Community Benefit Report

Fiscal Year 2022

OSF Healthcare System

124 SW Adams St., Peoria, Illinois

OSF HEALTHCARE

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Introduction

OSF HealthCare (OSF) is an integrated health system owned and operated by The Sisters of the Third Order of St. Francis, Peoria, Illinois. OSF employs nearly 23,000 Mission Partners in 157 locations, including 15 hospitals with 2,084 licensed acute care beds, 45 urgent care locations, and 2 colleges of nursing throughout Illinois and Michigan. In addition, the OSF HealthCare physician network employs 1,900+ primary care, specialist and advanced practice providers.

OSF HealthCare, through OSF Home Care Services, operates an extensive network of home health services, including nine home health agencies and nine hospice programs. PointCore, Inc., formerly OSF Saint Francis Inc., a wholly owned subsidiary of OSF HealthCare, is composed of health care-related businesses. OSF HealthCare Foundation is the philanthropic arm for the organization, and OSF Ventures provides investment capital for promising health care innovation startups. The Ministry Services office in Peoria provides corporate management services, as well as direction, consultation and assistance to the administration of the health care facilities.

Mission

In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life.

Vision

Embracing God's great gift of life, we are one OSF ministry transforming health care to improve the lives of those we serve.

Philosophy & Values

The Sisters of The Third Order of St. Francis believe:

Led by the Spirit of the Gospels and the example of St. Francis, the special purpose of our existence as a corporation is to provide for the total well-being of those we serve. Every person created in the image of God and composed of body and soul is a human being endowed with intellect and free will, completely dependent upon God for existence and destined to possess God in heavenly beatitude. Because of the dignity of the human person and his moral conscience, each person has certain God-given rights with corresponding obligations toward his Creator, his fellow man and himself.

OSF HealthCare fulfills, through a service of love and compassion, a Mission of caring and peace consistent with the needs of the Church and the people served. The love of Christ permeates its work as it strives to continue the healing ministry of Christ and His Church to the total person; to be love, mercy, inspiration, tenderness and compassion to those whose lives are entered.

From this philosophy flow these values, which permeate all of our endeavors:

- JUSTICE: Personal worth and dignity of every person we serve regardless of race, color, religion and ability to pay
- COMPASSION: Caring response to the physical, emotional, and spiritual needs of the people we serve
- INTEGRITY: Decision-making based on Catholic ethical principles and Catholic social teachings in every activity of the system
- TEAMWORK: Collaboration with each other, with physicians, and with other providers to deliver comprehensive, integrated and quality health care
- EMPLOYEE WELL-BEING: Concern for the physical, spiritual, emotional and economic well-being of employees

- SUPPORTIVE WORK ENVIRONMENT: Quality work environments which focus on comprehensive, integrated quality service and opportunities for employee growth
- TRUST: Open and honest communication to foster trusting relationships among ourselves and with those we serve
- STEWARDSHIP: Responsible stewardship of the financial, human and technological resources of the system
- LEADERSHIP: Leadership in the health field and in the communities we serve

As noted in our first two Values, we care for all individuals regardless of their ability to pay and do so in a very caring manner. For the past 15 years, we have actively informed all of our patients, whether they are being served in-patient, outpatient, or in our emergency departments, physician offices or their own homes, about our OSF Financial Assistance. Brochures are available on our website and at all of our registration/check-in areas, where we have signage posted in both English and Spanish. More than 100,000 brochures and flyers have been printed and already have been distributed. Additionally, our staff completes and submits Medicaid applications on behalf of patients who may be eligible for benefits.

Helping patients and families understand the complex world of medical care extends to those who speak a foreign language or who can communicate only through sign language. At all of our hospitals, we have contracted for foreign language translation and for assistance with the deaf and hearing impaired. The latter group is also served by TDD through our respective Telecommunications Departments.

Everyone who seeks health care wants it to be safe and of high quality. OSF HealthCare is committed to providing safe and high-quality care that is also affordable. Regarding the safety of the care, there are many initiatives being pursued by all of our hospitals and their related outpatient facilities as well as in our OSF Medical Group physician offices and in patients' homes through OSF Home Care Services. Some of those initiatives were based upon our participation in the Institute for Healthcare Improvement's "Saving 100,000 Lives" campaign and its follow-up "Saving 5 Million Lives." Other projects have enabled us to increase the accessibility and affordability of many of our health care services throughout the areas served by OSF HealthCare, and new projects will refine those service offerings.

The COVID-19 pandemic has been the greatest test of health care of our generation. While 2021 was a year of recovery filled with great hope and promise with the full rollout of vaccines to eventually anyone age 5 and older, our organization still had many challenges – staff shortages; state-mandated vaccination or testing; overburdened lab services for processing COVID-19 tests; widespread staff and community fatigue; and the looming threat of reverting to an emergency phase at any point due to surges caused by variants.

OSF HealthCare System Hospital Facilities Included in this report

Hospital Name	*Address*	*Taxpayer #*
OSF Saint Anthony Medical Center	5666 E. State St. Rockford, IL 61108	36-2167864
OSF Saint James – John W. Albrecht Medical Center	2500 W Reynolds St. Pontiac, IL 61764	37-0662570
OSF St. Joseph Medical Center	2200 E. Washington St., Bloomington, IL 61701	37-0662576
OSF Saint Francis Medical Center	530 NE Glen Oak Ave., Peoria, IL 61637	37-0662569
OSF St. Mary Medical Center	3333 N. Seminary St., Galesburg, IL 61401	37-0662581
OSF Home Care Services	2265 W. Altorfer Road, Peoria, IL 61615	37-0813229
Ottawa Regional Hospital & Healthcare Center (DBA: OSF Saint Elizabeth Medical Center)	1100 E. Norris Dr. Ottawa, IL 61350	36-2604009
Mendota Community Hospital (DBA: OSF Saint Paul Medical Center)	1401 E. 12th St., Mendota, IL 61342	36-2167785
OSF Healthcare System:		
(DBA: OSF Sacred Heart Medical Center)	812 N. Logan Ave., Danville, IL 61832	37-0813229
(DBA: OSF Heart of Mary Medical Center)	1400 W. Park St., Urbana, IL 61801	37-0813229
(DBA: OSF Saint Anthony's Health Center)	1 Saint Anthony's Way, Alton, IL 62002	37-0813229
(DBA: OSF Little Company of Mary Medical Center)	2800 W. 95th St., Evergreen, IL 60805	37-0813229
(DBA: OSF Saint Luke Medical Center)	1051 W. South St., Kewanee, IL 61443	37-0813229
(DBA: OSF Saint Clare Medical Center)	530 Park Ave. E., Princeton, IL 61356	37-0813229
(DBA: OSF Holy Family Medical Center)	1000 W. Harlem Ave., Monmouth, IL 61462	37-0813229

Financial Assistance Policy

OSF HealthCare provides free care and discounted care to hospital patients and all other patients in the following ways:

- The full amount of OSF charges are determined covered under this Financial Assistance Policy for any Uninsured or Underinsured Patient, or such Patient's Guarantor, whose gross Family Income is at or below 250% of the current Federal Poverty Level.
- A sliding scale discount will be provided for OSF charges for services covered under this Financial Assistance Policy for any Uninsured or Underinsured Patient, or Patient Guarantor, who's gross Family Income is greater than 250% but less than or equal to 400% of the current Federal Poverty Level. Free or Discounted Care will be provided based on the Family Income of the Patient, or the Patient's Guarantor in accordance with the following schedule:
    - Family Income up to 250% FPL are eligible to receive a 100% discount on the Patient Balance Due;
    - Family Income of above 250% FPL but equal to or less than 300% FPL are eligible to receive a 75% discount on the Patient Balance Due;
    - Family Income of above 300% FPL but equal to or less than 350% FPL are eligible to receive a 50% discount on the Patient Balance Due;
    - Family Income of above 350% FPL but equal to or less than 400% FPL are eligible to receive a 25% discount on the Patient Balance Due.
- For Uninsured Patients with Family Income equal to or less than 600% of the Federal Poverty Level, OSF has compared the discounts scheduled above, together with the Uninsured Discount, to 135% of the OSF Cost-to-Charge Ratio and have applied the more generous discounts for Patients.
- Catastrophic Care Assistance: Patients, or their Guarantors, may be eligible for Catastrophic Care Assistance if they have incurred out-of-pocket obligations – after all deductions, insurance reimbursements, and discounts (including discounts available under this Financial Assistance Policy) have been applied – resulting from Eligible Services provided by OSF that exceed 25% of Family Income.
- For additional information, please find our Financial Assistance Policy, Applications, Provider List and Plain Language Summary here.
- Financial Assistance Policy mailed with report to Attorney General's Office.

Community Benefits, Net Revenue and Financial Assistance by OSF Entity

OSF Healthcare System (consolidated)

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$48,807,173	1
Language Assistance	$1,517,280	2
Government-Sponsored Indigent Health Care	$463,081,694	3
Donations	$3,793,683	4
Volunteer Services (Employee)	$121,846	5
Volunteer Services (Non-Employee)	-	6
Education	$67,581,849	7
Government-Sponsored Program Srv	$10,978,404	8
Research	$1,502,307	9
Subsidized Health Services	$60,039,863	10
Bad Debts	$23,196,727	11
Other Community Benefits	$1,039,769	12
Total*	$681,660,595	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$8,280,156	13
Net Patient Service Revenue	$3,491,447,459	14

*Total include OSF Multispecialty and OSF Home Care not broken out below

OSF Saint Anthony Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$5,758,436	1
Language Assistance	$320,367	2
Government-Sponsored Indigent Health Care	$60,705,991	3
Donations	$165,100	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	$1,565,982	7
Government-Sponsored Program Srv	$1,669,951	8
Research	-	9
Subsidized Health Services	$4,976,093	10
Bad Debts	$1,167,011	11
Other Community Benefits	$15,757	12
Total	$76,344,688	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$884,423	13
Net Patient Service Revenue	$413,057,467	14

OSF Saint James – John W. Albrecht Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$926,793	1
Language Assistance	$32,786	2
Government-Sponsored Indigent Health Care	$14,649,655	3
Donations	$11,745	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	$34,345	7
Government-Sponsored Program Srv	$158,364	8
Research	-	9
Subsidized Health Services	$1,792,031	10
Bad Debts	$455,776	11
Other Community Benefits	$13,476	12
Total	$18,074,971	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$359,326	13
Net Patient Service Revenue	$69,720,890	14

OSF St. Joseph Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$3,246,253	1
Language Assistance	$97,102	2
Government-Sponsored Indigent Health Care	$48,863,273	3
Donations	$9,369	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	$110,023	7
Government-Sponsored Program Srv	$921,082	8
Research	-	9
Subsidized Health Services	$2,574,076	10
Bad Debts	$784,980	11
Other Community Benefits	$170,992	12
Total	$56,777,150	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$694,195	13
Net Patient Service Revenue	$240,392,314	14

OSF Saint Francis Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$15,183,060	1
Language Assistance	$535,198	2
Government-Sponsored Indigent Health Care	$175,216,539	3
Donations	$3,342,514	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	$64,011,459	7
Government-Sponsored Program Srv	$3,149,414	8
Research	$1,502,307	9
Subsidized Health Services	$29,744,640	10
Bad Debts	$2,745,511	11
Other Community Benefits	$182,125	12
Total	$295,612,767	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$1,461,404	13
Net Patient Service Revenue	$1,324,457,080	14

OSF St. Mary Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$1,528,652	1
Language Assistance	$50,190	2
Government-Sponsored Indigent Health Care	$15,057,097	3
Donations	$8,173	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	$15,109	7
Government-Sponsored Program Srv	-	8
Research	-	9
Subsidized Health Services	$1,500,158	10
Bad Debts	$424,763	11
Other Community Benefits	$44,117	12
Total	$18,628,259	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$379,758	13
Net Patient Service Revenue	$115,073,368	14

Ottawa Regional Hospital & Healthcare Center
DBA: OSF Saint Elizabeth Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$1,697,135	1
Language Assistance	$67,118	2
Government-Sponsored Indigent Health Care	$13,822,009	3
Donations	$22,544	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	-	7
Government-Sponsored Program Srv	$303,970	8
Research	-	9
Subsidized Health Services	$3,412,010	10
Bad Debts	$667,004	11
Other Community Benefits	$153,701	12
Total	$20,145,491	
Charity Care -- Emergency Dept. (subset of Charity Care at cost)	$495,998	13
Net Patient Service Revenue	$145,655,091	14

Mendota Community Hospital
DBA: OSF Saint Paul Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$613,678	1
Language Assistance	$16,636	2
Government-Sponsored Indigent Health Care	$1,476,928	3
Donations	$6,298	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	$118,021	7
Government-Sponsored Program Srv	$81,927	8
Research	-	9
Subsidized Health Services	$878,568	10
Bad Debts	$292,372	11
Other Community Benefits	$2,815	12
Total	$3,487,243	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$188,051	13
Net Patient Service Revenue	$35,079,223	14

OSF Healthcare System

DBA: OSF Sacred Heart Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$2,354,061	1
Language Assistance	$60,025	2
Government-Sponsored Indigent Health Care	$29,891,520	3
Donations	$49,069	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	$111,154	7
Government-Sponsored Program Srv	$2,304,298	8
Research	-	9
Subsidized Health Services	$3,715,812	10
Bad Debts	$528,956	11
Other Community Benefits	$161,097	12
Total	$39,175,992	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$751,944	13
Net Patient Service Revenue	$98,478,119	14

OSF Healthcare System

DBA: OSF Heart of Mary Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$2,012,467	1
Language Assistance	$55,893	2
Government-Sponsored Indigent Health Care	$35,510,973	3
Donations	$115,401	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	$282,849	7
Government-Sponsored Program Srv	$1,570,194	8
Research	-	9
Subsidized Health Services	$3,694,166	10
Bad Debts	$530,431	11
Other Community Benefits	$86,819	12
Total	$43,859,193	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$430,570	13
Net Patient Service Revenue	$98,833,244	14

OSF Healthcare System

DBA: OSF Saint Luke Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$750,298	1
Language Assistance	$22,075	2
Government-Sponsored Indigent Health Care	$212,778	3
Donations	$1,948	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	-	7
Government-Sponsored Program Srv	$198,052	8
Research	-	9
Subsidized Health Services	$342,382	10
Bad Debts	$539,514	11
Other Community Benefits	$900	12
Total	$2,067,947	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$326,701	13
Net Patient Service Revenue	$41,917,984	14

OSF Healthcare System

DBA: OSF Saint Anthony's Health Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$1,434,803	1
Language Assistance	$53,244	2
Government-Sponsored Indigent Health Care	$13,025,063	3
Donations	$37,727	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	$766,510	7
Government-Sponsored Program Srv	$315,870	8
Research	0	9
Subsidized Health Services	$425,558	10
Bad Debts	$627,256	11
Other Community Benefits	$16,855	12
Total	$16,702,885	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$473,406	13
Net Patient Service Revenue	$91,433,241	14

OSF Healthcare System

DBA: OSF Little Company of Mary Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$3,944,248	1
Language Assistance	$161,934	2
Government-Sponsored Indigent Health Care	$48,855,920	3
Donations	$16,920	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	$566,397	7
Government-Sponsored Program Srv	$185,537	8
Research	-	9
Subsidized Health Services	$6,232,751	10
Bad Debts	$2,020,149	11
Other Community Benefits	$15,000	12
Total	$61,998,856	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$1,033,295	13
Net Patient Service Revenue	$244,897,833	14

OSF Healthcare System

DBA: OSF Saint Clare Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$474,587	1
Language Assistance	$24,504	2
Government-Sponsored Indigent Health Care	$2,311,302	3
Donations	$3,875	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	-	7
Government-Sponsored Program Srv	-	8
Research	-	9
Subsidized Health Services	$585,796	10
Bad Debts	$1,490,345	11
Other Community Benefits	$1,131	12
Total	$4,891,541	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$106,301	13
Net Patient Service Revenue	$40,650,105	14

OSF Healthcare System

DBA: OSF Holy Family Medical Center

Based on Illinois Community Benefits Act Reporting Standards

Fiscal Year Ended September 30, 2022

Description	*Unreimbursed Cost*	*See Note #*
Charity Care (at cost)	$627,421	1
Language Assistance	$20,208	2
Government-Sponsored Indigent Health Care	$337,737	3
Donations	$3,000	4
Volunteer Services (Employee)	-	5
Volunteer Services (Non-Employee)	-	6
Education	-	7
Government-Sponsored Program Srv	$119,745	8
Research	-	9
Subsidized Health Services	$79,937	10
Bad Debts	$355,009	11
Other Community Benefits	$28,292	12
Total	$1,571,349	
Charity Care – Emergency Dept. (subset of Charity Care at cost)	$249,571	13
Net Patient Service Revenue	$44,281,583	14

Note 1: Charity Care (at cost) – Includes the unreimbursed cost of care provided to patients who are uninsured or underinsured and served by any OSF HealthCare facility listed in this report. The cost of charity care for the hospitals was calculated by applying the total cost-to-charge ratio from each hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, consistent with the State of Illinois Attorney General Office definition) to the charges on accounts identified as qualifying for charity care (as defined in the American Institute of Certified Public Accountants Accounting and Auditing Guide – Healthcare Organizations).

Note 2: Language Assistance – The cost of language assistance programs includes both the cost of employees and non-employees to provide interpretation services to patients and their family members.

Note 3: Government-Sponsored Indigent Health Care – The cost of government-sponsored indigent health care includes the unreimbursed cost of care delivered through Medicare and Medicaid programs. The unreimbursed cost of Medicare and Medicaid was calculated by applying each provider's overall cost-to-charge ratio to its total Medicare and Medicaid inpatient and outpatient charges, and then subtracting payments received and receivable under these programs.

Note 4: Donations – Donations include the dollar amount recorded during fiscal year 2022 in accordance with generally accepted accounting principles in the United States as contributions from unrestricted funds to charitable and other community or civic organizations for furtherance of our charitable purposes.

Note 5: Volunteer Services (Employee) – OSF HealthCare helps build healthier communities through intentional volunteer service. Employee's support numerous activities for the advancement of the community through volunteer efforts. These activities are outside normal work hours generally and are not tracked because they are employee volunteer hours do not get paid from OSF Healthcare System. The time employees spend on activities is reported in the other category.

Note 6: Volunteer Services (Non-employee) – These dollars are not reported at this time.

Note 7: Education – Unreimbursed education costs include the cost of OSF Healthcare's medical residency, fellowship and internship programs, as well as support for medical student education, less any third-party payor reimbursements and fees received.

Note 8: Government-Sponsored Program Services – Unreimbursed cost to OSF Healthcare System for providing Tri-Care and Champus health care services to recipients.

Note 9: Research – The reported includes the unreimbursed cost of funds provided for research projects and unreimbursed operational infrastructure costs to support clinical research that occurs within OSF Healthcare System.

Note 10: Subsidized Health Services – Include the uncompensated cost of providing services, health education and information, and programs that positively impact the wellness of the community. Costs calculated were offset by any reimbursement received for services provided.

Note 11: Bad Debts – Represent the provision for uncollectible accounts reported in the OSF Healthcare System audited financial statements related to patient care services adjusted to cost consistent with the methodology used to calculate government-sponsored indigent health care.

Note 12: Other Community Benefits – Represents time and activities conducted by OSF that benefit residents of the community, including general community-based health and service programs.

Note 13: Charity care in the Emergency Department (ED) (at cost) – Subset of the total charity in line 1, this is the unreimbursed cost of charity care provided to patients from the time they were admitted to the ED to the time they were discharged from the ED, following the same methodology as the overall charity care calculation explained above. Charity care in the ED does not include the cost of charity care provided to patients outside of the ED.

Note 14: Net Patient Service Revenue - The money generated from patient services collected from payors, including insurance and government programs. Includes provisions for contractual adjustments, discounts, and other adjustments or deductions.

Financial Assistance Application Denials and Demographic Data

OSF HealthCare and its affiliates are committed to meeting the health care needs of those within the OSF community who are unable to pay for medically necessary or emergency care. This commitment includes providing medically necessary care at free or discounted rates under our Financial Assistance Program. Applications for financial assistance follow a system-standard review process. Applications are approved based upon completion of an application, Illinois residency and income or assets within allowable guidelines.

Financial Assistance Top Five reasons for Denial Status (Reported as a total for all OSF Hospital Facilities included in this report):
1. Failure to provide required documents
2. Excessive income
3. Patient decides to withdraw request for assistance
4. Incomplete household income provided
5. Refusal to apply for Medicaid

	Race						
Facility Name	American Indian or Alaska Native or Native Hawaiian	Asian	Black or African America n	Hispanic or Latino or Filipino	Patient Refused	White or Caucasian	NA
OSF Saint Anthony Medical Center	2	10	43	4	4	340	127
OSF Saint James – John W. Albrecht Medical Center			11			173	14
OSF St. Joseph Medical Center		7	45	6	3	285	39
OSF Saint Francis Medical Center	9	20	132	5	8	1315	227
OSF St. Mary Medical Center	1	5	19	3		338	28
Ottawa Regional Hospital & Healthcare Center DBA: OSF Saint Elizabeth Medical Center	1	1	4	2	1	239	27
Mendota Community Hospital (DBA: OSF Saint Paul Medical Center)			1	3		31	15
OSF Healthcare System DBA: OSF Sacred Heart Medical Center	1	2	17	1		143	20
OSF Healthcare System DBA: OSF Heart of Mary Medical Center		2	29		3	68	27
OSF Healthcare System DBA: OSF Saint Anthony's Health Center	1		13			119	13
OSF Healthcare System DBA: OSF Little Company of Mary Medical Center		1	63	3	3	53	24
OSF Healthcare System DBA: OSF Saint Luke Medical Center			1			54	11
OSF Healthcare System DBA: OSF Saint Clare Medical Center			1			26	
OSF Healthcare System DBA: OSF Holy Family Medical Center						60	21

Facility Name	Sex	
	Male	Female
OSF Saint Anthony Medical Center	233	297
OSF Saint James – John W. Albrecht Medical Center	83	115
OSF St. Joseph Medical Center	160	225
OSF Saint Francis Medical Center	749	967
OSF St. Mary Medical Center	190	204
Ottawa Regional Hospital & Healthcare Center DBA: OSF Saint Elizabeth Medical Center	130	145
Mendota Community Hospital (DBA: OSF Saint Paul Medical Center)	23	27
OSF Healthcare System DBA: OSF Sacred Heart Medical Center	79	105
OSF Healthcare System DBA: OSF Heart of Mary Medical Center	59	70
OSF Healthcare System DBA: OSF Saint Anthony's Health Center	67	79
OSF Healthcare System DBA: OSF Little Company of Mary Medical Center	49	98
OSF Healthcare System DBA: OSF Saint Luke Medical Center	28	38
OSF Healthcare System DBA: OSF Saint Clare Medical Center	12	15
OSF Healthcare System DBA: OSF Holy Family Medical Center	34	47

Community Benefit Report Plan Narrative

OSF HealthCare Illinois Service Areas: The following information came from our most recent 2019 Community Health Needs Assessment that was in effect in fiscal year 2022. The next report for fiscal year 2023 will include information and data from our newest 2023 Community Health Needs Assessment approved in July 2022.

OSF Healthcare System
DBA: OSF Saint Anthony's Health Center in Alton

The following information contains data and statistics specific to the prioritized health needs and those accomplishments from the 2020 CHNA. Active for fiscal years ending 2020, 2021 & 2022.

Alton: Populations Served

Madison County is part of the Metro-East region of the St. Louis Metro Area. The population in Madison County decreased from 267,218 residents to 265,428 residents (approximately 1%) between 2013 and 2017. The county seat is Edwardsville, home to Southern Illinois University Edwardsville. Lewis & Clark Community College, a growing community college, is located in Godfrey.

Madison County is on the Mississippi River. Data and a map detailing current demographics, including income levels, age, race/ethnicity and education attainment for Madison County is included in the full CHNA.

The hospital serves the following communities in Madison County, considered more of the southwestern Illinois region: Alton, Bethalto, East Alton, Foster Township, Godfrey, Hartford, Roxana, South Roxana, Wood River and Wood River Township.

Alton: Services Provided

Founded in 1925, OSF HealthCare Saint Anthony's Health Center is a 49-bed acute care hospital located in Alton, Illinois, and serves the people of Madison, Jersey and Macoupin counties. OSF Saint Anthony's is a part of OSF HealthCare, a Catholic, 15-hospital health system serving Illinois and the Upper Peninsula of Michigan, driven by a Mission to "serve with the greatest care and love." Key Services include: 24-hour physician-staffed emergency department; behavioral health; cancer services; cardiovascular services; diabetes care; gastroenterology; general surgery; home health and hospice; intensive care; neurology; pain management; pediatrics; podiatry; pulmonology; urology; rehabilitation; sleep center; testing and diagnostics – 3D mammography, MRI, CT and ultrasound.

Alton: Goals and Accomplishments

The Madison County Community Health-Needs Assessment (CHNA) is a collaborative undertaking by OSF Saint Anthony's Health Center to highlight the health needs and well-being of residents in Madison County. Through this needs assessment, collaborative community partners identified numerous health issues affecting individuals and families in the Madison County region. Several themes were prevalent in this health-needs assessment – the demographic composition of the Madison County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

The collaborative team identified three significant health needs and prioritized both to be addressed in the Community Health Needs Implementation Strategy for 2020, 2021 and 2022.

- Healthy Behaviors
- Behavioral Health
- Substance Abuse

Healthy Behaviors – defined as active living and healthy eating, and their subsequent impact on obesity

Active Living

A healthy lifestyle, which includes regular physical activity and a balanced diet, has been shown to increase physical, mental, and emotional well-being. Note that 28% of respondents in Madison County indicated that they do not exercise at all, while the largest percentage of residents exercise only 1-2 times per week. The most common reasons for not exercising are not having enough energy (41%) or time (27%) and a dislike of exercise (18%).

Goal: Increase awareness in the importance of exercise for overall health and well-being within Madison County.

Outcome Measure: Reduce the number of Madison County residents who report that they do not exercise by 3%. Baseline: Per 2019 CHNA survey – 28% of respondents indicated that they do not exercise at all.

TACTICS	PROGRESS in 2022
(1) Host Fit and Flexible classes working with OSF Rehab	(1) This program was canceled due to the COVID-19 pandemic
(2) Sponsor events that encourage active living, i.e. races, 5Ks, etc.	(2) Donated $415 to Senior Services Plus Hiking Club. Sponsored Annual Great River Road Run and provided volunteers.
(3) Increase participation in OSF 4Life Wellness Plan	(3) The OSF 4 Life Plan was discontinued; however, OSF Saint Anthony's created a Wellness Committee that held events for Mission Partners. OSF is also in the process of restructuring the Wellness Program throughout OSF, and OSF Saint Anthony's Mission Partners participate.

Healthy Eating

Additionally, well over half (61%) of Madison County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of Madison County residents who consume five or more servings per day is only 5%.

Goal: Increase awareness of the importance of proper nutrition for overall health and wellness.

Outcome Measure: Reduce the percentage of Madison County residents who report no consumption or low consumption (1-2 servings) of fruits and vegetables per day by 3%.

Baseline: Per 2019 CHNA survey, 61% of respondents indicated that have no or low consumption (1-2 servings) of fruits and vegetables per day.

TACTICS	PROGRESS in 2022
(1) Distribute and promote articles and education on healthy eating habits through social media	(1) Reached 17,025 people through social media posts on healthy living topics.
(2) Sponsor community educational event that promotes healthy eating	(2) In August 2022, OSF Saint Anthony's hosted a Back to School event with 500 attendees which included a healthy eating exhibit.
(3) Provide educational materials to the community on healthy eating habits	(3) Television was donated to the Crisis Food Pantry in FY20 for an ongoing display of healthy eating tips. Nutrient of the month messaging was placed in the cafeteria.

Behavioral Health – defined as Mental Health & Substance Use

Mental Health

The CHNA survey asked respondents to indicate prevalence of specific mental-health issues, namely depression and stress/anxiety. Of respondents, 45% indicated they felt depressed in the last 30 days and 38% indicated they felt anxious or stressed. Respondents were also asked if they spoke with anyone about their mental health in the last 30 days. Of respondents, 28% indicated that they spoke to someone; the most common response was to a doctor/nurse

(45%). Concerning self-assessment of overall mental health, 5% of respondents stated they have poor overall mental health. Moreover, respondents indicated that mental health was the most important health issue in the community.

Goal 1: Decrease the number of residents in Madison County who reported feeling depressed or anxious in the last 30 days.

Outcome Measure 1: Decrease the number of residents in Madison County who report feeling depressed or anxious in the past 30 days by 3%. Baseline: Per 2019 CHNA Survey, 45% of Madison County residents reported feeling depressed at least one to two days in the last 30 days while 38% reported they felt anxious or stressed at least one to two days in the last 30 days.

TACTICS	PROGRESS in 2022
(1) Offer free mental health screenings	(1) No screenings were done in 2022.
(2) Provide free access to digital Behavioral Health solution – Silver cloud Increase number of users by 1% per year	(2) 44 using digital app in 2022
(3) Participate in community health fairs and screenings	(3) Participated in various community events and provided information on mental health. Offer a monthly support group to cancer patients and survivor's community health fairs were canceled due to COVID, however, we did participate in a hiring event held by the Alton Police Department. Health information was provided to event participants.
(4) Sponsor community mental health educational seminars and events	(4) OSF was a major sponsor of the Impact Suicide Conference on 9/9/22 and offered free CEUs to event participants. OSF social workers gave a presentation on "Self Care at Home and Work" and "Clinical Social Work in and Outpatient Setting".
(5) Provide free Behavioral Health Navigation Service. Increase number of patients served by Behavioral Health Navigators by 1 % annually	(5) 220 served in 2022

Goal 2: Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations in order to improve mental health outcomes.

Outcome Measure 2: Decrease the percentage of respondents stating they have poor overall mental health by 1%. Baseline: Per the 2019 CHNA survey, 8% of respondents stated they have poor overall mental health. Not having basic human needs is likely linked to poor mental health. If a survey respondent does not have housing, food, transportation (etc.), their overall state of mental health would likely be rated lower.

TACTICS	PROGRESS in 2022
(1) Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.	(1) 3467
(2) Track number of patients referred to community based organizations (CBO)	(2) 156
(3) Track number of Mission Partners educated for continued roll-out	(3) completed
(4) Track number of patient referrals to OSF Care Management and social workers	(4) 0

Substance Abuse

Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. In the 2019 CHNA survey, 14% of respondents indicated they use substances (legal and illegal) to make themselves feel better on a typical day. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years. Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Among 12th graders, Madison County is at or above State averages for substance use in all categories.

Goal 1: Decrease the number of Madison County CHNA survey respondents who report they use substances to make themselves feel better in a typical day.

Outcome Measure 1: Decrease the number of residents in Madison County who report using substances (legal and illegal) to make themselves feel better on a typical day by 3%. Baseline: Per 2019 CHNA survey, 14% of respondents indicated they use substances (legal and illegal) to make themselves feel better on a typical day.

TACTICS	PROGRESS in 2022
(1) Distribute and promote articles and education on substance abuse topics	(1) Reached 12,023 people on social media on mental health and substance abuse topics.
(2) Increase participation in Fresh start smoking cessation classes	(2) Smoking cessation classes resumed in September 2022. ED did not track referrals to Warm Handoff program in FY22.

Goal 2: Decrease the number of high school and middle school students in Madison County using tobacco or vaping products.

Outcome Measure 2: Decrease the percentage of 8th, 10th and 12th graders who used any tobacco or vaping product in the past 30 days as measured by the Illinois Youth Survey for Madison County by the 2021 survey. Baseline: 2018 Illinois Youth Survey reported the following usage in the past 30 days: 8th grade – 14%, 10th grade – 33%, 12th grade – 43

TACTICS	PROGRESS in 2022
(1) Provide education on dangers of tobacco and vaping to high school and middle school students.	(1) Sixteen sessions on the dangers of vaping sessions were held at various middle and high schools in the County. Total number of students who received the education were 2,100.

OSF St. Joseph Medical Center in Bloomington

The following information contains data and statistics specific to the prioritized health needs and those accomplishments from the 2020 CHNA. Active for fiscal years ending 2020, 2021 & 2022

Bloomington: Populations Served

McLean County consists of a total population of 171,517 (Conduent Healthy Communities Institute, Claritas, 2019). Bloomington has the largest population in the county with 78,015, and Normal has the second-largest population with 54,891 (Bloomington-Normal Economic Development Council, 2018). The population in McLean County increased by 1.46 percent from 2010 to 2019 (Conduent Healthy Communities Institute, Claritas, 2019). Additionally, residents of the surrounding counties of Dewitt, Ford, Woodford, Livingston, Logan and Tazewell also utilize medical care at OSF HealthCare St. Joseph Medical Center.

Bloomington: Services Provided

OSF HealthCare St. Joseph Medical Center in Bloomington has been bringing quality health care to the residents of McLean County and the surrounding communities since 1880. Our services extend throughout the continuum of life. We offer a Level II trauma center; Level II nursery for ill babies; medical, surgical, pediatric, obstetric, orthopedic, neuroscience, critical care and post-critical care units; a skilled nursing facility; a wide range of specialty services at our hospital campus, outpatient clinics in Bloomington, Normal, Heyworth, El Paso, and Clinton (Dewitt County) and through affiliations with providers throughout the state. OSF St. Joseph is a Magnet hospital, recognized for nursing excellence. Its birthing center is a Baby Friendly Designated Facility and a Certified Gold Safe Sleep Champion.

Following is a list of many of the programs and services offered through OSF St. Joseph Medical Center:

- Acute inpatient care, critical care, skilled nursing, urgent care, and 24/7 emergency care
- Comprehensive cardiology services, including a full-service catheterization lab, cardio-thoracic surgery and cardiac rehabilitation
- Advanced treatment for cerebral-vascular conditions and strokes
- Sleep medicine
- Occupational medicine, including occupational health, employee health screenings, and ergonomic assessments
- Specialty practices and services such as cardiology, pediatric cardiology, neonatology, neurology, neurosurgery, neuro-interventional radiology, physiatrist, pulmonology, and gastroenterology
- Specialty clinics including treatment and rehabilitation of dizziness and disequilibrium; comprehensive pain management; a comprehensive weight loss program that includes surgical and non-surgical options; diabetes management; and wound treatment services for chronic and non-healing wounds
- Internal medicine and family medicine

- Oncology-related diagnostic and therapeutic services, delivered via the OSF Cancer Center at OSF St. Joseph. Radiation therapy, surgery, access to clinical trials, infusion, genetic counseling, nutrition counseling, pastoral care, social services, diagnostic imaging, nurse navigator.
- Inpatient and outpatient surgery services include those utilizing the DaVinci Robot system and the first central Illinois Mako Robotic Assisted Device for orthopedic surgery, including knee and hip replacement.
- Rehabilitation services, including physical medicine, physical therapy, occupational therapy and speech therapy.
- Medical imaging, including digital mammography, high-speed 64-slice CT imaging, cardiac calcium scoring and MRI.
- A wide range of education programs for the community and our patients, including stroke education, diabetes education, cardiac disease prevention and wellness, joint pain, fitness and perinatal education.

Bloomington: Goals and Accomplishments

The formation of the McLean County Community Health Council in April 2015 marked an important milestone for community health in McLean County. Prior to this collaborative assessment, the two hospitals in McLean County and the McLean County Health Department each conducted their own community health needs assessment, which resulted in three community health plans for the County. During the same time, United Way of McLean County conducted a broad-based community needs assessment (CHNA). As a result of the collaboration, the four organizations listed above developed the joint 2016 McLean County CHNA Report and joint McLean County 2017 - 2019 Community Health Improvement Plan. For the 2019 McLean County Community Health Needs Assessment, Chestnut Health Systems joined as a collaborative partner in place of United Way for this joint report. Chestnut Health Systems, like the hospitals, is required by federal guidelines to complete a community health needs assessment once every three years. United Way is not required to complete a community health needs assessment; however, United Way remained on the McLean County Community Health Council for the 2019 assessment.

The following three significant health needs were selected by the McLean County Community Health Council to be addressed in the 2020-2022 McLean County Community Health Improvement Plan:

- Access to Appropriate Care
- Behavioral Health (including Mental Health and Substance Abuse)
- Healthy Eating/Active Living

OSF St. Joseph, through work on the Community Health Council and subcommittees, collaborated with a number of local organizations to advance the intervention strategies identified in the improvement plan. Notable contributions by OSF St. Joseph to community initiatives are listed below.

Access to Care

Access to appropriate care for the underserved and areas of high socioeconomic need was selected as a health priority by the McLean County Community Health Council not only because of its high priority score (158.6) derived from the Hanlon Method, but for several other reasons. Access to appropriate care is an important issue that affects many health outcomes. Improving access in specific areas and for targeted populations can have a widespread impact on a variety of health outcomes ranging from oral health to behavioral health. Data presented to the council also indicated that there are significant geographic and racial/ethnic disparities in McLean County that may be related to access to care. Research and subject matter expertise suggested that there are a variety of factors that can improve access to appropriate care ranging from increased capacity for urgent care clinics and primary care offices, transportation, and provider and consumer education.

Goal: Ensure appropriate access to care to improve the health and well-being of our residents, neighborhoods and county by 2023.

TACTICS	PROGRESS in 2022
(1) Number of patients served through the Community Health Care Clinic's Coordinating Appropriate Access to Comprehensive Care (CAATCH) Program, a partnership with OSF St. Joseph.	(1) 353 patients served through the CHCC CATCH Program
(2) Number of hospital readmission patients through the CHCC's CAATCH program.	(2) Zero hospital readmission rates

RELATED PROGRESS REPORT ACCOMPLISHMENTS

- OSF Healthcare and Chestnut Health Systems brought community health workers to Bloomington-Normal to assist individuals with chronic health conditions to improve their overall health and wellness through a grant.
- OSF Medical Group continues an integrated care model in all local primary care offices to improve access to care. This is accomplished through team-based care, in which physicians, advanced care providers, nurses, behavioral health specialists, dietitians, pharmacists and social workers coordinate providing the most appropriate level of care for patients.
- OSF St. Joseph employs an ED navigator who assists patients with referrals to primary care providers and other services in the community.
- OSF St. Joseph Medical Center opened the OSF Cancer Center to provide services from diagnosis through treatment to survivorship. Monthly support group sessions are offered by an interdisciplinary team.
- COVID-19 education and vaccinations were provided.
- OSF HealthCare expanded orthopedic providers to the Bloomington-Normal office through OSF Orthopedics in 2021 and continues to provide services to community.
- OSF St. Joseph provided free, 1 series, 6-week education sessions to their patients who struggled with chronic diseases/illnesses. Education was provided by a registered dietitian, exercise physiologist, and physician assistant. Program was based on lifestyle medicine.
- OSF HealthCare sponsored the Peace Meal Senior Nutrition Program and delivered 145,665 meals to seniors living in McLean County. Annual assessments are completed in which referrals were made for those who needed additional social services.
- 275 patients received fluoride applications in the OSF Medical Group - Pediatrics office.
- 14,808 total visits provided through OSF HealthCare. 14,038 adult visits and 770 pediatric visits

Behavioral Health

The McLean County Community Health Council for several reasons selected behavioral health as a health priority. Behavioral health received the highest priority score (175.7) from the Hanlon Method, clearly indicating the need for further improvements in this area in McLean County. In addition, there are numerous health disparities in Bloomington ZIP code 61701 and Normal ZIP code 61761 for both mental health and substance abuse. There was also a great deal of public support and momentum to improve mental health in McLean County as has been the case

for the last few years. McLean County was well situated to collaborate on mental health due to the ongoing efforts of numerous organizations and the development of the McLean County Mental Health Action Plan by the McLean County Board in 2015. Mental health was also previously selected as a key health priority by both hospitals and the health department during the previous community health needs assessments, giving further momentum to the efforts of improving mental health for county residents.

Goal 1: Advance a systemic community approach to enhance behavioral health and well-being by 2023.

TACTICS	PROGRESS in 2022
(1) Number of mental health first aid courses sponsored by OSF St. Joseph Medical Center.	(1) OSF St. Joseph hosted 4 courses for community members
(2) Number of McLean County community members trained in Medical Health First Aid per year.	(2) 32 community members trained at events hosted at OSF St. Joseph (325 total trained in McLean County)
(3) Convened a Behavioral Health Forum in partnership with other community agencies.	(3) 258 people attended.
(4) Bi-monthly social media messages will be posted with collaborating agencies being tagged to share the same message.	(4) 4,860 persons were reached through social media.
(5) Conducted a behavioral health gap in services assessment to determine current strengths, needs and service gaps in McLean County, specifically related to mental health and substance use services.	(5) Completed in 2020.
RELATED PROGRESS REPORT ACCOMPLISHMENTS	
• There were 27 participants at OSF St. Joseph community presentations related to stress management. • OSF HealthCare provided SilverCloud, a secure, immediate access to on-line supported cognitive behavioral therapy programs for the community. SilverCloud focuses on improving depression and anxiety levels among adult individuals. • 2,563 telemedicine visits offered through OSF Medical Group - Behavioral Health throughout the year.	

Goal 2: Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations in order to improve mental health outcomes.

Outcome Measure 2: Decrease the percentage of respondents stating they have poor overall mental health by 1%. Baseline: Per the 2019 CHNA survey, 8% of respondents stated they have poor overall mental health. Not having basic human needs is likely linked to poor mental health. If a survey respondent does not have housing, food, transportation (etc.), their overall state of mental health would likely be rated lower.

TACTICS	PROGRESS in 2022
(1) Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.	(1) 15,295
(2) Track number of patients referred to community based organizations (CBO)	(2) 407
(3) Track number of Mission Partners educated for continued roll-out	(3) competed
(4) Track number of patient referrals to OSF Care Management and social workers	(4) 134

Healthy Behaviors

The McLean County Community Health Council selected obesity as one of the three top health priorities because it ranked as number three according to its priority score of 153.8 from the Hanlon Method. Additionally, the council felt that by improving obesity, many other health outcomes such as heart disease, cancer and diabetes might also be positively impacted. It was also selected because obesity is a widespread issue affecting many people across all social and economic sectors. There are also many significant community efforts underway related to obesity through the McLean County Wellness Coalition. The health department and both hospitals are part of the McLean County Wellness Coalition, as are 28 other community organizations in McLean County. The McLean County Wellness Coalition is the primary group working on the interventions outlined in the 2017 - 2019 McLean County Community Health Improvement Plan.

Goal: Promote healthy eating and active living to strengthen the health and well-being of our community by 2023.
Social Determinants of Health Areas of Focus: Food Insecurity, Workforce Development

TACTICS	PROGRESS in 2022
(1) Track number of free programs that educate on ways to eat healthy.	(1) 91 free programs offered. 3,666 people participated. 25 free apps were promoted.
(2) Promote healthy eating access	(2) 1667 SmartMeals donated.
(3) Community vegetable gardens	(3) 292 pounds of produce was donated to Home Sweet Home Ministries.
(4) Number of people participating in programs promoting physical activity	(4) 4,568 people participated in 51 of the programs offered.
(5) Promote the 5-2-1-0 campaign.	(5) 116 children and families

RELATED PROGRESS REPORT ACCOMPLISHMENTS

- 3,666 participants in OSF St. Joseph community presentations related to nutrition.
- The Center for Healthy Lifestyles provided a program called Healthy Kids U to 28 obese and overweight children.
- OSF St. Joseph sponsored ($2,500) Girls on the Run Program. 30 individuals participated in the program at three school locations.
- OSF St. Joseph sponsored Student Health 101 ($4000) to Normal Community and Normal Community West High Schools. Weekly wellness education was provided to every student and their guardian via email.
- OSF St. Joseph provided fitness center access to 84 individuals for free in 2022.
- In 2022, OSF HealthCare provided 145,665 meals to the senior population in McLean County to help reduce food insecurity and malnutrition. Survey results from the clients state the following: The person who delivers the meals is friendly and respectful: 99.36%; I eat a healthier variety of foods because I receive Peace Meal: 94.54%; As a result of receiving home delivered meals, I believe my health has improved and I feel better: 74.6%; Because I receive home delivered meals, I can continue to live in my own house 91.65%; Because I receive home delivered meals, I feel I am better prepared to make healthful and nutritious choices: 97.1%.
- OSF St. Joseph donated 95 jars of peanut butter to Midwest Food Bank.
- OSF St. Joseph donated $170 to Home Sweet Home Ministries for their food co-operative.
- OSF St. Joseph Medical Center donated $555 to the Boys and Girls Club for the well-being of their community members.
- 839 people were educated on chronic disease management/risk reduction programming

OSF St. Mary Medical Center in Galesburg

The following information contains data and statistics specific to the prioritized health needs and those accomplishments from the 2020 CHNA. Active for fiscal years ending 2020, 2021 & 2022.

Galesburg: Population Served

The Primary Service Area of OSF St. Mary Medical Center is Knox, Warren and Henderson counties, and portions of Henry County. The poverty rates for Knox County and Warren County were 18.1 and 13.8 percent, respectively. A total population of 50,638 was used for Knox County; yielding a total of 9,165 residents living in poverty. Likewise, Warren County total population is 17,161; yielding a total of 2,369 residents living in poverty in the Warren County area. Data from the last census indicate the population of Knox County decreased (2.8%) between 2013 and 2017. The population of Warren County also slightly decreased (2.7%) between 2013 and 2017.

Galesburg: Services Provided

Founded in 1909, OSF HealthCare St. Mary Medical Center is an 83-bed acute care hospital located in Galesburg, Illinois, and serves seven counties in west-central Illinois. OSF St. Mary is a part of OSF HealthCare, a 15-hospital Catholic health system serving Illinois and the Upper Peninsula of Michigan, driven by a Mission to "serve with the greatest care and love." Recognized as one of the Top 100 Rural and Community hospitals by iVantage, OSF St. Mary has earned an "A" rating for patient safety nine years in a row by the Leapfrog Group, a national watchdog organization for patient safety. Healthgrades, a private company that provides trusted information for consumers and providers, recognized OSF St. Mary with the Outstanding Patient Excellence (2018, 2019 and 2020) and Patient Safety Excellence awards (2018 and 2019). In addition, Blue Cross and Blue Shield of Illinois has recognized OSF St. Mary as part of the Blue Distinction Specialty Care program and Women's Distinction Award for obstetric care. Key Services include: Birthing Center; diabetes management; cancer diagnostics and treatment; cardiovascular diagnostics and treatment; Center for Outpatient Services; employer health services; inpatient dialysis; neurology; pain clinic; rehabilitation – physical, occupational, aquatic and workplace injury therapy; sports medicine and sports acceleration training; surgical services; testing and diagnostics – X-ray, 3D mammography, MRI, CT, ultrasound, sleep studies, nuclear medicine and women's health services.

Galesburg: Goals and Accomplishments

The Knox County and Warren County Community Health-Needs Assessment (CHNA) is a collaborative undertaking by OSF St. Mary to highlight the health needs and well-being of residents in Knox and Warren counties. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the Knox and Warren region. Several themes are prevalent in this health-needs assessment – the demographic composition of the Knox and Warren County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

A collaborative team identified two significant health needs and prioritized both to be addressed in the Community Health Needs Implementation Strategy.

- Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity
- Behavioral Health – including mental health and substance abuse Mental Health

Healthy Behaviors defined as active living and healthy eating, and obesity

Heathy Eating

Almost two-thirds (61%) of residents 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 reason for failing to eat more fruits and vegetables was the lack of importance and expense involved according to survey respondents.

Goal: Increase awareness of the importance of proper nutrition for overall health and wellness.

Outcome Metric: By 2022, decrease the percentage of residents who report no consumption or low consumption (1-2 servings per day) of fruits and vegetables by 2%.

Baseline: Per 2019 CHNA survey of 61%.

TACTICS	PROGRESS for FY 2022
(1) Wellness Edge for Kids Program – Healthy Eating, Physical Activity, and Stress Reduction. Increase the number of participants by 2 annually.	(1) Lunches were distributed to students during the summer at Lombard school and at Rotary Park. The lunches were provided through United Way. United Way hired people to deliver lunches to children
(2) Distribute and promote articles and education on healthy eating, weight loss and exercise through traditional and social media. Increase and track # of articles on social media. Baseline is to increase # of articles by 1. Expand education class to teach healthy behaviors. Baseline to increase participants by 1.	(2) Provides monthly articles on Healthy eating to the Register Mail. Healthy eating/sports nutrition radio interviews given. FB-Safe summer cookouts, Fresh Salads, Healthy eating. Education continues to be promoted through traditional and social media. 20 additional posts on social media
(3) Healthy Kids U Program - An 8 week program that helps children ages 8 through 15 and their families develop healthier habits through hands on games, activities and education. Participants also have access to the YMCA's facilities during the duration of the program. Increase the number of sessions to 2 per year.	(3) Scaled version of Healthy Kids U held with 9 students from an after-school program. 9/30/22 Healthy Kids U program on hold

Active Living

A healthy lifestyle, composed of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being. Note that 29% of respondents indicated that they do not exercise at all, while the majority (59%) of residents exercise 1-5 times per week. The most common reasons for not exercising were dislike at 32% followed by not having enough energy at 24%.

Goal: Increase awareness of the importance of exercise for overall health and well-being.

Outcome Metric: Decrease percentage of respondents that indicate that they do not exercise at all by 2%. Baseline: 2019 CHNA survey reports 29% of respondents do not exercise at all.

TACTICS	PROGRESS for FY 2022
(1) Increase mission partner participation in OSF4Life. Increase participation by 3%. Baseline for 2019 is 38% mission partner participation.	(1) 4 Sessions of "Know Your Numbers" was held for Mission Partners - 15 participated. Upper Western Region wellness co-leader provides monthly newsletter.
(2) Healthy Kids U Program - An 8 week program that helps children ages 8 through 15 and their families develop healthier habits through hands on games, activities and education. Participants also have access to the YMCA's facilities during the duration of the program. Increase the number of sessions to 2 per year. Baseline 2019 1, 8-week session.	(2) Healthy Kids U program held for students only at after school program held at Gale school. FY 22 No Healthy Kids U sessions held.
(3) Sponsor events that promote healthy behaviors.	(3) Flu immunizations given to students/staff at ROWVA, A-town schools.

Behavioral Health – including mental health and substance abuse Mental Health

Substance Abuse

Survey respondents were asked, "On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?" Of respondents, 14% indicated they use substances to make themselves feel better. Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Knox County and Warren County are both at and above State averages in all categories among 8th graders. Among 12th graders, Knox County is at or above State averages in all categories except for inhalants. Data are not available for 12th graders in Warren County. According to the CHNA survey, the unhealthy behavior that rated highest among survey respondents was drug abuse (illegal) at 58%, while alcohol abuse was rated third at 38%.

Goal: Increase awareness of the effects of substance abuse in grades 8th through 12th.

Outcome Metric: Decrease in the percentage of 8th through 12th graders response of having used substances in the categories of alcohol, cigarettes, marijuana, inhalants, and illicit drugs by at least 1%. Per 2019 CHNA survey, "Statistics from the University Of Illinois Center for Prevention Research and Development show both Knox and Warren County above the state averages for all categories except inhalants".

TACTICS	PROGRESS for FY 2022
(1) Distribute and promote articles and education on healthy behaviors and substance use through traditional and social media. Determine baseline and increase # of articles on social media, expand education class to teach healthy behaviors by 1.	(1) FB article - Child Adolescent Behavioral Health. 2 posts on Mental health.
(2) Work with local school districts to educate on the health determinants of substance abuse. Meet with school district administration in 2nd quarter. Present and distribute information to students in grades 8-12. Determine baseline.	(2) Talked to GHS about providing substance abuse articles. Schools have other areas of focus/education at this time
(3) Schedule mental health first aid classes to clinical staff and local high school students. Increase the number of providers trained. (no session in 2019) Increase number high school age children trained by 1 school yearly. (current trial in 2 schools) Baseline 2. Determine baseline for providers trained	(3) Due to Covid, no mental health first aid classes were held.

Mental Health

The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 40% indicated they felt depressed in the last 30 days and 29% indicated they felt anxious or stressed. Respondents were also asked if they spoke with anyone about their mental health in the last 30 days. Of respondents 22% indicated that they spoke to someone, the most common response was to a doctor/nurse (55%). In regard to self-assessment of overall mental health, 8% of respondents stated they have poor overall mental health. In the 2019 CHNA survey, respondents indicated that mental health was the 3rd most important health issue.

Goal 1: Increase education in the community regarding mental health services.

Outcome Metric 1: Increase perception of overall physical and mental health to "good" or "average" by at least 1%. Baseline: Per 2019 CHNA survey. With regard to physical health, more people see themselves in poor health in 2019 (12%) than in 2016 (5%). With regard to mental health, more people see themselves in poor health in 2019 (8%) than in 2016 (5%).

TACTICS	PROGRESS for FY 2022
(1) Increase awareness: Resource Link Care Coordinator will meet with all new providers, schools and other social services about services.	(1) FB articles on SilverCloud Stress-what behaviors put you at risk. 5/20, 6/3, 6/23 and 9/3 Anxiety and depression.
(2) Provide education in low-income housing units for those with limited access to care and resources. Meet with Knox County Housing Authority in 2nd quarter.	(2) Education was not offered to Housing units due to COVID restrictions. No education provided to the Knox County Housing Authority.
(3) Adopt "Stop the Stigma" campaign from other OSF facilities.	(3) "Stop the Stigma" campaign on hold due to COVID-19. This campaign was not adopted in our community
(4) Discuss depression, stress and anxiety at community events, including schools. Track # of events attended to determine a baseline.	(4) FB article on Tips on behavioral health and COVID.
(5) Provide free Behavioral Health Navigation Service. Increase number of patients served by Behavioral Health Navigators by 1 %	(5) 74 patients

OSF Healthcare System – DBA: OSF Saint Luke Medical Center in Kewanee

The following information contains data and statistics specific to the prioritized health needs and those accomplishments from the 2020 CHNA. Active for fiscal years ending 2020, 2021 & 2022.

Kewanee: Populations Served

The Primary Service Area of OSF Saint Luke includes the ZIP codes of Kewanee (Henry County), Galva (Henry County) and Toulon (Stark County). Our portions of the market extend farther into Henry and Stark counties as well as portions of Bureau. Kewanee represents over 75% of all patients for the hospital. Data from the last census indicate the population of Henry County has slightly decreased (1.2%) between 2013 and 2017.
Population trends have consistently shown population decline over the past decade across the service area. Individuals in Henry County ages 60 to 64 increased slightly between 2010 and 2014, and individuals ages 35 to 49 decreased from 9,787 to 9,050, or 7.5% between 2010 and 2014.

In Henry County, the percentage of individuals living in poverty between 2013 and 2017 increased by 2.0%. The poverty rate for individuals is 12.5%, which is lower than the State of Illinois individual poverty rate of 13.5%. Poverty has a significant impact on the development of children and youth. In 2017, the poverty rate for families living in Henry County (9.0%) was lower than the State of Illinois family poverty rate (9.8%).

Kewanee: Services Provided

Founded in 1919, OSF HealthCare Saint Luke Medical Center is a 25-bed critical access hospital located in Kewanee, Illinois. OSF Saint Luke is a part of OSF HealthCare, a Catholic, 15-hospital health system serving Illinois and the Upper Peninsula of Michigan, driven by a Mission to "serve with the greatest care and love." Key Services include: 24-hour physician-staffed emergency department; Diabetes care and education; Cardiovascular diagnostics and treatment; Laboratory; Medical Group; Occupational and Employer health services; Orthopedics; Outpatient services;

Podiatry; Pulmonology; Rehabilitation – Physical, Occupational and Speech Therapy; Sleep lab; Sports medicine and sports acceleration training; Surgical services; Swing Bed services; Testing and diagnostics – 3D Mammography, MRI, CT, Ultrasound and Nuclear Medicine; Urology; and Women's health services.

Kewanee: Goals and Accomplishments

The Henry County Community Health-Needs Assessment (CHNA) is a collaborative undertaking by OSF Saint Luke Medical Center to highlight the health needs and well-being of residents in Henry County. Through this needs assessment, collaborative community partners have identified numerous health issues affecting individuals and families in Henry County. Several themes are prevalent in this health-needs assessment – the demographic composition of Henry County, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

The collaborative team identified two significant health needs and prioritized both to be addressed in the Community Health Needs Implementation Strategy.

- Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity
- Behavioral Health – including mental health and substance abuse

Healthy Behaviors and Obesity

Active Living

23% of survey respondents indicated that they do not exercise at all, while the majority (63%) of residents exercise 1-5 times per week. The most common reasons for not exercising are not having enough energy (32%) or time (25%) and a dislike of exercise (22%).

Healthy Eating

Almost two-thirds (58%) of residents 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 7%. According to survey respondents, the most prevalent reasons for failing to eat more fruits and vegetables were the lack of importance and expense involved.

Obesity

A health outcome of unhealthy behaviors in Henry County. The number of people diagnosed with obesity and being overweight has increased from 2007 to 2014. Note specifically that the percentage of obese and overweight people has increased from 61.3% to 65.4%. Overweight and obesity rates in Illinois have decreased from 64% in 2009 to 63.7% in 2014. The U.S. Surgeon General has characterized obesity as "the fastest-growing, most threatening disease in America today." The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded $3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

Goal 1: Increase the percentage of youth living at a healthy body weight in Henry County.

Outcome Metric 1: Increase the percentage of youth living at a "Healthy Weight" within Henry County by 2%. Baseline: CDC BMI (Body Max Index) guidelines for healthy weight of 66% (Per Illinois Youth Survey [IYS], U of I, 2018 Henry County Report).

TACTICS	PROGRESS for FY 2022
(1) Implement Heathy Kids U collaboration. Offer two Healthy Kids U in Motion Programs	(1) Healthy Kids U day camp program at YMCA from 3/28-4/1and Healthy Lives 4 Kids at Kewanee YMCA on 6/28
(2) Wellness Edge for Kids Program – Healthy Eating, Physical Activity, and Stress Reduction. Increase the number of participants by 2 annually.	(2) Wellness edge program not offered. Activity at Kiddie Kamp for Pre-school and Kindergarten-sorting healthy and unhealthy foods into bins
(3) Provide Diabetes Education and Prevention. Determining Baseline for number of persons educated.	(3) FY22-42 patients Milestone not met

Goal 2: Increase Access to Health Care and Services within Henry County.

Outcome Metric 2: Decrease the Percent of Henry County population that does not have access to medical care when needed by 2%. Baseline – 17% of Henry County population responded they did not have access to medical care when needed. (Per CHNA survey, 2019)

TACTICS	PROGRESS for FY 2022
(1) Implement Rural Transportation Program. Determining Baseline for number of persons served.	(1) Van order was postponed due to COVID-19. Officially ordered in September with anticipated delays due to manufacturing shortages. 4/21-9/21 Number served 227 patients and 737 rides.
(2) Evaluate Ambulatory Telehealth Services. Determining baseline for number of services that can be provided via Telehealth	(2) There were 675 virtual visits in FY20, which quickly expanded due to COVID-19 in the form of Telephone calls (440), and Video (235). FY 21 1,400-680 telephone and 720 video
(3) Implement Heathy Kids U collaboration	(3) Started the new program in February and were able to hold 5 sessions before cancelling it due to COVID-19. 2/21-4/21 13 persons served

Outcome Metric 3: Increase the Percent of Henry County population who receive an annual Flu Immunization by 1.8% Baseline – Henry County Flu Shots 36.4%, which is 1.8% below the State of Illinois (per CHNA survey, 2019), Increase the percentage of youth living at a "Healthy Weight" within Henry County by 2%. Baseline: CDC BMI (Body Max Index) guidelines for healthy weight of 66% (Per Illinois Youth Survey [IYS], Uofl, 2018 Henry County Report).

TACTICS	PROGRESS for FY 2022
(1) Grow School Flu Immunization Collaboration – Educate and create a lasting healthy habit. Increase free flu immunizations to school aged students and their teachers.	(1) Provided 1,024 free flu immunizations to Kewanee, Wethersfield, & Visitation School students and staff.

Behavioral Health – defined as Mental Health & Substance Abuse

Mental Health

In Henry County, 41% of respondents indicated they felt depressed in the last 30 days and 32% indicated they felt anxious or stressed. Respondents were also asked if they spoke with anyone about their mental health in the last 30 days. Of respondents 20% indicated that they spoke to someone, the most common response was to a doctor/nurse (46%). In regard to self-assessment of overall mental health, 5% of respondents stated they have poor overall mental health. In the 2019 CHNA survey, respondents indicated that mental health was the 3rd most important health issue.

Goal 1: Decrease the number of residents in Henry County who reported feeling depressed or anxious in the past 30 days.

Outcome Metric 1: Decrease the number of residents in Henry County who reported feeling depressed in the past 30 days by 2%. Baseline – 41% of Henry County residents responded as feeling depressed at least 1 or more days in the last 30 days. (per CHNA survey, 2019)

TACTICS	PROGRESS for FY 2022
(1) Increase Outpatient Behavioral Health Access. Increase availability of counselor visits by 30%.	(1) Behavioral Health counselor visits of 707 impacted due to COVID-19.
(2) Increase SilverCloud Utilization. Determine baseline for number of users in Henry County and increase utilization by at least 1% annually.	(2) 27 Utilizing app
(3) Determine baseline for number of encounters/resources provided. Increasing encounters at least 1% annually.	(3) Delayed due to COVID-19. 77 used navigators to help with resource.
(4) Determine baseline for number of patients seen related to behavioral health and determine the percent screened; achieving 95% of these patients screened for suicide.	(4) SLMC ED screened 95% of all patients.

Goal 2: Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations in order to improve mental health outcomes.

Outcome Measure 2: Decrease the percentage of respondents stating they have poor overall mental health by 1%. Baseline: Per the 2019 CHNA survey, 8% of respondents stated they have poor overall mental health. Not having basic human needs is likely linked to poor mental health. If a survey respondent does not have housing, food, transportation (etc.), their overall state of mental health would likely be rated lower.

TACTICS	PROGRESS in 2022
(1) Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.	(1) 1672
(2) Track number of patients referred to community based organizations (CBO)	(2) 22
(3) Track number of Mission Partners educated for continued roll-out	(3) completed
(4) Track number of patient referrals to OSF Care Management and social workers	(4) 13

Substance Abuse

In Henry County, 14% of respondents indicated they use substances daily to make themselves feel better. Substance abuse values of students is a leading indicator of adult substance abuse in later years. Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Henry County is at or above State averages in all categories among 8th graders except for one category: marijuana. Among 10th graders, Henry County is at or below State averages in all categories except for cigarettes and inhalants. The two unhealthy behaviors that rated highest in the CHNA survey were drug abuse (illegal) at 68% and alcohol abuse at 50%.

Goal: Decrease the percent of Henry County residents who responded using substances daily to make them feel better.

Outcome Metric: Decrease the number of respondents who indicated they use substances daily to make themselves feel better to 13%

Baseline: 14% of respondents indicated they use substances daily to make themselves feel better (per CHNA survey, 2019).

TACTICS	PROGRESS for FY 2022
(1) Promote the RX Disposal program. Increase pounds of medication collected and destroyed by 9%.	(1) A total of 191 pounds of medications were returned.
(2) Practice opioid stewardship. Determine a baseline for number of opioids administered in the emergency department and inpatient unit. Decrease a minimum of 1% annually.	(2) Delayed due to COVID-19.

OSF Healthcare System – DBA: OSF Holy Family Medical Center in Monmouth

The following information contains data and statistics specific to the prioritized health needs and those accomplishments from the 2020 CHNA. Active for fiscal years ending 2020, 2021 & 2022.

Monmouth: Populations Served

The Primary Service Area consists of Warren and Henderson counties, which have a population size of 17,167. The Secondary Service area includes portions of Knox County (Galesburg ZIP codes) and portions of Mercer and McDonough counties. Data from the last census indicate the population of Warren County has slightly decreased (2.7%) between 2013 and 2017.

The poverty rate for Warren County was 13.8 percent in 2017. The population used for the calculation was 17,167, yielding 2,369 residents living in poverty in the Warren County area.

Monmouth: Services Provided

Founded in 1897, OSF HealthCare Holy Family Medical Center is a 23-bed critical access hospital located in Monmouth, Illinois, serving the people of Warren, Henderson and Mercer counties. OSF Holy Family is a part of OSF HealthCare, a 15-hospital Catholic health system serving Illinois and the Upper Peninsula of Michigan, driven by a Mission to "serve with the greatest care and love." Key Services include: 24-hour physician-staffed emergency department; behavioral health; diabetes care and education; cardiovascular testing, diagnostics, treatment and rehabilitation; cataract surgery; employer health services; general surgery; pulmonology; rehabilitation – physical, occupational and speech therapy; skilled care swing bed services; sleep lab; specialty clinics – podiatry, orthopedics, neurology, OB/GYN; testing and diagnostics – 3D mammography, MRI, CT and ultrasound; and women's health services.

OSF Holy Family Medical Center is a 23-bed acute/intermediate care, critical access hospital. We are located in the rural farming community of Monmouth, Illinois, and currently serve the patients and families of Warren, Henderson, and Mercer counties.

OSF Holy Family provides a broad range of acute care and outpatient services including a variety of specialist, emergency, rehabilitation, and diagnostic imaging services.

Monmouth: Goals and Accomplishments

The Warren County Community Health-Needs Assessment (CHNA) is a collaborative undertaking by OSF Holy Family to highlight the health needs and well-being of residents in Warren County. Through this needs assessment, collaborative community partners have identified numerous health issues affecting individuals and families in the Warren County region. Several themes are prevalent in this health-needs assessment – the demographic composition of the Warren County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

The collaborative team identified two significant health needs and prioritized both to be addressed in the Community Health Needs Implementation Strategy.

- Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity
- Behavioral Health – including mental health and substance abuse

Healthy Behaviors

Active Living

A healthy lifestyle, composed of regular physical activity and a balanced diet, has been shown to increase physical, mental, and emotional well-being. 28% of survey respondents indicated that they do not exercise at all, while the majority (55%) of residents exercise 1-5 times per week. The most common reasons for not exercising are not having enough time (49%) and a dislike of exercise (28%).

Healthy Eating

Over half (57%) of residents 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 7%. The most prevalent reason for failing to eat more fruits and vegetables was the lack of importance and expense involved according to survey respondents.

Obesity

A health outcome of unhealthy behaviors in Warren County. Over half (54.7%) of residents were diagnosed with obesity and being overweight (based on the most recent available data from 2014). Survey respondents indicated that being overweight was the second most important health issue and the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults. The U.S. Surgeon General has characterized obesity as the "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. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois exceed $3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs. 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.

Goal 1: Increase the percent of Warren County residents who consume 3 or more servings of fruits and vegetables per day to over 50%.

Outcome Metric 1: Decrease the percent of survey respondents who self-report no consumption or low consumption (1-2 servings per day) of fruits and vegetables.

Baseline: Per 2019 CHNA survey, over half (57%) of Warren County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables.

TACTICS	PROGRESS for FY 2022
(1) Increase knowledge and awareness of healthy behaviors with traditional and social media.	(1) 10 Healthy eating posts made on social media. Individual OP Nutrition Education sessions were scheduled.
(2) Increase community knowledge and effective self-management of diabetes through education.	(2) Support group held January-September. Attendance varied from 3 to 16. 5 Diabetes management posts made on social media. Healthy Eating with Diabetes presentation given at Strom Center. Fareway prepared a recipe for the 18 participants. A Lifestyle change program. (A CDC recognized Diabetes Prevention program) began in June meeting weekly and now meets every other week. This program lasts for a year
(3) Be-Well –Women Enjoying Living and Learning - A women's healthy living program	(3) Be Well program not provided.

focusing on healthy behaviors and diabetes prevention.	
(4) Partner with Warren County YMCA to implement Healthy Kids U, a childhood wellness initiative that combines exercise with education and behavior modification.	(4) This wellness program was not implemented.
(5) Kids Health and Safety Event	(5) An outdoor living well program was held for children with 11 kids and parents attending

Goal 2: Increase the number of Warren County Residents who report receiving screening exams for diabetes, breast cancer and colon cancer within the last five years.

Outcome Metric 2: Increase the number of people receiving health screening for diabetes, breast cancer and colon cancer by 5%. Baseline: Per CHNA 2019 survey, 69% of women had a breast screening in the past five years and for women and men over the age of 50, 60% had colorectal screening in the last five years. Diabetes A1C screening-FY2019 performed 168 A1C screenings within the community.

TACTICS	PROGRESS for FY 2022
(1) Increase the number of A1C screenings performed to identify individuals unaware of diabetes and pre-diabetes health issue.	(1) 175 AIC screenings-Smithfield foods and Eagleview Health Fair at Stronghurst.
(2) Promote health screenings through social media, education, radio spots and social connections with minority groups to increase priority and outcomes of early detection of cancer and diabetes.	(2) 10 screening awareness posts made on social media. OSF Holy Family participated in Freezing for Food in December and June. Radio spots on Men's Health screenings and stroke awareness.

Behavioral Health – Mental Health and Substance Abuse

Mental Health

Mental illness is common but often hidden due to many associated stigmas. When asked to indicate prevalence of specific issues, namely depression and stress/anxiety, 40% of survey respondents indicated they felt depressed in the last 30 days and 32% indicated they felt anxious or stressed. Of respondents, 22% indicated that they spoke to someone about their mental health in the last 30 days; the most common was a doctor/nurse (34%). Mental health is a significant factor contributing to other health and social determinant issues. The number of suicides in Warren County indicate higher incidence than State of Illinois averages, as there were approximately 15.3 per 100,000 people in Warren County in 2015.

Substance Abuse

Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Warren County is at or above State averages in all categories among eighth graders except for one category: marijuana. Among 12th graders, Warren County is at or above State averages in all categories except for inhalants and illicit drugs.

Goal 1: Increase the number of individuals accessing mental health services.

Outcome Metric 1: Decrease number of survey respondents not having access to counseling services when needed by 2%.Baseline – Per 2019 CHNA survey, 9% of survey respondents indicated no access to counseling services when needed. 27% of those not receiving the counseling when needed stated embarrassment as the barrier for care.

TACTICS	PROGRESS for FY 2022
(1) Provide 3 blood pressure screenings to the community.	(1) Provided the Women's Health Event while including education on Women's Heart Health.
(2) Feature Women's Heart Health in the Women's Health Event to be developed and provided. (See Poor Healthy Behaviors – nutrition & exercise)	(2) Included a presentation on the effects of sleep on heart health as part of the Diabetes support group.
(3)Offer education on how sleep habits impact heart health.	(3)Included a presentation on the effects of sleep on heart health as part of the Women's Health Event.
(4) Increase community awareness of RX Disposal Program through advertising	(4) 108 lbs. of drugs collected.

Mendota Community Hospital - DBA OSF Saint Paul Medical Center in Mendota

The following information contains data and statistics specific to the prioritized health needs and those accomplishments from the 2020 CHNA. Active for fiscal years ending 2020, 2021 & 2022.

Mendota: Populations Served

The OSF Saint Paul service community is located primarily in LaSalle County but extends into portions of Lee, Bureau and DeKalb counties. The race and ethnicity makeup of the service area indicates that more than 12.6% of the population is of Hispanic origin. Other race and ethnicity numbers are typical of rural Illinois. There are no large changes in the profile over the past five years.

The poverty rate for LaSalle County was 13.6 percent in 2017. The population used for the calculation was 110,067 yielding 14,969 residents living in poverty in the LaSalle County area. Data from the last census indicate the population of LaSalle County has slightly decreased (2.1%) between 2013 and 2017. The population in LaSalle County has decreased from 112,424 in 2013 to 110,067 in 2017.

The demographic/economic profile of the OSF Saint Paul service area is typical of rural Illinois communities in several ways but has a higher population of Hispanic origin than many other rural locations around the state.

Mendota: Services Provided

OSF HealthCare Saint Paul Medical Center, a 25-bed critical access hospital, has been dedicated to providing quality health care to Mendota and the communities we serve since 1951. Relocated to its new state-of-the-art facility at 1401 E. 12th St. in Mendota in 2011, OSF Saint Paul became the 11th OSF HealthCare hospital on April 1, 2015.

OSF HealthCare is a Catholic, 15-hospital health system serving Illinois and the Upper Peninsula of Michigan, driven by our Mission to "serve with the greatest care and love."

In 2020, OSF Saint Paul received state and national recognition for excellence in patient safety/inpatient, patient engagement; care transitions; and outpatient measures.

OSF Saint Paul recruits and employs highly trained professionals and maintains valuable partnerships to bring exceptional clinical care and specialty services to our rural setting. We are committed to innovation to provide care in ways that allow people the care they need, when they need it, close to home. Key services include: Air transport; cardiac/pulmonary rehabilitation; emergency services 24/7; general surgery – inpatient and outpatient; medical, surgical and skilled inpatient care; medical imaging – CT, MRI, nuclear imaging, 3-D mammography; laboratory testing; occupational health; primary care; physical rehabilitation services; sleep testing; and specialist services.

Mendota and Ottawa serve LaSalle County. The two facilities conducted a joint CHNA and Implementation Strategy.

Ottawa Regional Hospital & Healthcare Center –

DBA: OSF Saint Elizabeth Medical Center in Ottawa

Ottawa: Populations Served

The poverty rate for LaSalle County was 13.6 percent in 2017. The population used for the calculation was 110,067 yielding 14,969 residents living in poverty in the LaSalle County area. Data from the last census indicate the population of LaSalle County has slightly decreased (2.1%) between 2013 and 2017. The population in LaSalle County has decreased from 112,424 in 2013 to 110,067 in 2017.

Ottawa: Services Provided

OSF HealthCare Saint Elizabeth Medical Center is a 97-bed acute care facility, fully accredited by The Joint Commission. With roots in the community dating back to 1895, OSF Saint Elizabeth joined the OSF HealthCare ministry in 2012. The medical center serves patients throughout Ottawa, Streator and beyond, and through OSF Medical Group clinics in Marseilles, Ottawa, and Streator.

Our staff provides state-of-the-art therapeutic, diagnostic, medical, surgical and support services in Ottawa, with additional staff providing care at OSF HealthCare Center for Health – Streator, a robust outpatient facility that also features a freestanding emergency center. OSF HealthCare is a Catholic, 15-hospital health system serving Illinois and the Upper Peninsula of Michigan, driven by our Mission to "serve with the greatest care and love."

Transforming Care - OSF Saint Elizabeth recruits and employs highly trained professionals and maintains valuable partnerships to bring exceptional clinical care and specialty services to the Illinois Valley. We are committed to developing solutions and removing barriers to provide care to our community.

Key services include behavioral health; cancer care; cardiovascular; children's services; emergency services; healthy living and education; inpatient services; lung and pulmonology; neurology; orthopedics; outpatient services; pregnancy and birth; rehabilitation; sports medicine; testing and diagnostics; surgery; and women's health.

Mendota & Ottawa: Goals and Accomplishments

The LaSalle County Community Health-Needs Assessment is a collaborative undertaking by OSF Saint Elizabeth and OSF Saint Paul medical centers to highlight the health needs and well-being of residents in LaSalle County. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the LaSalle County region. Several themes are prevalent in this health-needs assessment – the demographic composition of the LaSalle County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

The collaborative team identified two significant health needs and prioritized both to be addressed in the Community Health Needs Implementation Strategy.

- Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity
- Behavioral Health – including mental health and substance abuse

Healthy Behaviors

Active Living

A healthy lifestyle, composed of regular physical activity, has been shown to increase physical, mental, and emotional well-being. Consequently, regular physical activity is critical to preventive care. 28% of respondents in LaSalle County indicated that they do not exercise at all, while the majority (60%) of residents exercise 1-5 times per week, with 32% exercise only 1-2 times per week. The most common reasons for not exercising was not having enough energy.

Goal 1: Increase active living in LaSalle County over the next three years as evidenced by the Community Health Needs Assessment survey.

Outcome Metric: Increase active living in LaSalle County by increasing the number of respondents exercising (healthy activity) 1 – 5 times per week from 60% to 62% and decreasing those reporting they do not exercise at all from 28% to 25%.

Baseline: Noted from the most current CHNA Survey that 28% of respondents indicated that they do not exercise at all and 60% of respondents indicated that they exercise between 1 – 5 times per week.

TACTICS	PROGRESS for FY 2022
(1) Promote the use of Bike Routes/Walking Paths in Mendota, Ottawa and Streator	(1) Promoted the University of Illinois walking guide for Ottawa, Streator, and Mendota virtually in Live Well Streator's 20 in 21 social media campaign, daily on the OSF Center for Health Streator's waiting room digital screens, on April 13 at Illinois Valley Community College Student Wellness Fair, April 29 at Streator YMCA Healthy Kids Day, and May 7 at Mendota YMCA Healthy Kids Day. In addition, Live Well Streator partnered with the Streator Chamber for a Poker Walk on October 1 & 2.
(2) Increase offering of the Healthy Kids U Program	(2) HKU to launch in May 2022. Due to low enrollment class cancelled. Participated in April 29 Streator YMCA's Healthy Kids Day, May 7 Mendota YMCA's Healthy Kids Day, July 2 Streator 4th of July Celebration's Kids Korner and July 14-15 LaSalle County 4-H Fair. Co-sponsored and participated in the University of Illinois Extension's Illinois Junior Chef program in Streator June 20-24.
(3) Implement Journey To Health – Redesigned program.	(3) The Implement Journey To Health – Redesigned program was one-time only for 2021 and was not replaced with anything else

Healthy Eating

A healthy lifestyle, composed of a proper diet, has been shown to increase physical, mental, and emotional well-being. Consequently, nutrition and diet are critical to preventive care. Over half (56%) of LaSalle County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of LaSalle County residents who consume five or more servings per day is only 7%. The most prevalent reason for failing to eat more fruits and vegetables was the dislike and expense involved according to survey respondents.

Obesity

A health outcome, which is directly related to healthy behaviors. In LaSalle County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 63.5% to 68.5%. Overweight and obesity rates in Illinois have decreased slightly, with a decrease from 2009 (64.0%) to 2014 (63.7%).

Goal 2: Increase community consumption of fruits/vegetables to more than 2 servings per day.

Outcome Metric 2: Increase the rate from 44% to 48% of the community that reported that they consume more than 2 servings of fruits/vegetables per day on the 2022 CHNA Survey. Baseline: Per the 2019 CHNA, 44% of the community reported that they consume more than 2 services of fruits/vegetables per day.

TACTICS	PROGRESS for FY 2022
(1) Promote awareness of Community Gardens at OSF Healthcare, Ottawa Community Gardens, SHS Edible Garden, Northlawn Jr. High School Garden and the distribution locations to address local food disparities and access to healthy foods.	(1) Micropantry installed at Reading Township Hall, Streator. Ottawa – 12 beds and herbs planted. Mendota – 26 beds. Streator – 3 garden bed areas, south lot garden divided into 4 sections, transportation center 12 raised beds. The Ottawa Community Garden harvested 640 pounds and donated the produce to A Servant's Heart. Streator donated 713.75 pounds to the Streatorland Food Pantry, Grace Community Church Food Pantry, New Beginnings Baptist Church Food Pantry and the Streator Salvation Army Food Pantry. The Mendota garden donated 1,175 pounds to the OSF Saint Paul Café, Mission Partners, and the Mendota Area Christian Food Pantry. Total of 2,528.75 pounds of produce this season.
(2) Increase offerings of the Healthy Kids U Program. Host a Healthy Kids U session quarterly	(2) HKU to launch in May 2022. Due to low enrollment class cancelled. Participated in April 29 Streator YMCA's Healthy Kids Day, May 7 Mendota YMCA's Healthy Kids Day, July 2 Streator 4th of July Celebration's Kids Korner and July 14-15 LaSalle County 4-H Fair. Co-sponsored and participated in the University of Illinois Extension's Illinois Junior Chef program in Streator June 20-24.
(3) Develop and Promote Live Well Streator Health Eating Restaurant Menu Guide	(3) – 1 restaurant, due to COVID, supplier and staffing challenges. Content on Live Well Streator Facebook page highlighted 12 restaurants with healthy options, 4 posts with 100-calorie swap outs and 20 fruit/vegetable features.
(4) Conduct the Illinois Jr. Chef's Cooking School in three communities	(4) 30 students participated in Streator June 20-24.
(5) Promote healthier school lunchroom environments	(5) Due to COVID restrictions with limited access for visitors at schools, community implementation was identified including Illinois Junior Chef at Northlawn Junior High School in Streator, Safety Town at Central Elementary School in Ottawa, Illinois Valley Community College Student Wellness Fair.
(6) King Care-A-Van client nutrition education and food demonstrations within OSF Service area through mobile King Care-A-Van service	(6) Nutrition education – Habitat Restore Peru, Streator Salvation Army, Ottawa Homeless Shelter/IV PADS

Behavioral Health – defined as Mental Health and Substance Use

Mental Health

The CHNA survey asked respondents to indicate prevalence of specific mental-health issues, namely depression and stress/anxiety. Of respondents, 41% indicated they felt depressed in the last 30 days and 39% indicated they felt anxious or stressed. Respondents were also asked if they spoke with anyone about their mental health in the last 30 days. Of respondents, 33% indicated that they spoke to someone; the most common response was to a doctor/nurse (38%). In regards to self-assessment of overall mental health, 10% of respondents stated they have poor overall mental health. In the 2019 CHNA, respondents indicated that mental health was the 3rd most important health issue.

Goal1: Increase the overall community understanding of Mental Health needs and access to Mental Health services.

Outcome Metric 1: Decrease self-reports of depression and anxiety to see a reduction of individuals reporting depression and anxiety within the last 30 days from 35% to 32% by 2022. (Per CHNA survey, 2019)

TACTICS	PROGRESS in 2022
(1) Conduct Mental Health First Aid Training, Groups/Programs for behavioral/mental health for specific ages from youth, 18-35 and senior.	(1) North Central trained 12 participants at Park Presbyterian Church/Streator March 12th and 14 staff from Peru & Ottawa homeless shelters (IV PADS) July 19th
(2) Embed bilingual Behavioral Health provider at OSF Multi-Specialty Group Mendota, Bilingual programming's and communications	(2) Implementation delayed due to staff turnover. Currently using Globo for translation services.
(3) Engage Faith Community Nurse to work with school nurses regarding students not having medications needed	(3) After resignation, position will not be reposted.
(4) Provide free access to digital Behavioral Health solution – Silver cloud	(4) 64 Utilizing app.
(5) Provide free Behavioral Health Navigation Service	(5) 231

Goal 2: Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations in order to improve mental health outcomes.

Outcome Measure 2: Decrease the percentage of respondents stating they have poor overall mental health by 1%. Baseline: Per the 2019 CHNA survey, 8% of respondents stated they have poor overall mental health. Not having basic human needs is likely linked to poor mental health. If a survey respondent does not have housing, food, transportation (etc.), their overall state of mental health would likely be rated lower.

TACTICS	PROGRESS in 2022
(1) Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.	(1) 8,47
(2) Track number of patients referred to community based organizations (CBO)	(2) 273
(3) Track number of Mission Partners educated for continued roll-out	(3) completed
(4) Track number of patient referrals to OSF Care Management and social workers	(4) 22

Substance Abuse

Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Warren County is at or above State averages in all categories among 8th graders except for one category: marijuana. Among 12th graders, Warren County is at or above State averages in all categories except for inhalants and illicit drugs.

Goal: Improve community compliance with proper drug disposal processes to decrease availability of prescription and non-prescription drugs utilized for substance abuse.

Outcome Measure: Increase the pounds of drugs collected through the RX Disposal Program by 10%. Baseline – 96 pounds of drugs removed from HFMC drug disposal receptacle (2019 actual reported amount)

TACTICS	PROGRESS in 2022
(1) Provide testimonials on how substance use affects lives in target schools throughout communities.	(1) 3 Live Well Streator's Streator Drug Free Press quarterly Newsletters shared with Streator Chamber membership.
(2) Provide education on substance use in target schools throughout communities.	(2) School Year Streator Township High School participate in EVERFI Prescription Drug Safety. 3 Live Well Streator's Streator Drug Free Press quarterly Newsletters shared with Streator Chamber membership. Met with Regional Office of Education and discussed mental health options and barriers.

OSF Saint Francis Medical Center in Peoria

Peoria: Populations Served

Peoria, Tazewell and Woodford counties compose the primary service area for OSF Saint Francis Medical Center in Peoria. The region includes a total population of over 350,000. The poverty rate for the Tri-County was 15.9% in Peoria County, 8.0% in Tazewell County, and 7.4% in Woodford County for 2017. The populations used for the calculation were 183,011, 133,526 and 38,726 respectively, yielding total residents living in poverty in the three counties at 29,099, 10,682, and 2,866. Identifying the communities to serve and the methods of providing that service is part of the strategic planning process conducted each year. Areas of need are identified and plans made to address those needs in a cost-efficient manner that ensures proper access and convenience for those being served.

Peoria: Services Provided

OSF HealthCare Saint Francis Medical Center has fulfilled the Mission of our Sisters since 1877. OSF Saint Francis has grown into the fourth-largest medical center in Illinois, with more than 5,000 employees and 600+ patient beds. A major teaching affiliate of the University Of Illinois College Of Medicine Peoria, OSF Saint Francis is the area's only Level 1 Trauma Center and tertiary care medical center. We are also home to OSF HealthCare Children's Hospital of Illinois and OSF HealthCare Illinois Neurological Institute. Key services include behavioral health; cancer; cardiovascular; diabetes; emergency services; lung and pulmonology; neurosciences; pediatrics; rehabilitation; specialty services; surgery; testing and diagnostics; transplant services; wellness services; weight management and women's health.

OSF Saint Francis employs a staff of highly experienced and exceptionally trained Mission Partners. These compassionate caregivers may be found throughout OSF Saint Francis in clinical and non-clinical roles, performing a variety of services. In addition to providing direct patient care, we coordinate patient care with other disciplines, including nutrition, pharmacy and weight management services. This interdisciplinary team meets daily at the bedside with the patient and family to discuss the patient's goals for discharge, education and equipment needed and patient responsibilities upon discharge.

Peoria: Goals and Accomplishments

The Tri-County Community Health-Needs Assessment (CHNA) is a collaborative undertaking spearheaded by the Partnership for a Healthy Community (hereafter referred to as PFHC), a multisector community partnership working to improve population health. An ad Hoc committee within the PFHC formed a collaborative team to facilitate the CHNA. This collaborative team included members from OSF Saint Francis Medical Center (OSF), Unity Point Health – Central IL (Unity Point), Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health

Department, Advocate Eureka Hospital, Hopedale Medical Complex, Heart of Illinois United Way, Heartland Health Services and Bradley University. The collaborative team conducted the Tri-County Community Health-Needs Assessment (CHNA) to highlight the health needs and well-being of residents in the Tri-County region.

The collaborative team identified four significant health needs and prioritized both to be addressed in the Community Health Needs Implementation Strategy.

- Healthy Eating/Active Living – defined as active living and healthy eating, and their impact on obesity, access to food, and food insecurity.
- Cancer - defined as incidence of breast, lung, and colorectal cancer and cancer screenings.
- Mental Health - defined as depression, anxiety, and suicide
- Substance Use - defined as abuse of illegal and legal drugs, alcohol, and tobacco/vaping use

OSF Saint Francis Medical Center is collaborating with the PFHC in an effort to achieve this strategic goal. The PFHC is a multi-sector, community initiative leading and supporting collaborative work within the community to drive health outcomes identified in the CHNA in the Tri-County Area.

Healthy Behaviors and Obesity

Active Living

A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being. Note that 23% of respondents in the Tri-County region indicated that they do not exercise at all, and 33% of residents exercise only 1-2 times per week.

Heathy Eating

Almost two-thirds (60%) of Tri-County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of Tri-County residents who consume five or more servings per day is only 5%.

Access to Food and Food Insecurity

It is essential that everyone has access to food and drink necessary for living healthy lives. Food insecurity exists when people do not have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs for a healthy life. In the Tri-County region, approximately 4% of residents go hungry 1-2 times per week.

Goal 1: Reduce the proportion of adults considered obese in the Tri-County area.

Outcome Metric 1: Reduce the percentage of adults in the Tri-County area considered obese by 2% (Peoria 33%, Tazewell 33%, and Woodford- 28%) by December 31, 2022. Data provided by County Health Rankings.

TACTICS	PROGRESS for FY 2022
(1) Increase number of persons receiving produce vouchers by 2%. Baseline: 428 (FY18)	(1) 608 vouchers
(2) Provide healthy eating and active living education and awareness through community outreach and public or social media	(2) 72 community outreach events and social media activities
(3) Increase participation in the Medical Exercise program	(3) 34,328 encounters
(4) Increase enrollment in the Weight Management Clinic	(4) 7,148 visits

Goal 2: Reduce the proportion of youth (Grades 8-12) in the Tri-County Area, who self-report being overweight and obese.

Outcome Metric 2: Reduce the proportion of youth (Grades 8-12) in the Tri-County Area, who self-report being overweight and obese by 2% by December 31, 2022. 11% to 17% of youth report being overweight and 13% of youth report being obese per the Illinois Youth Survey.

TACTICS	PROGRESS for FY 2022
(1) Expand the Breast Feeding Resource Center's community outreach efforts	(1) 1187 encounters and 75 community outreach events
(2) Continue to collaborate to offer Healthy Kids U in Motion program	(2) Three programs offered

Goal 3: Decrease food insecurity in populations residing in the Tri-County area.

Outcome Metric 3: Decrease food insecurity in populations residing in the Tri-county area by 1% by December 31, 2022. The percentage of households reporting food insecurity in the Tri-county area include 16% in Peoria, 10% in Tazewell and 9% in Woodford. Data provided by County Health Rankings.

TACTICS	PROGRESS for FY 2022
(1) Assess for social determinants of health. Pilot in 61603 & 61605 ZIP codes. Determine baseline for number of assessments for social determinant of health completed. Determine baseline for food insecurity.	(1) 767 patients completed a social determinant of health assessment 145 (19%) patients were determined to be food insecure
(2) Pilot Smart Meals Program. Piloted in Wound Clinic, Sisters Clinic and Care-A-Van. Determine baseline for number of Smart Meals distributed.	(2) Smart Meals program was piloted in Cancer Services and Wound Clinic. 78 Smart Meals were distributed.
(3) Expand Gardens of Hope community outreach efforts. Increase number of volunteer hours by 10%. Baseline: 1000 hours (FY19). Increase number of children educated from by 10%. Baseline: 23 (FY19).	(3) Smart Meals program was piloted in Cancer Services and Wound Clinic. 78 Smart Meals were distributed
(4) Expand FCN/Care-A-Van outreach. Increase number of referrals by 2%. Baseline: 4163 (FY19).	(4) 1,299 volunteer hours, 34 children were educated and X education events were provided. 4,196 referrals

Cancer- Breast, Lung and Colorectal

Breast Cancer

Breast cancer is the most common cancer in women in Illinois. The incidence of breast cancer per 100,000 residents in the Tri-County regions is 134.2 people per 100,000 compared to Illinois State average of 128.5.

Lung Cancer

Lung cancer is second most common cancer among men and women in Illinois. The incidence of lung cancer per 100,000 residents in the Tri-County region is 79.7 people per 100,000 compared to Illinois State average of 67.9. Incidence of smoking in the Tri-County area (19.1%) is higher than State of Illinois averages (18.4%). Moreover, in 2018, 10% of the Tri-County population smoked and/or vaped five or more times per day.

Colorectal Cancer

Colorectal cancer is the third most common cancer among men and women in Illinois. All three counties in the Tri-county area report higher incident and age-adjusted death rates for colorectal cancer compared to the State of Illinois, the U.S. and are 3-6% higher than the Healthy People 2020 target. According to the CHNA survey, 39% of respondents over 50 years old in the Tri-County area reported not receiving a colorectal screening in the past five years. In the case of colorectal cancer, early detection of precancerous polyps can prevent colorectal cancer.

Goal 1: Reduce the female breast cancer death rate in the Tri-County area.

Outcome Metric 1: Reduce the female breast cancer death rate in the Tri-County area by 1% by December 31, 2022. The breast cancer age-adjusted death rate for 2011 to 2015 is 22.7 for Peoria County, 18.7 for Tazewell County and 24.4 for Woodford County. Data provided by the Illinois Department of Public Health and the National Cancer Institute.

TACTICS	PROGRESS for FY 2022
(1) Increase screening mammograms provided by 200. Baseline: 25,025 (FY19)	(1) 22,672 screening mammograms.
(2) Increase number of high-risk assessments provided by 10%. Baseline: 435 high risk assessments (FY19)	(2) 8,418 high risk assessments
(3) Increase number of education and awareness activities from 10 to 12. Baseline: 10 (FY19)	(3) 12 education and awareness activities
(4) Increase number of colonoscopies provided by 1000.	(4) 5446 colonoscopies
(5) Provide colorectal cancer education and awareness through community outreach	(5) 900+ persons reached & 10 education and awareness activities
(6) Evaluate the distribution of non-invasive screening test kits	(6) 11 kits were distributed.

Goal 2: Reduce the lung cancer death rate in the Tri-County area.

Outcome Metric 2: Reduce the lung cancer death rate in the Tri-County area by 1% by December 31, 2022. The lung cancer age-adjusted death rate for 2011 to 2015 is 86.9 for Peoria County, 84.3 for Tazewell County and 56.5 for Woodford County. Data provided by the Illinois Department of Public Health.

TACTICS	PROGRESS for FY 2022
(1) Increase number of participants in the smoking cessation program.	(1) 3 patients
(2) Provide lung cancer awareness and prevention education through community outreach	(2) 11 education and awareness activities
(3) Increase the number of low does CT Lung cancer screenings provided	(3) FY2020 - 2223 lung cancer screenings;
(4) Provide colorectal cancer education and awareness through community outreach	(4) 3,309.

Mental Health

Depression

According to the CHNA survey, 46% of respondents felt depressed in the last 30 days. Specifically, 28% or respondents felt depressed 1 to 2 days and 18% felt depressed three or more days in the last 30 days.

Anxiety

According to the CHNA survey, 40% of respondents felt anxious in the last 30 days. Specifically, 25% of respondents felt anxious 1 to 2 days and 15% felt anxious three or more days in the last 30 days.

Suicide

In the Tri-County region, all three counties had higher suicide rates than State of Illinois averages. Specifically, suicide rates per 100,000 residents were 10.9 in Peoria County, 12.0 in Tazewell County and 15.8 in Woodford County. The State of Illinois average was 9.5 suicide deaths per 100,000 residents. In the Tri-County area, 16.7% of 10th graders indicated they seriously considered attempting suicide in the past 12 months.

Goal 1: Decrease the number of suicides in the Tri-County area.

Outcome Metric 1: Decrease the number of suicides in the Tri-County area by 10% by December 31, 2022. Suicide death rate per 100,000 in 2015 was 10.9 in Peoria County, 12.0 in Tazewell County and 15.8 in Woodford County according to the Illinois Department of Public Health.

TACTICS	PROGRESS for FY 2022
(1) Screen patients receiving outpatient behavioral health services for suicide risk.	(1) 96% screened.
(2) Implement Behavioral Health monitor training	(2) Cancelled due to COVID-19.

Goal 2: Decrease the number of residents in the Tri-County area who reported feeling depressed or anxious in the past 30 days.

Outcome Metric 2: Decrease the number of residents in the Tri-County area who reported feeling depressed or anxious in the past 30 days by 10% by December 31, 2022. The 2019 CHNA reported that 46% of Tri-County residents reported feeling depressed at least one to two days in the past 30 days; 9% experienced depression more than five days in the past 30 days and 40% reported they felt anxious or stressed at least one to two days in the past 30 days; 7% experienced anxiety or stress more than five days.

TACTICS	PROGRESS for FY 2022
(1) Implement Prescriptions for Play program	(1) 230 Prescriptions for Play
(2) Increase outpatient Behavioral Health encounters by 2%.	(2) 18,616 encounters.
(3) Increase Resource Link encounters	(3) 486 encounters.
(4) Increase Strive Trauma Recovery services provided in a community setting	(4) 1363 visits were provided in a community setting
(5) Provide free access to digital Behavioral Health solution – Silver cloud.	(5) 376 Utilizing app.
(6) Provide free Behavioral Health Navigation services	(6) 1,356 provided

Goal 3: Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations in order to improve mental health outcomes.

Outcome Measure 3: Decrease the percentage of respondents stating they have poor overall mental health by 1%. Baseline: Per the 2019 CHNA survey, 8% of respondents stated they have poor overall mental health. Not having basic human needs is likely linked to poor mental health. If a survey respondent does not have housing, food, transportation (etc.), their overall state of mental health would likely be rated lower.

TACTICS	PROGRESS in 2022
(1) Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.	(1) 30,135
(2) Track number of patients referred to community based organizations (CBO)	(2) 834
(3) Track number of Mission Partners educated for continued roll-out	(3) completed
(4) Track number of patient referrals to OSF Care Management and social workers	(4) 196

Substance Use

Substance use is defined as abuse of illegal and legal drugs, alcohol and tobacco/vaping use. Alcohol and drugs impair decision marking, often leading to adverse consequences and outcomes. Research suggest that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors of high school students are a leading indicator of adult substance abuse in later years.

Data from the 2017 Illinois Youth Survey measures illegal substance use among adolescents. Peoria County and Tazewell County are at or above state averages in all categories among 8th and 12th graders; Woodford County is below state averages in all categories among 8th graders except for one category-inhalants. Among 12th graders, Woodford County is at or above state averages in all categories.

In regards to adult substance use, survey respondents were asked, "on a typical day, how often do you use substances (either legal or illegal) to make yourself feel better?" Given the increase in opioid abuse, use of legal drugs were included in the question. Of respondents, 94% indicated they do not use substances to make themselves feel better.

Goal: Reduce the rate of drug induced deaths within the Tri-County.

Outcome Measure: By December 31, 2022, reduce the rate of drug-induced deaths within the Tri-County by 10%. 2018 IL Vital Records Overdose Data indicates 51 overdoses in Peoria County, 26 in Tazewell County and 3 in Woodford County.

TACTICS	PROGRESS in 2022
(1) Increase pounds of medication collected and destroyed by 10%.	(1) 305lbs.
(2) Practice opioid stewardship. Track high-risk opioid medication data. Report high-risk opioid medication data to hospital leadership monthly. Achieve target for parenteral opioid reduction.	(2) Opioid medications are tracked and monitored through the Opioid database, which is routinely updated. High-risk medication data is reported to hospital leadership monthly. Targets have been achieved.
(3) Collaborate to promote community narcan efforts. Collect and provide narcan administration data monthly Implement Overdose Education and Naloxone Distribution (OEND) program.	(3) Narcan administration data is shared with the Peoria City/County Health Department monthly. It was determined to not implement an OEND program, but to continue to collaborate with Jolt Harm Reduction. Patients are referred to Jolt for education and supplies.

OSF Saint James-John W. Albrecht Medical Center in Pontiac

The following information contains data and statistics specific to the prioritized health needs and those accomplishments from the 2020 CHNA. Active for fiscal years ending 2020, 2021 & 2022.

Pontiac: Populations Served

Livingston County is the primary service area for OSF Saint James – John W. Albrecht Medical Center in Pontiac. The county includes a total population of 36,518 as of 2017. The poverty rate for Livingston County was 13.3 percent in 2017. Data from the last census indicate the population of Livingston County decreased (2.4%) between

2013 and 2016 but experienced an increase in 2017 (1.2%). OSF Saint James also serves sections of the counties adjacent to Livingston. These sections include Northeast Woodford and McLean counties, Northern Ford County, and Southern LaSalle and Grundy counties.

Pontiac: Services Provided

OSF HealthCare Saint James - John W. Albrecht Medical Center in Pontiac has been serving Livingston County area residents since 1907 with health care services for persons throughout the continuum of life. With almost 600 employees and over 200 affiliated physicians, OSF Saint James offers: acute inpatient care, critical care, emergency care, skilled nursing transitional care beds, cardiac care and monitoring, cardiac rehabilitation, pulmonary rehabilitation, occupational medicine, obstetrics (including an OB nurse navigator program), pediatrics, anesthesiology, medical diagnostic services (cardiac diagnostics, VCT Scanner, fixed-site MRI, PET, low dose CT screening for lung cancer, digital mammography, bone densitometry, ultrasound, general radiology and laboratory), sleep evaluation, pain management, inpatient and outpatient surgery, internal medicine, orthopedics, family medicine, access to multiple specialty providers, physical rehabilitation services (physical therapy, occupational therapy, speech therapy), OSF On Call Urgent Care (24/7 virtual urgent care), OSF Prompt Care onsite urgent care clinic, diabetes education, sports medicine, audiology, pediatric development, occupational health services, employee health screening, ergonomic assessment, education and training for a large network of EMS affiliate services. OSF Saint James is a Tier Two Resource Hospital for disaster and bioterrorism preparedness.

Pontiac: Goals and Accomplishments

The Livingston County Health Needs Assessment (CHNA) is a collaborative undertaking by OSF Saint James – John W. Albrecht Medical Center to highlight the health needs and well-being of residents in the Livingston County region. In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the collaborative team were carefully selected to ensure representation of the broad interests of the community. Several themes are prevalent in this health-needs assessment – the demographic composition of the Livingston County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

The collaborative team identified two significant health needs and prioritized both to be addressed in the Community Health Needs Implementation Strategy.

Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity.

Behavioral Health – including mental health

Healthy Behaviors

Active Living - A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being. 24% of respondents indicated that they do not exercise at all, while the majority (62%) of residents exercise 1-5 times per week.

Heathy Eating – A healthy lifestyle, comprised of a proper diet, has been shown to increase physical, mental, and emotional well-being. Consequently, nutrition and diet are critical to preventive care. Over half (54%) of residents 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 7%.

Obesity – Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. In Livingston County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 62.2% to 70.0%.

Goal: Reduce prevalence of obesity in Livingston County.

Outcome Metrics: #1: Increase percentage of Livingston County Residents who reported exercising in the last week by 2% by 2022. Baseline: 2019 CHNA Survey, 76% indicated they exercised at least 1 time in the past week. Question "In the last WEEK how many times did you participate in exercise, (such as jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes?"

TACTICS	PROGRESS for FY 2022
(1) Provide monthly program on healthy eating and physical activity at the Pontiac Recreation Center.	(1) Monthly virtual programming was provided through the Rec Center in 2022 through Well-Being Videos and a virtual newsletter. A hybrid Healthy Aging challenge will be provided through the Rec Center in 2023.
(2) Provide educational healthy lifestyle programs to women in Livingston County through Women Empowered – We Live.	(2) WE Live events were interrupted by the COVID-19 Pandemic. In 2022, 2 events were hosted: a Wellness Walk in September, and a Healthy Holidays event in November. An estimated 90 participants were at the Wellness Walk, and over 100 people attended Healthy Holidays
(3) Distribute wellness newsletter to local businesses and organizations	(3) Number of businesses and organizations served increased to 10 by the end of 2022.

Outcome Metric #2: #2: Reduce percentage of respondents who report consumption of 2 or less daily fruits and vegetables by 4% by 2022. Baseline: 2019 CHNA Survey, 54% reported "none" or "1 to 2". Question: "On a typical DAY, how many servings/separate portions of fruits and/or vegetables did you have?"

TACTICS	PROGRESS for FY 2022
(1) Provide healthy and easy to replicate meal kits to community members on a monthly basis through Smart Meals Program. St. James provides space, marketing and trains volunteers to support this program, OSF HealthCare Foundation and WE Live provide additional financial support.	(1) Monthly meals were provided at Saint James at 50 per month in 2022. In 2023, SmartMeals will move out to the community, with a different Livingston County location providing SmartMeals each month.

Behavioral Health – Mental Health

The CHNA survey asked respondents to indicate prevalence of specific mental-health issues, namely depression and stress/anxiety. Of respondents, 43% indicated they felt depressed in the last 30 days and 32% indicated they felt anxious or stressed. Respondents were also asked if they spoke with anyone about their mental health in the last 30 days. Of respondents 24% indicated that they spoke to someone, the most common response was to a doctor/nurse (37%). In regard to self-assessment of overall mental health, 6% of respondents stated they have poor overall mental health. Moreover, respondents indicated that mental health was the 5th most important health issue in the community. Social determinants related to self-perceptions of health show perceptions of mental health are lower for younger people, women, those with lower incomes and unstable housing.

Goal 1: Increase access to mental health care and resources in Livingston County.

Outcome Metric 1: Increase the percentage of residents who have talked to someone about their mental health in the past year by 5% by 2022.

Baseline: 24% of respondents answered "Yes" to the question "Have you talked to anyone about your mental health in the past year" on the 2019 CHNA survey.

TACTICS	PROGRESS for FY 2022
(1) Provide free access to digital Behavioral Health solution - Silver cloud	(1) FY2022 16 patient signup for the behavior health solution, Silver cloud in the Pontiac area.
(2) Provide free Behavioral Health Navigation Service	(2) 161 Patients utilize the navigation services to help provide support and connection to behavioral health services.
(3) Partner with IHR to manage and provide services for patients with potential behavioral health care needs that make repeat visits for emergency care. IHR will provide evaluation of OSF patients needing additional psychiatric care and OSF provides transportation for the patient to receive the care.	(3) IHR and the Emergency Dept. collaborate in providing all available resources to our identified Behavioral Health patients.
(4) Educate EMS providers on caring for patients with mental health care needs	(4) Due to the pandemic, this particular measure was put on pause. This will be relooked at when the state restrictions for hosting events in person will be resumed.
(5) Provide free Mental Health First Aid Courses to the community in partnership with Livingston County Mental Health Board for facilitators	(5) Due to the state restrictions related to the pandemic, this measure was put on pause.
(6) Partner with IHR to provide on-site counseling services in Livingston County Schools	(6) Due to the states restrictions with the schools in relation to the pandemic, this measure was put on pause.
(7) Coordinate and communicate process for referral by OSF to Comprehensive child psych / PHD assessment through IHR/LCCN.	(7) There has been 10 referrals made in 2022 for Child psychology services.
(8) Collaborate with IHR, Livingston County Mental Health Board, Livingston County Public Health Department and Futures Unlimited to update the "purple book" directory of community services and resources to distribute to providers and community.	(8) Due to the pandemic, this measure was put on hold.
(9) Partner with OSF HomeCare to provide free OSF Living With Loss support group on a bi-monthly basis. SJJWAMC provides space and marketing for the group, HomeCare facilitates.	(9) The loss support group numbers continue to be low due to the continued Pandemic threat.

Goal 2: Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations in order to improve mental health outcomes.

Outcome Measure 2: Decrease the percentage of respondents stating they have poor overall mental health by 1%. Baseline: Per the 2019 CHNA survey, 8% of respondents stated they have poor overall mental health. Not having

basic human needs is likely linked to poor mental health. If a survey respondent does not have housing, food, transportation (etc.), their overall state of mental health would likely be rated lower.

TACTICS	PROGRESS in 2022
(1) Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.	(1) 8271
(2) Track number of patients referred to community based organizations (CBO)	(2) 130
(3) Track number of Mission Partners educated for continued roll-out	(3) completed
(4) Track number of patient referrals to OSF Care Management and social workers	(4) 160

OSF Saint Anthony Medical Center in Rockford

The following information contains data and statistics specific to the prioritized health needs and those accomplishments from the 2020 CHNA. Active for fiscal years ending 2020, 2021 & 2022.

Rockford: Populations Served

The OSF Saint Anthony Medical Center Secondary Service Area (SSA) includes an additional 92 ZIP codes in Winnebago, Boone, DeKalb, Ogle, Stephenson, Lee, Carroll, Jo Davies, Whiteside and McHenry counties that have a combined population of 430,632. Additionally 20 ZIP codes from Rock, Green and Walworth counties in southern Wisconsin add an additional 216,877 individuals served by OSF Saint Anthony Medical Center. The total PSA, SSA and Wisconsin population served is 1,001,374. The functional service radius of the primary market is approximately 30 miles, while the secondary and tertiary radius is as much as 100 miles. The population in Winnebago County in 2017 was 284,778. The poverty rate for Winnebago County was 15.3 percent in 2017. Data from the last census indicate the population of Winnebago County has slightly decreased (2.1%) between 2013 and 2017.

Rockford: Services Provided

OSF HealthCare Saint Anthony Medical Center in Rockford is a 241-bed tertiary care facility and Level I Trauma Center serving a 10-county area. It's home to OSF HealthCare Cardiovascular Institute, OSF HealthCare Illinois Neurological Institute, the accredited OSF Cancer Center and OSF Medical Group – General Surgery, the largest multi-specialty surgical group in north central Illinois. The hospital is also known for being the first and longest-certified comprehensive stroke center, the only certified burn center in north central Illinois and the only medical center in the Rockford region performing trans catheter aortic valve replacement (TAVR) surgery and Watchman implants for heart patients. Rockford's only surgical oncologist, its only endocrine surgeon and a renowned vascular surgeon all call OSF Saint Anthony home.

The hospital has received Magnet designation, as well as several certifications, including for our Comprehensive Stroke Center, Burn Center, Cancer Center and cardiovascular disease care. In its 2022-21 Best Hospitals rankings, U.S. News & World Report named OSF HealthCare Saint Anthony Medical Center number 23 in Illinois, with status as high performing in three areas – chronic obstructive pulmonary disease (COPD), cardiovascular care for persons with heart failure and knee replacements within the orthopedics category

OSF Saint Anthony is part of OSF HealthCare, a 15-hospital Catholic health system serving Illinois and the Upper Peninsula of Michigan, driven by a Mission to serve with the greatest care and love. Forbes named OSF HealthCare one of the best employers for women in the country in 2020. Key services include: Air transport; burn unit; cancer

care; cardiac care; digital radiology; mammography; cardiac; linear accelerator; CT; MRI; PET; nuclear imaging; home health; hospice; laboratory testing; obstetrics and gynecology; occupational health; physical rehabilitation; pain management; sleep testing; sports medicine; surgery; weight management; and a women's center.

Rockford: Goals and Accomplishments

The Winnebago County Community Health-Needs Assessment (CHNA) was a collaborative undertaking by OSF Saint Anthony Medical Center to highlight the health needs and well-being of residents in Winnebago County. Through the needs assessment, collaborative community partners identified numerous health issues impacting individuals and families in Winnebago County. Several themes were prevalent in this health-needs assessment – the demographic composition of Winnebago County, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

The collaborative team identified three significant health needs and prioritized both to be addressed in the Community Health Needs Implementation Strategy.

- Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity
- Behavioral Health – including mental health and substance abuse
- Lung Cancer – including prevention and screening

Healthy Behaviors

Active Living - A healthy lifestyle composed of regular physical activity and a balanced diet, has been shown to increase physical, mental and emotional well-being. Note that 23% of respondents in Winnebago County indicated that they do not exercise at all, while 35% the largest percentage of residents only exercise 1-2 times per week.

Healthy Eating - Additionally, over half (57%) the residents of Winnebago County report no or low consumption (1-2 servings per day) of fruits and vegetables per day. Only 8% of residents reported consuming the recommended five or more servings per day.

Obesity - Healthy Behaviors are directly related to issues such as Obesity. In Winnebago County, the number of people diagnosed with obesity and being overweight has increased. In the years 2007-2009, the prevalence of overweight and obesity was 62.3% and in 2010-2014, the rate rose to 68.1%. The number of residents above the obesity level is 36.3%

Goal 1: Decrease prevalence of hypertension and elevated cholesterol in Winnebago County

Outcome Metric 2: Decrease the percentage of Winnebago county residents with Hypertension and elevated Cholesterol levels by 1%. Baseline: 34.9% with hypertension and 39% with elevated Cholesterol (Behavioral Risk Factor Surveillance System [BRFSS]).

TACTICS	PROGRESS for FY 2022
(1) Increase community and corporate health screenings.	(1) 1 screening event with 14 participants
(2) Provide education to Hospitalists to increase referrals to Outpatient Dietitians	(2) Baseline wasn't originally tracked. So baseline is currently 752 referrals for the year of 2022.
(3) Offer Heart Healthy Nutrition classes at quarterly	(3) Classes canceled due to shutdown of the demonstration kitchen
(4) Offer nutrition/fitness classes	(4) Fitness Center now closed.
(5) Improve health and well-being of employees and community thru Blue Zones certification and built environment	(5) Real Age Rollout postponed again to May, 2023. Currently in the recertification phase

Goal 2: Decrease prevalence of adults 20+ who are obese in Winnebago County

Outcome Metric 2: Decrease the number of residents that are obese by 1%.

Baseline: Adults 20+ who are Obese 33.3% in Winnebago County (per Centers for Disease Control and Prevention 2016)

TACTICS	PROGRESS for FY 2022
(1) Revise OSF Saint Anthony weight management website. Distribute and promote OSF surgical and non-surgical weight loss clinic/options	(1) Due to COVID-19 social media promotion was put on hold
(2) Promote OSF Fitness center Increase Silver Sneakers/ other free memberships Pursue OSF fitness center participating in AARP and Renew Active programs to provide seniors more free memberships	(2) Fitness center has closed and is no longer offering Silver Sneakers.
(3) Increase new surgical weight loss consultation by 10% each year.	(3) Switched surgeons and re-established clinic took about 6 months. As of 2023, surgeon has left and we use another OSF facility for weight loss surgeries.
(4) Increase individual dietitian consultations. Increase dietician consult appointments by 5% each year	(4) 1761 consults Appointments are down during COVID-19 and without access to video visits.
(5) Enhance/extend walking pathway throughout campus	(5) 1320 consults due to one less provider.
(6) Collect fresh produce for Saint Elizabeth Community Center pantry seasonally	(6) St. Elizabeth Pantry unable to accept fresh produce due to COVID pandemic.

Mental Health

In Winnebago County, 47% of respondents indicated they felt depressed in the last 30 days and 39% indicated they felt anxious or stressed. When also asked if they spoke with anyone about their mental health in the last 30 days, 31% indicated they had, with the most common response, 36% being a doctor/ nurse. Respondents indicated that mental health was the most important health issue in the community.

Substance Abuse

Survey results indicated that illegal drug abuse was rated as the unhealthiest behavior in our community. 14% of respondents indicated they use substances on a typical day to make themselves feel better. Substance abuse behaviors of students is a leading indicator of adult substance abuse in later years. Based on data from the 2018 Illinois Youth Survey, Winnebago County is at or above state averages for illegal substance use among 8th graders and 12th graders.

Goal 1: Improve community compliance with proper drug disposal processes to decrease the availability of prescription and non-prescription drugs utilized for substance abuse.

Outcome Metric 1: Increase number of pounds of unused medications that are disposed of in the Drug Take Back box at OSF Saint Anthony by 10%. Baseline: OSF Saint Anthony collected 941 pounds of medications in the one Drug Take Back box at OSF Saint Anthony in 2019.

TACTICS	PROGRESS for FY 2022
(1) Increase marketing to improve community awareness and utilization of the Drug Take Back program	(1) Due to COVID-19 marketing campaign not initiated
(2) Collection of medications disposed in the Drug Take Back box	(2) 1,640 lbs.

Goal 2: Improve community compliance with proper drug disposal processes to decrease the availability of prescription and non-prescription drugs utilized for substance abuse.

Outcome Metric 2: Increase number of pounds of unused medications that are disposed of in the Drug Take Back box at OSF Saint Anthony is 10%. Baseline: OSF Saint Anthony collected 941 pounds of medications in the one Drug Take Back box at OSF Saint Anthony in 2019.

TACTICS	PROGRESS for FY 2022
(1) Decrease # of tablets ordered per opioid prescription. ED physicians. Track number of tablets per opioid prescription to establish baseline. Decrease # of tablets ordered per prescription by 10% of baseline by 2022	(1) 14 tablets/prescription
(2) Provide free access to digital Behavioral Health solution – Silver cloud	(2) 51 Participants
(3) Provide free Behavioral Health Navigation Service	(3) 494 Participants

Goal 3: Reduce the number of deaths in Winnebago County due to suicide

Outcome Metric 3: Reduce the number of age-adjusted deaths due to suicide to 13 (per 100,000) Baseline: (per Centers for Disease Control and Prevention 2015-2017) Age-adjusted deaths due to suicide was 13.5 (per 100,000).

TACTICS	PROGRESS for FY 2022
(1) All patients 12 years of age and older who are seen in the ED or inpatient or outpatient unit who are being evaluated or treated for a behavioral health condition will be screened for suicide risk. 95% of ED patients screened for suicide using the Columbia Suicide Severity Rating Scale (C-SSRS)	(1) 93.79%
(2) All patients with screening resulting in a moderate to high score require a provider assessment. Suicide assessment completed for 100% of patients scoring moderate or high risk on the C-SSRS tool.	(2) 55.73%
(3) Contracted services with Rosecrance to provide evaluation and referrals or placement to at risk ED patients. Increase referrals of at risk ED patients to Rosecrance by 1% annually	(3) 115

Goal 4: Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations in order to improve mental health outcomes.

Outcome Measure 4: Decrease the percentage of respondents stating they have poor overall mental health by 1%. Baseline: Per the 2019 CHNA survey, 8% of respondents stated they have poor overall mental health. Not having basic human needs is likely linked to poor mental health. If a survey respondent does not have housing, food, transportation (etc.), their overall state of mental health would likely be rated lower.

TACTICS	PROGRESS in 2022
(1) Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.	(1) 11,047
(2) Track number of patients referred to community based organizations (CBO)	(2) 247
(3) Track number of Mission Partners educated for continued roll-out	(3) completed
(4) Track number of patient referrals to OSF Care Management and social workers	(4) 379

Cancer

Defined as the incidence of breast, lung and colorectal cancer and cancer screenings, cancer is one of the leading causes of death in Winnebago County. While prostate cancer and breast cancer are lower than the State of Illinois, lung cancer rates are higher than the State of Illinois.

Lung cancer is second most common cancer among men and women in Illinois. Specifically, lung cancer rates in Winnebago County are 74.0 per 100,000 residents and the State of Illinois is 67.9 per 100,000 residents.

Goal: Decrease the death rate in Winnebago County due to lung cancer

Outcome Metric: Decrease the age- adjusted death rate due to lung cancer in Winnebago County to 50.6 (per 100,000). Baseline: (per National Cancer Institute 2012-2016) The age-adjusted death rate in Winnebago County was 51.6 (per 100,000).

TACTICS	PROGRESS for FY 2022
(1) Provide OSF Smoking Cessation Classes every quarter	(1) Educator resigned and position not replaced
(2) Increase marketing/promotion of Smoking Cessation classes to increase participation	(2) Due to COVID-19 restrictions marketing efforts suspended as classes could not be provided.
(3) Annual education to community medical providers on lung cancer screening criteria, shared decision making visit, and how to order	(3) 859 LDCT screenings completed
(4) Promote OSF Lung Cancer Screening	(4) Due to COVID-19, restrictions only one event was completed and all others had to be cancelled
(5) Enforce tobacco free campus	(5) 198 citations

OSF Healthcare System – DBA: OSF Sacred Heart Medical Center in Danville

The following information contains data and statistics specific to the prioritized health needs and those accomplishments from the 2020 CHNA. Active for fiscal years ending 2021, 2022 & 2023.

Danville: Populations Served

The service areas supported by OSF Sacred Heart Medical Center fall within Vermilion County. In 2018, the US Census Bureau estimated Vermilion County's population to be 76,806 residents. There was a 5.9% decrease in total population from 2000-2018. The population is 82.2% white, 14.0% African American, and 5.2% Hispanic. As of 2019, 19.3% of the population was estimated to be over the age of 65. Vermilion County has a much higher percentage of veteran population than the state of Illinois and United States percentage as well (Vermilion County 11.52%, Illinois 7.14%, US 8.65%). According to the 2019 Census Bureau, 19.3% of Vermilion County's population was living in poverty.

Danville: Services Provided

OSF HealthCare Sacred Heart Medical Center is a 174-bed comprehensive health care facility serving Danville, Illinois. It was established in 1882 in a 14-room former hotel by the Franciscan Sisters of the Sacred Heart. When the hospital became part of OSF HealthCare in February 2018, The Sisters of the Third Order of St. Francis renamed it OSF HealthCare Sacred Heart Medical Center to honor the legacy of the original founding Sisters of St. Elizabeth Hospital. Our staff of nearly 500 provides state-of-the-art therapeutic, diagnostic, medical, and surgical and support services to our patients and their families. OSF HealthCare is a Catholic, 15-hospital health system serving Illinois and the Upper Peninsula of Michigan, driven by our Mission to serve with the greatest care and love. OSF Sacred Heart is committed to excellence in the quality of care patients receive. We are continually implementing leading-edge initiatives to help ensure we provide the best care for our patients. Performance on National Patient Safety Goals and The Joint Commission Core Measures is consistently examined, with data reported publicly. Our compassionate caregivers can be found throughout the hospital in clinical and non-clinical roles.

Key services include: 24-hour physician-staffed Emergency Department; the only full-service cancer center in Vermilion County; cardiovascular testing, diagnostics, treatment and rehabilitation; diagnostic and testing – 64-slice CT scans, MRI, PET, ultrasound, X-rays, nuclear medicine, bone densitometry, heart scans, digital mammography; birthing center; full-service laboratory; lung and pulmonary care; orthopedic services and rehabilitation; rehabilitation – physical therapy, occupational therapy, speech and language therapy; sleep center; Primary Stroke Center; surgical services; and women's health services.

Danville: Goals and Accomplishments

The Vermilion County Community Health Needs Assessment (CHNA) is a collaborative undertaking by OSF Sacred Heart Medical Center, Carle Hoopeston Regional Health Center, Vermilion County Health Department, and United Way of Danville Area, Inc. Vermilion County brought together the concerns of the community and community partners to identify community issues critical in developing a community health plan.

The collaborative team identified four significant health needs. OSF Sacred Heart Medical Center prioritized three to be addressed in the Community Health Needs Implementation Strategy.

- Behavioral Health
- Income/Poverty
- Violence

Behavioral Health

Behavioral Health is often used as an umbrella term, and refers to mental, behavioral or addictive disorders. It includes not only promotion of well-being, but also includes prevention and intervention in substance abuse or other addictions. When asked to identify health concerns other than chronic disease, survey respondents identified mental health as a priority. When combined with drug/substance abuse, the behavioral health priority area was deemed essential in creating a healthier community. By educating community partners on early identification of behavioral health conditions, increasing awareness of behavioral services and decreasing the stigma associated with seeking services, behavioral health improvement will be brought to the forefront of health priorities in Vermilion County.

Goal 1: Expand Behavioral Health capacity for Vermilion County residents and promote education and training on mental and behavioral health to reduce stigma.

Outcome Metric 1: Decrease the Vermilion County Mental Distress rate to 12.7%. Baseline: Per the County Health Rankings (SharingImpact.org), the Vermilion County Mental Distress rate was 12.9% in 2017.

TACTICS	PROGRESS for 2022
(1) Provide free access to digital Behavioral Health preventive solution – Silver cloud	(1) 20 new sign-up
(2) Provide free Behavioral Health Navigation Services to increase access	(2) 143 given navigation services
(3) Distribute and promote education on Mental Health First Aid training through traditional and social media.	(3) The Mental Health 708 board sponsored 20 trainings which we promoted locally
(4) Increase outpatient Behavioral Health Access.	(4) 5,010 behavioral health visits in FY 22.

Goal 2: Collaborate with community partners to support Mental Health First Aid training and promote education of targeted prevention programs for Vermilion County residents.

Outcome Metric 2: Decrease the suicide rate from 15 per 100,000 to 14.7 per 100,000 in Vermilion County. Baseline: Per the County Health Rankings (SharingImpact.org), the Vermilion County suicide rate from 2016-2018 was 15 per 100,000, which is higher than state average of 11.1%.

TACTICS	PROGRESS for 2022
(1) Distribute and promote education on Mental Health First Aid training through traditional and social media.	(1) The Mental Health 708 Board sponsored 20 trainings, which we promoted locally.
(2) Partner with Vermilion County to promote education on Behavioral Health and targeted programs.	(2) Began a Pediatric Mental Health program in the Summer of 22. Completed 8 events and served over 200 kids. Partnered with 5 news schools, the Hope Center, the Boys & Girls club and the YMCA.

Goal 3: Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations in order to improve mental health outcomes.

Outcome Measure 3: Decrease the percentage of respondents stating they have poor overall mental health by 1%. Baseline: Per the 2019 CHNA survey, 8% of respondents stated they have poor overall mental health. Not having basic human needs is likely linked to poor mental health. If a survey respondent does not have housing, food, transportation (etc.), their overall state of mental health would likely be rated lower.

TACTICS	PROGRESS in 2022
(1) Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.	(1) 2969
(2) Track number of patients referred to community based organizations (CBO)	(2) 64
(3) Track number of Mission Partners educated for continued roll-out	(3) education complete
(4) Track number of patient referrals to OSF Care Management and social workers	(4) 74

Income/Poverty

According to recent Census data, nearly 20 percent of Vermilion County residents live in poverty. Resource has shown people living in poverty can face greater barriers accessing medical care are less likely to have health insurance, have less access to healthy foods, which contribute to higher rates of obesity and chronic disease. Poor health can limit one's ability to work, reduce economic opportunities, inhibit educational attainment, and lead to medical debt and bankruptcy. Residents identified income/poverty as a high area of concern, as did community stakeholders who described their focus on educational advancement and increased awareness of community resources that offer assistance.

Goal 1: Address the poverty rate in Vermilion County by promoting postgraduate paths to high school students and increasing awareness of community resources and assistance programs.

Outcome Metric 1: Reduce the number of families living in poverty by 1%. Baseline: According to American Community Survey (SharingImpact.org), the families living below the poverty level was 15.0% in 2018.

TACTICS	PROGRESS for 2022
(1) Develop Care-A-Van program to better reach underserved populations.	(1) The van was utilized at 11 event in FY22, centered on education and outreach to underserved populations.
(2) Improve outreach to local employers to provide education and needed resources to the underserved.	(2) This department was able to extend outreach to 24 additional employers in FY22.
(3) Increase senior contacts to provide resources and referrals.	(3) Provided 454 contacts and referrals to seniors in Vermilion County. Redistributed some of the work to other areas
(4) Promote postgraduate paths to high schools to decrease poverty rate.	(4) Attended 1 Job Fair and 3 First Friday events to promote Health Care career opportunities.

Goal 2: Address Food Insecurity in Vermilion County.

Outcome Metric 2: Decrease number of families who have food insecurity in Vermilion County by 2%. Baseline: According to County Health Rankings (CHNA 2020), the food insecurity rate in Vermilion County we 14.7% in 2017.

TACTICS	PROGRESS for 2022
(1) Increase distribution of Smartmeals to seniors in our Faith in Action program.	(1) Distributed 228 Smartmeals to seniors in our community.
(2) Increase Community Resource Centers contacts to screen for food insecurity.	(2) 219 clients contacted. Work redistributed to address community projects.

Violence

National data shows that gun violence has been a chronic issue over the past decade and that some cities have seen recent surges in shootings. There is evidence of the harmful effects of violence on child development, the long-term health of affected populations, and the economic development of entire communities. Over the last several years, the number of violent crimes, especially gun-related, have increased in Vermilion County. Danville had the most shootings in 2019 than in the past five years and was shown to have the third-highest violent crime rate in Illinois. Respondents of the community health survey of 2020 identified violence as a priority in Vermilion County. As broad of a topic it is, during the community stakeholder meeting, the group decided to focus on gun violence, domestic violence, and violence against children and the elderly.

Goal: Address violence in Vermilion County by promoting police-community relations, reducing community violence by partnering in local initiatives, and establishing a violence interruption program.

Outcome: Decrease the number of suicides in Vermilion County by 1 annually.

Baseline: Per the Community Health Needs Assessment, Vermilion County reported 19 deaths were due to suicide in 2019.

TACTICS	PROGRESS for 2022
(1) Increase Community Resource Centers contacts to assess risk of violence and connect individuals to needed services.	(1) 219 clients contacted. Work redistributed to address community projects.
(2) Work with Vermilion County to establish a coalition designed to promote police-community relations and create a violence interruption program	(2) Attended monthly coalition meetings to address violence. Participation includes 44 agencies and community members
(3) Increase number of contacts from our Senior Services Department to assess risk of violence and connect individuals to needed services.	(3) Provided 454 contacts and referrals to seniors in Vermilion County. Redistributed some of the work to other areas

OSF Healthcare System – DBA: OSF Heart of Mary Medical Center in Urbana

Urbana: Populations Served

The service areas supported by OSF HealthCare Heart of Mary Medical Center fall within Champaign County. In 2018, the US Census Bureau estimated the population to be 209,983 residents, a 4.4% increase since 2010. The population is 72% white, 13.6% Black/African American, 11.1% Asian, and 6.1% Hispanic. 18.8% of Champaign County's population is below the age of 18, and 12.8% of the population is over the age of 65. Close to 20% of Champaign County residents, live in poverty.

The Champaign County Community Health Needs Assessment was a collaborative effort undertaken by a Regional Executive Committee. The committee consists of OSF Heart of Mary, Carle Health, Champaign-Urbana Public Health District, United Way of Champaign County, and Champaign County Mental Health and Developmental Boards. Through the needs assessment, collaborative community partners identified numerous health issues for residents in Champaign County. Several themes were recognized through the health needs assessment and three top priorities were identified: Behavioral Health, Reducing Obesity and Promoting Healthy Lifestyles, and Violence. Of these needs, three identified health needs were prioritized below.

Urbana: Services Provided

OSF HealthCare Heart of Mary Medical Center is a 210-bed comprehensive health care facility serving Champaign-Urbana, Illinois. The Servants of the Holy Heart of Mary founded it in 1919. When the hospital became part of OSF HealthCare in February 2018, The Sisters of the Third Order of St. Francis renamed the hospital to honor the legacy of the founders. Our staff of nearly 700 provides state-of-the-art therapeutic, diagnostic, medical, and surgical and support services. OSF HealthCare is a Catholic, 15-hospital health system serving Illinois and the Upper Peninsula of Michigan, driven by our Mission to serve with the greatest care and love. OSF Heart of Mary has been recognized for its treatment of heart failure, stroke, and perinatal care, in addition to being home to the area's only inpatient Adult Behavioral Health unit.

Services include: 24-hour physician-staffed Emergency Department; accredited chest pain center; adult inpatient; behavioral health unit; Baby-Friendly designated Blessed Beginnings Birthing Center; cardiovascular services; diagnostic and testing; full-service lab; infusion services; lung and pulmonary care; pediatric specialty clinic with OSF HealthCare Children's Hospital of Illinois that offers cardiology, hematology, oncology and surgery services for newborns to young adults; Primary Stroke Center; rehabilitation – physical, occupational, speech and language therapy and the area's only inpatient unit accredited by the Commission on Accreditation of Rehabilitation Facilities; surgical services, including robotic surgery; and women's health services.

Urbana: Goals and Accomplishments

The Champaign County Community Health-Needs Assessment (CHNA) is a collaborative undertaking by OSF Heart of Mary, Carle Hospital, Champaign-Urbana Public Health District, and United Way of Champaign County to highlight the health needs and well-being of residents in Champaign County. These organizations' shared vision is that Champaign County will be the healthiest, safest, and most environmentally sustainable community to live, work, and visit in the state of Illinois. Through this needs assessment, collaborative community partners have identified numerous health issues influencing individuals and families in the Champaign County region.

The collaborative team identified three significant health needs and prioritized all to be addressed in the Community Health Needs Implementation Strategy.

- Behavioral Health
- Reducing Obesity and Promoting Healthy Lifestyles
- Violence

Behavioral Health

Behavioral health issues continue to be an issue across the county. Lack of resources, funding, and stigma contribute to this issue in Champaign County. According to County Health Rankings, the ratio of mental health providers per 100,000 has improved drastically over the past six years, moving from 2,055:1 in 2010 to 444:1 in 2019. According to the CDC National Vital Statistics System, the Champaign County suicide rate in 2018 was 12.9 per 100,000, which is higher than the state of Illinois rate of 10.8, but lower than the national rate of 13.4. According to the death certificate, data compiled by Vital Records at Champaign-Urbana Public Health District, there were 262 drug-related

deaths for the five-year period 2015-2019. Of these deaths, 198 were residents of Champaign County. Opiates were the leading cause of drug-related deaths in Champaign County.

Goal: Expand Behavioral Health capacity for Champaign County residents and promote education and training on mental and behavioral health to reduce stigma.

Outcome: Decrease the Champaign County Mental Distress rate to 12.0%.

Baseline: Per the County Health Rankings (SharingImpact.org), the Champaign County Mental Distress rate was 12.2% in 2017.

TACTICS	PROGRESS for 2022
(1) Expand access to free digital Behavioral Health solution – Silver cloud.	(1) 56 Utilizing app.
(2) Provide free Behavioral Health Navigation Services to expand capacity.	(2) 513 referrals
(3) Increase inpatient Behavioral Health Providers.	(3) One inpatient provider remains in 2022

Goal: Collaborate with community partners to help create a Behavioral Health triage center and targeted youth prevention programs for Champaign County residents.

Outcome: Decrease the suicide rate from 13 per 100,000 to 12.7 per 100,000 in Champaign County. Baseline: Per the County Health Rankings (SharingImpact.org), the Champaign County suicide rate from 2016-2018 was 13 per 100,000, which is higher than the State of Illinois rate of 10.8 per 100,000.

TACTICS	PROGRESS for 2022
(1) Work with community collaborative to rollout Behavioral Health triage center	(1) Program was moved under Rosecrance and will partner as needed.
(2) Collaborate with local agencies to provide education on targeted youth programs around Behavioral Health.	(2) Partnered with YMCA on 4 Y on the Fly events
(3) Increase outpatient Behavioral Health Access to adults.	(3) 5010 visits completed in FY2022 with FTE of 2.65

Reducing Obesity and Promoting Heathy Lifestyles

Like many communities in the United States, obesity and obesity-related illnesses continue to be a concern in Champaign County. Obesity is associated with poorer mental health outcomes, reduced quality of life, and the leading cause of death in the U.S. and worldwide, through contributing to heart disease, stroke, diabetes and some types of cancer. According to 2019 County Health Rankings, the obesity in Champaign County is 31%, an increase from 26% in 2015. Obesity and its related health problems have a heavy economic impact throughout the United States. Obesity is linked with higher health care costs for adults and children through direct medical costs, along with impacting job productivity and absenteeism. Reducing obesity, increasing activity, and improving nutrition can have a strong impact on lowering health care costs through fewer prescription drugs, sick days, ED visits, doctor's office visits, and admissions to the hospital.

Goal: Increase access to physical activity in Champaign County including education on physical activity prescription programs.

Outcome: Decrease adults in Champaign County who reported being Sedentary to 22%. *Baseline*: Per the Centers for Disease Control and Prevention (SharingImpact.org), 22.2% of Champaign County residents were Sedentary in 2017

TACTICS	PROGRESS for 2022
1) Provide education to patients on physical activity programs through participation in community fitness.	(1) 40 participants in the Community Fitness Program in FY 22
(2) Distribute and promote education on active living through traditional and social media.	(2) 30 active lifestyle posts were made on the HMMC Facebook page in 2020

Goal: Increase access to physical activity in Champaign County including education on physical activity prescription programs.

Outcome: Decrease adults in Champaign County who reported being Sedentary to 22%. *Baseline*: Per the Centers for Disease Control and Prevention (SharingImpact.org), 22.2% of Champaign County residents were Sedentary in 2017

TACTICS	PROGRESS for 2022
1) Increase the number of people served by nutritional counseling sessions.	(1) 73 outpatient dietary visits were completed in FY2022
(2) Increase Community Resource Centers contacts.	(2) 1039 contacts recorded in FY2022. New database established in 2nd Quarter of 2022, followed by learning curve. Staff turnover/redistribution of work with ED taking over ED Call backs
(3) Increase distribution of Smartmeals to seniors in our Faith in Action program.	(3) 250 Smart Meals were distributed to seniors in FY 2022
(4) Distribute and promote education on healthy eating through traditional and social media.	(4) 37 healthy eating posts were made on the HMMC Facebook page

Violence

Champaign County crime rate has decreased over the last couple years, but remains higher compared to the State of Illinois and surrounding counties. As stated by the 2019 County Health Rankings the violent crime rate (the number of reported violent crime offenses per 100,000 populations) is 487, which is still remains higher than the state of Illinois rate of 403. From the Illinois State Police Crime Reports, 2015-2019, Champaign County has seen an increase in forcible rapes and robbery by 28% and 25% respectively; while homicides and assault/battery have decreased by about 9%. Burglary, theft (including motor vehicle), arson, saw double-digit decreases. According to Champaign-Urbana Public Health District death certificates, there were 19 gun-related deaths in Champaign County, 13 suicides and 6 homicides. As part of the Community Health Survey, respondents were asked to rate their neighborhood safety concerns. 35% reported they were concerned or very concerned about crime rates, an increase of about 4% from the last assessment. 30% reported they were concerned or very concerned with gang activity, an increase of about 7%. When respondents were asked to rank their top five health concerns in their community, Gun Violence, Domestic Violence, and Child Abuse and Neglect all ranked highly in the top community health concerns.

Goal: Address violence in Champaign County by promoting police-community relations, increasing community engagement, and helping to reduce community violence by partnering in local initiatives.

Outcome: Reduce gun related deaths caused by suicide by 1 death annually.

Baseline: Per the Community Health Needs Assessment, 19 gun-related deaths were reported in Champaign County, 13 of those deaths being suicides.

TACTICS	PROGRESS for 2022
1) Increase number of contacts from our Senior Services Department to assess risk of violence and connect individuals to needed services.	(1) 1,329 contacts were made to seniors in FY 2022
(2) Increase Community Resource Center contacts to assess risk of violence and connect individuals to needed services.	(2) Due to redistribution of work it was moved. New database is going to be established in 2022
(3) Partner with Champaign County Community Coalition to participate in activities and events designed to improve police- community relations and promote community engagement.	(3) 1039 contacts recorded in FY2022. New database established in 2nd Quarter of 2022, followed by learning curve. Staff turnover/redistribution of work with ED taking over ED Call backs. Partnered with Champaign County Community Coalition (www.Champaigncommunitycoalition.org)

OSF Healthcare System
DBA: OSF Little Company of Mary Medical Center in Evergreen Park

Little Company of Mary Hospital (LCMH) merged with OSF HealthCare on February 1, 2020, and renamed the hospital facility OSF HealthCare Little Company of Mary Medical Center. LCMH's FY19 ran from July 1, 2018 through June 30, 2019 while its FY20 ran from July 1, 2019 through January 31, 2020, shortened due to the merger. OSF Little Company of Mary FY20 ran from February 1, 2020 through September 30, 2020. The following plan is in effect until September 30, 2022, when the new CHNA will be adopted.

Evergreen Park: Services Provided

OSF Little Company of Mary Medical Center, based in Evergreen Park, delivers technologically advanced services through an acute-care hospital, a cancer center and 16 satellite facilities. Over its 90-year heritage, OSF Little Company of Mary has been led by the Sisters of the Little Company of Mary to provide quality, compassionate care. The Sisters are an international congregation of women founded by the Venerable Mary Potter in 1877 in Nottingham, England, to provide healthcare services in more than 10 countries they serve around the globe. Total Licensed Beds include 274.

Key services include women's services – Family Birthing Center with Baby Friendly distinction; breast health; obstetrics and gynecology services; Special Care Unit and surgical services of Bariatric Blue Distinction; orthopedic services; and cardiovascular services.

Evergreen Park: Goals and Accomplishments

The Community Health-Needs Assessment (CHNA) is a highlight the health needs and well-being of residents. On February 7, 2019, Little Company of Mary Hospital and Health Care Centers convened a group of 15 internal staff and community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions and provided an overview of the prioritization exercise that followed. In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

Scope & Severity — the first rating was to gauge the magnitude of the problem in consideration of the following:

- How many people are affected?
- How does the local community data compare to state or national levels, or Healthy People 2020 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

Ability to Impact — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

The team identified fourteen significant health needs and five were prioritized all to be addressed in the Community Health Needs Implementation Strategy.

- Heart Disease and Stroke
- Diabetes
- Mental Health
- Cancer
- Nutrition, Physical Activity and Weight

Heart Disease and Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable. The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use. The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods;

quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

Goal: Focus on residents living in the OSF Little Company of Mary primary service and current and future clients of the Health Education Center. Increase opportunities for blood pressure screening and education

Strategies and Objectives: Strategy: Enhance opportunity for BP screening at Health Education Center events on and off campus.

MEASURMENT	PROGRESS for 2022
Heath Education Center will provide free Blood Pressure screening twice per week at the hospital.	February 10 – Blue Door American Heart Association (cardiology)
	April 27 – Oak Lawn Chamber of Commerce Health and Safety Fair (blood pressure, cancer center and women services)
Incorporate Blood Pressure screening into all lab-screening programs.	May 30 – OSF Little Company of Mary sponsored event Ridge Run(provided
	staff for the medical tent); blood pressures
	June 22 - Evergreen Park Senior Fair (blood pressure, mental health, cancer services, cardiology)
Health Education Center will reach out to three new community groups (churches, senior groups, etc.)	July 23 – Biela Senior Center reopening (women services, mental health, men services, cancer center, cardiology and blood pressure)
Calcium scoring (LDCT) screening to be added and spiritual dimensions of healthy living.	August 1 - Autumn Green at Midway Village Senior Center (women services, mental health, men services, cancer center, cardiology and blood pressure)
	August 4, 7-9 p.m. – Mount Greenwood Concert in the Park (women services, mental health, men services and blood pressure)
	August 20 – 32nd Music and Arts Explosion (women services, mental health, blood pressure)
	August 25 – EP 124 Back to School event (women services, mental health, blood pressure)
	August 27 – Burbank Back to School fest (women services, mental health, blood pressure)

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

Goal: Increase the number of people who had their blood glucose tested in the past three years.

Strategies and Objectives: Increase opportunities for community members to have their blood glucose checked.

MEASUREMENT	PROGRESS for 2022
Add information about this program to the already established Diabetes Toolkit program.	Due to COVID, our outreach was limited due to many events not taking place.
Offer optional blood sugar (glucose) screening in conjunction with established weekly blood pressure screening clinics.	We did begin to focus working on putting together a support group for diabetics.

Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Goal: Increase the awareness of mental health within the community and educate the consumer on the availability of resources.

Strategies and Objectives: Increase channels for communicating mental health issues by collaborating with community partners to increase awareness and access to resources.

MEASUREMENT	PROGRESS for 2022
Produce a Facebook Live event to include two (2) counselors discussing MH issues	June 30 – Men's Health Month Event (spiritual health, mental health)
Offer a stress-management lecture to include admin/CNA & Avantara Care Center, Evergreen Park	July 23 – Biela Senior Center reopening (women services, mental health, men services, cancer center, cardiology and blood pressure)
Co-produce a webinar series with St. Xavier University and Mother McAuley High School to increase awareness among student populations and resources in community	
Produce a pocket guide to mental health resources	Presentation Chicago 21st Ward Town hall education promoting Silver cloud
	Collaboration with Catholic Charities to host Domestic Violence Awareness event
LCMH Emergency Department renovation to include four (4) treatment rooms designed to accommodate patients who present with behavioral health issues	Newsroom "Bullying and the Era of Technology", 10/25 joseph Siegel, LCPC
	Newsroom, "Dealing with Bullying", 09/02. Joseph Siegel, LCPC
LCMH Public Safety Department to offer twenty (20) 4-hour de-escalation team trainings to directly care LCMH employees.	Newsroom, "When Your Kid is the bully" 09/22, Joseph Siegel, LCPC
	Newsroom "Adult ADHD" 06/17, Joseph Siegel, LCPC

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease. Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by being vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Goal: Increase community awareness of, and access to, screenings for top three cancers (colorectal, female breast, prostate).

Strategies and Objectives: Increase number of participants in cancer-awareness and prevention event each year by 20%.

MEASUREMENT	PROGRESS for 2022
Identify individuals at high risk for colorectal cancer: Implement colon cancer risk stratification survey to be administered to all participants in HEC screening programs.	March 29 – Girls Night Out (women services); Dr. Vanessa Foster May 8 – Beverly Breast Cancer Walk (women services, breast cancer) BCBS Blue Door Wellness Series colorectal cancer awareness event
Provide three physician-led programs for colorectal cancer awareness and screening updates	Newsroom story discussing colon cancer 12/15 Deborah Oyelowo, APRN
Continue a self-referral colonoscopy screening program	Newsroom "What is Non-Hodgkins Lymphoma?" 09/15 Deborah Oyelowo, APRN
Plan ACS awareness event to cover three top cancers	Newsroom "Breast Cancer and Young People; 10/13 Deborah Oyelowo, APRN In November 2021, RN participated in the Great American Smoke out as our prevention event. Education on smoking cessation was distributed

Nutrition, Physical Activity and Weight

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities. The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Weight

Because weight is influenced by energy, (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools. The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity

Goal: To encourage our employees to lose weight and make healthier nutrition choices.

Strategies and Objectives: Continue and expand current program offerings that encourage weight loss and healthy eating opportunities.

MEASUREMENT	PROGRESS for 2022
Time Out For Wellness Weight Loss Challenge. Team Walking Challenge	Promotion of medical weight loss program
Expanded healthy lifestyle choices for lunch and dinner in hospital cafeteria, like Farmers Fridge.	
Hypnosis for weight loss	Bariatric Seminar and Support Group – meets the 1st Tuesday of each month
Launch "Walk with the Doc" program at Evergreen Park Farmer's market Implement Weightwatchers weekly workplace meeting	Newsroom "Weight Loss and Bariatric Surgery" 01/06 Dr. Kidanu Birhanu

Health Priorities not chosen for action at OSF Little Company of Mary Medical Center:

Health Priorities Not Chosen for Action	*Reason*
Access to Health Services	The LCMH Health Education Center (HEC) continues to provide resources and screenings to over 35,000 community members annually. The HEC also collaborates regularly with other municipalities to foster and encourage outreach, and produces a Community Resource Guide annually. LCMH also expanded care to the southwest of our service area with the opening of the Southwest Medical Center at 5550 W. 111th Street in Oak Lawn, IL
Substance Abuse	We support the 12-step philosophy through free rent for the following support groups on our campus: AA, Al-Anon, Narc-Anon LCMH has limited resources, services and expertise available to address alcohol, tobacco and other drug issues. Other community organizations have infrastructure and programs in place to better meet this need. Limited resources excluded this as an area chosen for action.
Chronic Kidney Disease	LCMH opened a Heart Failure Clinic in May 2013. The service helps patients with severe heart failure and other comorbidities like, Chronic Renal Disease and COPD, etc. LCMH has limited resources, services and expertise available to address alcohol, tobacco and other drug issues. Other community organizations have infrastructure and programs in place to better meet this need. Limited resources excluded this area chosen for action. LCMH opened a Heart Failure Clinic in May 2013. The service helps patients with severe heart failure and other comorbidities like, Chronic Renal Disease and COPD, etc.
Dementias, including Alzheimer's Disease	LCMH recognizes the stress that dementias place on those fighting the condition and those caring for a loved one impacted by it. LCMH offers a Memory Screening Clinic to assist families facing this difficult reality. By the end of FY19, LCMH anticipates the recruitment of a new medical director for this clinic. Recognizing that an acute care setting is not ideal for this type of memory care, we look to our local sub-acute nursing facilities to partner and provide the appropriate standard of care.
Injury and Violence Prevention	LCMH believes that this priority falls more within the purview of the Cook county health department and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.
Tobacco Use	As tobacco use continues a moderate, but steady, decline nationally, LCMH continues its ongoing campaign against smoking, oral tobacco and vaping. Cessation initiatives include: the Courage to Quit program facilitated quarterly by a certified wellness nurse educator; participation in the national Great Smoke Out event every November; and instituting a strictly-enforced no smoking campus policy. LCMH employees are incentivized to quit tobacco use through reduced health insurance premiums.
Sexually Transmitted Diseases and HIV/AIDS	LCMH has limited resources, services and expertise available to address sexually transmitted diseases and HIV/AIDS treatment and prevention. Other community organizations have infrastructure and programs in place to better meet this need, and they are readily accessible via referral within our community.

OSF Healthcare System

DBA: OSF HealthCare Saint Clare Medical Center in Princeton

As of July 1, 2021, OSF acquired OSF HealthCare Saint Clare Medical Center to our OSF Ministry.

Prior to joining OSF, Perry Memorial Hospital developed a Community Health Needs Assessment in 2019. With this transaction, we have two taxable years in order to conduct a Community Health Needs Assessment and subsequent Implementation Strategy according to the IRS 990 regulations.

OSF Saint Clare Medical Center has approved and adopted their next Community Health Needs Assessment with corresponding Implementation Strategy. This plan and strategy were adopted on July 25, 2022 and data will be in the next report for fiscal year 2023. That cycle will be in effect for fiscal years 2023, 2024 & 2025.

Annual Non Profit Hospital Community Benefits Plan Form Submitted

Name of Hospital Reporting: OSF Healthcare System

Mailing Address: 124 SW Adams Street (Street Address/P.O. Box) Peoria, IL 61602 (City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 10 (Month) /01 (Day) /2021 (Year) **through** 09 (Month) /30 (Day) /2022 (Year) **Taxpayer Number:** 37-0813229

If part of a health system, list the other Illinois hospitals included in the health system (Note: A separate report must be filed for each Hosp).

Hospital Name	Address	FEIN #
See page 4 of Plan Report		

1. **ATTACH Mission Statement:**
The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted. See page 2 of Plan Report

2. **ATTACH Community Benefits Plan:**
The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:
   1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
   2. Identify the populations and communities served by the hospital.
   3. Disclose health care needs that were considered in developing the plan.

   See page 25 of Plan report

3. **REPORT Charity Care:**
Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part I, PPS Inpatient Ratios), not the charges for the services.

Charity Care..... $ 48,807,173

ATTACH Charity Care Policy:
Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.
Policy is attached and hyperlinked on Plan Report

4. **REPORT Community Benefits actually provided other than charity care.**

See instructions for completing Section 4 of Form AG-CBP-1 (Community Benefits Plan Annual Report Form For Not For Profit Hospital)

Community Benefit Type		
Language Assistant Services		$ 1,517,280
Financial Assistance		$ 48,807,173
Government Sponsored		$ 463,081,694
Donations		$ 3,793,683
Volunteer Services		
a) Employee Volunteer Services	$ 121,846	
b) Non-Employee Volunteer Services	$ -	
c) Total (add lines a and b)		$ 121,846
Education		$ 67,581,849
Government-sponsored program services		$ 10,978,404
Research		$ 1,502,307
Subsidized health services		$ 60,039,863
Bad debts		$ 23,196,727
Other Community Benefits		$ 1,039,769

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.** Attached with mailed document

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Michael M. Allen, CFO
Name/ Title (Please Print)

(309) 655-7708
Phone: Area Code/ Telephone No.

Signature

April 28, 2023
Date.

Michelle A. Carrothers
Name of Person Completing Form

(309) 655-2873
Phone: Area Code/ Telephone No.

Michelle.a.Carrothers@osfhealthcare.org
Electronic / Internet Mail Address

(309) 655-3638
FAX: AreaCode/FAXNo.

Hospital Financial Assistance Report - Data Submitted

Facility Name	*A). Financial Assistance Applications Submitted both complete and incomplete*	*B). Financial Assistance Applications Approved under the Presumptive Eligibility Policy*	*C). Financial Assistance Applications Approved outside the Presumptive Eligibility Policy*	*D). Number of Financial Assistance Applications Denied*
OSF Saint Anthony Medical Center	2120	1590	413	117
OSF Saint James – John W. Albrecht Medical Center	644	446	159	39
OSF St. Joseph Medical Center	1640	1255	315	70
OSF Saint Francis Medical Center	7762	6046	1441	275
OSF St. Mary Medical Center	1251	857	332	62
Ottawa Regional Hospital & Healthcare Center DBA: OSF Saint Elizabeth Medical Center	1355	1080	235	40
Mendota Community Hospital (DBA: OSF Saint Paul Medical Center)	269	219	43	7
OSF Healthcare System DBA: OSF Sacred Heart Medical Center	1228	1044	153	31
OSF Healthcare System DBA: OSF Heart of Mary Medical Center	775	646	102	27
OSF Healthcare System DBA: OSF Saint Anthony's Health Center	937	791	109	37
OSF Healthcare System DBA: OSF Little Company of Mary Medical Center	2016	1869	108	39
OSF Healthcare System DBA: OSF Saint Luke Medical Center	356	290	53	13
OSF Healthcare System DBA: OSF Saint Clare Medical Center	153	126	25	2
OSF Healthcare System DBA: OSF Holy Family Medical Center	305	224	68	13
E). Can be found above in the Community Benefits, Net Revenue and Financial Assistance by OSF Entity section				

Note: 15 - Question 6: OSF provides and electronic version of the Financial Assistance Application that the patient can complete online, obtained through the OSF Patients and Visitors website. Patients can select the Billing and Financial Assistance section for information and hours of operation.

Note 16 - Question 7: OSF assesses all self-pay patients at the points of registration for eligibility for Presumptive charity. The electronic medical record has presumptive criteria integrated in the registration screens. If the patient is determined to qualify, the presumptive plan code is applied to the account.

The criteria for the assessment is as follows:

All OSF Hospitals

- Homelessness
- Current Medicaid eligibility, but not on date of service or for non-covered services, non-Critical Access or Rural Hospitals
- Participant in Women's, Infants and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Illinois Free Lunch and Breakfast Program
- Low Income Home Energy Assistance Program (LIHEAP)
- Enrollment in an organized community-based program providing access to medical care that assess and documents limited low-income financial status for membership
- Receipt of grant assistance or medical services

Other criteria that is considered, but not assessed at registration include:

- Deceased without estate
- Mental incapacitation with no one to act on the behalf of the patient

Conclusion

OSF HealthCare and our hospital facilities are committed to addressing the health and social needs in the communities we serve. The Community Health Needs Assessments helps to identify the significant health needs in our communities. After the initial assessment is completed, OSF then adopts an action plan or Implementation Strategy for each hospital facility to address the significant health needs. These Assessments and Strategies help OSF develop the programs included in our Community Benefit Plans. Leadership throughout OSF collaborates with county health departments and local community service organizations such as United Way, to target the medically underserved in developing our Community Benefit Plans. The information in this report highlights just some of the OSF Community Benefit Programs. Through collaboration, we are committed to addressing unmet health needs through coordinated programs to improve public health.