Community Health Needs Assessment:

OSF Holy Family Medical Center

WARREN COUNTY & HENDERSON COUNTY

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Introduction

Community Health Needs Assessment

Collaboration for Sustaining Health Equity

The Warren County and Henderson County Community Health-Needs Assessment is a collaborative undertaking by OSF Holy Family Medical Center to highlight the health needs and well-being of residents in Warren and Henderson Counties.

Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the Warren County and Henderson County region. Several themes are prevalent in this health-needs assessment - the demographic composition of the Warren County and Henderson County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

Results from this study can be used for strategic decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by the collaborative, as well as perceptions of targeted stakeholder groups.

In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of data. Additionally, survey data from 434 respondents in the community were assessed with a special focus on the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues,

unhealthy behaviors, issues with quality of life, healthy behaviors, and access to medical care, dental care, prescription medications and mental-health counseling. Additionally, social drivers (determinants) of health (SDoH) were analyzed to provide insights into why certain segments of the population behaved differently.

Ultimately, the identification and prioritization of the most important health-related issues in the Warren County and Henderson County region were identified. The collaborative team considered health needs based on:

- **1. magnitude of the issue** (i.e., what percentage of the population was impacted by the issue)
- 2. severity of the issue in terms of its relationship with morbidities and mortalities3. potential impact through collaboration

Using a modified version of the Hanlon Method, the collaborative team prioritized three significant health needs:

- •Behavioral Health including mental health and substance use
- •**Healthy Behaviors** including nutrition and exercise and impact on obesity
- Access to Healthcare

Behavioral Health

Healthy Behaviors

Access to Healthcare

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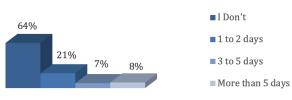
Behavioral Health

Self-perceptions of mental health can provide important insights to help manage population health. These perceptions not only provide benchmarks regarding health status but also offer insights into how accurately people perceive their own health.

MENTAL HEALTH

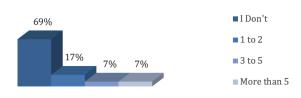
he CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 36% indicated they felt depressed in the last 30 days and 31% indicated they felt anxious or stressed in the last 30 days. Depression tends to be rated higher by younger people, those with less income and those living in an unstable housing environment. Stress and anxiety tend to be rated higher for younger people, those with less income, those with less education and those living in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents, 39% indicated that they spoke to someone, the most common response was to family/friends (60%). In regard to self-assessment of overall mental health, 16% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue.

FELT DEPRESSED LAST 30 DAYS



Source: CHNA Survey

FELT ANXIOUS OR STRESSED LAST 30 DAYS



Source: CHNA Survey

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SUBSTANCE USE

Of survey respondents, 18% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men and those in an unstable housing environment. Of survey respondents, 13% indicated they improperly use prescription medications each day to feel better and 6% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by younger people, LatinX people, those with lower education, those with lower income, residents of Henderson County, and those in an unstable housing environment. Marijuana use tends to be rated higher by younger people, those with lower education, those with lower income, residents of Henderson County, and those in an unstable housing environment. Finally, of survey respondents, 1% indicated they use illegal drugs on a daily basis.

In the 2025 CHNA survey, respondents rated alcohol abuse (17%) and drug use (16%) among the most prevalent unhealthy behaviors in Warren and Henderson Counties.

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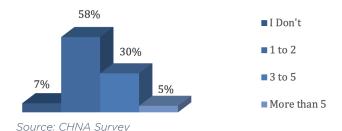
Healthy Behaviors

Healthy behaviors, such as a balanced whole-food diet and physical exercise, are critical for both physical, mental emotional well-being. Healthy behaviors can have substantial influence in reducing the risk of numerous health issues and these behaviors contribute to increased longevity and improved quality of life. Nationwide, poor nutrition and lack of physical exercise contribute to an estimated 300,000 preventable deaths per year.

NUTRITION

Approximately two-thirds (65%) of residents in Warren and Henderson Counties report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 5%. The most prevalent reason for failing to eat more fruits and vegetables was lack of transportation.

DAILY CONSUMPTION OF FRUITS AND VEGETABLES



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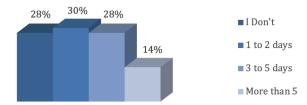
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EXERCISE

Over one quarter of residents (28%) indicated that they do not exercise at all, while the majority (58%) of residents exercise 1-5 times per week. The most common reasons for not exercising were dislike of exercise (30%) and not having enough energy (27%).

DAYS OF EXERCISE IN LAST WEEK



Source: CHNA Survey

OBESITY

In Warren County, the percentage of obese people increased from 36% in 2020 to 37% in 2021. In Henderson County, obesity rates remained constant at 35% between 2020 and 2021. These rates are higher than the State of Illinois average, where obesity rates increased from 33% in 2020 to 34% in 2021. In the 2025 CHNA survey, respondents indicated that obesity was the fourth most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Warren and Henderson Counties. The U.S. Surgeon General has characterized obesity as "the fastest-growing, most threatening disease in America today." According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. With children, research has linked obesity to numerous chronic diseases including Type II diabetes. hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. With adults, obesity has farreaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees.

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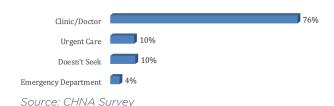
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Access to Healthcare

PRIMARY SOURCE OF HEALTHCARE

The CHNA survey asked respondents to identify their primary source of healthcare. Of respondents, 76% identified clinic/doctor's office as the primary source of care and 10% of respondents identified urgent care as the primary source of care. Of respondents, 10% indicated they do not seek healthcare when needed and 4% identified the emergency department as a primary source of healthcare. Note that not seeking healthcare when needed is more likely to be selected by younger people, Black people and those living in an unstable housing environment. Selection of an emergency department as the primary source of healthcare tends to be rated higher by those with lower income.

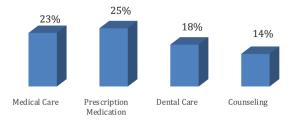
CHOICE OF MEDICAL CARE GENERAL POPULATION



ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATIONS, DENTAL CARE AND MENTAL-HEALTH COUNSELING

Additionally, survey results show that 23% of the population did not have access to medical care when needed; 25% of the population did not have access to prescription medications when needed; 18% of the population did not have access to dental care when needed; and 14% of the population did not have access to counseling when needed. The leading causes of not getting access to care when needed were cost and too long of a wait.

DID NOT HAVE ACCESS TO CARE



Source: CHNA Survey

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Collaborative Team

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COLLABORATIVE TEAM

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