



Shelbyville Hospital

2022 Community Health Needs Assessment



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Letter From The CEO

To Our Community Members:

UofL Health – Shelbyville Hospital is committed to providing high quality health care and exemplary customer services. The hospital is a community-based hospital located in the heart of Shelbyville, Kentucky. A board governs the hospital and ensures that the strategic direction of the hospital is met. The organization consistently meets the health care needs of the community and the people in which it serves.

Our goal with the attached Community Health Needs Assessment (“CHNA”) is to better understand the range of issues affecting community health needs including local health care services provided and any gaps that may exist in meeting those needs. Moreover, through this assessment process, report, and subsequent actions, we hope to strengthen the understanding and working relationships among and between the hospital and the other various health care, social service, and community providers that all play a role in shaping the health status of our community. In the new era of population health management, it will be imperative that various providers and organizations work together in a collaborative fashion to better serve patients and provide care and service that is more focused on prevention, health promotion and wellness.

The significance of better understanding our community’s needs was highlighted with the Patient Protection and Affordable Care Act requirements passed on March 23, 2010. New requirements for tax-exempt hospitals were added to the Internal Revenue Code mandating hospitals to conduct a community health needs assessment every three years and to adopt an implementation strategy to address applicable needs detected during the assessment process.

During 2022, a CHNA was conducted by Shelbyville Hospital for the region we serve. We will be developing an implementation strategy for the applicable needs addressed and the results will be summarized in a separate report approved by Shelbyville Hospital and its Governing Board.

We are pleased to present this comprehensive CHNA which represents the health care needs in our community. We look forward to working with you and others in the community to optimize community health and continue meeting UofL Health’s mission of transforming the health of the communities we serve through compassionate, innovative, patient-centered care.



Tom Miller, CEO



Our Mission

As an academic health care system,

WE WILL TRANSFORM

the health of the communities we serve
THROUGH COMPASSIONATE, INNOVATIVE,
patient-centered care.

Vision

UofL Health will be Kentuckiana's health care provider of choice.

- Strive to provide a culture of exceptional care.
- Develop collaborative relationships with patients and families.
- Engage and nurture our physicians, nurses, allied health professionals and other team members.
- Develop partnerships that improve the health and well-being of our community.
- Collaborate with the University of Louisville Health Sciences Center to educate the next generation of health care professionals.

Values

- **Education & Research:** Further educate and help develop the skills of our staff by facilitating an academic, research-driven approach to patient care.
- **Patient-centered Care:** Demonstrate that our patients, their families, and the people of the communities we serve are at the heart of every decision we make.
- **Quality & Safety:** Achieve the highest standards of care and service by continually measuring and improving our outcomes.
- **Diversity & Inclusion:** Maintain an inclusive environment where we honor, respect and celebrate everyone for who they are, no matter their life experiences, perspectives or perceived differences.
- **Compassion:** Act with sensitivity and empathy in every encounter we have with our patients, their families and each other.
- **Stewardship:** Utilize resources, supplies and staff responsibly for the good of our patients, community and organization.

Executive Summary

On behalf of UofL Health, a community health needs assessment (“CHNA”) was conducted in 2022 primarily to identify the major health needs, both met and unmet, within the surrounding community. The community’s geographic area is comprised primarily of Shelby County (population 49,611), including the city of Shelbyville, Kentucky.

The primary objectives of the CHNA were to 1) identify major health needs within the community, to improve the health of the area’s residents and facilitate collaboration among local health care providers, and 2) satisfy the federal guidelines within the Patient Protection and Affordable Care Act (“PPACA”) of 2010.

Primary data sources included online surveys, for a total of 312 responses and interviews with 13 community leaders. Secondary data sources included state, local and national data from a variety of sources including, but not limited to, U.S. Census, County Health Rankings, CDC, etc. All data sources were then reviewed and analyzed to identify key findings with strategic implications and for benchmarking. As a result, the overarching themes from all data sources were: Access to Health Care, Mental Health, Smoking Cessation and **Obesity / Inactivity.

Highlighted, subsequently, are important findings identified through the data collection, analysis, and assessment process. The following needs were identified as priorities based on the results presented.

Hospital	Priorities
UofL Health System	Health Equity and Disparities
Shelbyville Hospital	Access to Health, Mental Health Care, and Smoking Cessation

The assessment team from UofL Health met with senior leaders at Shelbyville Hospital to identify priorities. Themes garnered from the primary and secondary data were summarized and leaders discussed where the hospitals could have the greatest impact, the hospitals’ capacity for addressing the need, and magnitude or severity of the problem.

UofL Health engaged Blue & Co., LLC (Blue) to assist in conducting a *CHNA and analyzing the data for the CHNA requirements set forth in section 9007 of the Patient Protection and Affordable Care Act (PPACA) of 2010. Blue is a Certified Public Accounting firm that provides, among other services, tax consulting and compliance to the health care industry. UofL Health provided all the financial support for the assessment process.

**Note: This report was designed and produced by Blue & Co., LLC.*

**Although identified as a priority based on primary and secondary data, the hospital reviewed the CHNA findings and applied criteria to determine the most appropriate needs for Shelbyville Hospital’s region. Based on the criteria, this priority does not plan to be address in the 2022 CHNA priorities for Shelbyville Hospital. Criteria for prioritization based on the impact the hospital could have on the need, the resources available and the extent of the community support for the hospital to address the issue and potential for partnership to address the issue.

Organizational Background

UofL Health

UofL Health – The consolidated health system is a fully integrated regional academic health system comprised of six hospitals including academic, rehabilitation, quaternary, psychiatric, and community facilities and four outpatient centers. The system has 1,765 licensed beds including 1,174 acute, 135 rehabilitation, and 456 psychiatric beds. In addition, the system is supported by the University of Louisville Physicians, Inc., one of the largest multi-specialty practices in the Kentuckiana region with over 800 employed practitioners with nearly 250 service locations.

Tom Miller serves as Chief Executive Officer of UofL Health, and a board of directors governs the Hospital and ensures the medical services are available to the residents in the community. UofL Health's vision, to be Kentuckiana's health care provider of choice, is supported by its mission as an academic health care system to transform the health of the communities it serves through compassionate, innovative, patient-centered care.

UofL Health – Shelbyville Hospital

For more than a century, UofL Health – Shelbyville Hospital has served the people of Shelby and surrounding counties with high-quality health care. Founded in 1906 as Kings Daughter's Hospital, the hospital continued to expand care and services at its Henry Clay Street location until 1954 when it opened a new, state of the art 70-bed facility on Hospital Drive. From its start, physicians and staff have focused on providing the best possible care close to home. Briefly managed and later owned by the for-profit United Medical Corp., of Orlando, Fla., the hospital was purchased in 1992 by Jewish Hospital Health care Services Inc. and renamed Jewish Hospital Shelbyville. In 2012, the hospital became part of a Catholic Health Initiative's KentuckyOne Health. And in 2019, the hospital joined the newly formed UofL Health becoming UofL Health – Shelbyville Hospital. Colonel Harland Sanders stands tall at the front entrance to greet guests. In appreciation for a generous gift from the Canadian-based Colonel Harland Sanders Charitable Foundation, the hospital gave honor by naming the campus Harland D. Sanders Medical Campus.

A board of directors governs the Hospital and ensures the medical services are available to the residents of Shelby, Henry, and Spencer counties. Aaron Garofola, MBA, serves as Chief Executive Officer of Shelbyville Hospital. UofL Health's vision, to be Kentuckiana's health care provider of choice, is supported by its mission as an academic health care system to transform the health of the communities it serves through compassionate, innovative, patient-centered care.

Services

Anesthesiology	Gastroenterology
Cardiac Rehabilitation	General Surgery
Cardiovascular Medicine	Hospital Medicine
Diabetes & Nutrition Care	Occupational Therapy
Diagnostic Imaging	Orthopedics & Sports Medicine
MRI	Otolaryngology (ENT)
CT	Pain Management
PET/CT	Pathology
Nuclear Cardiology	Physical Therapy
Ultrasound	Podiatry
3D Mammography	Pulmonology
Bone Density	Sleep Medicine
Emergency Medicine	Speech-Language Pathology
Endocrinology	Urology
Family Medicine	Vascular Care

Service Area and Community of the Hospital

The CHNA was conducted by UofL Health during 2022 on behalf of the approximately 49,611 residents of Shelby County, as well as the patients served by the Hospital from neighboring communities. Additionally, the Hospital provides services to members of the bordering counties of Henry (16,067) and Spencer (19,585).

Shelbyville Hospital's primary service area includes Shelby County which covers roughly 386 square miles, with the local economy and surrounding areas focused on manufacturing, health care and social assistance, and retail trade.

The median age in Shelby County is 39.4. The median age for the United States is 38.3 years. The number of persons per household in Shelby County is 2.77. The U.S. average number of persons per household is 2.60. Race in Shelby County is as follows: 80.1% Non-Hispanic White, 6.8% Black or African American, 1.1% Asian, 0.2% Native American or Pacific Islander, and 2.2% from two or more races. 9.6% of the population were Hispanic or Latino of any race.

The ratio of patients to primary care physicians in Shelby County is 2,850 patients to 1. The Kentucky average is 1,540 to 1. The overall health ranking for Shelby County is 9 out of 120 with the overall state ranking being 47th out of 50 states.

The defined communities served within this report did not exclude the medically underserved, low-income, or minority populations who live in the below geographic areas. In addition, the report did not exclude patients based on whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under Shelbyville Hospital's financial assistance policy.

Service Area Maps



Conducting the Assessment

Overview

UofL Health engaged Blue & Co., LLC (Blue) to assist the hospital in conducting a CHNA and analyzing the data for the CHNA requirements set forth in section 9007 of the Patient Protection and Affordable Care Act (PPACA) of 2010. Blue is a Certified Public Accounting firm that provides, among other services, tax consulting and compliance to the health care industry. UofL Health provided all the financial support for the assessment process.

The CHNA requirements began in the taxable years beginning after March 23, 2010. On December 29, 2014, the Treasury Department and the IRS published final regulations for section 501(r) located in 26 CFR parts 1, 53, and 602.

The assessment was developed to identify the significant health needs in the community and gaps that may exist in services provided. It was also designed to provide the community with information to assess essential health care, preventive care, health education, and treatment services. This endeavor represents Shelbyville Hospital's efforts to share information that can lead to improved health care and quality of care available to the community while reinforcing and augmenting the existing infrastructure of services and providers.

Community Health Needs Assessment Goals

The assessment had several goals which included identification and documentation of:

- Community health needs
- Quantitative analysis of needed physicians by specialty in the service area
- Health services offered in Shelbyville Hospital's service area
- Significant gaps in health needs and services offered
- Barriers to meeting any needs that may exist

Other goals of the assessment were:

- Strengthen relationships with local community leaders, health care leaders and providers, other health service organizations, and the community at large
- Provide quantitative and qualitative data to help guide future strategic, policy, business, and clinical programming decisions

Evaluation of 2020 – 2022 Community Health Needs Assessment

The list below provides some of the identified needs from Shelbyville Hospital's 2020 – 2022 CHNA. An evaluation of the impact of actions that were taken, since the hospital facility finished conducting its 2020 – 2022 CHNA, to address the significant health needs identified in the 2020 – 2022 CHNA. Some of the results of the hospital's activities are listed below:

Tobacco, Alcohol, and Drug Abuse

- UofL Health Shelbyville Hospital aims to decrease tobacco, alcohol and drug abuse as measured by Centers for Disease Control and Prevention and County Health Rankings and Roadmaps. (Kentucky is #2 in the nation for tobacco use at 24.6%; and #1 in cancers tied to smoking).
- Shelbyville Hospital is participating in Kentucky Statewide Opioid Stewardship (SOS), monitoring provider opiate prescribing practices.
- Shelbyville Hospital worked with the Shelby Service Providers Coalition and has participated with the Sheriff's department on some small events.
- Shelbyville Hospital's grounds are tobacco free.

Access to Care

- UofL Health Shelbyville Hospital aims to connect 80% of eligible patients and families with needed resources to ensure access to care is achieved.
- Shelbyville Hospital offered the Peace for Parents seminars in March 2022.
- Shelbyville Hospital has a Primary Care Hotline used to set patients up with Primary Care Physicians upon discharge.

Obesity

- Shelbyville Hospital aims to decrease obesity as measured by Kentucky Behavioral Risk Factor Surveillance Survey and to increase wellness and exercise as measured by County Health Rankings and Roadmaps. (Kentucky ranks 7th for diabetes; 8th for obesity).
- Shelbyville Hospital has a Health Lifestyle Center located onsite at the hospital facility.
- Shelbyville Hospital offers Diabetes Care and Nutrition Services.

COVID-19

UofL Health has continued to provide high-quality, compassionate, patient-centered care throughout the COVID 19 pandemic. Our doctors, nurses, and frontline staff have been instrumental in caring for our community during this time. UofL Health jumped into action at the beginning of the pandemic and quickly established testing sites and vaccination clinics to increase accessibility. Kentucky's first drive-thru testing site was established at the downtown campus and expanded to four additional sites. A drive-up site was established at a local community health center, which grew out of a partnership between one of our hospitals and the center. Rapid testing has also been made available at the newly expanded urgent care centers. When vaccines were shipped, the first vaccines in Kentucky were administered at UofL Hospital. As the vaccine became more widely available, multiple vaccination clinics were established throughout the community with a mass vaccination site located at the local

university's stadium, which vaccinated approximately 30,000 individuals during its operation. Vaccinations were also administered throughout the community due to partnerships with local churches and nonprofits. To ensure the safety of our patients, providers, and staff and provide continuity of care, UofL Health also promptly moved up its timeline for expanding telehealth services. This allowed increased access to 600 providers during a time of social distancing and decreased face-to-face interaction.

Please note that feedback on the CHNA and implementation strategy was solicited online via the link on the Community Engagement [website](#). To date, no feedback has been received.

Process and Methodology

Documenting the health care needs of a community allows health care organizations to design and implement cost-effective strategies that improve the health of the population served. A comprehensive data-focused assessment process can uncover key health needs and concerns related to education, prevention, detection, diagnosis, service delivery, and treatment. Blue used an assessment process focused on collection of primary and secondary data sources to identify key areas of concern.

Blue & Co., LLC (“Blue”) and UofL Health developed interview questions and an online survey to gather information from key stakeholders in the community. Blue then conducted the interviews with community leaders as well as input from members of the UofL Health’s medical staff. The community outreach data collection strategy was targeted at engaging a cross-section of residents from the community as outlined below. Once data had been collected and analyzed, meetings with UofL Health’s leadership were held to discuss key findings as well as refine and prioritize the comprehensive list of community needs, services, and potential gaps.

Note that although the survey may not reflect individuals unable to fill out an online survey, interviews were completed with community leaders that reflect the local community and speak to the needs of that population.

Primary Data Collection Methods

The primary data was collected, analyzed, and presented with the assistance of Blue. Three methods of collection for data were used: 1) surveys, 2) personal interviews, and 3) secondary data sources.

Surveys

An online survey was developed by UofL Health and Blue and used as a method to solicit perceptions, insights, and general understanding from community members who represent the broad interests of the community, including those with special knowledge of or expertise in public health. These individuals also represented the interests of the medically underserved, low-income, and minority populations of the community served.

The survey comprised of twenty-eight questions in total. Key questions asked community leaders to identify the top three most significant health needs in the community; they were asked about their perception of the availability, health status, mental health barriers, impact of COVID-19, and barriers that exist. Additionally, the participants were given the opportunity to write in other concerns not addressed and how COVID-19 has impacted the way they receive care. The results of the survey can be found in the Key Findings section of the report.

Please note that the online survey responses were multiple counties representing the communities that UofL Health serves. There was a total of 30 responses that included Shelby, Spencer, and Henry County out of the 312 online surveys. The survey results represent Shelby and the surrounding counties.

Personal Interviews

Personal interviews were conducted by Blue & Co., LLC (Blue) with a total of 13 participants from Shelby County during April and May 2022, with each session lasting approximately 15 – 45 minutes. These sessions were conducted with community members served by Shelbyville Hospital including, local non-profits, local school officials, faith-based institutions, elected officials, local state and county health officials and local law officials. The primary objective was to solicit perceptions regarding health needs and services offered in the community, along with any opportunities or barriers to satisfying requirements. The interview questions can be found in [Attachment F](#) of the report.

Secondary Data Sources

Blue reviewed secondary statistical data sources, including Deloitte 2020 Survey of Health Care Consumers in the United States, to identify health factors with strategic implications. The health factors identified were supported with information from additional sources, including US Census Quick Facts, County Health Rankings, and the Kentucky Department of Health (citations in [Attachment G](#)).

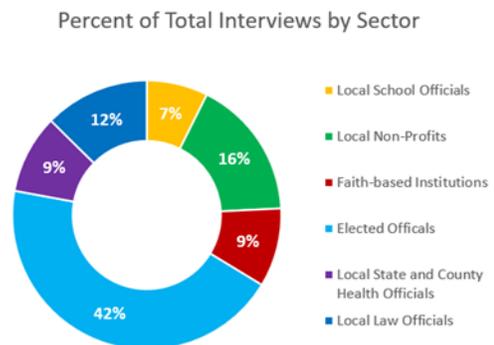
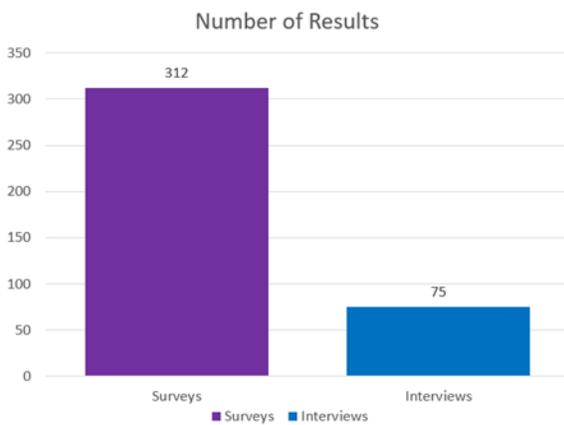
Key Findings

The following represents key findings generated from the data collection and analysis process:



Qualitative studies require far fewer participants, but need much more time from participants, in order to understand the underlying 'why' that drives the more quantifiable 'what.'

Using the Saturation method (often under the terms of 'data' or 'thematic' saturation), saturation typically starts to occur with approximately 30 interviews. In this process, due to the number of various roles in the community, this number was increased to approximately 75 interviews.



Note: Surveys were distributed widely through a variety of channels including U of L Health Website, U of L Health Social Media, Metro Council Members Social Media and E-News, Neighborhood Associations, Non-Profit Agencies and Businesses, interview participants and those contacted for interview requests.

Personal Interview Results

Blue & Co., LLC interviewed a total of 13 participants from Shelby County in April and May 2022. The personal interview results are summarized in this section.

Responses to “Rating the Health and Quality of Life in Louisville/Jefferson County (from -1-5 with 1 being poor and 5 being excellent)”

Shelby County Health Rating Average Score = 3.15

Responses to “Has health and quality of life improved, stayed the same, or declined in past few years?”

The interview participants from Shelby County were evenly split in their opinions whether Shelby County’s health and quality of life has improved, stayed the same, or declined. 46% of participants stated that there has been some improvement, and 31% of participants stated that the health and quality of life has stayed the same. 23% of participants stated that the health and quality of life has declined.

46% of participants cited substance abuse as the leading reason why the health status has either stayed the same or declined. 31% of participants stated the COVID-19 pandemic severely impacted the mental health status of Shelby County, which they felt may have contributed to increased substance abuse, alcoholism, and falling back into bad habits with smoking, poor diet, and lack of exercise.

38% of participants expressed concerns about lack of transportation and stated that even if more services have become available, having no mass public transportation from Shelbyville into Louisville and Frankfort remains a major barrier to access to care.

31% of participants cited socioeconomic factors including a large income disparity in Shelby County, inflation, and food insecurity as reasons why the health and quality of life has remained the same or declined. Conversely, one participant stated that increased awareness of the socioeconomic gap that exists and doing away with stereotypical answers of said gaps has contributed to the improvement of the health status of Shelby County.

Other factors contributing to the health status declining or remaining the same include social media and the political nature of health care in media contributing to mental health issues, lack of mental health providers, the current state of international affairs impacting mental health, uninsured population, lack of childcare, inconsistent work for parents, and digressing away from God.

Responses to “Are there people or groups of people in Shelby County whose health or quality of life may not be as good as others?”

Some interview participants stated more than one demographic for people who are less fortunate in terms of health and quality of life, including Hispanics (31%), Senior Citizens (31%), Low Income (31%), African American (8%), and Substance Abusers (8%).

8% of participants stated that they see all walks of life seeking health assistance and did not identify a demographic that is less fortunate in their health or quality of life.

Responses to “What barriers, if any, exist to improving health and quality of life in Shelby County?”

As previously mentioned, 38% of survey participants cited a lack of mass public transportation as the leading barrier to access to care and improving the health and quality of life in Shelby County.

The second most prevalent is the language barrier that exists for the large Hispanic population in Shelby County, as cited by five participants.

23% of participants stated the Hispanic population has concerns of deportation if they utilize health care services, which may prevent them from seeking care until the last minute when they are very sick.

Other barriers include lack of pediatric specialists, long wait times for the Mercy Medical free clinic, limited financial resources, lack of education of health issues in schools and businesses, lack of homeless shelter, shame of seeking assistance, in addition to the aforementioned factors hindering Shelby County’s improvement in health status.

Responses to “What are the most critical health and quality of life issues?”

The most frequently cited critical health issue was obesity, as stated by 46% of participants, followed by substance abuse and mental health which were both cited by 23% of participants.

Smoking, diabetes, cardiovascular disease, affordable housing, and homelessness were cited by 15% of participants each as the most critical health issues.

Other health and quality of life issues that were identified as the most critical in Shelby County include cancer, alcohol, and chemicals from the agricultural community.

Responses to “Has access to health care services improved in last few years?”

62% of participants stated that access to health care services has absolutely improved in recent years.

8% of participants stated that access has improved for people under 50 years old who are savvy with internet access and navigating their electronic medical records online, while opining senior citizens and those who have limited access to online resources and/or struggle to use telemedicine services may have seen a decline in their access.

8% of participants stated that access has improved for adults, but not for children as there has not been an increase in primary care pediatricians, pediatric dentists, nor pediatric specialists in many years. They stated the number of available pediatric providers has not increased as Shelby County’s population has grown of the years.

Responses to “Are you familiar with the outreach efforts of Shelbyville Hospital regarding Heart Disease, Cancer, and Stroke?”

Interview participants were split with 54% stating that they were familiar with Shelbyville Hospital’s outreach efforts in these areas, and the other 46% stating that they either were not very familiar or not sure about the outreach efforts.

Responses to “What insights and observations do you have regarding health behaviors in the community surrounding obesity, physical inactivity, drug abuse, and tobacco use?”

Due to the varying nature of the responses of the interview participants, the responses were measured by a tally of each health behavior as having improved, stayed the same, gotten worse, or not indicated by the participant. As several participants combined their responses related to obesity and physical inactivity, these were tallied as one category of obesity in the results shown below. Some participants did not comment on every health behavior or stated that they could not adequately evaluate certain health behaviors.

Change in Health Habits	
Obesity improved	23%
Obesity stayed the same	23%
Obesity is worse	15%
Interviewee did not indicate	38%
Drug abuse improved	0%
Drug abuse stayed the same	15%
Drug abuse is worse	31%
Interviewee did not indicate	54%
Tobacco use improved	31%
Tobacco use stayed the same	23%
Tobacco use is worse	15%
Interviewee did not indicate	31%

Responses to “What is the most important issue Shelbyville Hospital should address in next 3-5 years?”

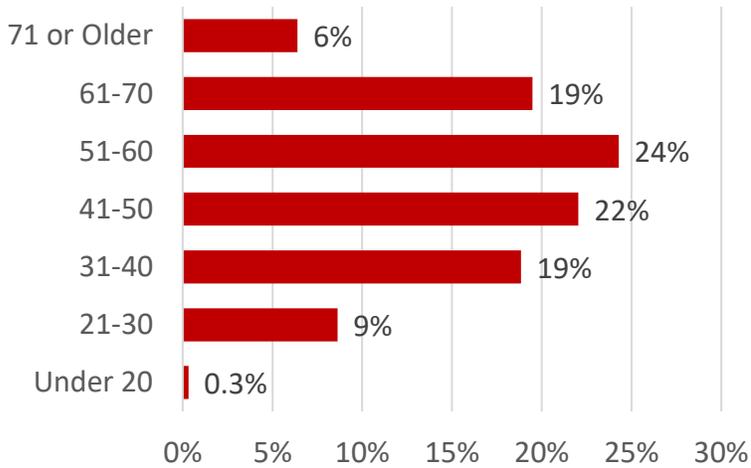
The most frequently cited issue that interview participants identified as the most important for Shelbyville Hospital to address is keeping up with the growth of Shelby County, with 38% of participants citing this issue. They stated that Shelby County is one of the fastest growing counties in the state of Kentucky and that UofL Health will need to keep up with its rapidly growing population and businesses.

15% of participants stated that smoking cessation is the most important issue to be addressed. Other issues identified as being the most important to address include mental health, proactive health and fitness initiatives, drug abuse, creating needle exchanges, the need for a new hospital, the need for a new urgent care facility, recruiting specialists, and the lack of an obstetrics program for maternal and infant health.

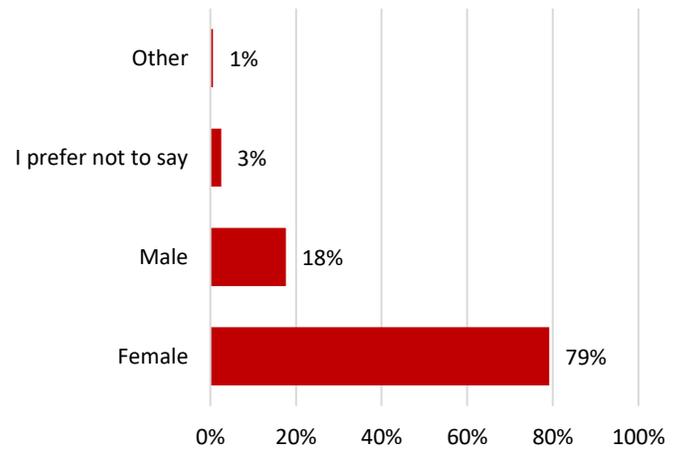
23% of participants were not sure what the most important issue was to be addressed.

Community Survey Results

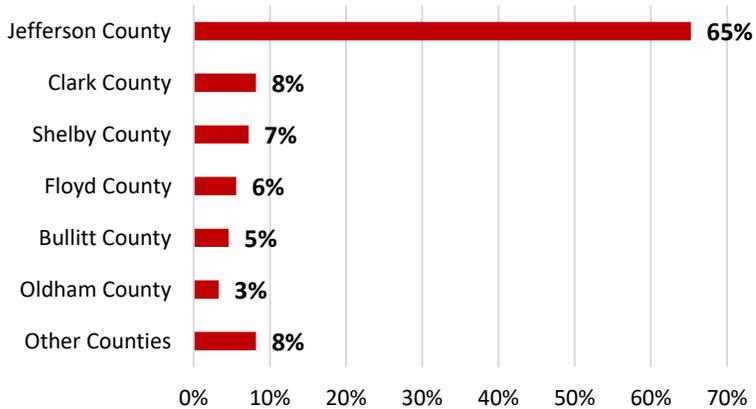
Age Ranges of Respondents



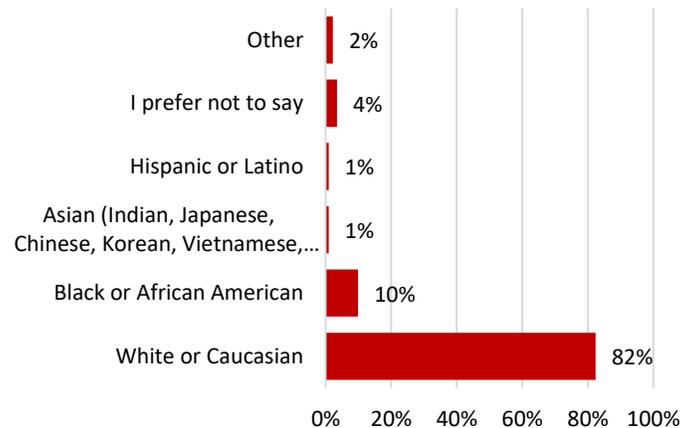
Gender Distribution of Respondents



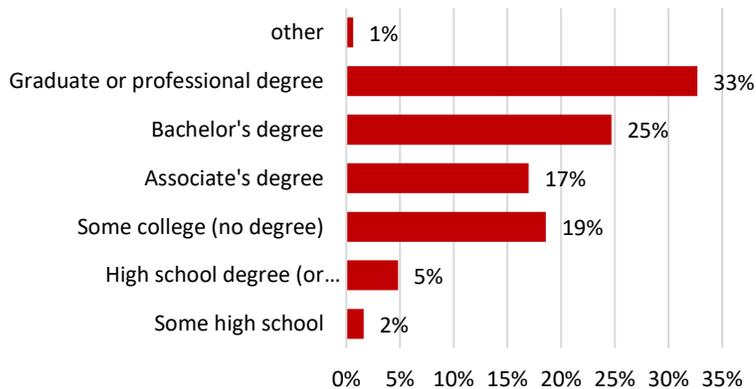
County of Residence of Respondents



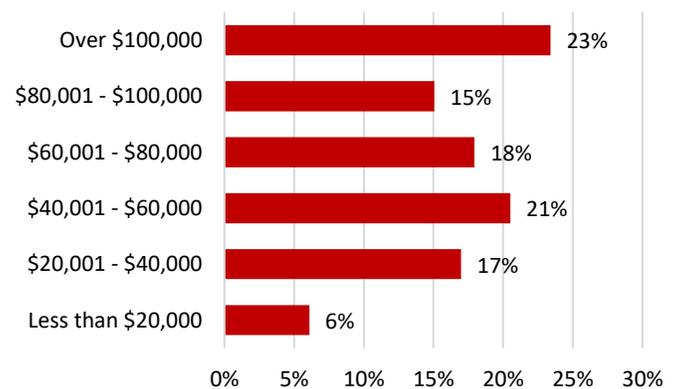
Race Distribution of Respondents



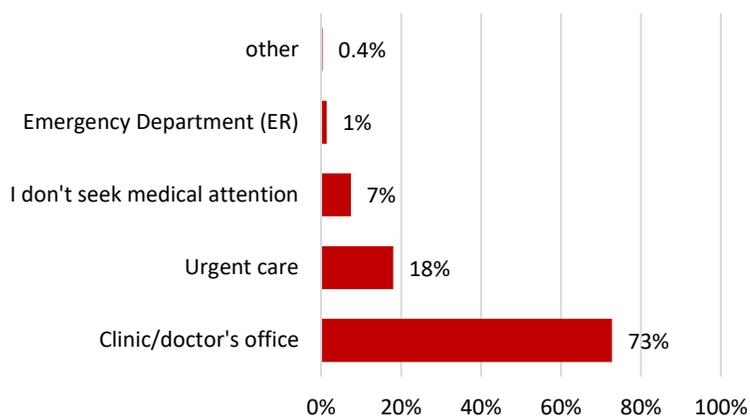
Education Distribution of Respondents



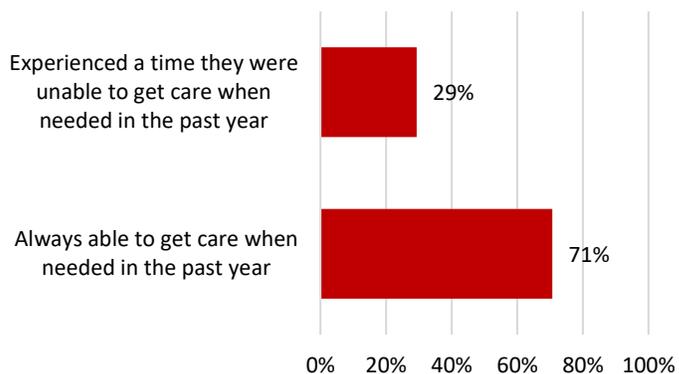
Income Distribution of Respondents



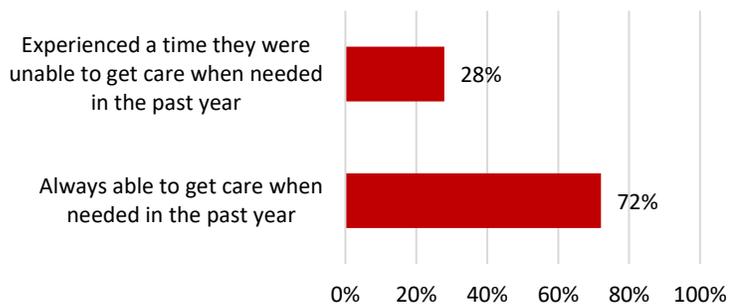
Where Respondents Seek Care when Sick



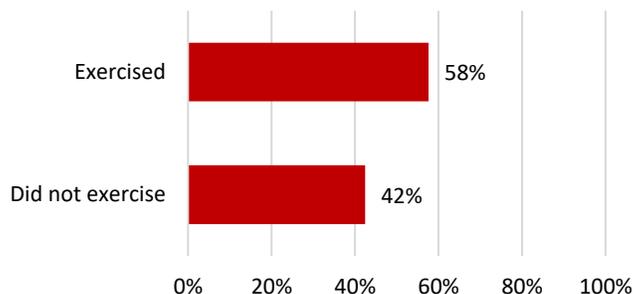
of Respondents who Could Not Get Medical Care when Needed



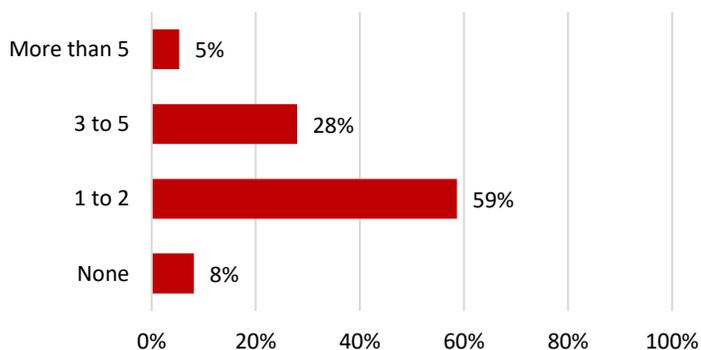
of Respondents who Could Not Get Mental Health Care when Needed



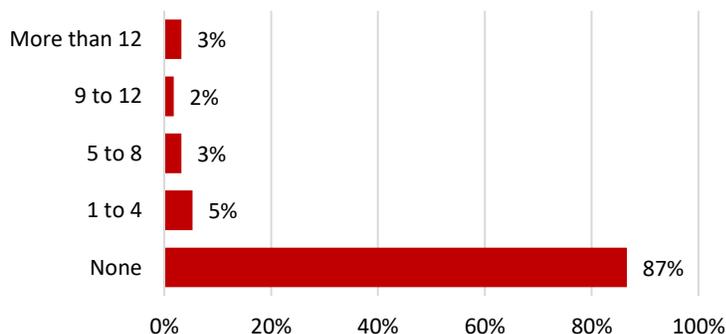
of Respondents who Exercised ≥30 min in the Past Week



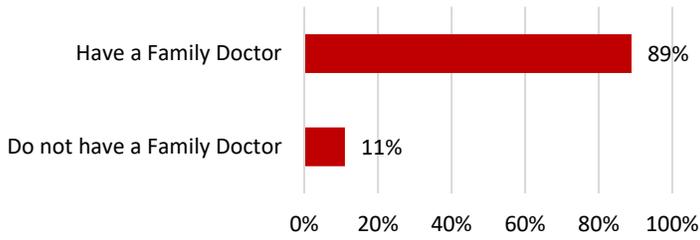
of Servings of Fruits and/or Vegetables Consumed by Respondents Daily



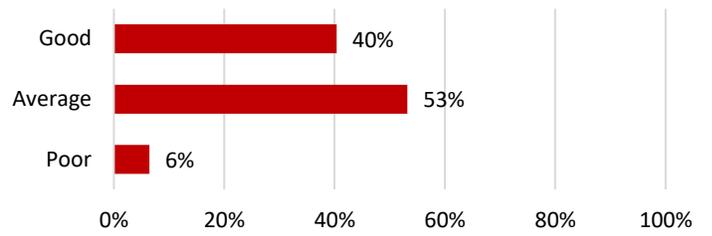
Frequency per Day of Tobacco Consumption by Respondents



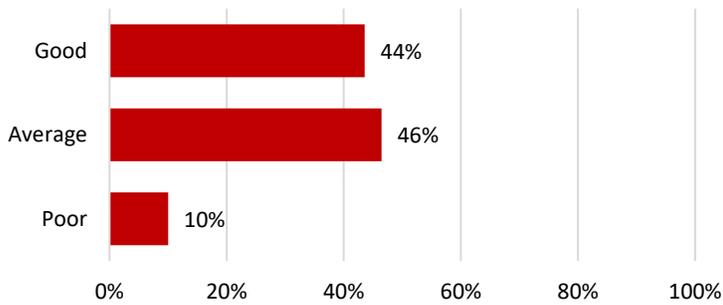
of Respondents who Have a Family Doctor



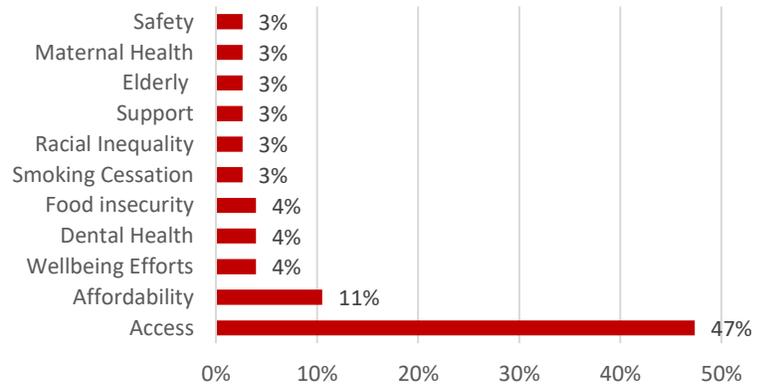
Respondents Rating of Physical Health



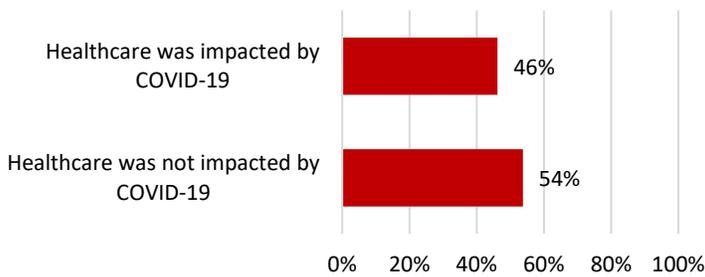
Respondents Rating of Mental Health



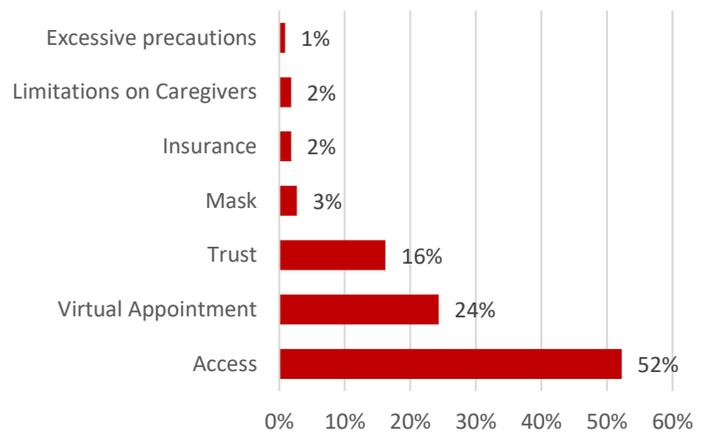
Comment Themes - What other concerns do you have that we have not asked?



of Respondents whose Healthcare was Impacted by COVID-19



Comment Themes - How has Covid Impacted Your Health Care



National, State, and County Trends

National Health Care Trends Synopsis

Health care spending continues to slowly grow at the national level each year. The following data describes the recent trends in national health care and was obtained from the Centers for Medicare & Medicaid Services (CMS) and the American Health Rankings. For a full report, please see Attachment H: [National Health Care Trends](#)

CMS 2021-30 Health Expenditures

Major Findings for National Health Expenditure Projection: 2021-2030

- On average over 2021-30, National Health Expenditures (NHE) and Gross Domestic Product (GDP) are both projected to grow 5.1 percent per year; as a result, the projected NHE share of GDP in 2030 (19.6 percent) is similar to 2020 (19.7 percent).
- Near-term NHE patterns are significantly influenced by the COVID-19 pandemic. NHE growth in 2021 is projected to have slowed to 4.2 percent (down from 9.7 percent growth in 2020) as federal COVID-19 supplemental funding declined substantially.
- Following the declines observed in 2020, health care utilization is expected to rebound starting in 2021 and normalize through 2024. By 2024, the government (federal and state & local) share of health spending is expected to fall to 46 percent as COVID-19 supplemental funding is expected to wane, down from an all-time high of 51 percent in 2020.
- The percentage of the population with health insurance is expected to peak in 2022 at 91.1% (mainly due to Medicaid enrollment) before falling back towards pre-pandemic levels as the public health emergency is assumed to end. The 2030 rate is projected to be 90.5%.
- For 2025-2030, factors that typically drive changes in health spending and enrollment, such as economic, demographic, and health-specific factors, are again expected to primarily influence trends in the health sector.

Source [Center for Medicare & Medicaid](#)

2021 National Findings

The following data obtained from America's Health Rankings 2021 Edition represents the improvements and challenges in health care factors for 2021. Source: AmericanHealthRankings.org

Social and Economic Factors

COMMUNITY AND FAMILY SAFETY

SUCCESS

Public health funding

▲ **33%**

from \$87 to \$116 per person between 2017-2018 and 2019-2020.

ECONOMIC RESOURCES

SUCCESS

Food insecurity

▼ **13%**

from 12.3% to 10.7% of households between 2015-2017 and 2018-2020.

CHALLENGE

Homeownership racial disparity

32.0 percentage point

difference in the homeownership rate between the white population (72.1%) and the Hawaiian/Pacific Islander population (40.1%) in 2019.

Behaviors

SLEEP HEALTH

SUCCESS

Insufficient sleep

▼ **6%**

from 34.5% to 32.3% of adults between 2018 and 2020.

SMOKING AND TOBACCO USE

CHALLENGE

E-cigarette use*

▲ **13%**

from 4.6% to 5.2% of adults between 2017 and 2020.

* Data were available for 38 states in 2020. National value is the median of the 38 states with data.

Physical Environment

AIR AND WATER QUALITY

SUCCESS

Air pollution

▼ **37%**

from 13.2 to 8.3 micrograms per cubic meter between 2000-2002 and 2018-2020.

HOUSING AND TRANSIT

SUCCESS

Severe housing problems

▼ **8%**

from 18.9% to 17.3% of occupied housing units between 2009-2013 and 2014-2018.

Health Outcomes

BEHAVIORAL HEALTH

CHALLENGE

Drug deaths

▲ 4%

from 20.6 to 21.5 deaths per 100,000 population between 2018 and 2019.

SUCCESS

Excessive drinking

▼ 5%

from 18.6% to 17.6% of adults between 2019 and 2020.

SUCCESS

Frequent mental distress

▼ 4%

from 13.8% to 13.2% of adults between 2019 and 2020.

SUCCESS

Suicide

▼ 2%

from 14.8 to 14.5 deaths per 100,000 population between 2018 and 2019.

PHYSICAL HEALTH

SUCCESS

High health status

▲ 13%

from 49.7% to 56.3% of adults between 2019 and 2020.

SUCCESS

Multiple chronic conditions

▼ 4%

from 9.5% to 9.1% of adults between 2019 and 2020.

Clinical Care

PREVENTIVE CLINICAL SERVICES

CHALLENGE

Dental visit

▼ **1%**

from 67.6% to 66.7% of adults between 2018 and 2020.

SUCCESS

Flu vaccination

▲ **8%**

from 43.7% to 47.0% of adults between 2019 and 2020.

ACCESS TO CARE

SUCCESS

Avoided care due to cost

▼ **22%**

from 12.6% to 9.8% of adults between 2019 and 2020.

SUCCESS

Mental health providers

▲ **6%**

from 268.6 to 284.3 providers per 100,000 population between 2020 and 2021.

SUCCESS

Primary care providers

▲ **4%**

from 241.9 to 252.3 providers per 100,000 population between 2020 and 2021.

Source: [Americashealthrankings.org](https://americashealthrankings.org)

State Health Care Trends Synopsis

Kentucky



47

Health Outcome State Ranking

America's Health Ranking – Summary 2021 (most current dataset):

Highlights:

FREQUENT MENTAL DISTRESS

▲26%

from 13.8% to 17.4% of adults between 2015 and 2020

SMOKING

▼26%

from 29.0% to 21.4% of adults between 2011 and 2020

FLU VACCINATION

▲10%

from 42.1% to 46.5% of adults between 2019 and 2020

Strengths:

- Low racial disparity in premature death rates
- High rate of high school graduation
- High percentage of fluoridated water

Challenges:

- High prevalence of multiple chronic conditions
- High prevalence of insufficient sleep
- High prevalence of cigarette smoking

Source: [America's Health Ranking](#)

Kentucky Health Facts

The following table compares the state of Kentucky to the United States for key health indicators. The table gives a snapshot of the state trends.

Health Indicator	Kentucky	United States	Status
Smoking (% of adults, current smoker)	24.2%	16.0%	Higher
Youth Smoking	8.9%	6.0%	Higher
Youth e-cigarettes	26.1%	32.7%	Lower
Obesity	36.2%	32.1%	Higher
Youth Obesity	18.4%	15.5%	Higher
Mentally unhealthy days per month	5.3	4.3	Higher
Uninsured population under 65	9.0%	12.8%	Lower
Past year dental visits for adults	62.2%	67.6%	Lower
Drug overdose deaths	32.5	21.6	Higher
Cancer deaths	192.8	158.3	Higher
Heart disease deaths per 100,000	198.3	163.6	Higher
Infant Mortality per 1,000 live births	5.8	5.7	Higher
Life Expectancy at birth	75.9	78.8	Lower
	Kentucky	United States	Status

Source: KentuckyHealthFacts.org

Kentucky Health Ranking Highlights:

Measures		Rating	State Rank	State Value	U.S. Value
BEHAVIORS*		+	48	-1.339	—
Nutrition and Physical Activity	Exercise (% ages 18+)	+	50	15.3%	23.0%
	Fruit and Vegetable Consumption (% ages 18+)	+	50	4.7%	8.0%
	Physical Inactivity (% ages 18+)	+	50	30.6%	22.4%
Sexual Health	Chlamydia (new cases per 100,000 population)	++++	15	468.1	551.0
	High-risk HIV Behaviors (% ages 18+)	+++	30	5.7%	5.6%
	Teen Births (births per 1,000 females ages 15-19)	+	44	24.9	16.7
Sleep Health	Insufficient Sleep (% ages 18+)	+	48	38.6%	32.3%
Smoking and Tobacco Use	Smoking (% ages 18+)	+	49	21.4%	15.5%
HEALTH OUTCOMES*		+	47	-0.813	—
Behavioral Health	Excessive Drinking (% ages 18+)	++++	11	15.8%	17.6%
	Frequent Mental Distress (% ages 18+)	+	47	17.4%	13.2%
	Non-medical Drug Use (% ages 18+)	+	45	15.0%	12.0%
Mortality	Premature Death (years lost before age 75 per 100,000 population)	+	45	9,922	7,337
	Premature Death Racial Disparity (ratio)	+++++	3	1.1	1.5
Physical Health	Frequent Physical Distress (% ages 18+)	+	49	15.2%	9.9%
	Low Birthweight (% of live births)	++	32	8.7%	8.3%
	Low Birthweight Racial Disparity (ratio)	+++++	10	1.8	2.1
	Multiple Chronic Conditions (% ages 18+)	+	49	16.1%	9.1%
	Obesity (% ages 18+)	+	45	36.6%	31.9%

* Values derived from individual measure data. Higher values are considered healthier.

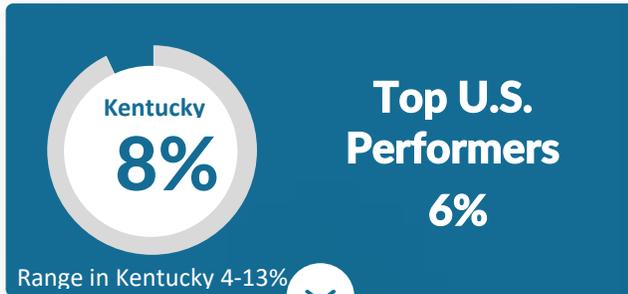
— Data not available, missing or suppressed.

For measure definitions, sources and data years, see the Appendix or visit www.AmericasHealthRankings.org.

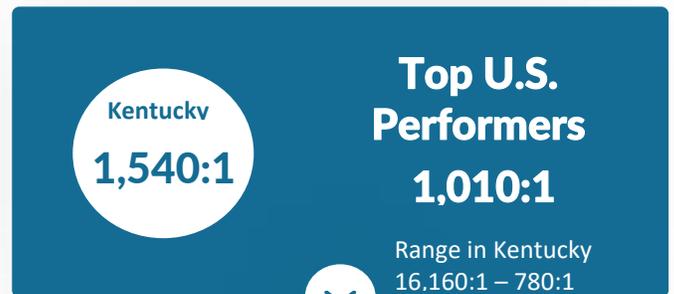
Rating	Rank
+++++	1-10
++++	11-20
+++	21-30
++	31-40
+	41-50

Source: America's Health Ranking

2022 Kentucky Highlights



HEALTH FACTORS
UNINSURED



HEALTH FACTORS
PRIMARY CARE PHYSICIANS



HEALTH FACTORS
PHYSICAL INACTIVITY



HEALTH FACTORS
MENTAL HEALTH PROVIDERS



HEALTH FACTORS
Adult Obesity



HEALTH FACTORS
Alcohol-Impaired Driving Deaths



HEALTH FACTORS
Sexually Transmitted Infections

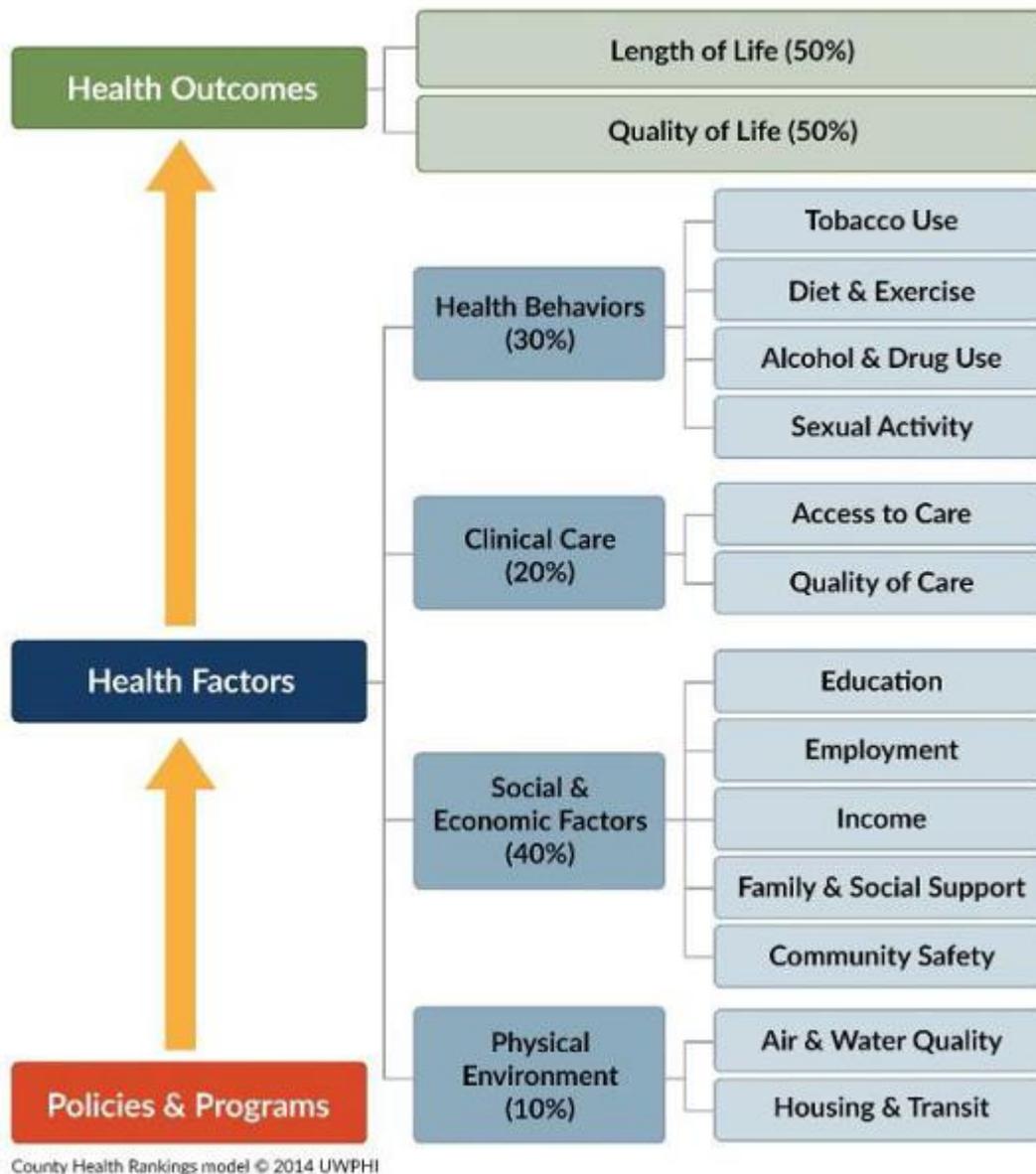
Source: [America's Health Ranking](#)

County Trends

2022 County Health Outcomes & Factors Rankings

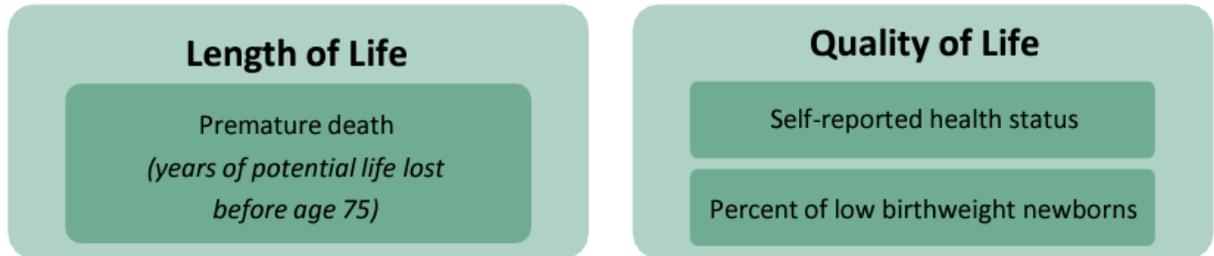
What are County Health Rankings?

The Rankings help us understand what influences how long and how well we live. They provide measures of the current overall health (health outcomes) of each county in all 50 states and the District of Columbia. Rankings data include a variety of measures, such as high school graduation rates, access to nutritious foods, and the percent of children living in poverty, all of which impact the future health of communities (health factors). Below are the county health rankings [model](#):

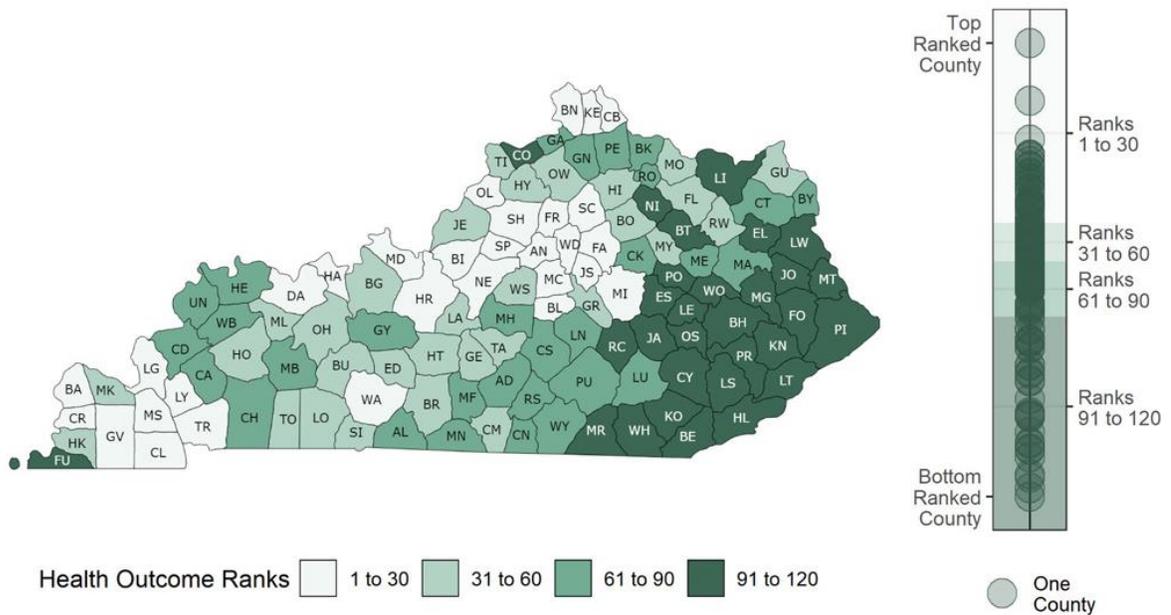


2022 Kentucky Health Outcomes Map by County

Health outcomes measure length and quality of life to understand the health outcomes among counties in Kentucky.



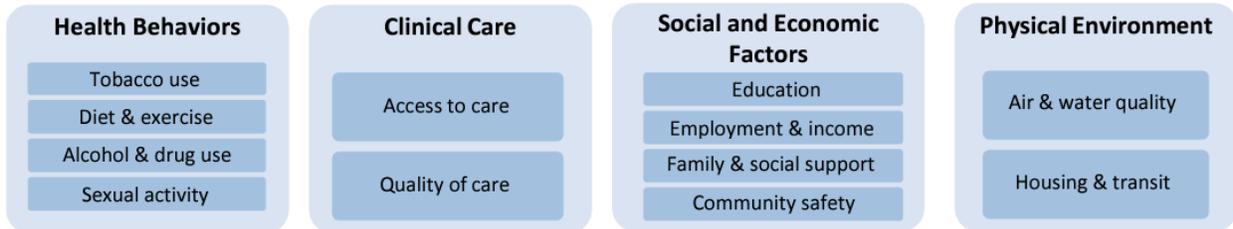
The green map shows Kentucky’s health outcome rankings by county. The map is divided into four quartiles with less color intensity indicating better health outcomes.



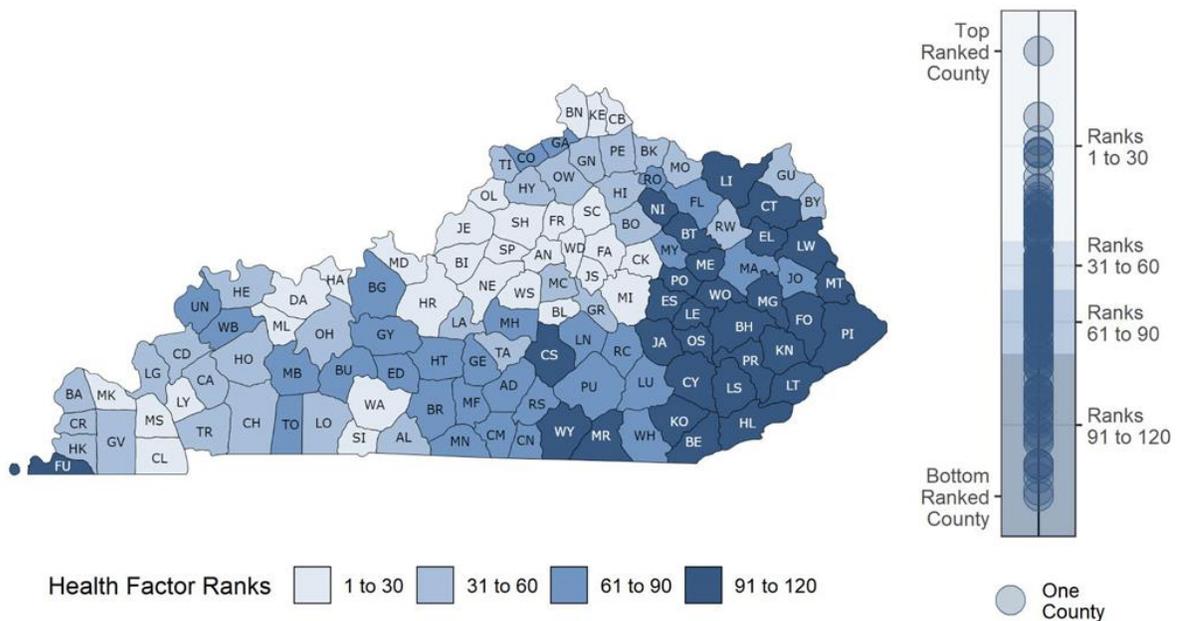
Source: [America’s Health Ranking](#)

2022 Kentucky Health Factors Map by County

Health factors represent community conditions that we can change to improve health and opportunity, such as access to quality education, living wage jobs, quality clinical care, nutritious foods, green spaces, and secure and affordable housing. We measure four health factor areas.



The blue map shows Kentucky’s health factor rankings by county. The map is divided into four quartiles with less color intensity indicating better health factors.



Source: [America’s Health Ranking](#)

Health Status Synopsis



Health Outcomes

Shelby (SH) is ranked among the healthiest counties in Kentucky (Highest 75%-100%)

Health Factors

Shelby (SH) is ranked among the healthiest counties in Kentucky (Highest 75%-100%)

County	Health Outc.	Health Facts	County	Health Outc.	Health Facts	County	Health Outc.	Health Facts	County	Health Outc.	Health Facts
Adair	67	73	Clark	70	30	Harrison	42	39	Madison	29	21
Allen	80	55	Clay	115	118	Hart	50	82	Magoffin	113	120
Anderson	21	17	Crittenden	87	87	Henderson	62	43	Marion	76	80
Ballard	19	34	Cumberland	63	54	Henry	44	38	Marshall	24	11
Barren	36	66	Daviess	17	23	Hickman	59	51	Martin	98	109
Bath	93	95	Edmonson	31	81	Hopkins	51	33	Mason	52	52
Bell	112	110	Elliott	95	111	Jackson	101	106	McCracken	33	22
Boone	2	2	Estill	97	98	Jefferson	32	26	McCreary	104	112
Bourbon	55	41	Fayette	6	5	Jessamine	27	13	McLean	49	19
Boyd	73	42	Fleming	41	76	Johnson	96	71	Meade	11	20
Boyle	16	28	Floyd	109	108	Kenton	14	8	Menifee	68	101
Bracken	81	35	Franklin	30	18	Knott	111	104	Mercer	23	40
Breathitt	119	116	Fulton	116	99	Knox	106	103	Metcalfe	71	89
Breckinridge	35	72	Gallatin	77	65	Larue	58	49	Monroe	84	84
Bullitt	10	16	Garrard	38	58	Laurel	61	70	Montgomery	45	62
Butler	56	74	Grant	75	48	Lawrence	99	100	Morgan	85	90
Caldwell	65	36	Graves	28	57	Lee	110	117	Muhlenberg	64	75
Calloway	5	24	Grayson	72	88	Leslie	108	113	Nelson	13	10
Campbell	4	4	Green	60	68	Letcher	107	105	Nicholas	92	91
Carlisle	20	45	Greenup	48	37	Lewis	102	107	Ohio	37	59
Carroll	94	85	Hancock	12	14	Lincoln	90	86	Oldham	1	1
Carter	88	97	Hardin	18	12	Livingston	26	46	Owen	53	53
Casey	82	102	Harlan	114	119	Logan	40	44	Owsley	117	115
Christian	66	60				Lyon	22	27	Pendleton	74	50
									Perry	118	96
									Pike	103	93
									Powell	105	92
									Pulaski	79	63
									Robertson	69	64
									Rockcastle	91	77
									Rowan	46	56
									Russell	86	79
									Scott	3	6
									Shelby	9	9
									Simpson	57	29
									Spencer	7	7
									Taylor	47	31
									Todd	54	61
									Trigg	25	32
									Trimble	39	47
									Union	83	69
									Warren	15	15
									Washington	34	25
									Wayne	78	94
									Webster	89	83
									Whitley	100	67
									Wolfe	120	114
									Woodford	8	3

Health Outcome
Health Factors

Source: County Health Rankings

Shelby County's Health Outcomes ranking is 9th in the state of Kentucky, and the Health Factors ranking is 9th in the state out of 120 counties. Out of the 120 counties in Kentucky, all counties have been ranked from 1 to 120, with 1 representing the best and 120 representing the least healthy county. The Shelbyville Hospital service area counties are identified with an arrow and their state rank.

2022 Health Outcomes & Factors

Source: [County Health Rankings](#)

County Statistics

	County is worse than the State for this measure
	County is the same as the State for this measure
	County is better than the State for this measure

Trend Markers

	County is getting worse for this measure
	County is the same for this measure
	County is getting better for this measure

	Top U.S. Performers	Kentucky	Shelby (SH) County	Trend
Health Outcomes				
Length of Life				
Premature death	5,600	10,000	8,100	
Quality of Life				
Poor or fair health	15%	22%	21%	
Poor physical health days	3.4	5.0	4.6	
Poor mental health days	4.0	5.5	5.0	
Low birthweight	6%	9%	8%	

	Top U.S. Performers	Kentucky	Shelby (SH) County	Trend
Health Factors				
Health Behaviors				
Adult smoking	15%	25%	21%	
Adult obesity	30%	36%	36%	
Food environment index	8.8	6.6	8.8	
Physical inactivity	23%	32%	32%	
Access to exercise opportunities	86%	66%	71%	
Excessive drinking	15%	18%	16%	
Alcohol-impaired driving deaths	10%	25%	24%	
Sexually transmitted infections	161.8	468.1	338.6	
Teen births	11	29	19	
	Top U.S. Performers	Kentucky	Shelby (SH) County	Trend
Clinical Care				
Uninsured	6%	8%	9%	
Primary care physicians	1,010:1	1,540:1	2,850:1	
Dentists	1,210:1	1,520:1	2,360:1	
Mental health providers	250:1	390:1	580:1	
Preventable hospital stays	2,233	5,028	3,778	
Mammography screening	52%	41%	43%	
Flu vaccinations	55%	46%	52%	

	Top U.S. Performers	Kentucky	Shelby (SH) County	Trend
Health Factors				
Social & Economic Factors				
High school completion	94%	87%	87%	
Some college	74%	63%	61%	
Unemployment	4.0%	6.6%	5.5%	
Children in poverty	9%	19%	12%	
Income inequality	3.7	5.0	4.3	
Children in single-parent households	14%	26%	20%	
Social associations	18.1	10.6	9.8	
Violent crime	63	222	118	
Injury deaths	61	101	81	
Physical Environment				
Air pollution - particulate matter	5.9	8.7	9.4	
Drinking water violations			No	
Severe housing problems	9%	14%	14%	
Driving alone to work	72%	81%	79%	
Long commute - driving alone	16%	30%	46%	

Source: [County Health Rankings](#)

Conclusion

Overall Observation & Priorities

UofL Health System Wide Priority: Health Equity and Disparities

Analysis of primary data collected for this Community Health Needs Assessment, revealed many health inequities in our community. Surveys and interviews cited instances of disparities based on race, socio-economic status, and age, all of which affect both access and health outcomes. Racial inequities were also one of the top issues mentioned as affecting health in our community and one of the issues that UofL Health should focus on over the next 3-5 years, as reported by interviewees.

We recognize health disparities as a major need in our community. To have the most wide-spread impact within the realm of health equity, the UofL Health System will work toward addressing health disparities within each of the priority areas identified for the implementation plan accompanying this Community Health Needs Assessment. Since equity impacts all health needs, it is an undercurrent to any health priority. Therefore, health equity and disparities, both in access and outcomes, will be a system-wide priority and infused throughout the upcoming plan. The UofL Health system is committed to breaking down the barriers for achieving a healthy community and to fostering equity within our work. This will be a foundation of our engagement within the community to improve health and wellbeing. We are dedicated to analyzing our own role in how we affect health and wellbeing and redesigning processes, policies, and practices to fully meet the needs of our community and eliminate biases in care. UofL Health envisions an engaged health care system that partners with the community to create opportunities addressing root causes of poor health, preventing illness and injury, and providing readily accessible acute and primary care.

Summary of primary and secondary correlated metrics:

- Premature death for Shelby County is 8,100, the state is 10,000, top counties in the U.S. average is 5,600 (lower is better) – Breakdown of Shelby County by race, Black is 10,700, White is 8,300
- Premature age adjusted mortality is 380 for Shelby County (state is 490) however when broken down by race, black is 520, white is 380, Hispanics is 220 (lower is better)
- Life expectancy in Jefferson County is 77.6 and the state is 75.1, when broken out by race for Shelby County, black is 75.1, white at 77.4, Hispanics 84.4 (Higher is better)
- Preventable hospital stays for Shelby County is 3,778, the state is 5,028 and the best counties is 2,233, broken out by race in Shelby County, black is 4,995, white is 3,668
- Trends in Interview data, when asked what groups were more vulnerable, the #4 answer was for black and brown communities
- Low birthrate in Shelby County is at 8%, which is slightly lower than the state average of 9%, however, when analyzing the data by race, black is 11%, while white and Hispanic are at 8% (lower is better)
- Children eligible for free or reduced lunch, remains high in Shelby County with 47% of the population compared to 32% of the average of the top counties
- Cost of care burden in Shelby County 20% compared to the national average of the top counties at 18%
- Severe Housing Problems remain worse in Shelby County at 14% which is the same for the state and 9% for the top counties (lower is better)

- Notable disparities in the prevalence of chronic diseases by race and ethnicity in 2017-2019, the percent with multiple chronic conditions continued to be higher on average for American Indian, Black and multiracial adults for the state of Kentucky
- When ranking the senior citizen health factors for each state, Kentucky is one of the worst states for adults over the age of 65, ranking at 48 out of 50
- For adults over the age of 65, Kentucky is 44th (lower is better) for multiple chronic conditions, 50th for teeth extractions, 49th for frequent physical distress, 32nd for avoided care due to cost, 46th for food insecurity, poverty and risk of social isolation compared to the other 50 states.
- The state has continued to see higher disparities in physical inactivity amongst those who have less than a high school education and those that are college graduates
- Food insecurity for the state continues to get worse, increasing 32% since previous studies

Quotes related to Racial Disparities from interviews and surveys:

“Some are big issues like tackling health equity and substandard housing, poverty, substance abuse treatment centers, health education”

“There have not been changes in fundamental issues like mental health, poverty, substance abuse, and health equity”

“A big barrier for the Hispanic population is the language barriers”

“There are subsections of African American population that are impacted by health equity”

“The low income and those addicted to drugs or alcohol is a population that’s health is not as good as others because they can’t afford it, or they just don’t know where to go”

There could be multiple reasons that some populations have worse health, like Hispanics for example may have to worry about language barriers or concerns about deportation”

“Lack of transportation is #1 barrier because there is no shelter here - people living in car and are sent to Frankfort or Louisville”

“Senior citizens are the population most at risk because we have an aging community and society, resources are not in place to give seniors the programs they need, if they have chronic disease, they may not have the resources to continue care, and transportation for seniors has been severely restricted due to budget cuts for transportation from our Senior Centers”

I. Priority: Access to Care:

Access to care requires not only financial coverage, but also access to providers. Sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care. One of the metrics assessed in the primary and secondary services areas is the ratio of primary care physicians to the population. The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians.

Shelby county does not have a better ratio (2,580:1) of primary care physicians than the state average or the surrounding counties (lower is better) and the county continues to trend worse for this measure. The relationship between primary care physicians and improved health outcomes is supported in the literature. The qualitative primary data highlights, as seen in the quotes below by interviewees, that their biggest concerns relating to access was access related to transportation, transportation to specialty care in the bigger cities, and elderly accessing care for virtual care being limited as well as transportation.

Other secondary data related to access is preventable hospital stays, which is 69% higher in Shelby County compared to top performers in the nation and the state average is even higher at 125%. This is an important metric to follow, as it is an outcome metric to monitor because it is an indicator that quality care in the ambulatory setting is not accessible.

Summary of Primary and secondary correlated metrics:

- 29% of the surveys stated that there was a time in the last year when they need medical care and were unable to get it and the top reasons were too long for an appointment, could not afford the copay/deductible, not able to take time off work, and doctor not taking new patients
- 46% say that Covid had an impact on how they received care and the main impacts were Access, virtual appointments, trust, mask, etc.
- From the survey results, a third of the participants left comment when asked, “What other concerns do you have that we have not asked? “ The top themes were Access, affordability, and dental health, with sub-categories listed below:
 - i. Access: Difficulty getting an appointment, Location, Mental Health Access, Transportation
 - ii. Affordability: Cost of care, affordable, no insurance and high deductible
 - iii. Dental Health: Location, cost, and insurance coverage
- 31-to-40-year-old people are the highest population that does not have a family physician
- When asked if participants had a family physician, those with a graduate degree were more likely to say “No” (42% of the total “No” responses) compared to those at other education levels
- One of the top reasons for the decline in health for the county, interviewees top reason was access (38%) – related to transportation
- 19% of survey respondents to open-ended questions was related to access and the ability to get an appointment

The following are quotes from interviewees related to access:

“We need to make sure these folks get the necessary health care to have a stronger quality of life”

“Until getting down to that level of where the need is for senior citizens for those who are shut-in without transportation. For those who were uninsured, we have seen a great improvement in their care as long as they’ve had transportation”

“Younger people (under 50) who understand the internet and can access their EMR have noticed improvement to access. Elderly lacking this access have not seen the same benefit, and may have seen a decline in access if they struggled with telemedicine”

“We have better access to care compared to other rural communities but not compared to urban communities”

“We just need the community to understand what is available, that they are available, and how people without insurance can access this care”

“Limited access. Lack of transportation for specialty care in Louisville or Lexington”

II. Priority: Mental Health

Interviews of community members identified mental health and access to mental health services as a significant need, ranking it #3 as their most critical need in the community and #3 from online survey respondents. 28% of survey respondents stated they needed mental health care and was unable to get it. The top reasons for not getting it were too long to get an appointment, could not afford to go, embarrassment, and did not take their insurance. The supply of mental health providers and services varies by county, the need for more providers in surrounding counties (secondary service areas) is seen in mental health provider ratios. The ratio of providers to the population has the most significant need in Spencer County with a ratio of 3,920:1 compared to the states 390:1, 580:1 in Shelby County, and the top performers 250:1.

Summary of Primary and secondary correlated metrics:

- When asked about mental health access, 28% said they need to go but were unable to
- 27% say they have average mental health and 8% say they have poor
- Those with college degrees were less likely to get mental health counseling when they needed
- Those age 51 to 60 were less likely to get mental health counseling they needed
- Top concerns for decline of health, survey respondents said mental health (7%) as #6 on the list
- Mental health was rate #3 from survey respondents as the most critical need and #3 in what needs to be addressed in the next 3 to 5 years
- Mental Health access is an issue, especially for adolescents according to interviewees

Interviewees stated that mental health is one of their top priorities that UofL Health should focus on. Below are quotes from interviewees related to mental health.

“There is not a lot a lot of access to Mental Health and Substance Abuse Disorder treatment. We are working on starting a Needle Exchange but that has been a tough nut to crack”

“There has been an outreach effort to help our veterans with nutrition and housing for those who are homeless. We are working to address their mental and psychological needs post-combat”

“Mental Health - kids with mental health issues has quadrupled in past 2 years. Kids are leaving psychiatric institutions after multiple admissions and back in school the next day.”

III. Priority: Smoking Cessation

Each year approximately 480,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as

low birthweight and other adverse health outcomes. In the interviews 15% of participants stated that smoking cessation is the most important issue to be addressed. Shelby County is lower than the state at 21% of the population compared to 25% for the state, however it is 28% higher than the top performers. Secondary Source Data: [County Health Rankings](#)

Summary of Primary and secondary correlated metrics:

- For the state of Kentucky, the rate of adult smoking is at 25% which is 67% higher than the top performers in the U.S. (United States) at 15% (Lower is better)
- Shelby County’s adult smoking rate is at 21% which is 28% higher (lower is better) than the top performers in the U.S.
- Survey results asking if the community member was a smoker was 13% of the 312 survey participants
- 38% of interviewees stated that tobacco use has stayed the same or become worse (see [table](#) in the interview section)
- 15% of interviewees stated that smoking cessation is the most important issue to be addressed

“I have seen improvement in counties with Smoking Ordinances”

“On tobacco use, the Health Department, the State, and the previous Jewish Hospital of Shelbyville did have a Tobacco Cessation program offered to the community”

“The cost of tobacco has forced some people to quit”

“Tobacco is increasing a little bit. Increased stress has caused people to fall back into old habits”

“Tobacco and drug abuse have increased substantially with students. # of expelled students has doubled since pre-COVID. Vaping is rampant. Looking at funding for vape detectors in all of our schools”

Secondary Data Source: County Health Rankings & Roadmaps – For further information and metrics, please follow the link [here](#)

IV. Priority: Obesity / Inactivity*

Obesity and its contributing factors (including physical inactivity and nutrition) and associated chronic diseases such as diabetes are significant concerns in our community. Shelby and surrounding Counties have the following findings as it relates to obesity and inactivity and correlating measures.

Summary of primary and secondary correlated metrics:

- a. Adult obesity – Shelby County is the same as the state at 36% (lower is better), it is identified as area to focus on by CountyHealthRankings.org when compared to their peers
- b. Physical inactivity – Is the same as the state (higher is better) at 32% and benchmark of 23%
- c. 48% of online survey respondents said that overweight/obesity was in the top 3 most important health issues in the community
- d. 45% of survey respondents stated that poor eating habits and 49% stated lack of exercise was in their top 3 unhealthy behaviors in the community

- e. When assessing survey respondents' demographics, those with some college without a degree are more likely to eat no vegetables a day and those that are ages 51-60 are less likely to do deliberate exercise
- f. Qualitative data showed that obesity / Exercise was #1 listed as the most critical health need

In the qualitative data related to obesity or inactivity are seen in the following quote.

“As far as obesity, I have seen initiatives between the Extension Office (University of Kentucky), they are doing nutrition programs and our Parks are doing exercise programs”

“The extension office is making a big effort to promote healthy eating habits. Not sure of other programs offering free resources to address obesity”

“Obesity was 36-38% pre-COVID and is not changing. Parks and activities just starting to reopen but many places closed permanently”

“Schools have made improvements in combating obesity, as well as local park system”

“We need to focus on obesity because it is the leading to diabetes and cardiovascular disease”

Secondary Data Source: County Health Rankings & Roadmaps – For further information and metrics, please follow the link [here](#)

*Although identified as a priority based on primary and secondary data, the hospital reviewed the CHNA findings and applied criteria to determine the most appropriate needs for Shelbyville Hospital's region. Based on the criteria, this priority, this priority does not plan to be address in the 2022 CHNA priorities for Shelbyville Hospital.

Contact

This assessment summary is published on the website <https://uoflhealth.org/about/community-engagement/>

Additionally, a copy may be obtained by contacting Community Engagement Office for a hard copy 502-587-4447

Attachment A: Available Community Resources

Please note that information collected below was retrieved directly from the respective site's website.

Shelbyville Social Service Department

Address: 31 Mount Rushmore Ct, Shelbyville, KY 40065

Phone: (502) 633-1892

North Central District Health Department

Address: 615 11th Street, Shelbyville, KY 40065

Phone: (502) 633-1231

Website: <https://www.ncdhd.com/>

Clinic Services: The North Central District Health Department offers a variety of services throughout the four-county district that it serves. Residents of Henry, Shelby, Spencer, and Trimble counties in Kentucky can find support through their local Health Department for needs arising during various stages of life.

- Prenatal Care
- Family Planning
- Breast/Cervical Cancer Screening
- Well Child Care
- Communicable Disease
- STIs (Sexually Transmitted Infections)
- WIC (Women, Infant, Children)
- Nutritional Services

Community Services: The North Central District Health Department offers many services in the communities we serve. Residents of Henry, Shelby, Spencer and Trimble Counties can benefit from many of our events and classes. Most of our events and classes are free, but registration may be required.

- Public Health in Action
- Diabetes Education
- Smoking Cessation
- Kentucky Employee Health Plan Biometric Screening Program
- Health Access Nurturing Development Services (HANDS) Program

Environmental Services: Environmental Services for the North Central District Health Department has been a driving force in the community to increase the health and well-being of this district. Our services include: septic systems, food services, rabies control, emergency preparedness and many other services.

Operation Care Kentucky – Mercy Medical Clinic Shelbyville

Address: 615 Washington Street, Shelbyville, KY, 40065

Phone: (502) 647-4668

Sliding Fee Scale Medical and Dental Clinic: Christ-centered, state-licensed medical and dental clinic, proud member of the National Association of Free and Charitable Clinics and the Kentucky Free Clinic Association.

Mission: To provide compassionate medical and dental care to uninsured, underinsured, and financially disadvantaged people.

Eligibility: Uninsured, underinsured, and financially disadvantaged people, accept qualified patients as space becomes available. The average wait time for an initial appointment is less than one week. Individuals must show lack of health insurance and financial need to qualify for treatment, and proof of income is required.

Counties Served: Mercy Medical serves patients from Shelby, Jefferson, Henry, and Spencer counties.

Hours: Patients are seen by appointment only. The clinic is open four days each week (Mon-Thurs 9:00 am until 4:30 pm) and the 2nd and 3rd Saturday mornings of each month (9:00 am until 12:00 pm).

Dare to Care Food Bank

Phone: (502) 966-3821

Website: Food insecurity refers to the USDA's measure of lack of regular access to nutritional food for an active and healthy life. The food insecurity rate in Shelby County is 10.3% of the total population, and the child food insecurity rate is 12.8%.

Last year, Dare to Care distributed enough food to provide 1,015,342 meals to Shelby County families in need. Of that, 626,000 pounds were fresh produce, which was distributed for free.

Mission: To lead our community to feed the hungry and conquer the cycle of need.

On Thanksgiving Eve in 1969, nine-year-old Bobby Ellis died of malnutrition in his Louisville home. Our stunned Kentuckiana community took action and created Dare to Care Food Bank, to ensure that no one in our community lacks enough food to live an active, healthy life.

Dare to Care partners with local social service agencies, such as food pantries, shelters, and emergency kitchens to distribute food to our community. In the past year, Dare to Care and our partners provided 21.7 million meals to our community.

How We Work



Dare to Care also fights hunger through programs targeting the most vulnerable in our community. These programs include [Kids Cafe](#), [School Pantry](#), [Prescriptive Pantry](#), [Mobile Pantry](#), [Cooking Matters](#), and a variety of targeted [initiatives to reach senior citizens](#).

Dare to Care Food Bank is a registered 501(c)3 nonprofit organization with the Internal Revenue Service. View a copy of our [IRS Form 990](#) and [Audited Financial Statements](#).

Dare to Care Food Bank is an accredited charity of the [Better Business Bureau](#) and has been awarded a four-star rating by [Charity Navigator](#).

View a copy of our most recent [annual report](#) and [newsletter](#).

University of Kentucky – Shelby County Cooperative Extension Office

Address: 1117 Frankfort Road, Shelbyville, KY 40065

Phone: (502) 633-4593

Website: <https://shelby.ca.uky.edu/>

Welcome to **Shelby County Cooperative Extension**. We're part of the University of Kentucky and Kentucky State University off-campus information network. Let us connect you to [UK](#), [KSU](#) and the world. We deliver information, education, and solutions. And we grow ideas into better communities, stronger local economies, and healthier lives.

[Contact us](#) today and see how we can make a difference in your life.

Options Unlimited, Inc.

Address: 500 Main St # 4, Shelbyville, KY 40065

Phone: (502) 633-9725

Website: <https://optionsunlimitedinc.org/>

Job Seekers Services: We provide Employment Services to those with disabilities, who have an interest in working in the community.

Options receives referrals from the Kentucky Department of Vocational Rehabilitation, Social Security Ticket to Work and Department for the Blind to provide these services at no cost to the clients. We provide a variety of services and supports to individuals so that they may achieve their desired vocational goals.

Individuals begin the Supported Employment process at the assessment and planning stage. During this time, we will look at the individual's interests and skills and match these to a potential employer through job development. On the job training and coaching is a support that is offered to assure success of the individuals in our Supported Employment Program. The Employment Specialist responsibilities include the implementation of work strategies, direct instruction on the job as well as developing good working relationships on the job with co-workers and managers.

Ongoing follow up and support is provided to ensure the long-term success of the individual working in the community as in:

- Client Centered Planning
- Training programs
- Resume Development
- Interviewing skills
- Job Readiness
- Job Development Services
- On the Job Support

Adult Day Training Program: The Adult Day Training Program at Options Unlimited provides an opportunity for adults with developmental or intellectual disabilities to be involved as part of their community. Individuals learn and improve social, daily living, employment, and general life skills. Self-advocacy is promoted as individuals participate in community activities.

The individual, caregiver, day program staff and other team members (case managers, behavior specialist) meet annually to develop a plan to individualize services and set goals. Participants then work on their goals through various activities out in the community as well as planned activities at the center.

Seven Counties Services

Address: 250 Alpine Dr, Shelbyville, KY 40065

Phone: (502) 633-5683

Website: <https://sevencounties.org/>

Mental Health and Addiction Recovery Services: Seven Counties Services provides personalized mental health and addiction recovery services delivered by Kentucky’s most qualified licensed professionals. Your request will remain CONFIDENTIAL and receive rapid follow-up by a specialized member of our team. Although you can’t put a price on the importance of mental health and recovery, Seven Counties Services lessens the financial burden by accepting most insurance plans, including Kentucky Medicaid, while providing a full fee and sliding scale for private payers.

Addiction Help Line: (502) 583-3951

Adult Crisis Line: (502) 589-4313

Child Crisis Line: (502) 589-8070

First Appointment Line: (502) 589-1100

Awake Ministries

Address: 701 Washington St, Shelbyville, KY 40065

Phone: (502) 647-5555

Website: <https://awakeky.org/>

Addiction Recovery Services: Awake Ministries offers residential and outpatient recovery programming for addiction behaviors. We believe that God is our Deliverer and He gives us the strength to be free from our past and our struggles. We are new creations in Christ.

Food Assistance: Through the support of Dare to Care and the generosity of local farms, grocers, businesses, and individuals, we manage a local food bank, offering produce, canned goods and meat to local residents in need of assistance.

Veterans Village: The Veterans Village, which was envisioned and built by a collaborative effort of Veterans Rural Outreach, Awake Ministries, and CrossRoads Missions, opened the doors of its six tiny homes on October 1, 2020. Awake is happy to have the additional partnership of Veterans Club INC., who is ensuring that the ongoing programming will give veterans the opportunity to live a life of independence upon completion of the program.

Mission: Awake’s mission is to equip individuals with the hope of the gospel and the help that they need to live free and awakened to Kingdom purpose.

Vision: Awake’s vision is for a more healthy and excellent community. As individuals, businesses, and ministries serve and are served, we believe that our region will become united greater in service and purpose.

Operation Care Kentucky – Transitional Housing Program

Locations: Omega House, Hall Manor, Hope House

Phone: 502-633-1965

Website: <http://www.operationcareky.org/services.htm>

Housing Services for Women and Children: Our housing program addresses the physical, spiritual, emotional, and social issues faced by the women and children we serve.

Operation Care Kentucky – Encore Shop Thrift Store

Address: 708 Main Street

Phone: 502-633-1965

Emergency Assistance Services: The Encore Shop thrift store provides a substantial amount of the operating capital required to administer the many programs offered by Operation Care.

We encourage donors and shoppers from every financial background to donate items for sale and to purchase items in the Encore Shop. Help us turn donated merchandise into funds to help people in need.

The Encore Shop also administers Operation Care's Helps Program. Through that program, we distribute the following items to qualifying individuals in crisis: non-perishable food from the Operation Care food pantry, clothing, household furnishings, personal hygiene products, book bags and school supplies.

Operation Care offers free Bibles and a community Bible study every Friday morning at 9 am in the Encore Shop Community Room. We welcome you to join us in learning more about God from His Word.

Shelbyville Comprehensive Treatment Center

Phone: (866) 806-8055

Address: 213 Midland Blvd., Shelbyville, KY 40065

Website: https://www.ctcprograms.com/location/shelbyville-comprehensive-treatment-center/?utm_source=GMB&utm_medium=organic&utm_campaign=listing&utm_term=brand

Opioid Addiction Recovery Services: At Shelbyville Comprehensive Treatment Center, we understand that achieving recovery from opioid addiction involves more than just medications like methadone. We combine these medications at our CTC in Shelbyville, Kentucky, with individual and group therapies as part of the treatment process.

Our methadone clinic helps patients identify and address the root causes of their opioid use so that they have a better understanding of why they may have developed an addiction to opioids in the first place. The team members at our center also provide every patient with healthier coping tools and the skills they need to prevent future relapse.

The goal of taking part in therapy at our CTC is for patients to make the necessary positive changes in their lives that set the groundwork for lasting recovery.

Creative Spirits Behavioral Health

Address: 30 Stonecrest Ct Suite 100, Shelbyville, KY 40065

Phone: (502) 437-0859

Website: <https://www.creativespiritsonline.com/>

Mental Health, Alcohol and Substance Abuse, and Community Services: Creative Spirits Behavioral Health provides comprehensive, mental health care and community-based services. Through our holistic, trauma-informed team approach, we offer a full range of mental health, addiction, community, and developmental disabilities services. We are committed to providing hope and healing for individuals coping from the effects of mental illness as well as those attempting to navigate the challenges of marriage & family life.

Mission: Our mission is to transform broken lives into Creative Spirits. With our mission as the driving force behind all that we do, we strive to enhance the lives of all individuals -- including the clients and organizations we serve, our employees, and our communities -- by helping them reach their full purpose, discover their best selves through mental health, spiritual wellness, and self-discovery.

Attachment B: 2022 County Health Rankings: Ranked Measure Sources & Years of Data

For full list, please visit County Health Rankings and Roadmaps

Measure		Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death*	National Center for Health Statistics - Mortality Files	2018-2020
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2019
	Poor physical health days	Behavioral Risk Factor Surveillance System	2019
	Poor mental health days	Behavioral Risk Factor Surveillance System	2019
	Low birthweight*	National Center for Health Statistics - Natality files	2014-2020
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2019
Diet and Exercise	Adult obesity	United States Diabetes Surveillance System	2019
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019
	Physical inactivity	United States Diabetes Surveillance System	2019
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Timeline Files	2010 & 2021
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2019
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2016-2020
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
	Teen births*	National Center for Health Statistics - Natality files	2014-2020
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2019
	Primary care physicians	Area Health Resource File/American Medical Association	2019
	Dentists	Area Health Resource File/National Provider Identification file	2020
	Mental health providers	CMS, National Provider Identification	2021
Quality of Care	Preventable hospital stays*	Mapping Medicare Disparities Tool	2019
	Mammography screening*	Mapping Medicare Disparities Tool	2019
	Flu vaccinations*	Mapping Medicare Disparities Tool	2019

*Indicates subgroup data by race and ethnicity is available

Explanations & Definitions

For full list of terms and definitions, please visit County Health Rankings and Roadmaps [here](#)

TERM	EXPLANATIONS & DEFINITIONS
Health Outcomes	Health Outcomes ranking is based upon the length of life and quality of life
Length of Life	Length of Life ranking is based on the premature death rate.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)
Quality of Life	Indicates poor health and the prevalence of disease in 4 separate categories which include poor or fair health, poor physical health days, poor mental health days and low birth weight.
Poor or Fair Health	Percent of adults reporting fair or poor health (age adjusted) by county.
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age adjusted).
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 Days (age adjusted).
Low Birth Weight	Percent of live births with low birth weights (<2,500 grams).
Health Factors	Weighted measures of health behaviors, clinical care, social and economic and physical environment factors within each county.
Health Behaviors	An aggregate of a number of variables that include adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen births.
Life Expectancy	Average number of years a person is expected to live.
Adult Smoking	Percent of adults who report smoking \geq 100 cigarettes and are currently smoking.
Adult Obesity	Percent of adults who report a Body Mass Index (BMI) \geq 30.
Food Environment Index	Index of factors that contribute to a healthy food environment by weighing two indicators equally, one being the access to healthy foods by of low income and the other being the food insecurity of the population.
Physical Inactivity	Percent of adults 20 years or older reporting no leisure time physical activity.
Access to Exercise Opportunities	Percent of the population with adequate access locations where they can engage in physical activity.
Excessive Drinking	Includes both binge and heavy drinking.
Alcohol-Impaired Driving	Percent of driving deaths caused by alcohol
Sexually Transmitted	Chlamydia rate per 100,000 population.

Attachment C: Demographic Data

Source: [County Health Rankings](#)

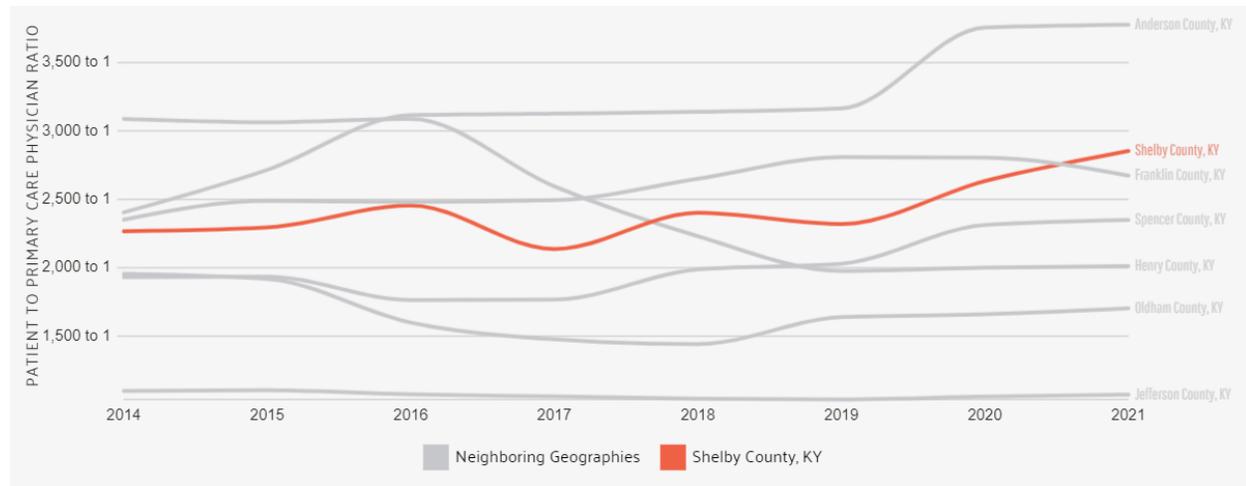
Shelby County Demographics	County	State
Population	49,611	4,477,251
% below 18 years of age	22.1%	22.4%
% 65 and older	16.4%	17.2%
% Non-Hispanic Black	6.8%	8.3%
% American Indian & Alaska Native	0.6%	0.3%
% Asian	1.1%	1.7%
% Native Hawaiian/Other Pacific Islander	0.2%	0.1%
% Hispanic	9.6%	4.0%
% Non-Hispanic White	80.1%	83.9%
% not proficient in English	2%	1%
% Females	51.3%	50.7%
% Rural	47.0%	41.6%

Shelby County Health Statistics:

Patient to Primary Care Physician Ratio: 2,854 to 1

Primary care physicians in Shelby County, KY see an average of 2,850 patients per year.

The following chart shows how the number of patients seen by primary care physicians has been changing over time in Shelby County, KY in comparison to its neighboring geographies.



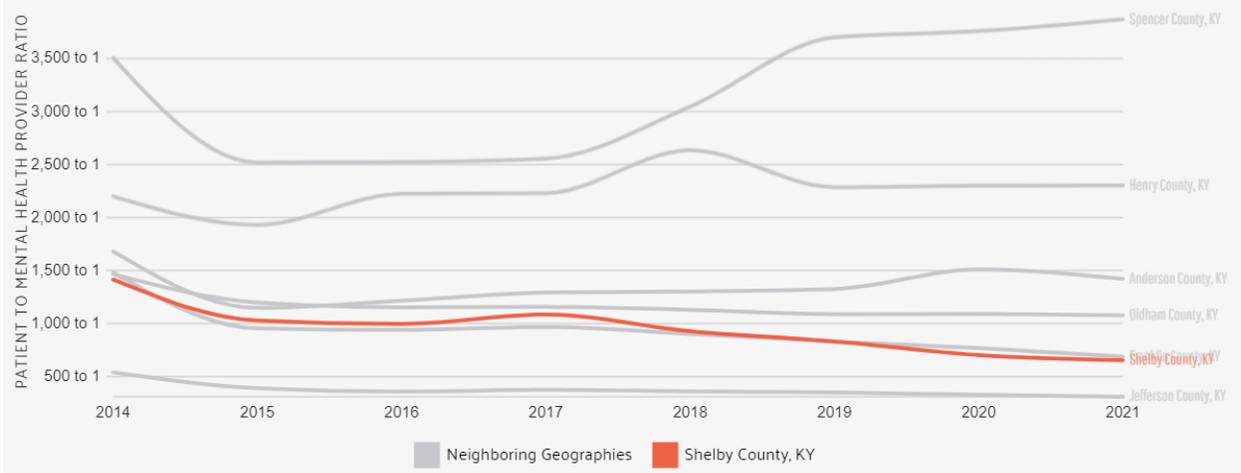
Patient to Primary Care Physician Ratio

	2014	2015	2016	2017	2018	2019	2020	2021	2022
County									
Shelby County	2,267 to 1	2,295 to 1	2,456 to 1	2,137 to 1	2,402 to 1	2,320 to 1	2,634 to 1	2,854 to 1	2,850 to 1

**Patient to Mental Health Provider Ratio:
654 to 1**

Mental health providers in Shelby County, KY see an average of 580 patients per year.

The following chart shows how the number of patients seen by mental health providers has been changing over time in Shelby County, KY in comparison to its neighboring geographies.



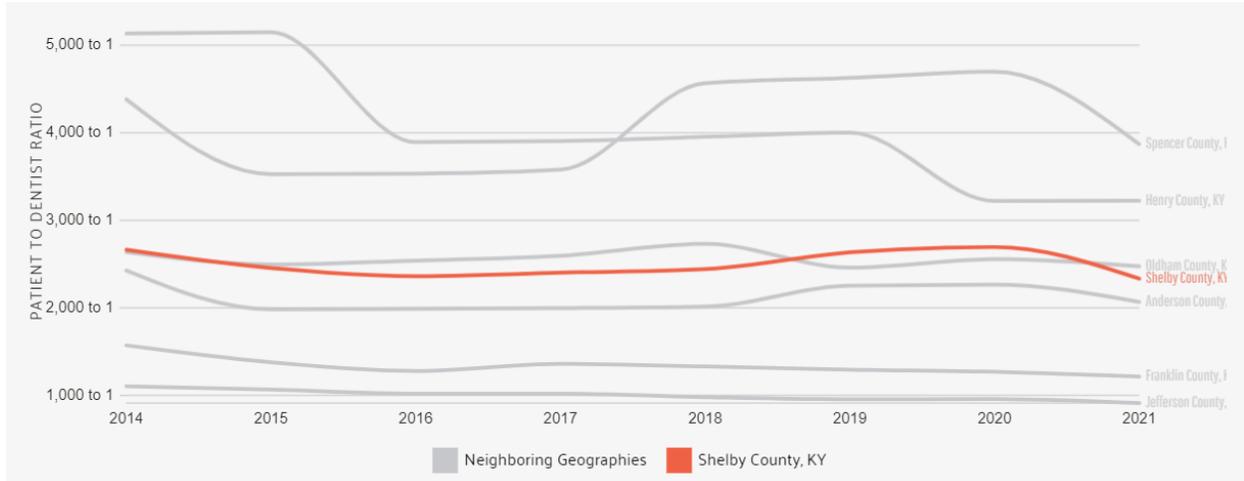
Patient to Mental Health Provider Ratio

	2014	2015	2016	2017	2018	2019	2020	2021	2022
County									
Shelby County	1,416 to 1	1,028 to 1	997 to 1	1,086 to 1	928 to 1	832 to 1	703 to 1	654 to 1	580 to 1

**Patient to Dentist Provider Ratio:
2,334 to 1**

Dentists in Shelby County, KY see an average of 2,360 patients per year.

The following chart shows how the number of patients seen by dentists has been changing over time in Shelby County, KY in comparison to its neighboring geographies.



Patient to Dentist Ratio

	2014	2015	2016	2017	2018	2019	2020	2021	2022
County									
Shelby County	2,665 to 1	2,456 to 1	2,362 to 1	2,402 to 1	2,443 to 1	2,634 to 1	2,695 to 1	2,334 to 1	2,360 to 1

2019 Health Care Coverage for Shelby County:

7.7%
UNINSURED

50.4%
EMPLOYER COVERAGE

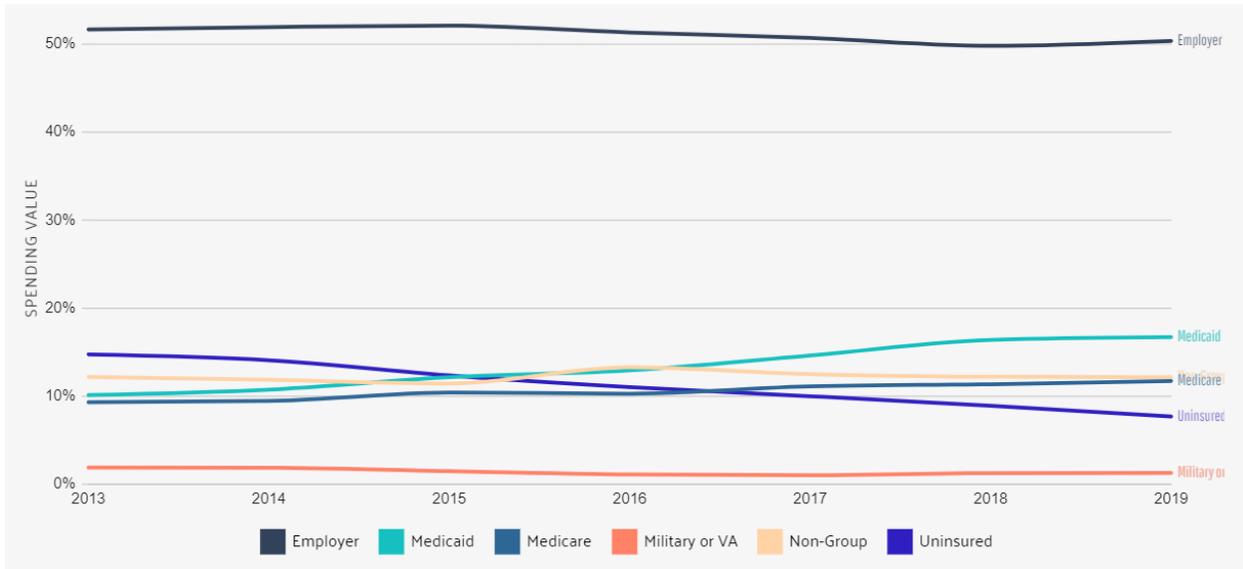
16.7%
MEDICAID

11.7%
MEDICARE

12.2%
NON-GROUP

1.3%
MILITARY OR VA

The following chart shows how the percent of uninsured individuals in Shelby County, KY changed over time compared with the percent of individuals enrolled in various types of health insurance.



Source: <https://datausa.io/>

Attachment E: Physician Needs Assessment Analysis

Physician Needs Assessment Analysis: Primary Service Area of Shelby County.

SPECIALTIES	CURRENT NUMBER OF PHYSICIANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	Population of 100,000					ESTIMATED 2019 POPULATION BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF 49,611
			GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	
Primary Care								
Family Practice	20.00	9.43	25.20	N/A	16.20	22.53	21.31	10.57
Internal Medicine	8.00	(1.78)	28.80	N/A	11.30	19.01	19.70	9.78
Pediatrics	9.00	3.33	12.80	N/A	7.60	13.90	11.43	5.67
Total Primary Care	37.00	10.98	66.80	N/A	35.10	55.44	52.45	26.02
Medical Specialties								
Allergy/Immunology	0.00	(0.63)	0.80	1.30	N/A	1.72	1.27	0.63
Cardiology	1.10	(0.49)	3.20	3.60	2.60	3.41	3.20	1.59
Dermatology	0.00	(1.09)	2.90	1.40	2.10	2.38	2.20	1.09
Endocrinology	0.00	(0.40)	0.80	N/A	N/A	0.80	0.80	0.40
Gastroenterology	0.10	(0.97)	2.70	1.30	N/A	2.50	2.17	1.07
Hematology/Oncology	0.00	(1.14)	3.70	1.20	N/A	1.99	2.30	1.14
Infectious Disease	0.00	(0.45)	0.90	N/A	N/A	0.90	0.90	0.45
Nephrology	1.00	0.50	1.10	N/A	N/A	0.92	1.01	0.50
Neurology	0.00	(0.96)	2.30	2.10	1.40	1.90	1.93	0.96
Psychiatry	5.00	0.64	15.90	7.20	3.90	8.18	8.80	4.36
Pulmonology	2.00	1.29	1.50	1.40	N/A	1.40	1.43	0.71
Rheumatology	0.00	(0.32)	0.70	0.40	N/A	0.81	0.64	0.32
Physical Medicine & Rehab	0.00	(0.67)	1.30	N/A	N/A	1.40	1.35	0.67
Other Medical Specialties	0.20	(0.80)	N/A	N/A	N/A	2.01	2.01	1.00
Surgical Specialties								
General Surgery	2.00	(1.66)	9.70	9.70	4.10	6.01	7.38	3.66
Cardio/Thoracic Surgery	0.00	(0.35)	N/A	0.70	N/A	N/A	0.70	0.35
Neurosurgery	0.00	(0.45)	1.10	0.70	N/A	N/A	0.90	0.45
OB/GYN	5.00	0.48	9.90	8.40	8.00	10.17	9.12	4.52
Ophthalmology	1.00	(1.01)	4.80	3.50	3.20	4.71	4.05	2.01
Orthopedic Surgery	3.00	0.22	6.20	5.90	4.20	6.12	5.61	2.78
Otolaryngology	0.20	(1.21)	3.30	2.40	N/A	2.8	2.83	1.41
Plastic Surgery	0.00	(0.83)	1.10	1.10	2.30	2.22	1.68	0.83
Urology	0.80	(0.51)	3.20	2.60	1.90	2.86	2.64	1.31
Other Surgical Specialties	1.70	0.61	N/A	N/A	N/A	2.20	2.20	1.09
Hospital-based								
Emergency	4.20	0.30	8.50	2.70	N/A	12.40	7.87	3.90
Anesthesiology	4.00	0.20	8.30	7.00	N/A	N/A	7.65	3.80
Radiology	1.00	(3.19)	8.90	8.00	N/A	N/A	8.45	4.19
Pathology	0.00	(2.41)	5.60	4.10	N/A	N/A	4.85	2.41
Pediatric Subspecialties								
Pediatric Cardiology	0.00	(0.10)	N/A	N/A	N/A	0.20	0.20	0.10
Pediatric Neurology	0.00	(0.06)	N/A	N/A	N/A	0.12	0.12	0.06
Pediatric Psychiatry	2.00	1.78	N/A	N/A	N/A	0.45	0.45	0.22
Other Pediatric Subspecialties	0.00	(0.44)	0.89	N/A	N/A	N/A	0.89	0.44
TOTALS	71.30	(3.13)						74.43

Physician Needs Assessment Analysis:

A quantitative physician needs assessment analysis was completed for Shelby County's primary service with a total population of 49,611. The physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

Based on the quantitative physician needs assessment analysis completed, the top 20 physician needs in the service area by specialty are as follows:

- Radiology (3.19)
- Pathology (2.41)
- Internal Medicine (1.78)
- General Surgery (1.66)
- Otolaryngology (1.21)
- Hematology / Oncology (1.14)
- Dermatology (1.09)
- Ophthalmology (1.01)
- Gastroenterology (0.97)
- Neurology (0.96)
- Plastic Surgery (0.83)
- Other Medical Specialties (0.80)
- Physical Medicine & Rehab (0.67)
- Allergy/Immunology (0.63)
- Urology (0.51)
- Cardiology (0.49)
- Infectious Disease (0.45)
- Neurosurgery (0.45)
- Other Pediatric Subspecialties (0.44)
- Endocrinology (0.40)

Attachment F: Community Input Survey Tool

Interview Questions

KEY INFORMANT INTERVIEW

Community Health Needs Assessment for:

UofL Health Shelbyville Hospital

Interviewer's Initials: []

Date: [] Start Time: [] End Time: []

Name of Person Interviewed: []

Title: []

Agency/Organization: []

of years living in []: # of years in current position: []

E-mail address: []

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?

- 1 = Poor
- 2 = Fair
- 3 = Good
- 4 = Very Good
- 5 = Excellent

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

[]

a. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?

[]

b. What other factors have contributed to the (based on answer to question 2: improvement, decline or to health and quality of life staying the same)?

[]

3. Are there people or groups of people in Shelby County whose health or quality of life may not be as good as others?

a. Who are these persons or groups (whose health or quality of life is not as good as others)?

b. Why do you think their health/quality of life is not as good as others?

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

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

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

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

7. What is your familiarity with various outreach efforts of UofL Health Shelbyville Hospital regarding Heart Disease, Cancer and Stroke? Do you think the outreach is helpful and effective? Do you have any suggestions for additional outreach opportunities?

8. Please provide insight and observations regarding certain health behaviors in the community surrounding obesity, physical inactivity, drug abuse and tobacco use. Have any noticeable improvements been made in these areas during the last three years? What organizations are addressing these issues and what are they doing? What do you think is the best way to change behaviors in these areas?

9. What is the most important issue 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 and used to develop a community-wide health improvement plan.

Thanks once more for your time. It's been a pleasure talking with you.

Attachment G: Citations

American's Health Rankings 2021 -22. Retrieved 2022, from America's Health Rankings website:
www.americashealthrankings.org

American Hospital Association. Environmental Scan. Retrieved from American Hospital Association Website:
www.aha.org

Centers for Medicare & Medicaid Services. Retrieved 2022, from Historical:
www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html

County Health Rankings. 2022 Kentucky Compare Counties. Retrieved 2022, from County Health Rankings:
https://www.countyhealthrankings.org/app/kentucky/2022/compare/snapshot?counties=21_211

Data USA. Shelby County & Kentucky State Health Information Data. Retrieved 2022, from Data USA Website:
<https://datausa.io/profile/geo/shelby-county-ky>

Deloitte. 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform.

U.S. Department of Health and Human Services: Office of Disease Prevention and Health Promotion. Healthy People 2020. Retrieved from HealthyPeople.gov website:
<http://www.healthypeople.gov/>

U.S. Census Bureau. State & County Quickfacts. Retrieved 2022, from Quickfacts Census Web Site:
<https://www.census.gov/quickfacts/fact/table/shelbycountykentucky,US/PST045221>

For images only:
<https://daretocare.org/need-food/resources/>

https://commons.wikimedia.org/wiki/File:Map_of_Kentucky_highlighting_Shelby_County.svg

Attachment H: National Health Trends

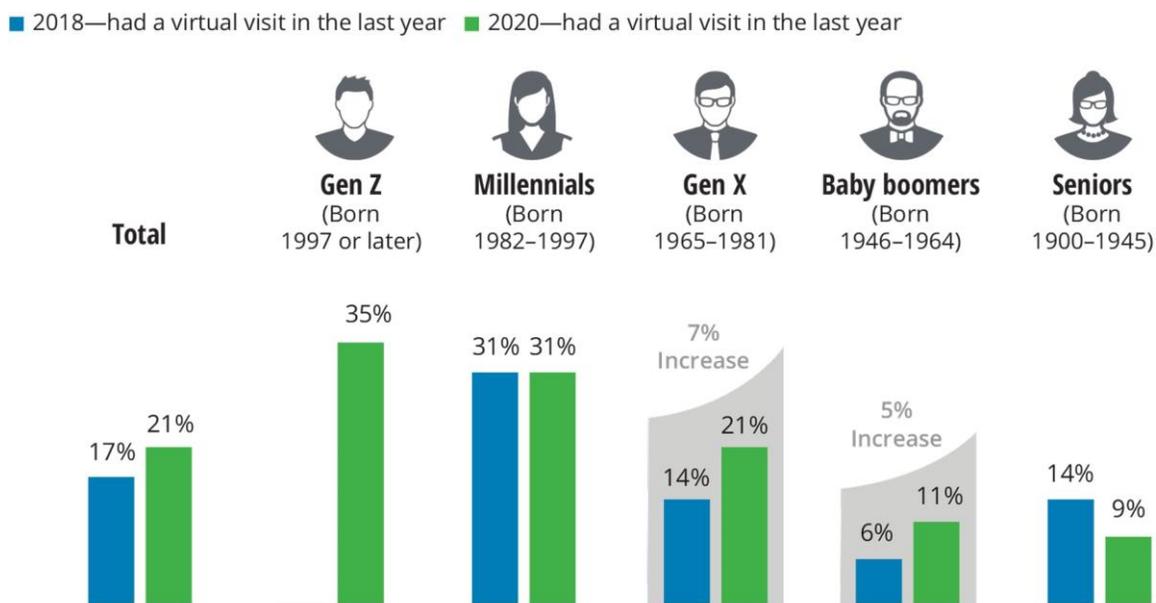
The following data describes the recent trends in national health care and was obtained from the United States Census Bureau, and the Deloitte Survey of Health Care Consumers in the United States and the American Hospital Association Environmental Scan.

The Deloitte Center for Health Solutions' report titled 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform provided the following national health related data:

Deloitte Consumers & Health Care System 2020 Survey – Virtual Care

FIGURE 4

From 2018 to March 2020, the largest increases in the use of virtual health care were among Gen X and baby boomers



Note: Data relating to Gen Z was not analyzed in the 2018 survey because the sample size was too small.

Source: Deloitte Center for Health Solutions 2020 and 2018 Surveys of Health Care Consumers.

Deloitte Insights | deloitte.com/insights

American Hospital Association (AHA) Environmental Scan (2020)

The 2020 American Hospital Association Environmental Scan provides insight and information about market forces that have a high probability of affecting the health care field. It was designed to help hospitals and health system leaders better understand the health care landscape and the critical issues and emerging trends their organizations will likely face in the future. The Scan provided the following information:

COVID-19's Economic Impact on Hospitals & Health Systems

COVID-19's impact on health care services

DEFERRING MEDICAL CARE



41% of U.S. adults avoided medical care due to the pandemic as of June 30, 2020.

Czeisler, Mark E., et al. "Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns — United States, June 2020," *Morbidity and Mortality Weekly Report*, Sept. 11, 2020, 69(36):1250-1257.

COVID-19's ECONOMIC IMPACT ON HOSPITALS AND HEALTH SYSTEMS

\$323.1 BILLION total projected losses to hospitals and health systems in 2020*



67% of hospital leaders believe patient volume will not return to baseline in 2020.*



-56% decrease in outpatient visits at the start of the pandemic†

*"Hospitals and Health Systems Continue to Face Unprecedented Financial Challenges due to COVID-19," American Hospital Association, June 2020.
†"Six month update: National patient and procedure volume tracker," Strata Decision Technology, Sept. 23, 2020.

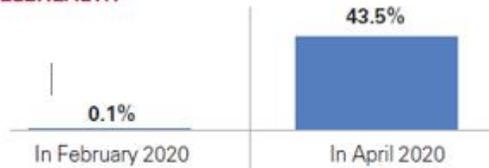
Consumer Telehealth Shift

EFFECTS OF TRANSITIONING CARE TO TELEHEALTH

- 20% of all emergency department visits could be avoided.
- 24% of health care office visits and outpatient volume could be delivered virtually.
- 35% of regular home health services could be virtualized.
- 2% of all outpatient volume could be shifted to the home setting with tech-enabled medical administration.

Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

% OF MEDICARE PRIMARY CARE VISITS USING TELEHEALTH



Bosworth A. et al. "ASPE Issue Brief: Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of the COVID-19 Pandemic," Office of the Assistant Secretary for Planning and Evaluation, Department of Health & Human Services, July 28, 2020.

CONSUMERS TURN TO TELEHEALTH IN 2020

Used telehealth services in 2019

11%

Used telehealth services during pandemic (end of April 2020)

46%

Interest in using telehealth going forward

76%

Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

Provider telehealth shift

- Providers are seeing **50-175 times** the number of patients via telehealth than they did before the pandemic.

PROVIDERS' COMFORT WITH TELEHEALTH

Providers view telehealth more favorably than they did before COVID-19

57%

Providers more comfortable using telehealth

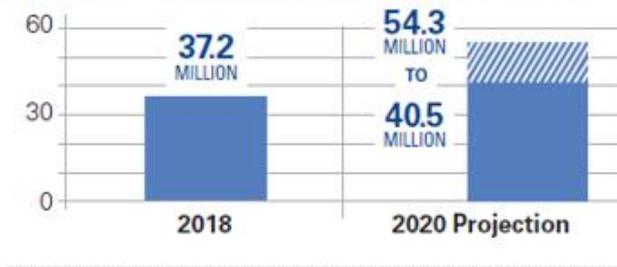
64%

*Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

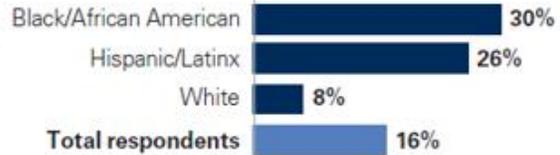
Societal Factors that Influence Health

Spotlight on food insecurity

AMERICANS EXPERIENCING FOOD INSECURITY*



AMERICANS REPORT SKIPPING MEALS OR RELYING ON CHARITY OR GOVERNMENT FOOD PROGRAMS DUE TO COVID-19†



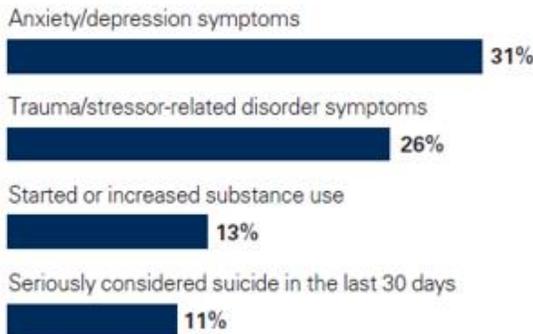
- Between 9 and 17 million children live in a household where adults say that their children do not have enough to eat. Pandemic-instigated school closures and a severe recession served as contributors.‡

*"The Impact of Coronavirus on Food Insecurity," Feeding America, May 19, 2020.
 †Hamel, Liz et al. "Impact of Coronavirus on Personal Health, Economic and Food Security, and Medicaid," KFF Health Tracking Poll — May 2020, Kaiser Family Foundation, May 27, 2020.
 ‡Bauer, Lauren and Parsons, Jana. "Why extend Pandemic EBT? When schools are closed, many fewer eligible children receive meals," Brookings, Sept. 21, 2020.

Mental Health

ADULT BEHAVIORAL HEALTH CONDITIONS

41% of adults report at least one adverse mental or behavioral health condition in June 2020.



ANXIETY SYMPTOMS INCREASE

1 in 3 adults report symptoms of an anxiety disorder, compared with 1 in 12 a year ago.

- 55% reported life to be more stressful.

"Mental Health: Household Pulse Survey," National Center for Health Statistics, CDC, cdc.gov, July 2020, accessed Sept. 7, 2020.

Mental health in the U.S.

- Anxiety is the most common mental health disorder, affecting 40 million adults every year.
- 17 million adults experience a depressive disorder each year.
- More than 42% cite cost and poor insurance coverage as the top barriers to accessing mental health care.
- More than \$200 billion: estimated annual U.S. spending due to mental health conditions.
- Roughly 111 million Americans live in areas that have a shortage of mental health professionals.

"America's State of Mind: U.S. trends in medication use for depression, anxiety and insomnia," Express Scripts, April 2020.

Substance Use Disorders (SUDs)

DRUG OVERDOSES

- Drug overdose deaths in the U.S. in 2019: Increased to 72,000.*
- Opioids are responsible for 71% of these deaths.†
- As of July 2020, drug overdose deaths increased an average of 13% over last year.‡



*Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts, National Center for Health Statistics, CDC, cdc.gov, accessed Oct. 25, 2020.
 †Katz, Josh et al. "In Shadow of Pandemic, U.S. Drug Overdose Deaths Resurge to Record," The New York Times, July 15, 2020.

Opioids

ECONOMIC IMPACT

\$819 BILLION

Estimated cost of the opioid epidemic from 2015 to 2019.

\$1 TRILLION

The cost to society over the next five years if trends continue.

Top 3 costs

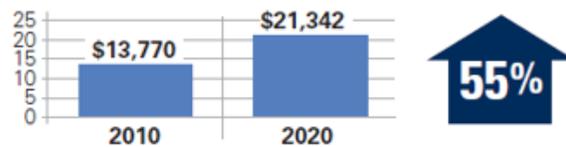
- Mortality: **\$327 billion**
- Health care: **\$270 billion**
- Lost productivity: **\$124 billion**

*A Movement to End Addiction Stigma — Addressing opioid use disorder stigma: The missing element of our nation's strategy to confront the opioid epidemic, Shatterproof white paper, July 16, 2020.

Access & Affordability

Health care expenses

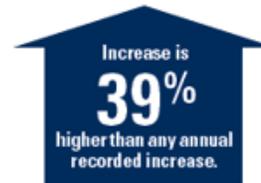
EMPLOYER-SPONSORED INSURANCE: AVERAGE ANNUAL PREMIUM (FAMILY COVERAGE)



"2020 Employer Health Benefits Survey," Kaiser Family Foundation, Oct. 8, 2020.

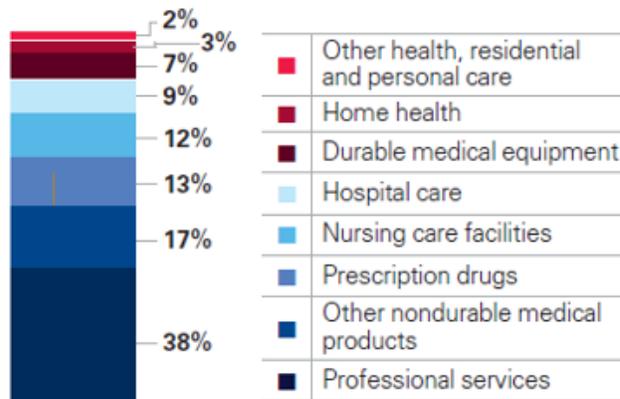
UNINSURED INCREASE

5.4 MILLION Number of U.S. workers who became uninsured February to May, 2020.*



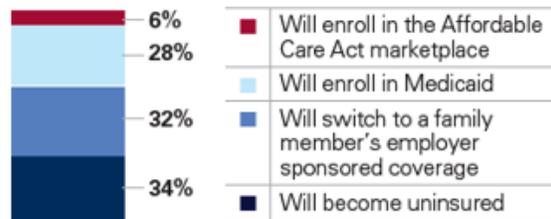
*Dorn, Stan. "The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History," The National Center for Coverage Innovation, Families USA, July 17, 2020.

DISTRIBUTION OF CONSUMER OUT-OF-POCKET HEALTH EXPENSES



"National Health Expenditure Data, Historical," NHE Tables, cms.gov, released Dec. 17, 2019.

PEOPLE WHO LOSE THEIR EMPLOYER-SPONSORED HEALTH INSURANCE IN 2020 (PROJECTED)



Banthin, J. et al. "Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation," Urban Institute, Robert Wood Johnson Foundation, July 13, 2020.

Healthy People 2020

HealthyPeople.gov provides 10-year national objectives for improving the health of all Americans by 2020. The topics are the result of a multiyear process with input from a diverse group of individuals and organizations. Eighteen federal agencies with the most relevant scientific expertise developed health objectives to promote a society in which all people live long, healthy lives. The primary goals for Healthy People 2020-2030 are:

Goals for Healthy People 2020-2030

- Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

For All Healthy People 2020-2030 Objectives Click [Here](#):