



OSF HEALTHCARE

COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY

2026

OSF LITTLE COMPANY OF MARY MEDICAL CENTER

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OSF Healthcare Overview

OSF HealthCare is an integrated health system founded by The Sisters of the Third Order of St. Francis. Headquartered in Peoria, Illinois, OSF HealthCare employs nearly 26,000 Mission Partners at more than 170 locations, including 17 hospitals – 11 acute care, five critical access and one transitional care – with 2,305 licensed beds, 41 urgent care locations and two colleges of nursing throughout Illinois and Michigan. The OSF HealthCare physician network employs more than 2,215 primary care, specialty and advanced practice providers. OSF HealthCare, through OSF Home Care Services, operates an extensive network of home health and hospice services. It also owns Pointcore Inc., composed of health care-related businesses; OSF HealthCare Foundation, the philanthropic arm of the organization; and OSF Ventures, which provides investment capital for promising health care innovation startups. OSF OnCall, the digital health operating unit that provides a hospital-at-home program and remote digital care options, was established in 2020. OSF OnCall delivers care and services when, where and how patients need them.

OSF Little Company of Mary Medical Center

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Community Health Needs Prioritization

This Community Health Needs Assessment is a collaborative undertaking by OSF Little Company of Mary Medical Center to highlight the health needs and well-being of residents in the southwest suburb of Evergreen Park, Cook County. This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the OSF Little Company of Mary Medical Center service area. Prevalent themes include demographic composition, disease predictors and prevalence, leading causes of mortality, accessibility to health services, and healthy behaviors. The results of this study can inform strategic decision-making, directly addressing the community's health needs. It was designed to assess issues and trends affecting the communities served by the collaborative and to understand the perceptions of targeted stakeholder groups. This study includes a detailed analysis of secondary data to assess the community's health status. Information was collected from numerous secondary sources, both publicly and privately available data. Additionally, primary data were collected for the general population and 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 medication, and mental-health counseling. Social drivers of health were also analyzed to understand why certain population segments responded differently.

Ultimately, the collaborative team identified and prioritized the most important health-related issues in the Evergreen Park, Cook County region. They 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; and
3. potential impact through collaboration.

Using a modified version of the Hanlon Method, two significant health needs were identified and determined to have equal priority:

- 1. Access to Healthcare**
- 2. Healthy Behaviors**



ACCESS TO HEALTHCARE

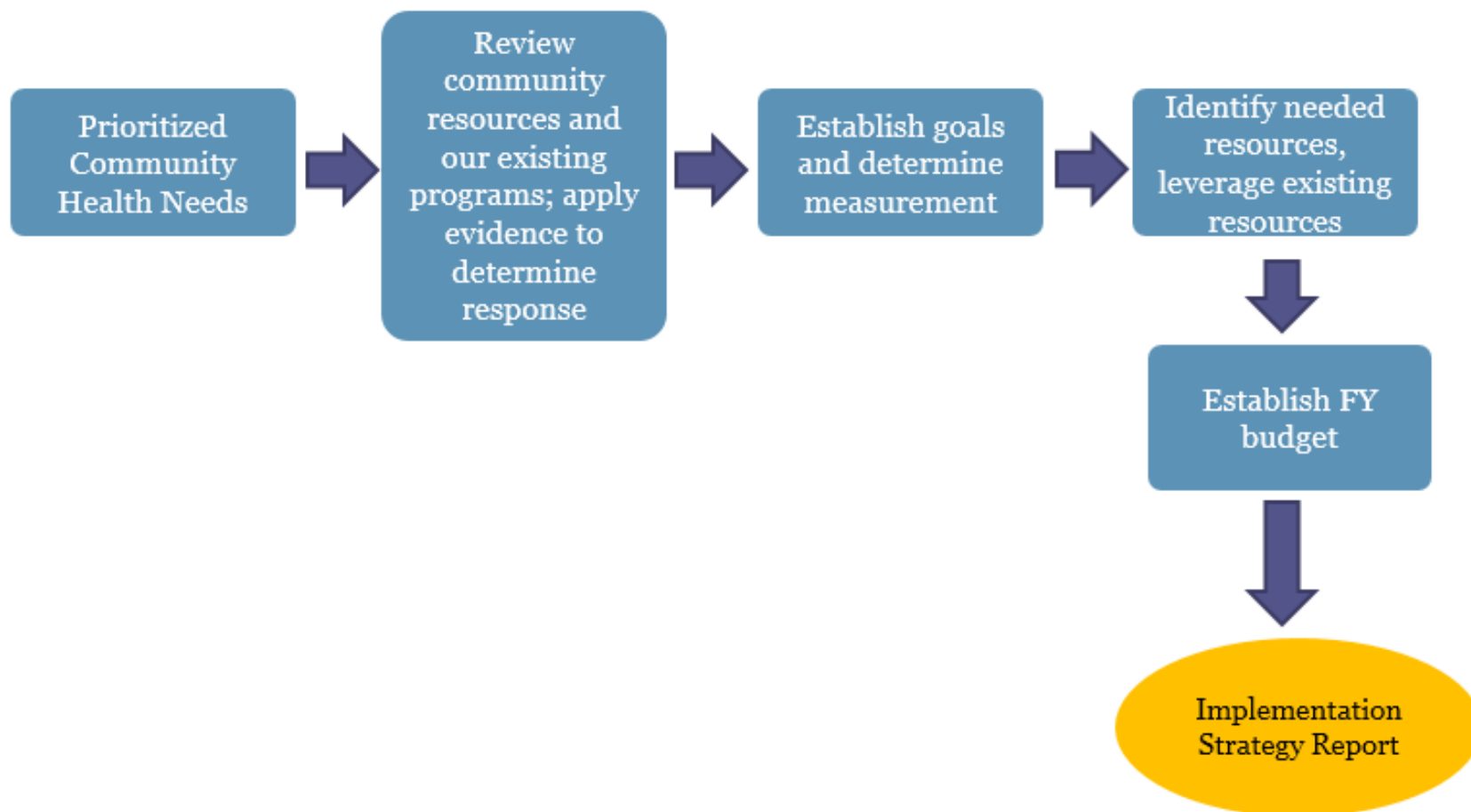
The CHNA survey asked respondents to identify their primary source of healthcare. While 57% of respondents identified clinic/doctor's office as the primary source of care and 33% of respondents identified urgent care as the primary source of care, 5% of respondents indicated they do not seek healthcare when needed and similarly 5% identified the emergency department as a primary source of healthcare. Note that not seeking healthcare had no significant correlates. Selection of an emergency department as the primary source of healthcare tends to be rated higher by those in an unstable housing environment.

HEALTHY BEHAVIORS

Healthy behaviors, such as a balanced diet consisting of whole foods and physical exercise, are critical for both physical and mental 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, lack of physical exercise and poor nutrition contribute to an estimated 300,000 preventable deaths per year. NUTRITION. Almost two-thirds (60%) of residents in Evergreen Park 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 6%. The most prevalent reasons for failing to eat more fruits and vegetables were lack of importance and dislike. EXERCISE. A healthy lifestyle, comprised of regular physical activity and a balanced diet, has been shown to increase physical, mental, and emotional well-being. Note that 18% of respondents indicated that they do not exercise at all, while the majority (70%) of residents exercise 1-5 times per week. The most common reasons for not exercising were not having enough energy (34%) and not enough time (24%).

Implementation Strategy

The implementation strategy that follows was developed by the OSF Little Company of Mary Medical Center collaborative team and specifically addresses the significant health needs identified in the OSF Little Company of Mary Medical Center service area CHNA and planned responses to those needs. The diagram below depicts the high-level process used to develop the implementation strategy that follows:



Our response to the Identified Significant Community Health Needs

Access to Healthcare

Prioritized Health Need / Purpose as Defined in the full Community Health Needs Assessment (CHNA):

The CHNA survey asked respondents to identify their primary source of healthcare. While 57% of respondents identified clinic/doctor's office as the primary source of care and 33% of respondents identified urgent care as the primary source of care, 5% of respondents indicated they do not seek healthcare when needed and similarly 5% identified the emergency department as a primary source of healthcare. Note that not seeking healthcare had no significant correlations. Selection of an emergency department as the primary source of healthcare tends to be rated higher by those in an unstable housing environment.

Existing Community Resources	Existing OSF Programs with Description
- ACCESS Community Health Network - Alliance for Health Equity - Blue Door Neighborhood Center - Catholic Charities South-Southwest - Chicago Department of Public Health - Chicago Family Health Center - Christian Community Health Center - Cook County Department of Public Health - Esperanza Health Centers - Howard Brown Health Center - Humana Neighborhood Center - IMAN - Oak Street Health - United Way	- OSF Medical Group. The primary care network of OSF HealthCare provides comprehensive, coordinated, and patient-centered medical services. 7945 S Harlem, Burbank 736 W 95th St, Chicago 2850 W 95th St, Evergreen Park 10961 S Kedzie Ave, Chicago 6700 W 95th St, Ste 220, Oak Lawn 5550 W 111th St, Oak Lawn 12450 S Harlem Ave, Palos Heights - OSF Complete Care 55+ Primary Care Program. A new hybrid primary care model for adults 55+ with two or more chronic conditions. - OSF Outpatient Services. OSF HealthCare Little Company of Mary Medical Center provides a wide range of diagnostic, therapeutic, and preventive care options outside the hospital setting. These services include laboratory testing, imaging, rehabilitation, wound care, same-day-surgery, and infusion therapy.

	- Comprehensive Birth Services & Support. The Family Birth Center offers tours, lactation consultation, high-risk prenatal care, Level II NICU, financial assistance, and classes—all available regardless of ability to pay. - No-Referral Colonoscopy Screenings. Patients can qualify for colorectal cancer screening by completing a questionnaire at the Comprehensive Cancer Center. - On-site Drug Disposal Box. A secure medication drop-off site helps patients safely dispose of unused prescription drugs.
Existing Partnerships / Collaborations	
Description	Collaborative Partner
- Community Health Screenings & Education Events. Focus on blood pressure, glucose, cancer education, healthy eating, exercise, flu vaccines, and health fairs. - School-based Health & Wellness Education. Focus on physical activity, nutrition, cancer prevention, stress management, and mental health literacy. - Healthy Aging & Senior Wellness Outreach. Focus on social isolation, chronic disease education, and cancer screenings.	- Village of Evergreen Park and municipal agencies - Village of Oak Lawn and municipal agencies - Local school districts - Chambers of commerce - Saint Xavier University - Moraine Valley Community College - Evergreen Park Community High School District 231 - Pathlights - Local Churches and Religious Communities - Local Behavioral Health Providers

Strategic Goal - Access to Healthcare

Strategic Goal: Reduce health disparities and remove barriers to care by connecting community members with the right level of care at the right time.

Outcome Measure: Decrease the number of CHNA surveyed respondents who reported not having access to medical care from 19% to 16% by 2028.

Baseline: In 2025, 19% of survey respondents reported not having access to medical care according to 2025 CHNA.

Actions		Timeline / Milestone	Impact Measurement <i>(Process Indicator)</i>	Potential Collaborations / Partners
Optimize scheduling practices to improve access for new patients using the 3 rd Next Available Appointment (TNAA) metric		2026 - +1% 2027 – +1% 2028 – +1%	Increase the annual % of new patient TNAAs scheduled within 5 business days by 1% annually Baseline: 85.21% of 3 rd Next Available Appointment metric scheduled within 5 business days	OSF Medical Group, Patient Access Team, Analytics, Clinic Managers Complete Care 55+
Partner with community organizations for outreach to individuals 55+		2026 – establish baseline 2027 – baseline + 1% new enrollments 2028 – +1% new enrollments	Increase % of older adults who are newly enrolled in Complete Care 55+ program each year Baseline: TBD in 2026	Complete Care 55+, Senior housing facilities, community organizations, nonprofits, faith-based communities
Create Right Level of Care materials to distribute in high traffic locations such as medical clinics, schools, churches, food pantries, and community centers		2026 – creation; establish baseline 2027 – baseline + 1% materials distributed	Create then increase # of Right Level of Care materials distributed by 1% annually; gather partner feedback; track reported use by patients	OSF Medical Group, OSF OnCall, Complete Care 55+, School districts, local employers, local

			2028 – +1% materials distributed	Baseline: Create 2026	municipalities, public libraries, religious communities, food pantries Complete Care 55+
Optimize Fast Track utilization and ED workflows to improve patient throughput, reduce LWBS and LBTC rates, and increase access for the community.			2026 - TBD 2027 - $\leq 0.5\%$ patients routed 2028 – $\leq 0.5\%$ patients routed Establish, achieve and maintain LWBS and LBTC rates.	Increase the number of patients seen daily and increase the percentage of Fast Track eligible patients correctly routed. Baseline: TBD in 2026 (LWBS and LBTC)	

Healthy Behaviors

Prioritized Health Need / Purpose as Defined in the full Community Health Needs Assessment:

Healthy behaviors, such as a balanced diet consisting of whole foods and physical exercise, are critical for both physical and mental 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, lack of physical exercise and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

Existing Community Resources	Existing OSF Programs with Description
▪ 95th Street Business Association ▪ 95th Street Farmers Market ▪ American Heart Association ▪ Blue Door Neighborhood Center ▪ Chicago Department of Public Health ▪ Chicago Park District ▪ Cook County Department of Public Health ▪ Esperanza Health Centers ▪ Greater Chicago Food Depository ▪ Grow Greater Englewood ▪ Howard Brown Health Center ▪ Humana Neighborhood Center ▪ IMAN ▪ Urban Growers Collective ▪ Evergreen Park Public Library ▪ Metro-area Family & Community Services ▪ Crisis Center of South Suburbia ▪ Oak Lawn Senior Center ▪ Oak Lawn Park District ▪ Metropolitan Family Services Southwest	▪ Weight Management Programs. Medical weight loss offers stress management, exercise guidance, and nutrition support. Surgical weight loss/Bariatric Program involves surgery and support from a full multidisciplinary team. ▪ Cancer Wellness Programs. Partnership with Wellness House to reintroduce support groups for cancer patients and caregivers. Additional programming focused on mental and physical wellness. ▪ Pregnancy and Parenting Programs. Offering classes on childbirth, infant care, breastfeeding, and baby development. ▪ Behavioral health services. Provides mental health support of counseling and therapy to encourage healthier habits and well-being through the OSF HealthCare Medical Group.

Existing Partnerships / Collaborations	
Description	Collaborative Partner
- Community Cancer Screening & Prevention Events. Focus on on-site screenings, risk assessments, education on cancer signs and symptoms. - Healthy Habits at School. Focus on delivering age-appropriate cancer prevention messages around healthy eating, tobacco risks, and sun safety in school settings. - Healthy Aging & Senior Wellness Outreach. Focus on social isolation, chronic disease education, and cancer screenings	- Village of Evergreen Park - Evergreen Park Athletic Association - Evergreen Park Senior Center - Evergreen Park Library - Local park districts - Local school districts - Evergreen Park Chamber of Commerce - Saint Xavier University - Evergreen Park Community High School District 231 - Pathlights - Faith communities - Local Behavior Health Providers

Strategic Goal - Promote Healthy Behaviors

Strategic Goal: To promote healthy behaviors in the Evergreen Park community by increasing access to and participation in cancer prevention and early detection screenings.

Outcome Measure: Increase the percentage of residents in the communities we serve who complete recommended cancer screenings by 2028.

Baseline: According to the CHNA survey, 73% of women were screened for breast cancer, 74% of women were screened for cervical cancer, 43% of men were screened for prostate cancer, and 69% of residents reported being screened for colorectal cancer.

Actions		Timeline / Milestone	Impact Measurement <i>(Process Indicator)</i>	Potential Collaborations / Partners
Offer Healthy Living materials in the community that focus on practical nutrition tips, physical activity routines, and obesity prevention strategies, incorporating education on how these behaviors reduce cancer risk.		2026 – establish baseline 2027 - +2 organizations 2028 - +2 organizations	Track number of organizations to which education is provided and then increase by 2 organizations annually. Baseline: TBD in 2026	
Create and expand a Community Health Partner Network to coordinate wellness initiative (e.g., walking clubs, health fair attendance and promotion, and distribute health education materials through network channels.)		2026 – establish baseline 2027 - +2 events 2028 - +2 events	Track number of events or initiatives created with community health partners and increase numbers of initiatives by 2 annually. Baseline: TBD in 2026	Villages & Townships, School Districts, Senior Services, Community Organizations in the communities we serve

*Note: Resources included are noted annually with incremental adjustments for subsequent fiscal years.

Other Health Needs Identified but Not Addressed

The health needs listed below were also identified in the CHNA. However, OSF Little Company of Mary Medical Center does not intend to address these health needs as such needs were determined to be relatively low priority based on the prioritization criteria utilized – (1) magnitude in the community, (2) severity in the community, (3) potential for impact to the community. A more detailed discussion of the prioritization process utilized to identify the significant health needs addressed in this Implementation Strategy is set forth in the CHNA (see Chapter 5 and corresponding appendices).

1. Aging Issues
2. Behavioral Health, Including Depression, Anxiety/Stress, Suicide
3. Obesity
4. Substance Use, Particularly Misuse of Prescription Medication
5. Cancer
6. Diabetes Aging Issues

Implementation Strategy Approvals –

The OSF Board of Directors accepted and approved the Community Health Needs Assessment Implementation Strategy targeting the neighborhoods that OSF Little Company of Mary Medical Center serves on September 29, 2025. The Hospital reserves the right to amend this Implementation Plan as needed. Certain significant health needs may become even more significant and require amendments to the strategies developed in order to address those health needs. Other entities or organizations in the community may develop programs to address the same health needs. In addition, joint programs may be adopted, which may refocus the Hospital with its limited resources to best serve the community.