Community Health Needs Assessment 2024

GREATER PEORIA SPECIALTY HOSPITAL, LLC

d.b.a. OSF HEALTHCARE TRANSITIONAL CARE HOSPITAL

PEORIA COUNTY, TAZEWELL COUNTY, WOODFORD COUNTY

COMMUNITY HEALTH-NEEDS ASSESSMENT

The Greater Peoria Specialty Hospital, d.b.a. OSF HealthCare Transitional Care Hospital, completed a Community Health Needs Assessment (CHNA) for the Tri-County region, including Peoria, Tazewell and Woodford counties. OSF HealthCare Transitional Care Hospital is certified as an acute-care facility. The specialized hospital is dedicated to the treatment of patients who may have multiple serious conditions but have the potential to improve with time and comprehensive care, ultimately allowing them to return home.

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 OSF HealthCare Transitional Care Hospital, 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 1,286 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 determinants of health were analyzed to provide insights into why certain segments of the population behaved differently.

Ultimately, the identification and prioritization of the most important transitional-care health-related issues in the Tri-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 mortalities;

(3) potential impact through collaboration.

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

- **Improve Health Outcomes Through Social Drivers of Health** – *defined as advancing the utilization of social drivers of health data to improve health equity and health outcomes.*
- **Health Literacy/Education**– *defined as empowering patients with information*

I. Improve Health Outcomes through Social Drivers of Health

Healthcare is only one factor impacting patient health. According to *Deloitte Insights*, social drivers of health (SDoH), including social, economic, and environmental drivers, can account for 80% of health outcomes, whether positive or negative. This health need focusses on "drivers" rather than "determinants." According to *Root Cause Coalition*, determinants are nonmalleable, meaning they cannot change. However, drivers are malleable, as these factors can be influenced and have a direct impact on interventions to improve health outcomes.

Health equity is influenced by many factors, including where people are born, live, work and play. Specifically, five categories of SDoH impact health equity, including education access and quality, healthcare access and quality, economic stability, social and community context and neighborhood and built environment. Moreover, there are complexities within-and-between drivers of health, as drivers are interdependent on each other (e.g., quality of education impacts economic stability).

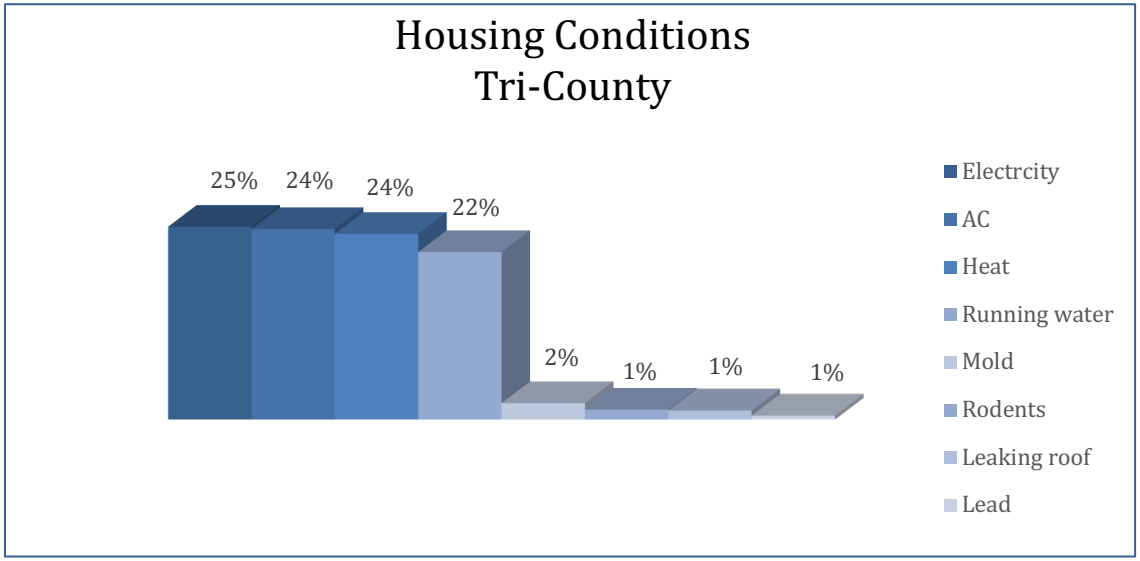
There is a need to address gaps in health equity via leveraging information from SDoH. By improving use of data from SDoH, transitioning patients from long-term care and/or rehabilitation to going home could improve. Given the long-term nature of hospitalization in a transitional care hospital, family support is often paramount in helping a patient recover. Moreover, one of the central tenets of OSF HealthCare Transitional Care Hospital is to return the majority of their patients home as quickly as possible – SDoH can influence this transition. Consequently, one basic SDoH that can impact patients' well-being is housing status (note, in this CHNA, housing status was statistically related to Internet access, choice of medical care, insurance, access to healthcare, cancer screenings, prevalence of hunger and substance use).

Housing Environment

When a patient returns home, having a healthy housing environment is critical to long-term well-being. Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality.

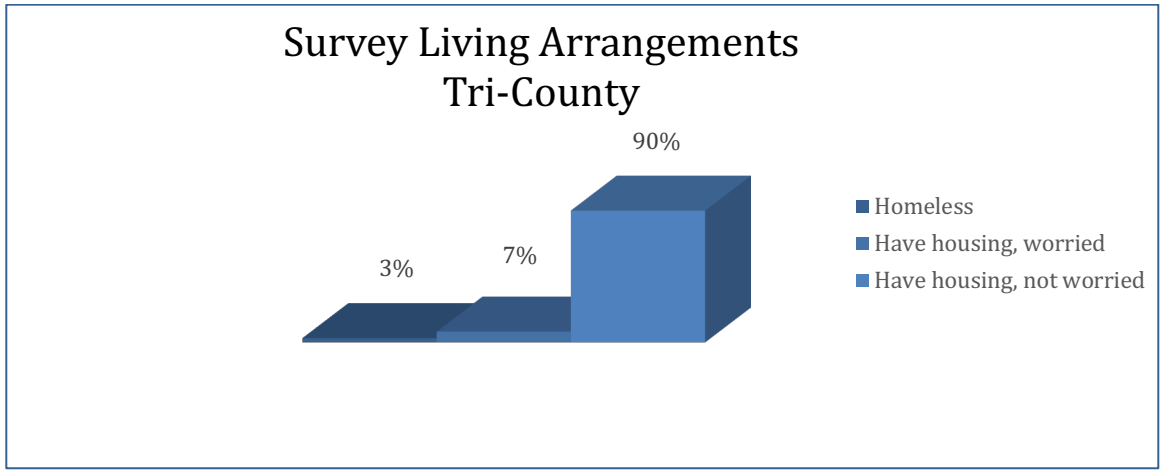
For the Tri-County region, 31% of the population is at elevated risk for healthy housing environment. While significant, this is lower than the State of Illinois average of 33% (SocialScape® powered by SociallyDetermined®, 2022).

Survey respondents were asked if they have issues with the following housing conditions. As seen below, for those who identified issues with housing conditions, electricity, air conditioning, heat and running water were the most commonly identified.



Source: CHNA Survey

Survey respondents were also asked about their living arrangements and how stable their housing situation was. Note that 10% of the population had an unstable housing situation, where they were worried about having housing or they were homeless.

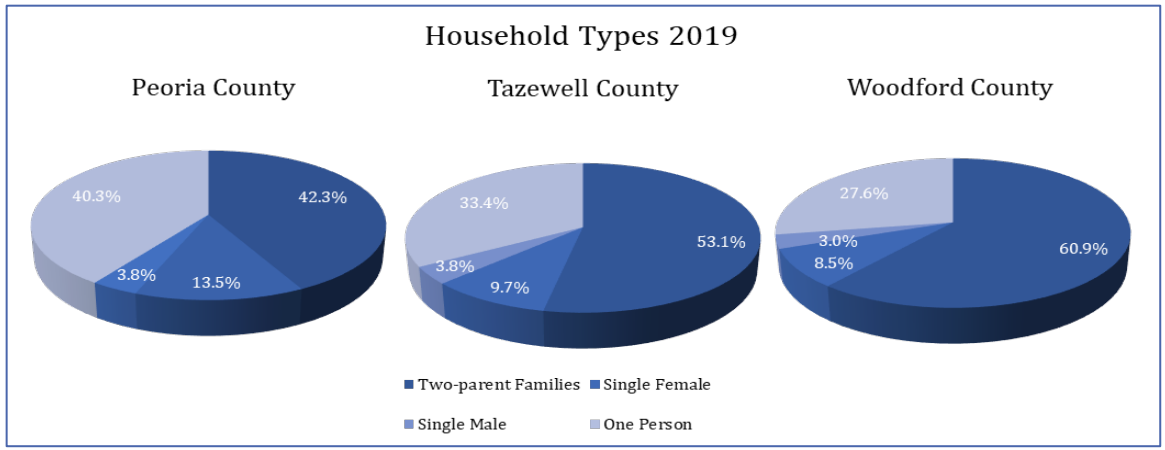


Source: CHNA Survey

Stability and Safety

A stable family environment is important for long-term recovery. Families are an important component of a robust society, as they dramatically impact the health and well-being of recovering patients. Additionally, safe neighborhoods can impact stability. According to the CHNA survey, 3% of respondents do not feel safe in the neighborhoods where they live.

Also note that according to Census data, roughly one-third of residents in the Tri-County region live alone.



Source: US Census Bureau

II. Health Literacy and Education

Healthy People 2030 defines health literacy as the capacity of patients to obtain, understand, and use health-related information in order to make appropriate decisions regarding their health and well-being. Through proper education, empowering patients with understandable information is critical to long-term well-being. As many patients transition from OSF HealthCare Transitional Care Hospital to their homes, they need to understand the health information that affects them in order to make important health decisions. Unfortunately, research illustrates there is a significant portion of the population that lacks the health literacy to manage their own well-being and to live longer. Thus, lack of education and health literacy challenges patients regarding long-term well-being. This is sometimes caused by health professional providing information that is too difficult for patients to understand. Healthcare providers may expect patients to comprehend information and health services that are often unfamiliar, confusing and sometimes contradictory.

National research has shown a significant portion of the U.S. population struggles with understanding and using health-related information effectively. According to the National Assessment of Adult Literacy (overseen by the U.S. Department of Education), only 12% of U.S. adults have proficient health literacy skills, 53% have intermediate health literacy skills, 21% have basic health literacy skills and 14% do not have adequate health literacy skills.

Health literacy in the Tri-County region is measured based on a set of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For the Tri-County region, 16% of the population is at elevated risk for health literacy. While this is a significant number and slightly higher than U.S. averages, it is still lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022). Moreover, health literacy varies widely within the Tri-County area. In Peoria specifically, SDoH such as education levels/graduation rates and socioeconomic status are not as high as Tazewell County and Woodford County, and these SDoH have been shown to influence health literacy.

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