community.
- We need more drug prevention and treatment facilities for addicts. More counseling for youth you are arrested for drugs would be beneficial.
- A psychiatrist is needed in the community.
- More community outreach regarding services provided by the hospital is needed.

"Ladies Night Out on the last Tuesday of each month is well received and is effective at educating women on health."

"SMH has an excellent program for diabetics and they work with you on nutritional needs."

In closing, the key stakeholders were asked to recommend the most important issue the Hospital should address over the next three to five years. The number one suggestion made by stakeholders was that the Hospital should focus on providing quality medical care to the community, especially emergency services. Stakeholders highlighted emergency services noting the hospital needs to ensure the emergency room is staffed with qualified doctors and the most advanced and top-quality emergency services is needed. They also suggested the hospital should continually promote the availability of services in the community and provide outreach into the community regarding healthy living and preventive care.

Key Findings

A summary of themes and key findings provided by the key informants follows:

- The community needs regular updates regarding services that are available at the hospital and/or clinics as well as educational opportunities and preventive screenings.
- Although many of the interviewees thought transportation had improved over the past three years, it continues to be an issue for those living in rural areas of the community.
- The community values visiting specialists and the specialty clinics that are provided in the community.
- Increased focus on personal health and preventive care is needed in the community.
- Substance abuse is seen as the most critical health issues in the community due to the overall negative impact it has on one's health.
- Persons living in poverty have the highest unmet health needs in various areas.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see *Appendix C*), the Hospital's community has a CNI score of 2.1. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip code that has the highest need in the community with a CNI of 2.6 is 62431 (Herrick).

Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

- Uninsured/Working Poor Population
  - Access to care
  - Lack of healthy lifestyle and health nutrition education
  - High cost of health care prevents needs from being met
  - Cost of prescription drugs
- Elderly
  - Transportation
  - Lack of health knowledge regarding how to navigate and access services
  - Isolation
- Persons with mental health needs
  - Lack of access to mental health providers

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Hospital's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within CCH's CHNA community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30% of the national benchmark) resulted in an identified health need.

The indicators falling within the least favorable quartile from the Community Health Status Indicators (CHSI) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
4) **How important the problem is to the community.** Needs identified through community interviews and/or focus groups were rated for this factor.
5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.

Each need was ranked based on the five prioritization metrics. As a result, the following summary list of needs was identified in *Exhibit 25*:

Exhibit 25

Shelby Memorial Hospital
Prioritization of Health Needs

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	Total Score *
Healthy Behaviors/Lifestyle Choices	5	4	5	4	4	**22**
Lack of Health Knowledge/Education	5	4	5	4	3	**21**
Financial Barriers/Poverty/Low Socioeconomic	4	3	5	5	3	**20**
Poor Nutrition/Limited Access to Healthy Food Options	4	4	4	4	3	**19**
Lack of Mental Health Services	4	3	5	4	3	**19**
Substance Abuse	3	4	3	5	2	**17**
Lack of Primary Care Physicians	3	4	3	3	4	**17**
Obesity	5	4	0	4	2	**15**
Uninsured/Limited Insurance	3	3	3	2	3	**14**
Physical Inactivity/Access to Exercise Opportunities	4	3	2	2	3	**14**
Unemployment	2	3	2	3	3	**13**
Transportation in Rural Areas	3	1	4	3	2	**13**
Cancer	3	4	2	2	1	**12**
Children in Single-Parent Households	2	2	2	3	2	**11**
Stroke	2	3	0	1	2	**8**
Excessive Drinking/Motor Vehicle Accident	2	2	2	0	1	**7**
Preventable Hospital Stays	2	1	0	2	2	**7**
Lack of Dentists	2	2	0	0	1	**5**
Older Adult Asthma	2	1	0	0	1	**4**
Sexually Transmitted Infections	1	1	0	0	1	**3**
Teen Birth Rate	1	1	0	0	1	**3**
Unintentional Injury	1	1	0	0	1	**3**
Violent Crime Rate	1	1	0	0	1	**3**
Preterm Births	1	1	0	0	1	**3**

*Highest potential score = 25

Management's Prioritization Process

For the health needs prioritization process, the Hospital engaged a Hospital leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 25*, using the following criteria:

- ✓ Current area of Hospital focus
- ✓ Established relationships with community partners to address the health need
- ✓ Organizational capacity and existing infrastructure to address the health need

This data was reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community as a whole. As a result of the analysis described above, the following health needs were identified as the most significant health needs for the community:

- Healthy Behaviors/Lifestyle Choices
- Lack of Health Knowledge/Education
- Financial Barriers/Poverty/Low Socioeconomic
- Poor Nutrition/Limited Access to Healthy Food Options
- Lack of Mental Health Services
- Substance Abuse
- Lack of Primary Care Physicians
- Obesity
- Uninsured/Limited Insurance
- Physical Inactivity

The Hospital's next steps include developing an implementation strategy to address these priority areas.

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals

The Hospital has 25 beds and is the only hospital facility located within the CHNA community. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

Exhibit 26 summarizes hospitals available to the residents of Shelby County. The facilities with an asterisk (*) next to their name in the table below are not located in the CHNA community; however, they represent hospital facilities that are within 30 miles of Shelbyville, Illinois.

Exhibit 26	Address	County
Pana Community Hospital*	101 East Ninth Street, Pana, IL 62557-1785	Christian
St. Vincent Memorial Hospital*	201 East Pleasant Street, Taylorsville, IL 62568	Christian
St. Anthony's Memorial Hospital*	503 North Maple Street, Effingham, IL 62401-2099	Effingham
Sarah Bush Lincoln Health Center*	1000 Health Center Drive, Mattoon, IL 61938-0372	Coles
St. Mary's Hospital*	1800 East Lake Shore Drive, Decatur, IL 62521-3883	Macon

Source: US Hospital Finder

Other Health Care Facilities

Short-term acute care hospital services are not the only health services available to members of the Hospital's community. E*xhibit 27* provides a listing of community health centers and rural health clinics within Shelby County and surrounding counties.

Exhibit 27	Facility Type	Address	County
Family Healthcare Center	Rural Health Clinic	200 South Cedar Street, Shelbyville, IL 62565	Shelby
Cowden Medical Clinic LLC	Rural Health Clinic	209 East Elm Street, PO Box 154, Cowden, IL 62422	Shelby
C C Medical Clinic	Rural Health Clinic	115 E Pleasant, Taylorsville, IL 62568	Christian
Community Medical Clinic of Pana	Rural Health Clinic	101 East 9th Street, Suite 105, Pana, IL 62557	Christian
Central Illinois Pediatrics	Rural Health Clinic	900 West Temple, Suite 203, Effingham, IL 62401	Effingham
Dieterich Community Medical Center	Rural Health Clinic	203 S Main Street PO Box 182, Dieterich, IL 62424	Effingham
Effingham Obstetrics & Gynecology Associates LLC	Rural Health Clinic	912 N Henrietta PO Box 784, Effingham, IL 62401	Effingham
Family Care Associates of Effingham	Rural Health Clinic	1106 North Merchant Street, PO Box 665, Effingham, IL 62401	Effingham
Marshall Clinic Effingham	Rural Health Clinic	300 North Maple, Effingham, IL 62401	Effingham

Source: CMS.gov, Health Resources & Services Administration (HRSA)

Mental Health Facilities

The following mental health care facilities are available to residents of the CHNA Community.

Exhibit 28	Address	County
Shelby County Community Services, Inc.	1810 W.S. 3rd, Shelbyville, IL 62565	Shelby
Psychology Specialists	1106 N Merchant Street, Effingham, IL 62401	Effingham
The Wellness Loft	408 S. 4th Street	Effingham

Health Departments

The Hospital's CHNA community has a county health department located within it: Shelby County Health Department.

The above mentioned health department offers a large array of clinics and services to patients, including an adult wellness clinic, TB clinic, adult immunization clinic, and after hours clinic. They also have education programs in the community including "Tar wars", a grade school course for a tobacco free community.

The mission of the Shelby County Public Health Department is to improve and safeguard the public's health through intervention, preventative actions and community collaboration. To promote healthy families living in healthy environments for the betterment of all citizens living in Shelby County.

APPENDICES

APPENDIX A

ANALYSIS OF DATA

Shelby Memorial Hospital
Analysis of CHNA Data

Analysis of Health Status-Leading Causes of Death

	U.S. Age Adjusted Death Rates	(A) 10% of U.S. Age Adjusted Death Rate	County Rate	(B) County Rate Less U.S. Adjusted Death Rate	If (B)>(A), then "Health Need"
Shelby County:					
Cancer	168.90	16.89	164.30	-4.60	
Heart Disease	175.00	17.50	183.50	8.50	
Lung Disease	42.20	4.22	40.50	-1.70	
Stroke	37.90	3.79	44.70	6.80	Health Need
Unintentional Injury	38.60	3.86	44.20	5.60	Health Need
Motor Vehicle Accident	10.80	1.08	20.80	10.00	Health Need

*** The crude rate is show n per 100,000 residents. Please refer to Exhibit 18 for more information.

Analysis of Health Outcomes and Factors- County Health Rankings

	National Benchmark	(A) 30% of National Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Shelby County:					
Adult Smoking	14.0%	4.2%	15.0%	1.0%	
Adult Obesity	25.0%	7.5%	32.0%	7.0%	
Food Environment Index	8.3	2.5	7.7	1	
Physical Inactivity	20.0%	6.0%	31.0%	11.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	49.0%	42.0%	Health Need
Excessive Drinking	12.0%	3.6%	20.0%	8.0%	Health Need
Alcohol-Impaired Driving Deaths	14.0%	4.2%	40.0%	26%	Health Need
Sexually Transmitted Infections	134	40	279	145	Health Need
Teen Birth Rate	19	6	37	18	Health Need
Uninsured	11.0%	3.3%	12.0%	1.0%	
Primary Care Physicians	1,040	312	3,160	2,120	Health Need
Dentists	1,340	402	3,670	2,330	Health Need
Mental Health Providers	370	111	4,341	3,971	Health Need
Preventable Hospital Stays	38	11	76	38	Health Need
Diabetic Screen Rate	90.0%	27.0%	85.0%	5.0%	
Mammography Screening	71.0%	21.3%	64.0%	7.0%	
Violent Crime Rate	59	18	101	42	Health Need
Children in Poverty	13.0%	3.9%	18.0%	5.0%	Health Need
Children in Single-Parent Household	21.0%	6.3%	22.0%	1.0%	

* From Community Commons Data

Analysis of Health Outcomes and Factors - Community Health Status Indicators

Least Favorable:
Cancer deaths
Stroke deaths
Older Adult Asthma
Preterm births
Syphilis
Older Adult Preventable Hospitalizations
Adult Physical Inactivity
Teen births
Unemploymet
Average Annual PM 2.5 Concentration

Analysis of Primary Data - Key Stakeholder Interviews

Povery/Low socioeconomic
Lack of Health Knowledge/Education
Healthy Behaviors/Lifestyle Choices
Lack of Mental Health Services/Providers
Obesity
Poor Nutrition
Transportation in rural areas
Uninsured
Lack of Primary Care Physicians
Substance Abuse

Issues of Uninsured Persons, Low-Income Persons and Minority/Vulnerable Populations

Population	Issues
Uninsured/Working Poor Population	Access to Care Lack of healthy lifestyle and health nutrition education High cost of health care prevents needs from being met Cost of prescription drugs
Elderly	Transportation Lack of health knowledge regarding how to navigate and access services
Persons with Mental Health Needs	Lack of mental health providers

APPENDIX B

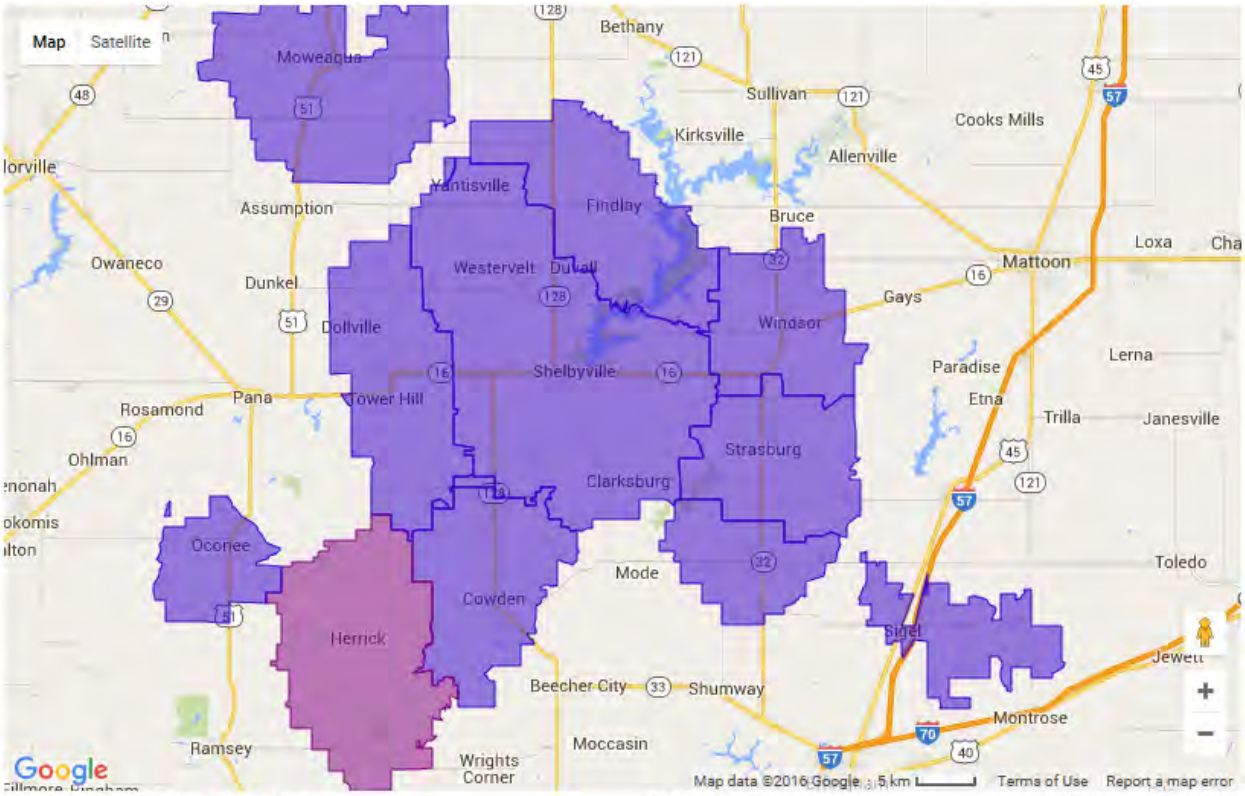
SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2015
Population Estimates	The Nielson Company	2010-2014
Demographics -Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2010-2014
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2010-2014
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2010-2014
Uninsured Status	Community Commons via US Census Bureau, Small area Helath Insurance Estimates http://www.communitycommons.org/	2010-2014
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2010-2014
Education	Community Commons via American Community Survey http://www.communitycommons.org/	2010-2014
Physical Environment - Grocery Store Access	Community Commons via US Cenus Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2010
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Cenus Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Phsyically Inactive	Community Commons via US Centers for Disease control and Prevention http://www.communitycommons.org/	2012
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2012
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2015
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2012
Leading Causes of Death	Community Commons via CDC national Bital Statistics System http://www.communitycommons.org/	2007 - 2011
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ & Community Commons http://www.communitycommons.org/	2015 & 2006 - 2012
Health Care Resources	Community Commons, CMS.gov, HRSA	
Health Outcomes and Factors	Community Health Status Indicator via CDC http://wwwn.cdc.gov/CommunityHealth/home	2015

APPENDIX C

DIGNITY HEALTH COMMUNITY NEED INDEX

(CNI) REPORT



Mean(zipcode): 2.1 / Mean(person): 2.1 CNI Score Median: 2.1 CNI Score Mode: 2,2.2

Zip Code	CNI Score	Population	City	County	State
61957	2.2	2074	Windsor	Shelby	Illinois
62422	2.2	1599	Cowden	Shelby	Illinois
62431	2.6	752	Herrick	Shelby	Illinois
62438	1.8	454	Lakewood	Shelby	Illinois
62462	2	1203	Sigel	Shelby	Illinois
62463	2.2	1386	Stewardson	Shelby	Illinois
62465	2	884	Strasburg	Shelby	Illinois
62534	2	1498	Findlay	Shelby	Illinois
62550	2	3108	Moweaqua	Shelby	Illinois
62553	2.2	568	Oconee	Shelby	Illinois
62565	2.2	8358	Shelbyville	Shelby	Illinois
62571	2	1868	Tower Hill	Shelby	Illinois

http://cni.chw-interactive.org

APPENDIX D

KEY STAKEHOLDER INTERVIEW PROTOCOL

& ACKNOWLEDGEMENTS

KEY STAKEHOLDER INTERVIEW

Community Health Needs Assessment for: Shelby Memorial Hospital

Interviewer's Initials: _____

Date: _____ Start Time: _____ End Time: _

Name: _____ Title: _____

Agency/Organization: _____

# of years living in _____Shelby_ County: ____Current position: ___

E-mail address: _____

Introduction: Good morning/afternoon. My name is **[interviewer's name]**. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over – up to 50 minutes total - once we get into the interview. **(Check to see if this is okay).**

[Name of Organization] is gathering local data as part of developing a plan to improve health and quality of life in __Shelby County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next I'll be asking you a series of questions about health and quality of life in Shelby County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Shelby County?

2. In your opinion, has health and quality of life in Shelby County improved/declined /stayed the same over the past few years?

3. Why do you think it has (based on answer from previous question: Improved/declined/stayed the same)?

4. What other factors have contributed to the health and quality of life (based on answer to question 2: Improvement/decline/staying the same?

5. What barriers, if any, exist to improving health and quality of life in Shelby County?

6. In your opinion, what are the most critical health and quality of life issues in Shelby County?

7. What needs to be done to address these issues? .

8. Do you think access to Health Services has improved over the last 3 years? Why or why not?

9. In your opinion, what is the reason why people are not able to access health services (medical, dental, mental health)?

__ Lack of Health Insurance
__ Inability to afford co-pays and/or deductibles
__ Transportation
__ Physicians refuse to take insurance or Medicaid
__ People don't know how to find a doctor.
__ Fear
__ Too long to wait for an appointment
__ Inconvenient hours/locations
__ Other

10. Please provide your thoughts on the accessibility of primary care for residents of the community.

11. Please provide your thoughts on how well the community participates and takes ownership in personal wellness and preventive care?

12. Please describe your familiarity and/or perceptions regarding health educational programs provided by Shelby Memorial Hospital? Where else do you obtain health education information (i.e. who else provides it?).

13. Are there any specialists (physicians) which are needed in the community? If so, what specialties are needed?

14. Are there people or groups of people in Shelby County whose health or quality of life may not be as good as others? Who are these persons or groups? Describe the causes? What should be done to address the needs of these persons?

15. What is the most important issue that the hospital should address in the next 3-5 years?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Shelby County. Before we conclude the interview,

Is there anything you would like to add?

As a reminder, summary results will be made available by the **Shelby Memorial Hospital** and used to develop a community-wide health improvement plan.

Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Denise Bence, Superintendent, Shelbyville District Schools

Karen Daily, Administrator, Shelbyville Manor & Hawthorne Inn

Darrell Gordon¸ Superintendent, Cowden-Herrick District Schools

Sandy Heiserman, Office Manager, Cowden Health Clinic

Wade Helmkamp, Reverend, Holy Cross Lutheran Church

Jeff Johnson, Mayor, City of Shelbyville

Susie Kensil¸ Shelby County Coordinator, DOVE

Ed LaCheta, Clinical Director/Mental Health Counselor, Shelby County Community Services

Beth Marts, Manager, CEFS

Marybeth Massey, Executive Director, Shelby County Senior Services & Officer or Home Extension Office

Steve Melega, Administrator, Shelby County Health Department

Lisa Miller, Officer Manager, Family Healthcare Center

David Mills, Operator, United Methodist Church Food Pantry

Jackie Pierce, Administrative Assistant, Housing Authority for Shelby County

Emma Qualls, Assistant Administrator, Villas of Hollybrook

Kevin Ray, Pastor, First Christian Church