

# 2020 Community Health Needs Assessment

*Javon Bea Hospital–Riverside  
and Rockton Campuses*

## **Our Mission:**

*Exceptional health care services  
with a passion for making lives better.*



**Mercyhealth**<sup>®</sup>

A passion for  
making lives better.

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## Introduction

Mercyhealth Javon Bea Hospital (JBH) conducted a Community Health Needs Assessment (CHNA) designed to identify health and quality of life issues in the Rockford Region. This approach identifies issues where there are opportunities for improvement in the healthcare delivery system which could improve patient care, preventative service utilization and the overall health and quality of life in the community.

Results from this study can be used for strategic decision-making purposes as they relate to the health needs of the community and to ensure that programs and services closely match the priorities and needs of the Rockford Region.

In addition, this report has been prepared in compliance with IRS Notice 2011-52 relating to community health needs assessment (CHNA) required by Internal Revenue Code Section 501-r-(3). It includes the following components:

- **About Mercyhealth:** A summary of our parent organization, JBH, and a description of the community served by JBH
- **Methodology:** A description of the process and methods used
- **Community Analysis:** A compilation of data from external sources on a wide variety of community health issues and trends
- **Household Survey:** A random survey of residents of the Rockford Region
- **Key Informant Interviews:** Selected community leaders in business, government, healthcare, nonprofit, and other community sectors were interviewed as to their views on the health of the community and how it can be improved
- **Prioritization of Health-Related Issues:** A prioritized description of the health needs identified and the reason for prioritization

## **Mercyhealth Javon Bea Hospital (JBH)**

Mercyhealth Javon Bea Hospital (JBH) offers a comprehensive array of acute inpatient services as well as robust outpatient services from two campuses located in Rockford, Illinois. As part of an integrated delivery system, the parent company, Mercyhealth, has worked in conjunction with JBH to create services to support the hospital and its patients, including a large ambulatory network consisting of primary care, specialty care, and urgent care services. In fiscal year (FY) 2019, JBH provided \$5.9M in charity care services and supported many community projects to promote positive health outcomes in the community.

### Community Definition

For the purposes of this report we define the JBH community as the Rockford Metropolitan Statistical Area, which includes Winnebago and Boone Counties. This is where 81% of the patients served by JBH in 2019 reside. This CHNA refers to the community served by JBH alternately as the Rockford MSA, the report area, and the Rockford Region.

### Activities Since Previous CHNA

An evaluation of the 2017-2020 Implementation Plan and activities taken toward the goals identified in JBH's 2017-2020 CHNA is available in Appendix B.

## Methodology

Over the last 12 months, JBH conducted a CHNA by gathering health-related information specific to the Rockford region.

This CHNA was prepared by JBH in collaboration with the Community Health Collaborative, comprised of the Winnebago County Health Department (WCHD) and the Rockford Regional Health Council. JBH is a steering committee partner in the Rockford Regional Health Council, alongside Boone County Health Department, OSF Healthcare, SwedishAmerican Health System, Transform Rockford, United Way of Rock River Valley, and University of Illinois College of Medicine Rockford.

The primary data source for this CHNA was the *2020 Healthy Community Study*, published by the Community Health Collaborative. As partners in the steering committee for Rockford Regional Health Council, JBH participated in the Community Health Collaborative throughout the data collection process for the *2020 Healthy Community Study*. JBH received input from the Community Health Collaborative about resources available to address health issues in the Rockford region, and input from the WCHD about the prioritization of community health needs.

JBH welcomes feedback on our CHNA. Comments can be shared on our website at [www.mercyhealthsystem.org/contact-us/](http://www.mercyhealthsystem.org/contact-us/). JBH received no comments regarding our previous CHNA.

## Demographics

### Overall Population

Population demographics and changes in demographic composition over time play a key role in the types of health and social services needed by communities.

The Rockford Region continues to experience significant changes in demographics, racial and ethnic composition, and other social determinants that affect the overall health and well-being of residents. Many of these changes are a result of the Great Recession that started in 2008.

For the first time since the mid-1980s Illinois residents are moving to other states in larger numbers than new residents moving into Illinois, causing a population decline. This is especially true for Winnebago County where population numbers are returning to pre-2005 estimates. The population loss is also driven by a declining birth rate and an increasing death rate.

Nearly 340,000 people live in the Rockford MSA according to the U.S. Census Bureau ACS 2014-18 5-year estimates. The population density for this area, estimated at 427.94 persons per square mile, is greater than the national average population density of 91.42 persons per square mile.

### Population by Race

Residents of Winnebago and Boone Counties are primarily White (80.33%) and Black and African American (11.19%). This racial composition has remained relatively consistent over time.

Total Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Report Location	80.33%	11.19%	2.35%	0.30%	0.03%	2.79%	3.01%
Boone County, IL	87.42%	2.22%	1.18%	0.33%	0.00%	6.45%	2.40%
Winnebago County, IL	79.00%	12.87%	2.56%	0.30%	0.03%	2.10%	3.13%
Illinois	71.67%	14.23%	5.39%	0.25%	0.04%	5.95%	2.48%
United States	72.75%	12.67%	5.44%	0.84%	0.18%	4.89%	3.23%

### Hispanic Population

Total Population by Ethnicity Alone

Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
Report Location	339,780	47,099	13.86%	292,681	86.14%
Boone County, IL	53,606	11,459	21.38%	42,147	78.62%
Winnebago County, IL	286,174	35,640	12.45%	250,534	87.55%
Illinois	12,821,497	2,174,842	16.96%	10,646,655	83.04%
United States	322,903,030	57,517,935	17.81%	265,385,095	82.19%



The total Hispanic population for Winnebago and Boone Counties is approximately 47,099. This represents 13.9% of the total population in Winnebago and Boone Counties and is lower than the state of Illinois (16.96%) and also lower than the nation (17.8%).

## Population by Age

Each age group has unique health needs. An estimated 23.95% of the population in the report area is under the age of 18 according to the U.S. Census Bureau ACS 2014-18 5-year estimates. An estimated total of 81,380 youths resided in the area during this time period.

Report Area	Total Population	Population Age 0-17	Percent Population Age 0-17
Report Location	339,780	81,380	23.95%
Boone County, IL	53,606	13,707	25.57%
Winnebago County, IL	286,174	67,673	23.65%
Illinois	12,821,497	2,926,561	22.83%
United States	322,903,030	73,553,240	22.78%

Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

An estimated 59.76% of the population in the report area is between the age of 18 and 64.

Report Area	Total Population	Population Age 18-64	Percent Population Age 18-64
Report Location	339,780	203,046	59.76%
Boone County, IL	53,606	31,971	59.64%
Winnebago County, IL	286,174	171,075	59.78%
Illinois	12,821,497	8,000,033	62.40%
United States	322,903,030	200,111,209	61.97%

Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

An estimated 16.29% of the population in the report area is age 65 or older according to the U.S. Census Bureau ACS 2014-18 5-year estimates. An estimated total of 55,354 older adults resided in the area during this time period.

Report Area	Total Population	Population Age 65+	Percent Population Age 65+
Report Location	339,780	55,354	16.29%
Boone County, IL	53,606	7,928	14.79%
Winnebago County, IL	286,174	47,426	16.57%
Illinois	12,821,497	1,894,903	14.78%
United States	322,903,030	49,238,581	15.25%

Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

## Population by Age and Race/Ethnicity

New Census Bureau estimates paint a picture of a country with an aging White population and an increasingly racially diverse youth. The demographic trends in the tables below illustrate this. For example the median age of Whites in Winnebago County is 43.3, while the median age of Blacks and African Americans is 29.4 and Hispanics is 24.4. These demographic trends mean that communities will

need to balance these groups' distinct needs and interests in areas such as healthcare, education, and community resources.

#### Population Median Age by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Report Location	No data	No data	No data	No data	No data	No data	No data
Boone County, IL	40.5	27.1	14.0	46.1	No data	27.4	19.5
Winnebago County, IL	43.3	29.4	33.1	36.0	38.6	27.6	16.6
Illinois	40.5	34.4	37.6	36.1	33.5	29.2	18.4
United States	40.6	33.9	32.8	36.8	31.9	29.6	20.1

#### Population Median Age by Ethnicity

Report Area	Hispanic / Latino	Not Hispanic / Latino
Report Location	No data	No data
Boone County, IL	24.4	44.4
Winnebago County, IL	24.4	46.0
Illinois	28.3	43.1
United States	28.9	43.4

#### Population Under Age 18 by Race Alone, Percent

This indicator reports the percentage of population that is under age 18 by race alone.

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Report Location	21.39%	31.30%	27.41%	25.21%	1.01%	35.88%	52.85%
Boone County, IL	24.10%	35.88%	50.28%	24.33%	No data	34.58%	42.45%
Winnebago County, IL	20.82%	31.16%	22.58%	25.29%	1.01%	36.64%	54.34%
Illinois	20.98%	24.97%	21.43%	20.13%	20.67%	31.41%	49.23%
United States	21.00%	25.26%	27.15%	19.97%	25.25%	29.83%	45.98%

#### Population Age 18-64 by Race Alone, Percent

This indicator reports the percentage of population that are at age 18 to 64 by race alone.

Report Area	White Age 18-64	Black or African American Age 18-64	Native American / Alaska Native Age 18-64	Asian Age 18-64	Native Hawaiian / Pacific Islander Age 18-64	Some Other Race Age 18-64	Multiple Race Age 18-64
Report Location	60.19%	59.84%	68.78%	62.56%	98.99%	60.65%	43.51%
Boone County, IL	59.64%	60.42%	49.72%	55.92%	No data	62.30%	54.91%
Winnebago County, IL	60.31%	59.82%	72.81%	63.13%	98.99%	59.71%	41.88%
Illinois	62.24%	63.08%	68.16%	68.17%	72.17%	63.79%	46.31%
United States	61.57%	63.86%	62.96%	68.03%	66.38%	64.63%	48.96%

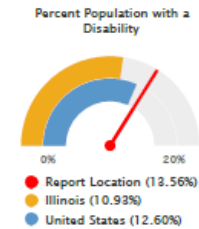
### Population Age 65+ by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Report Location	18.42%	8.86%	4.61%	12.23%	No data	3.46%	3.63%
Boone County, IL	16.25%	3.70%	0.00%	19.75%	No data	3.12%	2.65%
Winnebago County, IL	18.87%	9.02%	4.61%	11.58%	0.00%	3.66%	3.77%
Illinois	16.78%	11.96%	10.41%	11.70%	7.16%	4.80%	4.45%
United States	17.44%	10.88%	9.89%	12.00%	8.37%	5.54%	5.06%

### Population with any Disability

Disabled persons comprise a unique population that requires targeted community services, specialized healthcare, and outreach by providers. The percentage of the total civilian non-institutionalized population with a disability in the report area is 13.56%. This is higher than both the national rate of 12.6% and the Illinois rate of 10.92%.

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Report Location	336,270	45,590	13.56%
Boone County, IL	53,224	6,055	11.38%
Winnebago County, IL	283,046	39,535	13.97%
Illinois	12,643,207	1,382,215	10.93%
United States	317,941,631	40,071,666	12.60%



Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

## Gender

The gender distribution of residents in the report area has remained consistent from 2010 to 2018. This is consistent with both the state and national rates.

### Total Population by Gender

Report Area	Male	Female	Percent Male	Percent Female
Report Location	166,578	173,202	49.03%	50.97%
Boone County, IL	26,830	26,776	50.05%	49.95%
Winnebago County, IL	139,748	146,426	48.83%	51.17%
Illinois	6,295,915	6,525,582	49.10%	50.90%
United States	158,984,190	163,918,840	49.24%	50.76%

## Social and Economic Characteristics

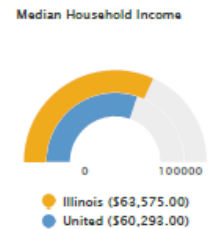
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Ensuring access to social and economic resources provides a foundation for a healthy community.

### Median Household Income

Median income divides households into two segments, with half of households earning more than the median income and the other half earning less. Median income can be a better descriptor than average income because it is not skewed by outlier high or low incomes.

Median household income for Winnebago County was \$52,743 in 2018. This was below both the state (\$63,575) and the nation (\$60,293). This indicator reports median household income based on the latest 5-year ACS estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Report Area	Total Households	Average Household Income	Median Household Income
Report Location	133,339	\$71,357.00	No data
Boone County, IL	18,731	\$85,599.00	\$66,898.00
Winnebago County, IL	114,608	\$69,030.00	\$52,743.00
Illinois	4,830,038	\$88,857.00	\$63,575.00
United States	119,730,128	\$84,938.00	\$60,293.00



Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

Median household income for Blacks and African Americans (\$29,358) lagged behind Whites (\$58,497) and Asians (\$70,133) in Winnebago County.

### Median Household Income by Race / Ethnicity of Householder

Report Area	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Multiple Race	Hispanic / Latino
Report Location	No data	No data	No data	No data	No data	No data	No data	No data
Boone County, IL	\$68,466.00	\$72,077.00	No data	No data	No data	\$63,138.00	\$69,750.00	\$63,281.00
Winnebago County, IL	\$58,497.00	\$29,358.00	\$70,133.00	No data	\$51,007.00	\$43,967.00	\$40,307.00	\$43,717.00
Illinois	\$70,972.00	\$37,244.00	\$85,828.00	\$47,573.00	\$53,958.00	\$50,770.00	\$54,634.00	\$53,440.00
United States	\$65,912.00	\$40,155.00	\$83,898.00	\$41,879.00	\$61,354.00	\$46,650.00	\$56,060.00	\$49,225.00

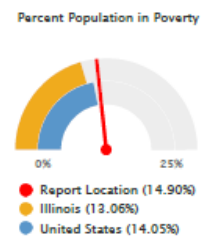
### Poverty

Income guidelines for defining poverty are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The income guidelines vary based on household size and can be

expressed as a percentage of the federal poverty level (FPL). The income guidelines are used to determine financial eligibility for certain federal programs. The guidelines used to determine qualification for federal programs can vary by program. Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125% or 185% of the guidelines) in determining eligibility include Head Start, the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children’s Health Insurance Program. In general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do not use the poverty guidelines in determining eligibility.

Within the report area 14.9% or 49,775 individuals are living in households with income below FPL. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Report Location	334,071	49,775	14.90%
Boone County, IL	53,089	5,843	11.01%
Winnebago County, IL	280,982	43,932	15.64%
Illinois	12,523,283	1,635,603	13.06%
United States	314,943,184	44,257,979	14.05%



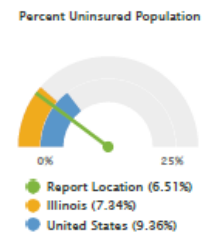
Note: This indicator is compared to the state average.  
 Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

## Uninsured Population

Lack of adequate health insurance is a barrier to healthcare. Not having insurance or not having adequate insurance coverage impedes access to primary care and preventative services, specialty services, and other health services, which in turn can lead to worse physical and mental health.

In the report area, 6.51% of the total civilian non-institutionalized populations are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 7.34%.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Report Location	336,270	21,907	6.51%
Boone County, IL	53,224	3,361	6.31%
Winnebago County, IL	283,046	18,546	6.55%
Illinois	12,643,207	928,612	7.34%
United States	317,941,631	29,752,767	9.36%



Note: This indicator is compared to the state average.  
 Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

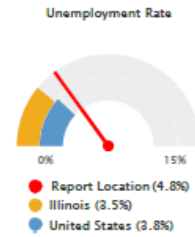
## Unemployment Rate

Unemployed individuals and their dependents experience worse health outcomes and higher mortality. These groups experience barriers to health including reduced access to health insurance, health care services, and healthy food.

Total unemployment in the report area in February 2020 was 4.8% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted).

Over the past 8 years, unemployment rates have decreased. However, in 2018, unemployment in Winnebago County (5.7%) was higher than Illinois (4.3%).

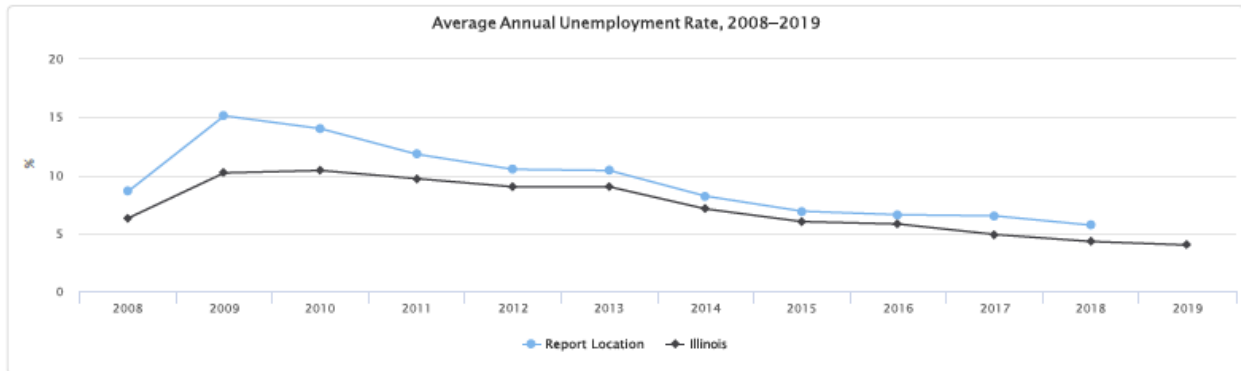
Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Report Location	160,084	152,377	7,707	4.8%
Boone County, IL	25,422	24,032	1,390	5.50%
Winnebago County, IL	134,662	128,345	6,317	4.70%
Illinois	6,337,213	6,113,557	223,656	3.5%
United States	165,273,117	158,974,718	6,298,399	3.8%



Note: This indicator is compared to the state average.  
Data Source: US Department of Labor, Bureau of Labor Statistics, 2020 - February. Source geography: County

### Average Annual Unemployment Rate, 2008-2019

Report Area	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Report Location	8.60%	15.10%	14.00%	11.80%	10.50%	10.40%	8.20%	6.90%	6.60%	6.5%	5.7%	No Data
Boone County, IL	9.30%	15.40%	13.80%	11.80%	10.40%	10.10%	7.80%	6.50%	6.40%	6.80%	5.80%	No Data
Winnebago County, IL	8.40%	15.00%	14.00%	11.90%	10.50%	10.50%	8.20%	7.00%	6.70%	6.50%	5.70%	No Data
Illinois	6.30%	10.20%	10.40%	9.70%	9.00%	9.00%	7.10%	6.00%	5.80%	4.90%	4.30%	4.00%

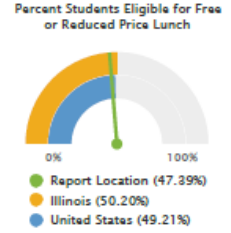


## Access to Food

### Children Eligible for Free/Reduced Price Lunch

Within the report area 25,960 public school students (47.39%) are eligible for Free/Reduced Price lunch out of 54,778 total students enrolled. This population is more likely to have increased needs for health access and social supports.

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Location	54,778	25,960	47.39%
Boone County, IL	9,806	4,459	45.47%
Winnebago County, IL	44,972	21,501	47.81%
Illinois	2,009,567	1,008,830	50.20%
United States	50,737,716	24,970,187	49.21%

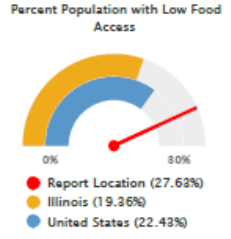


Note: This indicator is compared to the state average.  
 Data Source: National Center for Education Statistics, NCES - Common Core of Data, 2016-17. Source geography: Address

### Food Insecurity

Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. This indicator reports the percentage of the population with low food access, defined as living more than 0.5 miles from the nearest supermarket, supercenter, or large grocery store. Data are from the 2017 report, Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015.

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Report Location	349,431	96,562	27.63%
Boone County, IL	54,165	16,835	31.08%
Winnebago County, IL	295,266	79,727	27.00%
Illinois	12,830,632	2,483,877	19.36%
United States	308,745,538	69,266,771	22.43%

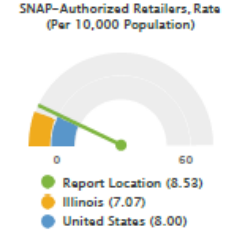


Note: This indicator is compared to the state average.  
 Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015. Source geography: Tract

### Supplemental Nutrition Assistance Program (SNAP)

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 people. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

Report Area	Total Population	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Report Location	349,431	298	8.53
Boone County, IL	54,165	34	6.28
Winnebago County, IL	295,266	264	8.94
Illinois	12,830,632	9,072	7.07
United States	312,383,875	250,022	8.00



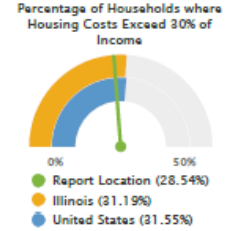
Note: This indicator is compared to the state average.  
 Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES, 2019. Source geography: Tract

### Housing Burden

This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator is a measure of housing affordability and excessive shelter costs. The percent of households in the report area where housing costs exceed 30% of total household income is 28.54%, lower than both Illinois (31.19%) and the nation (31.55%).



Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Report Location	133,339	38,061	28.54%
Boone County, IL	18,731	5,408	28.87%
Winnebago County, IL	114,608	32,653	28.49%
Illinois	4,830,038	1,506,419	31.19%
United States	119,730,128	37,771,047	31.55%

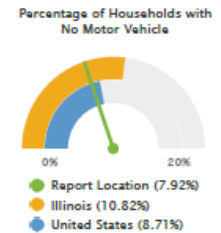


Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

## Households with No Motor Vehicles

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year ACS estimates. The percent of households in the report area with no motor vehicle is 7.92%, which is lower than both Illinois (10.82%) and the nation (8.71%).

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Report Location	133,339	10,556	7.92%
Boone County, IL	18,731	758	4.05%
Winnebago County, IL	114,608	9,798	8.55%
Illinois	4,830,038	522,837	10.82%
United States	119,730,128	10,424,934	8.71%



Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

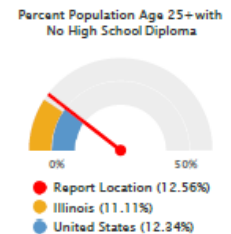
## Education

### Educational Attainment

Educational attainment has been linked to positive health outcomes and greater likelihood of selecting healthy lifestyle choices. Educational attainment is strongly related to higher salaries, more employment options and the ability to earn a livable wage.

Within the report area there are 28,798 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 12.56% of the total population aged 25 and older.

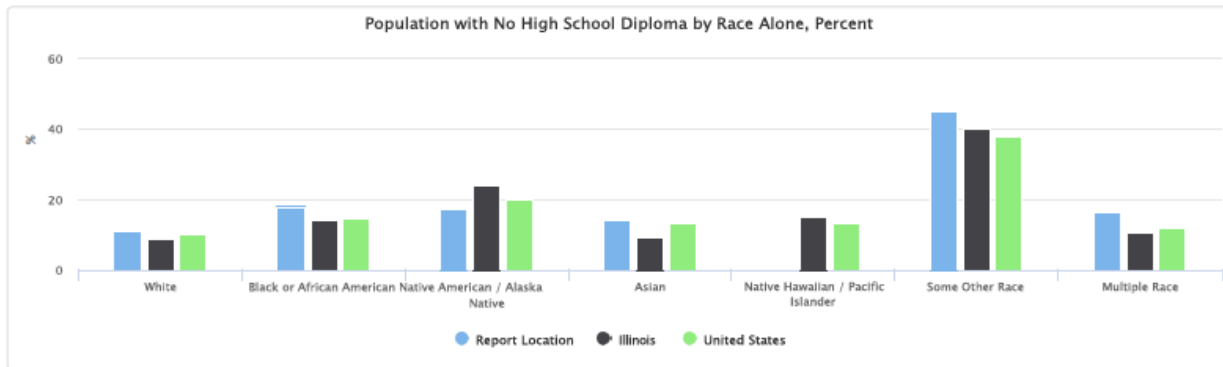
Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Percent Population Age 25+ with No High School Diploma
Report Location	229,356	28,798	12.56%
Boone County, IL	34,927	4,835	13.84%
Winnebago County, IL	194,429	23,963	12.32%
Illinois	8,682,343	964,587	11.11%
United States	218,446,071	26,948,057	12.34%



Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract

## Population with No High School Diploma by Race Alone, Percent

Report Area	White	Black	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Report Location	10.94%	18.14%	17.57%	14.38%	0.00%	45.01%	16.43%
Boone County, IL	12.55%	6.24%	0.00%	5.71%	No data	42.25%	3.69%
Winnebago County, IL	10.62%	18.49%	19.44%	15.16%	0.00%	46.66%	18.21%
Illinois	8.77%	13.93%	24.10%	9.23%	15.02%	40.05%	10.61%
United States	10.41%	14.58%	20.02%	13.18%	13.10%	38.05%	12.02%



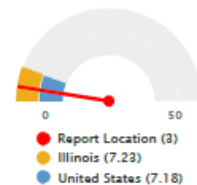
## Head Start Program

Head Start is a program for children under the age of five who live in poverty, with the goal of preparing them for kindergarten while also addressing needs such as health care and nutrition.

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2018 Head Start locator. Population data is from the 2010 US Decennial Census.

Report Area	Total Children Under Age 5	Total Head Start Programs	Head Start Programs, Rate (Per 10,000 Children)
Report Location	23,372	10	3
Boone County, IL	3,716	1	2.69
Winnebago County, IL	19,656	9	3.05
Illinois	835,577	757	7.23
United States	20,426,118	18,886	7.18

Head Start Programs Rate (Per 10,000 Children Under Age 5)



Note: This indicator is compared to the state average.

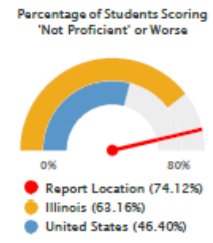
Data Source: US Department of Health & Human Services, Administration for Children and Families. 2019. Source geography: Point

## Fourth Grade Reading Proficiency

This indicator reports the percent of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant to health needs because an inability to read English well is linked to poverty,

unemployment, and barriers to accessing health care.

Report Area	Total Students with Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
Report Location	4,041	25.88%	74.12%
Boone County, IL	693	27.24%	72.76%
Winnebago County, IL	3,348	25.60%	74.40%
Illinois	148,056	36.84%	63.16%
United States	3,569,598	50.79%	46.40%

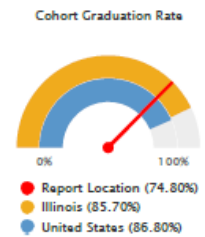


Note: This indicator is compared to the state average.  
Data Source: US Department of Education, EDData. Accessed via DATA.GOV. 2016-17. Source geography: School District

### High School Graduation Rates

Within the report area 74.8% of students received their high school diploma within four years. Data represents the 2016-17 school year.

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Report Location	3,560	2,664	74.80%
Boone County, IL	817	697	85.30%
Winnebago County, IL	2,743	1,967	71.70%
Illinois	88,525	75,853	85.70%
United States	3,095,906	2,688,701	86.80%



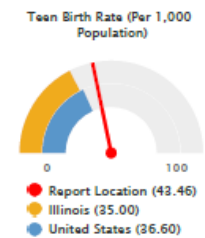
Note: This indicator is compared to the state average.  
Data Source: US Department of Education, EDData. Accessed via DATA.GOV. Additional data analysis by CARES. 2016-17. Source geography: School District

### Teen Births

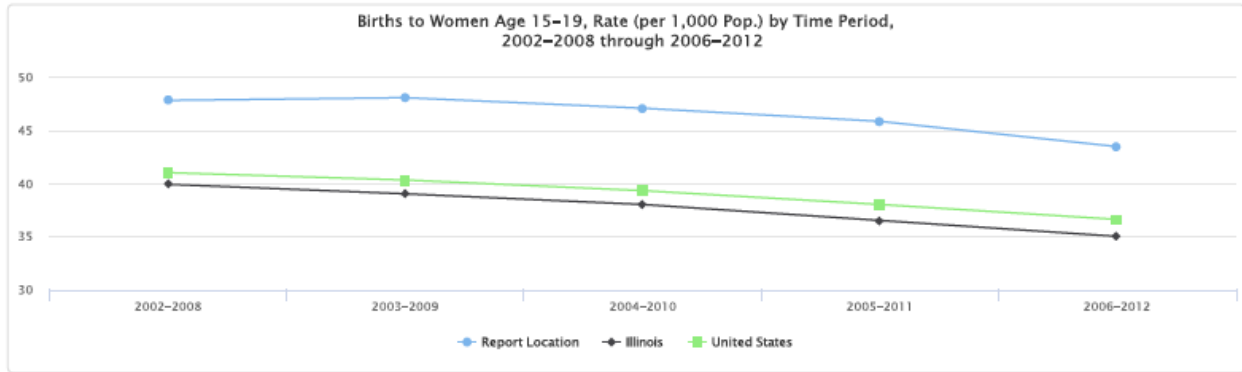
Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families, and communities. Pregnant teens are more likely than older women to receive late or no prenatal care, have eclampsia, puerperal endometritis, systemic infections, low birthweight, preterm delivery, and severe neonatal conditions.

The teen birth rate in Winnebago County (46.30 per 1,000 people) is higher than the teen birth rate in Boone County (29.80), Illinois (35.00), and the nation (36.60). The teen birth rate averaged over seven year periods in the report area has been trending downward since 2003.

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Report Location	12,196	530	43.46
Boone County, IL	2,091	62	29.80
Winnebago County, IL	10,105	468	46.30
Illinois	448,356	15,692	35.00
United States	10,736,677	392,962	36.60



Note: This indicator is compared to the state average.  
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

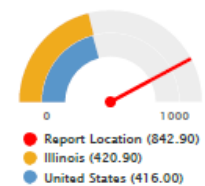


## Violent Crimes

This indicator reports the rate of violent crime offenses recorded by law enforcement. Violent crime includes homicide, rape, robbery, and aggravated assault. In the report area, 8,557 violent crimes occurred during the 2014-16 three-year period. The violent crime rate of 842.9 per 100,000 people is higher than the statewide rate of 420.9 per 100,000 people.

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Report Location	338,384.00	8,557	842.90
Boone County, IL	51,513.00	267	172.70
Winnebago County, IL	286,871.00	8,290	963.20
Illinois	12,875,916.00	162,592	420.90
United States	366,886,850.00	4,579,031	416.00

Violent Crime Rate (Per 100,000 Pop.)



Note: This indicator is compared to the state average.

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research, 2015-17. Source geography: County

## Clinical Care

### Access to Primary Care

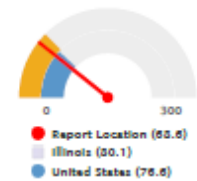
Physicians classified as "primary care physicians (PCPs)" by the American Medical Association include General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

A PCP provides preventive care, teaches healthy lifestyle choices, identifies and treats common medical conditions, and makes referrals to medical specialists when needed. Access to PCPs supports healthy communities. Through routine check-ups, primary care can avoid or mitigate potentially serious problems.

As of 2017, the report area had 68.6 PCPs for every 100,000 residents. Compared to the Illinois rate of 80.1 and the national rate of 76.6, the report area had a lower rate of access to PCPs.

Report Area	Total Population (2017)	Primary Care Physicians, 2017	Primary Care Physicians, Rate per 100,000 Pop.
Report Location	338,252	232	68.6
Boone County, IL	53,512	30	56.06
Winnebago County, IL	284,740	202	70.94
Illinois	12,786,196	10,241	80.1
United States	325,147,121	249,103	76.6

Primary Care Providers, Rate per 100,000 Population



Note: This indicator is compared to the state average.  
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2017. Source geography: County

### Access to Dentists

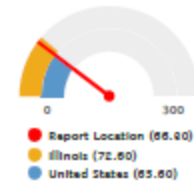
A dentist is defined as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who is licensed by the state to practice dentistry and who is practicing within the scope of that license.

Untreated dental disease can lead to health problems including pain, infection, and tooth loss and can impact quality of life. Although lack of dental providers is only one barrier to accessing oral health care, much of the country suffers from shortages. According to the Wisconsin Office of Rural Health, Rock County is considered to be a Health Professional Shortage Area (HPSA) for dental services.

Access to a dentist is measured by the ratio of the population to dentists. In 2017, the report area had 66.30 dentists for every 100,000 residents. This is lower than the state (72.60) but higher than the nation (65.60).

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
Report Location	340,663.00	226.00	66.30
Boone County, IL	53,585.00	19.00	35.46
Winnebago County, IL	287,078.00	207.00	72.11
Illinois	12,859,995.00	9,336.00	72.60
United States	321,418,820.00	210,832.00	65.60

Dentists, Rate per 100,000 Pop.



Note: This indicator is compared to the state average.

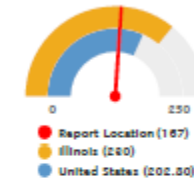
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015. Source geography: County

## Access to Mental Health Providers

Mental health providers include psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care. Access to mental health providers is measured by the number of mental health providers for every 100,000 residents. In 2017, the report area had 167 mental health providers for every 100,000 residents, lower than the Illinois (230) and national (202.80) rates.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Report Location	337,658	564	598.7	167
Boone County, IL	53,577	22	2,435.3	41.1
Winnebago County, IL	284,081	542	524.1	190.8
Illinois	25,431,629	58,504	434.7	230
United States	317,105,555.00	643,219.00	493.00	202.80

Mental Health Care Provider Rate (Per 100,000 Population)



Note: This indicator is compared to the state average.

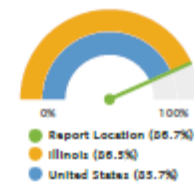
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2018. Source geography: County

## Diabetes Management

In the report area in 2015, 3,214 Medicare fee-for-service beneficiaries with diabetes had an annual exam out of 3,705 Medicare enrollees in the report area with diabetes (86.7%).

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Report Location	32,536	3,705	3,214	86.7%
Boone County, IL	4,834	620	538	86.9%
Winnebago County, IL	27,702	3,085	2,675	86.7%
Illinois	1,210,320	129,125	111,696	86.5%
United States	26,937,083	2,919,457	2,501,671	85.7%

Percent Medicare Enrollees with Diabetes with Annual Exam



Note: This indicator is compared to the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2015. Source geography: County

## Federally Qualified Health Centers

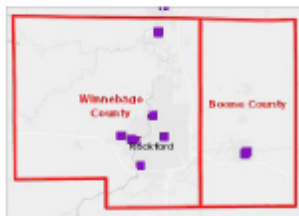
Federally Qualified Health Centers (FQHCs) are community-based organizations that provide comprehensive primary care and preventive care, including physical, dental, and mental health and substance abuse services, to people of all ages. They charge for services on a sliding-fee scale that is based on patients' family income and size. They receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

As of November 2019, there were seven FQHCs in Winnebago County and two FQHCs in Boone County, or 2.58 FQHCs per 100,000 people. This is lower than the rate of FQHCs per 100,000 for Illinois (3.05) and the nation (2.94).

Report Area	Total Population	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Report Location	349,431	9	2.58
Boone County, IL	54,165	2	3.69
Winnebago County, IL	295,266	7	2.37
Illinois	12,830,632	391	3.05
United States	312,471,327	9,192	2.94

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, November 2019. Source geography: Address



Federally Qualified Health Centers, POS November 2019

- Federally Qualified Health Centers, POS November 2019
- Report Location

[View larger map](#)

## Health Professional Shortage Areas

This indicator reports the number and location of health care facilities designated as Health Professional Shortage Areas (HPSAs), defined as serving an area that has shortages of primary medical care, dental or mental health providers. In the report area, there are three total HPSA facility designations, all in Winnebago County.

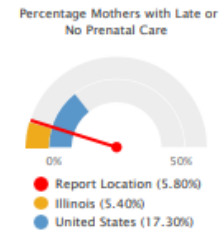
Report Area	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Report Location	1	1	1	3
Boone County, IL	0	0	0	0
Winnebago County, IL	1	1	1	3
Illinois	114	93	88	295
United States	3,985	3,623	3,438	11,028

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration, February 2019. Source geography: Address

## Lack of Prenatal Care

Healthy pregnancies support positive birth outcomes. Access to early and regular prenatal care improves the chances of a healthy pregnancy. Winnebago County has a higher percent of mothers with late or no prenatal care (5.80%) than Illinois (5.40%), but a lower percent than the nation (17.30%).

Report Area	Total Births	Mothers Starting Prenatal Care in First Semester	Mothers with Late or No Prenatal Care	Prenatal Care Not Reported	Percentage Mothers with Late or No Prenatal Care
Report Location	16,155.00	2,614.00	938.00	12,603.00	5.80%
Boone County, IL	No data	No data	No data	No data	Suppressed
Winnebago County, IL	16,155.00	2,614.00	938.00	12,603.00	5.81%
Illinois	693,994.00	119,027.00	37,372.00	537,595.00	5.40%
United States	16,693,978.00	7,349,554.00	2,880,098.00	6,464,326.00	17.30%



Note: This indicator is compared to the state average.  
 Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-10. Source geography: County

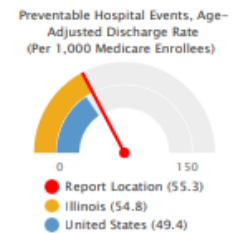
## Preventable Hospital Events

Hospitalization for ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality and/or access of care provided in the outpatient setting were less than ideal. It also may suggest a tendency to overuse hospitals as a main source of health care.

The rate of ambulatory care sensitive condition discharges measures the number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. Hospitalizations for any of the following reasons are included in PHS: diabetes with short or long-term complications, uncontrolled diabetes without complications and diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, dehydration, bacterial pneumonia, or urinary tract infection.

The report area has a higher ambulatory care sensitive condition discharge rate (55.3 per 1,000) than Illinois (54.8) and the nation (49.4).

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Report Location	26,152	1,446	55.3
Boone County, IL	3,885	236	60.8
Winnebago County, IL	22,266	1,210	54.4
Illinois	985,698	53,973	54.8
United States	22,488,201	1,112,019	49.4



Note: This indicator is compared to the state average.  
 Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2015. Source geography: County

## Prevention - Mammogram



Research by the American Cancer Institute suggests that mammography screening can reduce breast cancer deaths, especially among women aged 50 to 69. In the report area in 2015, 63.91% of women aged 67 to 69 reported receiving a mammogram within the past two years, compared to Illinois (65.12%) and the nation (63.16%).

**Breast Cancer Screening by Year, 2009 through 2015**

Percent of Female Medicare Beneficiaries Age 67-69 with Mammogram trend

Report Area	2009	2010	2011	2012	2013	2014	2015
Report Location	65.10%	64.42%	62.18%	62.92%	65.68%	63.00%	63.91%
Boone County, IL	63.36%	62.68%	60.67%	60.79%	65.08%	61.25%	63.29%
Winnebago County, IL	65.46%	64.75%	62.45%	63.27%	65.78%	63.29%	64.01%
Illinois	65.38%	65.49%	64.04%	64.45%	63.24%	64.28%	65.12%
United States	65.87%	65.37%	62.90%	62.98%	62.82%	63.06%	63.16%

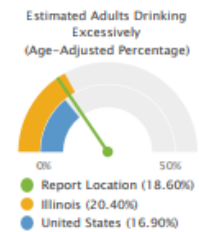
## Health Behaviors

### Alcohol Consumption

Excessive alcohol consumption is a risk factor for a number of adverse health outcomes including cirrhosis, cancers, hypertension, and untreated mental and behavioral health issues. Approximately 80,000 deaths are attributed annually to excessive drinking, and it is the third leading lifestyle-related cause of death in the United States (CDC, Alcohol & Public Health).

18.60% of adults aged 18 and older in the report area self-reported heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women), compared to 20.40% in Illinois and 16.90% in the nation.

Report Area	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Report Location	259,176.00	42,877	16.50%	18.60%
Boone County, IL	38,305.00	3,562	9.30%	Suppressed
Winnebago County, IL	220,871.00	39,315	17.80%	18.60%
Illinois	9,654,603.00	1,930,921	20.00%	20.40%
United States	232,556,016.00	38,248,349	16.40%	16.90%



Note: This indicator is compared to the state average.

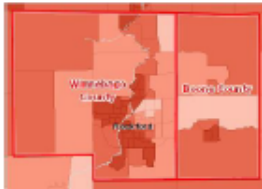
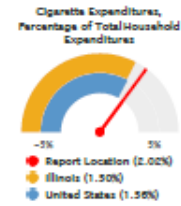
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse, 2006-12. Source geography: County

### Tobacco Usage - Current Smokers

Tobacco use is linked to various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. The percent of adults in the report area who self-reported that they are currently smoking cigarettes some days or every day was 2.02%, higher than

Illinois (1.50%) and the nation (1.56%).

Report Area	State Rank	Z-Score (US)	Z-Score (State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Location	Suppressed	1.16	1.89	\$931.23	2.02%
Boone County, IL	20.00	0.71	1.24	Suppressed	Suppressed
Winnebago County, IL	46.00	1.24	2.01	Suppressed	Suppressed
Illinois	No data	-0.35	0	\$807.79	1.50%
United States	No data	No data	No data	\$822.70	1.56%



Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Report Location

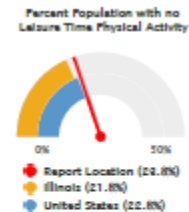
[View larger map](#)

## Physical Inactivity

Physical inactivity is linked to diseases such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, as well as premature mortality.

In the report area, 23.8% of adults age 20 and older reported no leisure time for activity when asked: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This is higher than Illinois (21.8%) and the nation (22.8%).

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Report Location	250,638	62,639	23.8%
Boone County, IL	38,508	10,243	25.7%
Winnebago County, IL	212,130	52,396	23.5%
Illinois	9,573,865	2,135,354	21.8%
United States	241,280,347	56,248,204	22.8%



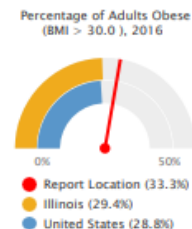
Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2016. Source geography: County

## Health Outcomes

### Obesity

Obesity places individuals at increased risk for chronic diseases. Overweight is defined as a body mass index (BMI) of 25 or higher; obesity is defined as a BMI of 30 or higher. In 2016, 33.3% of adults aged 20 and older in the report area self-reported that they have a BMI greater than 30, higher than both Illinois (29.4%) and the nation (28.8%).

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Report Location	250,878	83,581	<b>33.3%</b>
Boone County, IL	38,473	12,850	33.1%
Winnebago County, IL	212,405	70,731	33.3%
Illinois	9,573,438	2,845,526	29.4%
United States	241,277,748	69,949,540	28.8%



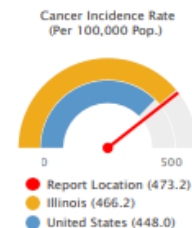
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2016. Source geography: County

### Cancer

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9 ... 80-84, 85 and older). The report area has a higher cancer incidence rate (473.2 per 100,000) than Illinois (466.2 per 100,000) and the nation (448.0 per 100,000).

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Report Location	410,012	1,940	<b>473.2</b>
Boone County, IL	59,518	272	457.0
Winnebago County, IL	350,493	1,668	475.9
Illinois	14,518,018	67,683	466.2
United States	365,649,553	1,638,110	448.0



Note: This indicator is compared to the state average.

Data Source: State Cancer Profiles, 2012-16. Source geography: County

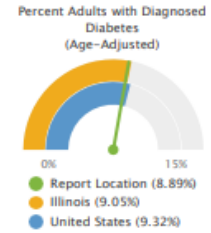
## Diabetes

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This percent is lower in the report area (8.89%) than in Illinois (9.05%) and the nation (9.32%).

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Age-Adjusted Rate
Report Location	251,182.00	26,027.00	8.89%
Boone County, IL	38,563.00	3,702.00	8.30%
Winnebago County, IL	212,619.00	22,325.00	9.00%
Illinois	9,565,749.00	951,548.00	9.05%
United States	243,852,590.00	25,204,602.00	9.32%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016. Source geography: County



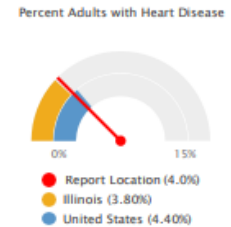
## Heart Disease

Coronary heart disease is a leading cause of death in the U.S. and is connected to high blood pressure, high cholesterol, and heart attacks. In Winnebago and Boone Counties, 9,823 (4.0%) of adults aged 18 and older reported having ever been told by a doctor that they have coronary heart disease or angina, higher than Illinois (3.8%) and lower than the nation (4.4%).

Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Report Location	246,156	9,823	4.0%
Boone County, IL	43,348	0	0.00%
Winnebago County, IL	202,808	9,823	4.80%
Illinois	9,681,141	369,926	3.80%
United States	236,406,904	10,407,185	4.40%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County



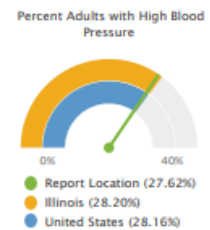
## High Blood Pressure

In the report area, 71,577 (27.62%) of adults aged 18 and older self-reported having ever been told by a doctor that they have high blood pressure or hypertension, lower than Illinois (28.2%) and the nation (28.16%).

Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Report Location	259,176.00	71,577	27.62%
Boone County, IL	38,305.00	11,721	30.60%
Winnebago County, IL	220,871.00	59,856	27.10%
Illinois	9,654,603.00	2,722,598	28.20%
United States	232,556,016.00	65,476,522	28.16%

Note: This indicator is compared to the state average.

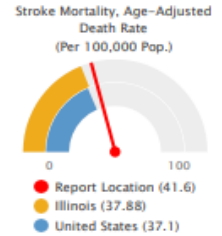
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



## Stroke – Mortality

The rate of death due to stroke per 100,000 population in Winnebago and Boone Counties is 41.6, greater than both Illinois (37.88 per 100,000) and the nation (37.1 per 100,000).

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Location	341,073	177	51.8	<b>41.6</b>
Boone County, IL	53,685	22	41.7	39.2
Winnebago County, IL	287,387	154	53.7	42.1
Illinois	12,845,254	5,634	43.86	37.88
United States	321,050,281	138,186	43.0	37.1

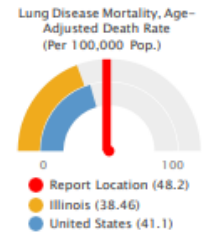


Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2013-17. Source geography: County

## Lung Disease – Mortality

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 people. The lung disease mortality rate is higher in the report area (48.2 per 100,000) than both Illinois (38.46 per 100,000) and the nation (41.1 per 100,000).

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Location	341,073	204	59.8	<b>48.2</b>
Boone County, IL	53,685	30	56.6	52.5
Winnebago County, IL	287,387	173	60.3	47.4
Illinois	12,845,254	5,614	43.71	38.46
United States	321,050,281	153,229	47.7	41.1



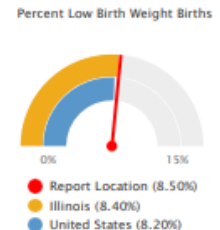
Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2013-17. Source geography: County

## Maternal/Prenatal/Infant

### Infant Low Birth Weight

Low birth weight infants are at high risk for health problems. This indicator reports the percentage of total births that are low birth weight (under 2500g). Winnebago County had a higher percent of low weight births (8.5%) than Boone County (7.3%), Illinois (8.4%), and the nation (8.2%).

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Report Location	33,208.00	2,822.00	<b>8.50%</b>
Boone County, IL	4,830.00	353.00	7.30%
Winnebago County, IL	28,378.00	2,469.00	8.70%
Illinois	1,251,656.00	105,139.00	8.40%
United States	29,300,495.00	2,402,641.00	8.20%

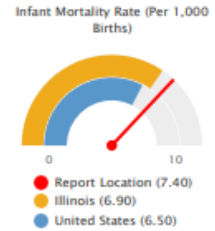


Note: This indicator is compared to the state average.  
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2006-12. Source geography: County

### Infant Mortality

Infant mortality is associated with poor access to health care and poor maternal health. This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. The infant mortality rate for the report area is 7.4 per 1,000 live births, higher than both Illinois (6.9 per 1,000) and the nation (6.5 per 1,000).

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Report Location	23,965	178	7.40
Boone County, IL	3,535	19	5.30
Winnebago County, IL	20,430	159	7.80
Illinois	879,035	6,065	6.90
United States	20,913,535	136,369	6.50



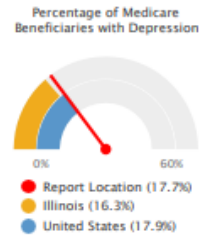
Note: This indicator is compared to the state average.  
 Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2006-10. Source geography: County

## Behavioral Health

### Depression – Medicare Population

This indicator reports the percentage of the Medicare fee-for-service population with depression. In the report area, the percentage of the Medicare fee-for-service population who reported experiencing depression is 17.7%, higher than Illinois (16.3%) and lower than the nation (17.9%).

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Percent with Depression
Report Location	41,897	7,397	17.7%
Boone County, IL	6,335	1,020	16.1%
Winnebago County, IL	35,562	6,377	17.9%
Illinois	1,446,658	236,456	16.3%
United States	33,725,823	6,047,681	17.9%



Note: This indicator is compared to the state average.  
 Data Source: Centers for Medicare and Medicaid Services, 2017. Source geography: County

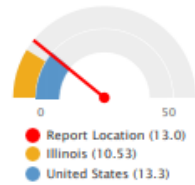
### Suicide Mortality

Suicide mortality reports the rate of death due to intentional self-harm (suicide) per 100,000 people. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard per 100,000 people.

The Healthy 2020 target for suicide deaths is 10.2 suicide deaths per 100,000 people or less. Boone County is better than this target (10.0 per 100,000), but Winnebago County is worse (13.6 per 100,000).

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Location	341,073	45	13.3	<b>13.0</b>
Boone County, IL	53,685	5	10.1	10.0
Winnebago County, IL	287,387	40	13.8	13.6
Illinois	12,845,254	1,394	10.85	10.53
United States	321,050,281	44,061	13.7	13.3

Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)



Note: This indicator is compared to the state average.  
 Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County

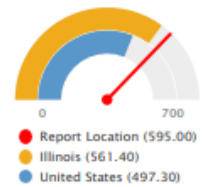
## Sexually Transmitted Diseases

### Chlamydia Incidence

This indicator reports incidence of chlamydia cases per 100,000 people. The incidence of chlamydia in the report area (595.0) is higher than both Illinois (561.4) and the nation (497.3).

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infections, Rate (Per 100,000 Pop.)
Report Location	340,663.00	2,027.00	<b>595.00</b>
Boone County, IL	53,585.00	157.00	293.00
Winnebago County, IL	287,078.00	1,870.00	651.40
Illinois	12,859,995.00	72,201.00	561.40
United States	321,418,820.00	1,598,354.00	497.30

Chlamydia Infection Rate (Per 100,000 Pop.)



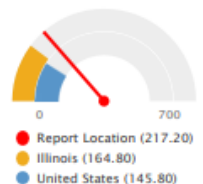
Note: This indicator is compared to the state average.  
 Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Source geography: County

### Gonorrhea Incidence

This indicator reports incidence of Gonorrhea cases per 100,000 people. The incidence of gonorrhea in the report area (217.2) is higher than both Illinois (164.8) and the nation (145.8).

Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infections, Rate (Per 100,000 Pop.)
Report Location	340,663.00	740.00	<b>217.20</b>
Boone County, IL	53,585.00	29.00	54.10
Winnebago County, IL	287,078.00	711.00	247.70
Illinois	12,859,995.00	21,199.00	164.80
United States	321,418,820.00	468,514.00	145.80

Gonorrhea Infection Rate (Per 100,000 Pop.)



Note: This indicator is compared to the state average.  
 Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Source geography: County

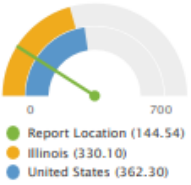
### HIV Prevalence

This indicator reports prevalence of HIV per 100,000 people. HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices. The prevalence of HIV in the report area (144.54 per 100,000) is lower than both Illinois (330.1 per 100,000) and the nation (362.3 per 100,000).



Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Report Location	282,972.00	409.00	144.54
Boone County, IL	44,066.00	40.00	90.80
Winnebago County, IL	238,906.00	369.00	154.50
Illinois	10,735,515.00	35,441.00	330.10
United States	268,159,414.00	971,524.00	362.30

Population with HIV / AIDS, Rate (Per 100,000 Pop.)



Note: This indicator is compared to the state average.  
 Data Source: US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2015. Source geography: County

## Household Survey

### Introduction

The Rockford Regional Health Council, in partnership with the Community Health Collaborative, commissioned a 2020 Healthy Community Survey. The survey was conducted by the Region 1 Planning Council. The full 2020 Healthy Community Study is available on the Mercyhealth website as well as [www.rockfordhealth.org](http://www.rockfordhealth.org).

### Sample Size

The 2020 Healthy Community Survey received 1,677 responses from all of the survey samples combined.

### Data Collection

The survey was available both on paper and digitally, as well as in English and Spanish, from February 2, 2020 to March 31, 2020.

The survey (see Appendix C for a copy of the survey) used a mixed methodology design. This included a random sample survey that was sent out via email and a paper survey. Utilizing a third-party vendor, the Region 1 Planning Council purchased a list of 13,000 emails and physical addresses of Boone and Winnebago County residents.

To encourage input from medically underserved populations, the paper survey was also distributed at the following sites with the goal of reaching low-income and minority respondents:

- 3<sup>rd</sup> Grade Classrooms (for Parents/Guardians)
  - Harlem School District
  - Belvidere School District
- Public Housing Providers
  - Rockford Housing Authority
  - Winnebago County Housing Authority
  - Zion Development
- Pop-Up Event Locations
  - Crusader Clinics
    - Four sites across Winnebago County
  - Northern Illinois Food Bank's Mobile Food Pantry in Winnebago County
  - KFACT

Furthermore, the survey was also distributed via Facebook as a result of the COVID-19 pandemic, which impeded the ability to solicit in person responses.

Due to the sensitive nature of the information collected on the survey, the survey was conducted anonymously and respondents were not required to answer any question on the document if they did not wish to do so.

The remainder of the Household Survey section of the JBH CHNA is taken with permission from *Vol 1: Community Themes and Strengths Assessment 2020 Healthy Community Study* which was published by the Community Health Collaborative in 2020.

### Self-Reported Health Status

The survey sought to determine the general health status of residents throughout the region by asking survey respondents to rate their own health. Overall, the highest percentage of respondents across all survey samples (23%) described their health as **okay**, or **3** out of **5** on a simple Likert scale. Only 11% described their health as **excellent**. Less than 1% of the total sample described their health as **poor**, regardless of race, income, or education level. In fact, 6 of the 8 (75%) groups surveyed had no respondents who described their health as **poor**.

### Most Important Community Issues

A similar question for the most important community issues showed that those surrounding violence were the concerns of highest importance.

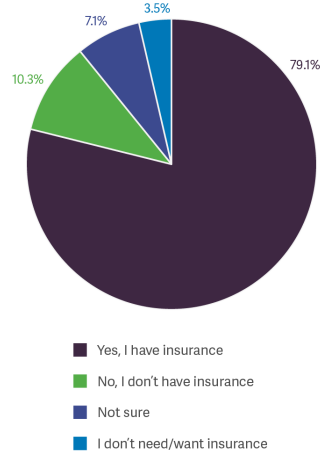
**Gangs** (7%), **Violence** (8%), and **Neighborhood Safety** (7%) were among the most frequently selected issues. **An Unhealthy Environment** (8%) and **Obesity** (7%) were also similarly frequently selected, however, these were picked at a much higher rate among the Facebook sample **Literacy** (4%), **School Graduation Rates** (3%), and **Economic Discrimination** (3%) were the picked at the lowest frequency.



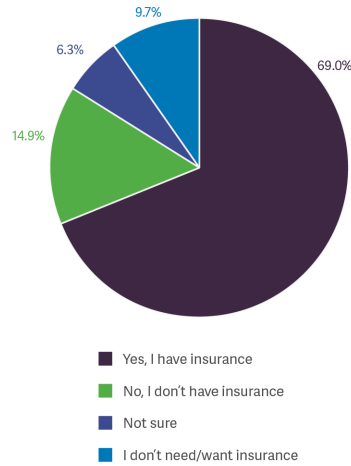
### Health Insurance and Dental Insurance

The survey included items designed to assess the adequacy of medical, dental, and behavioral health insurance coverage throughout the region. Specifically, the survey included a 2-part question, for which the first part read **Do you have insurance that pays all or some of your health care costs?** Responses were divided into 3 columns, medical, dental, and mental health/substance abuse costs. Respondents were asked to select one choice in each column from the following responses: **Yes, I have insurance**, **No, I do not have insurance**, **Not sure**, and **I don't need/want insurance**. For this part of the question, 79% of respondents from all samples stated that they have some kind of medical insurance whereas only 69% reported having dental insurance.

Reported Medical Insurance Coverage Across All Survey Samples

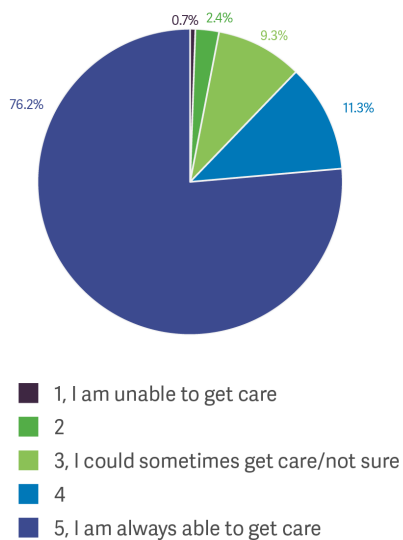


Reported Dental Insurance Coverage Across All Survey Samples



## Access to Medical Care

Ability to Access Medical Care Over the Past Year



The survey examined the experiences of residents in the region and their ability to access healthcare when they needed it. To measure this, the survey posed the question ***In the past 12 months, have you been able to get medical care?*** along with the same question for dental care and mental health/ substance abuse care. Respondents were asked to rate their overall experience over the past year by making one selection from a Likert scale with options ranging from 1 to 5, with **1** representing ***I am unable to get care***, **3** being ***I could sometimes get care / Not sure*** and **5** being ***I am always able to get care***. Responses were encouraging and suggested that residents in the region were able to access medical care when they needed it, with **1** being the least frequently chosen response across all samples. In fact, less than 1% of all respondents responded they ***could not get medical care***, regardless of sample source. Between 80 - 90% of respondents also reported that they ***were able to get care***

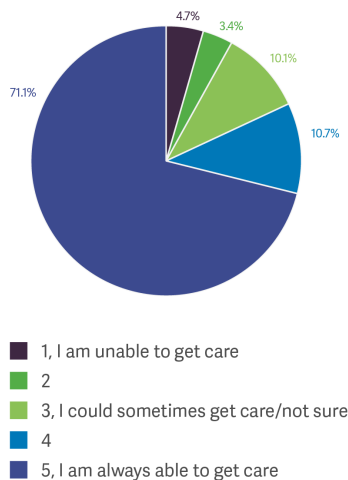
(score of **4** or **5**) when they needed it.

Although these results are generally positive and suggest that healthcare is available in the region, there did appear to be a difference in access to medical care between cohorts based on race/ethnicity, household income, and level of education. Upon closer examination, racial/ethnic minority groups reported having less access to medical care than white respondents. In fact, in comparison to all other race/ ethnicities, Whites selected **1** & **2** half as often as Black and African American and Hispanic respondents and selected **4** & **5** at least 10% or more frequently than other race/ethnic groups.

Education level was also correlated with access to medical care, as was income level. Respondents with any level of college education reported a consistently higher level of access to medical care (score of **4 & 5**) than respondents without. Respondents with a **bachelor's degree** or higher reported consistently less frequent of **not being able to access medical care** (score of **1 & 2**) than respondents without. Household income showed a similar relationship to medical care access, with the greatest differences seen between respondents with income levels at or above \$75,000 and those with incomes below that. The only income cohort that did not align with this trend was the cohort of people between **\$35,001-\$50,000**. For some reason, this cohort appeared to have better access to medical care than would be expected based on the trends seen in other income groups.

## Access to Dental Care

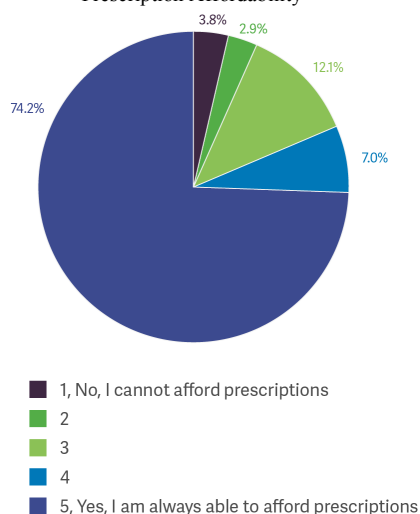
Dental Care Access Over the Past Year



Dental care proved to be less accessible than medical care for all samples. While the majority of respondents reported having **access to dental care** (over 80% answered **4** or **5**), the percentage of respondents who said that they could not get dental care (score of **1** or **2**) was higher than the percentage of respondents that could not get medical care (8% versus 3%, respectively). This difference could be related to the lack of availability of dentists in the region that accepts Medicaid/Medicare as a source of insurance. While finding a provider that accepts Medicaid/Medicare is an issue for all kinds of healthcare, the Rockford Region has far fewer dentists that accept public aid than doctors.

## Access to Medications

Prescription Affordability



The survey sought to measure whether or not residents in the region were able to access prescription medications or if cost was preventing people from getting the medications they need. Given that a report from 2019 revealed that 30% percent of Americans who take prescription medicine say their out-of-pocket cost for a drug they regularly take has increased in the past year, we expected to see this as a barrier for residents of the Rockford Region as well.

This report went on to say that of those that saw price increases, 12% said their drug costs went up by \$100 or more. This is a significant issue that can influence health outcomes and has a direct link to the social determinants of health discussed earlier. Studies showed that when people saw spikes in their out-of-pocket costs for prescription medications, they

were almost twice as likely to not fill a prescription, forgo other necessary medical treatments or tests, cut back on groceries, or get a second job.

In order to assess the impact of the issue in the Region, HCS respondents were asked ***During the past 12 months, have you been unable to get or fill a prescription because you could not afford it?***. The answers available were in the form of a 1 - 5 scale with **1** meaning, ***No, I cannot afford prescriptions*** and **5** meaning, ***Yes, I am always able to afford prescriptions***. Fortunately, the majority of respondents from all samples reported being able to access prescriptions. However, respondents in the outreach and Facebook samples more frequently gave responses toward the lower end of the scale than those in the random sample, which makes sense given the demographics of each sample showing that the random sample respondents had a higher household income than the other samples. Even so, options 1 and 2 were only selected about 10% of the time or less.

However, the middle response (**3, *I could sometimes get care/ Not sure***) was a relatively common response, particularly among the Facebook sample and the outreach sample, being selected 22% and 17% of the time, respectively, suggesting that while cost is not always a barrier to accessing prescriptions, people in the region, (particularly groups with more low-income and minority respondents) are sometimes not able to get them.

## **Mental Health**

Of the respondents, just over 60% answered the behavioral and mental health questions. Of the total population:

- A quarter (27%) reported at least 1 mental illness or behavioral health issue
- 30% of respondents were male and 70% were female

The region's rates are comparable to State and National findings, which show that 1 in 5 adults have been diagnosed with depression or a related disorder. Of those that responded, the disorders with the highest rates among adults of all ages were:

- Anxiety (19%)
- Depression (17%)
- Post-traumatic stress disorder (PTSD) (7%)
- Attention-deficit disorder (ADD)/Attention-deficit hyperactivity disorder (ADHD) (6%)
- Bipolar disorder (manic- depressive) (6%)

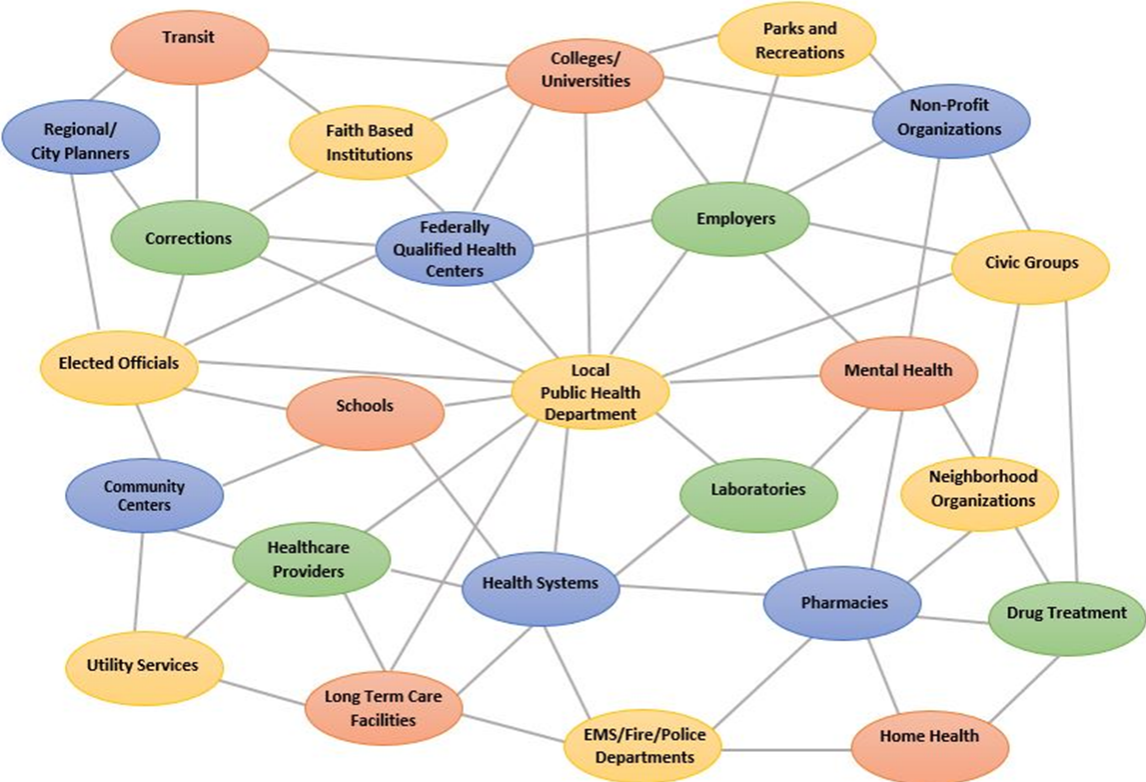
# Key Informant Interviews

## Introduction

The purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, or residents—who have first-hand knowledge about the community. These community experts, with their particular knowledge and understanding, can provide insight on the nature of problems and give recommendations for solutions. The Community Health Collaborative conducted a Local Public Health System Assessment to promote continuous improvement among all public health system partners, and stakeholders in Winnebago County.

The process began with invitations to Winnebago County organizations to participate in this discussion of the 10 Essential Services of the Local Public Health System (LPHS). In total 38 organizations attended to evaluate the current status of the LPHS across these 10 identified services. Table top discussions were held to examine the strengths, weaknesses, and opportunities for growth among each area of service. Finally, these areas were rated to determine the priority level of each essential service.

The local public health system is represented with the following diagram:



The remainder of the Key Informant Interviews section of the JBH CHNA is taken with permission from *Vol 1: Community Themes and Strengths Assessment 2020 Healthy Community Study* which was published by the Community Health Collaborative in 2020.

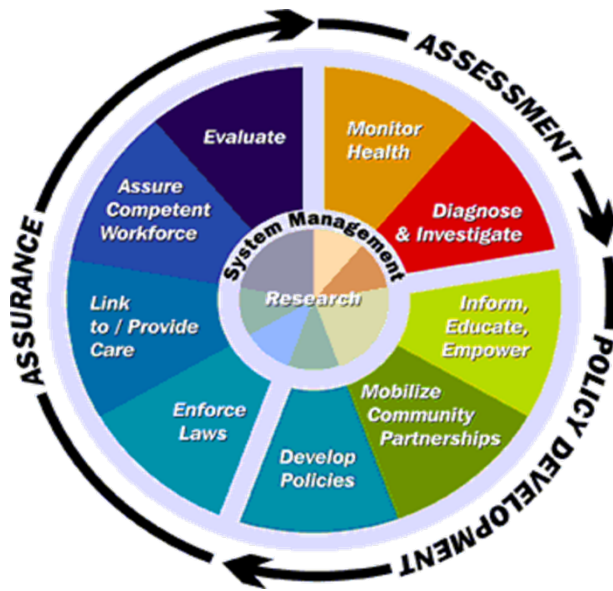
## Methodology

The session was held on January 15<sup>th</sup>, 2020 at the Klehm Arboretum. For a full list of participants see Appendix F. The full description of the methodology and findings can be found in

<https://mercyhealthsystem.org/wp-content/uploads/2021/04/2020-Community-Analysis-Report.pdf>

In order to conduct the NACCHO standard LPHSA survey with the agency and community groups, the PollEverywhere application was selected. This tool allowed for participants to respond in real-time using a downloaded application, text or web-based survey instrument. The session was facilitated by WCHD staff, and participants were led through each of the 10 Essential Services one-by-one.

### The 10 Essential Public Health Services



1. **Monitor health status** to identify community health problems
2. **Diagnose and investigate** health problems and health hazards in the community
3. **Inform, educate and empower** people about health issues
4. **Mobilize community partnerships** to identify and solve health problems
5. **Develop policies and plans** that support individual and community health efforts
6. **Enforce laws and regulations** that protect health and ensure safety
7. **Link people to needed personal health services and assure the provision of health care** when otherwise unavailable
8. **Assure a competent public health and personal health care workforce**
9. **Evaluate effectiveness, accessibility, and quality** of personal and population-based health services
10. **Research for new insights** and innovative solutions to health problems.

Each Essential Service had specific survey questions. Participants were asked to rate how well the public health system was being carried out at the community/system level. The table below shows the possible responses and ratings.

LPHSA Response Options	
5 Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met
4 Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met
3 Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met
2 Minimal Activity (1-25%)	Greater than 0%, but no more than 25% of the activity described within the question is met
1 No Activity (0%)	0% or no activity at all



Responses were tabulated and shared with participants; table-top discussions focusing on strengths, weaknesses as well as short- and long-term opportunities for improvement were then held before moving on to the next Essential Service

In addition to the Collaborative/Agency session, a separate LPHSA exercise was conducted with WCHD staff on January 30, 2020. The structure for this was modified and employees were asked to complete the Poll Everywhere survey prior to attending the meeting. During the meeting the results were shared for each of the 10 Essential Services and then table-top discussions were held to discuss strengths, weaknesses and opportunities.

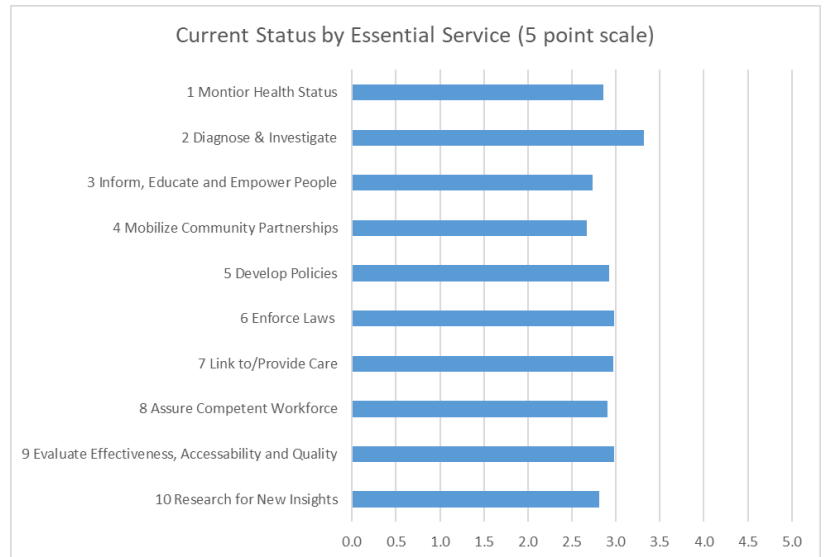
Results were summarized and presented to the Community Health Collaborative Partner Steering Committee on February 12, 2020.

## Current Performance of Essential Services

In addition to the questionnaire regarding current performance on the Essential Services, a Prioritization Questionnaire was also used with both groups. This allowed participants to rate each of the standards on a scale of 1-10, where 10 is the highest priority. Combining performance ratings with prioritization levels helps the Collaborative and the community determined performance improvement opportunities for the future.

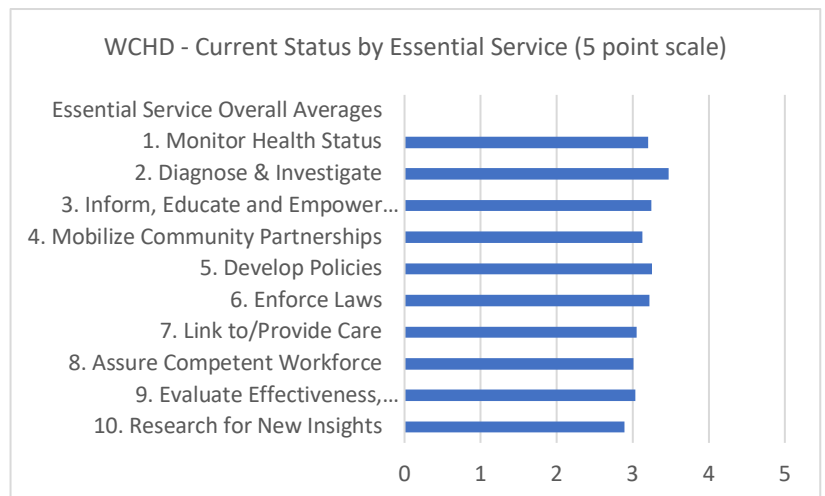
### Collaborative and Community Session (Community)

All Essential Services and their subdomains were rated on a 5-point scale. Overall performance ratings by Essential Service showed that **Diagnose and Investigate (2)**, **Enforce Laws (6)** and **Evaluate Effectiveness (9)** scored highest.



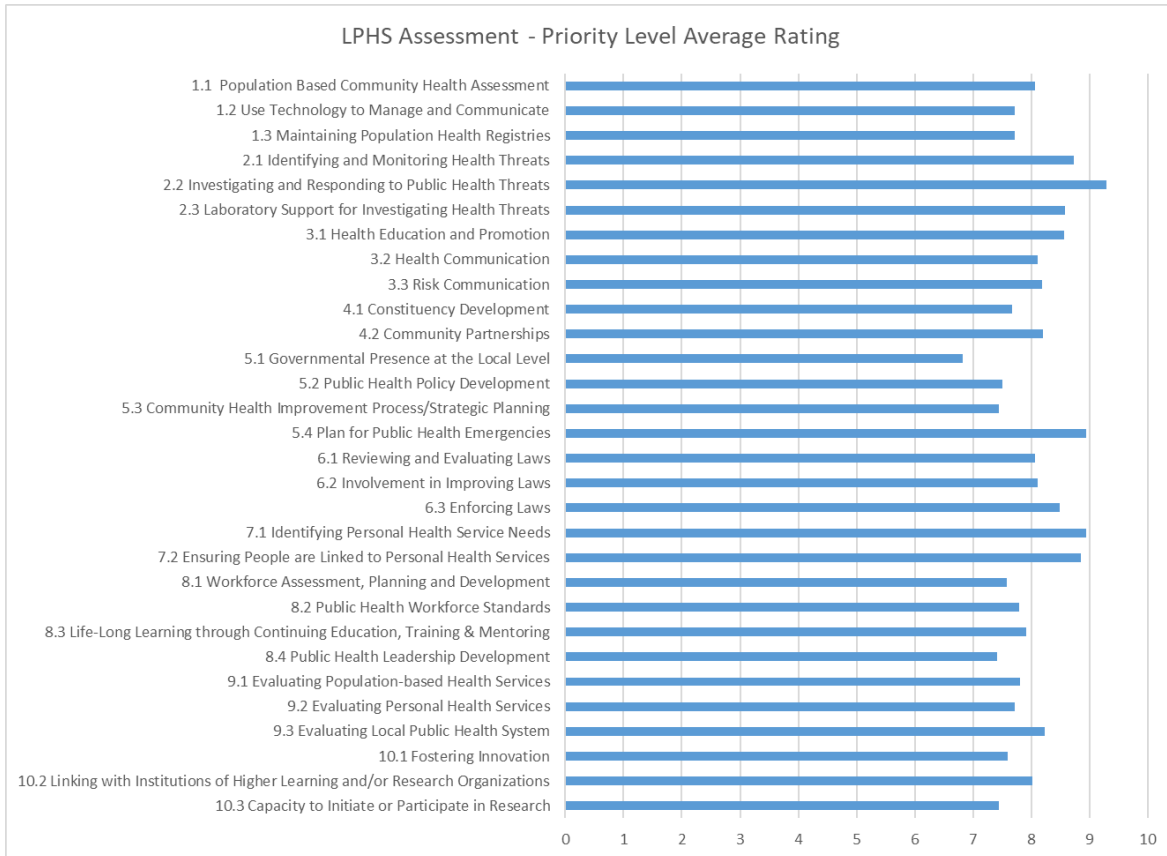
### WCHD Internal Session

Overall, WCHD staff rated current performance highest for Essential Service, **Diagnose and Investigate (2)**. **Develop Policies (5)** and **Inform & Educate (3)** were next highest rated.



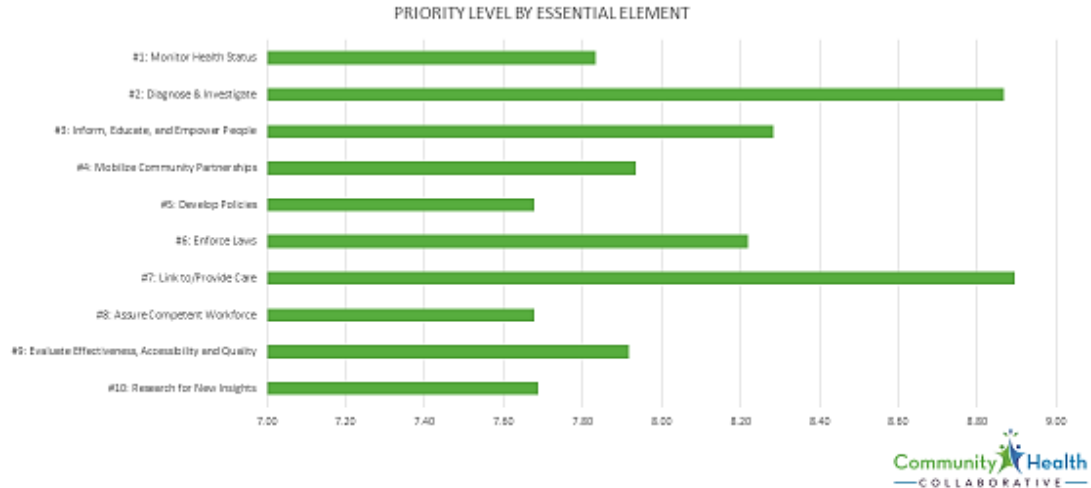
## Essential Services Prioritization

In addition to the questionnaire regarding current performance on the Essential Services, a Prioritization Questionnaire was also used with both groups. This allowed participants to rate each of the standards on a scale of 1-10, where 10 is the highest priority. Combining performance ratings with prioritization levels helps the Collaborative, and the community, determine performance improvement opportunities for the future.



Comparing the results of the Community LPHSA on performance and priority level with the WCHD ratings of the same factors, there were generally similar ratings for performance and ranking, but overall the WCHD staff scored higher based on their perceptions.

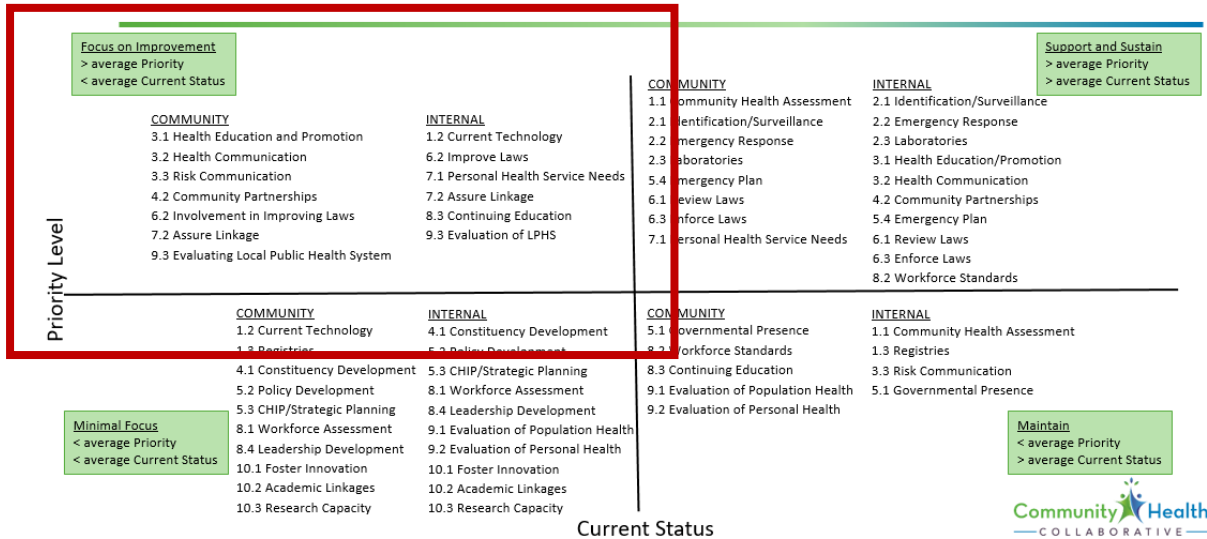
Model Standards by Essential Services	Assessed Performance Level (5 Point Scale)		Priority Level (10 point scale)	
	Community	Internal	Community	Internal
1.1 Community Health Assessment	3.01	3.26	8.06	8.77
1.2 Current Technology	2.76	3.13	7.72	9.26
1.3 Registries	2.81	3.23	7.72	8.74
2.1 Identification/Surveillance	3.05	3.46	8.73	9.76
2.2 Emergency Response	3.28	3.53	9.29	9.83
2.3 Laboratories	3.63	3.44	8.58	9.36
3.1 Health Education/Promotion	2.75	3.20	8.56	9.39
3.2 Health Communication	2.61	3.18	8.11	9.17
3.3 Risk Communication	2.86	3.35	8.18	8.89
4.1 Constituency Development	2.73	3.04	7.67	8.74
4.2 Community Partnerships	2.61	3.22	8.2	9.39
5.1 Governmental Presence	2.98	3.29	6.82	8.24
5.2 Policy Development	2.77	3.10	7.5	8.81
5.3 CHIP/Strategic Planning	2.69	3.13	7.44	8.39
5.4 Emergency Plan	3.26	3.49	8.95	9.80
6.1 Review Laws	3.07	3.32	8.06	9.27
6.2 Improve Laws	2.88	2.98	8.11	9.15
6.3 Enforce Laws	3.00	3.35	8.49	9.47
7.1 Personal Health Service Needs	3.02	3.06	8.94	9.45
7.2 Assure Linkage	2.91	3.04	8.85	9.23
8.1 Workforce Assessment	2.61	2.85	7.58	8.69
8.2 Workforce Standards	3.31	3.38	7.79	9.11
8.3 Continuing Education	2.92	2.88	7.92	9.51
8.4 Leadership Development	2.79	2.92	7.42	8.93
9.1 Evaluation of Population Health	2.92	2.96	7.81	8.92
9.2 Evaluation of Personal Health	3.12	3.06	7.71	9.03
9.3 Evaluation of LPHS	2.89	3.09	8.23	9.16
10.1 Foster Innovation	2.80	2.79	7.59	7.73
10.2 Academic Linkages	2.87	2.97	8.02	8.76
10.3 Research Capacity	2.77	2.92	7.45	8.50
<b>Average Overall Score</b>	<b>2.92</b>	<b>3.15</b>	<b>8.05</b>	<b>9.05</b>



### Focus for Improvement

Based upon the combined ratings and prioritization exercises by the Community and WCHD, the results of these surveys were plotted on a matrix to help identify areas of opportunity. The chart below shows the matrix combining both surveys from the two LPHSA sessions. The area of highest priority, with the greatest need for performance improvement was charted in the upper, left-hand, quadrant and identified as Focus on Improvement category.

## LPHSA Quadrants – Community & Internal



Both the Community and WCHD (Internal) identified the following items as Focus on Improvement:

- 6.2 Improve Laws
- 7.2 Assure Linkage (Personal Health)
- 9.3 Evaluation of Local Public Health System

Based on these findings, the Community Health Collaborative recommended that these factors be considered as focal areas in the next stages of the Community Health Collaborative's efforts.

## **Prioritization of Health-Related Issues**

Of the three focus areas of the Community Health Collaborative identified above, JBH is best able to impact 7.2 Assure Linkage (Personal Health), which centers on ensuring access to health care services.

With this focus in mind, JBH representatives considered the above findings surrounding health needs in the Rockford Region to identify what we consider to be the most significant health needs.

The significant health needs are as follows:

1. Improve the general health of individuals living in the primary service area
2. Improve behavioral health status of community members
3. Improve the health status of individuals with chronic illnesses and promote healthy lifestyles through educational offerings
4. Improve the health of patients with specific needs, including geriatric health needs and substance abuse
5. Reduce likelihood of opioid addiction beginning and/or continuing
6. Maintain active involvement in Vermont Oxford Collaborative (VON) to promote quality outcomes in the Neonatal Intensive Care Unit (NICU)
7. Maintain commitment to the women and children of this community as a provider of comprehensive tertiary services (including perinatal, maternal, and neonatal services and ensure excellent outcomes for mothers and infants)
8. Provide job training and employment opportunities to disabled young adult community members
9. Respond to COVID-19 to effectively care for the needs of our community and to ensure up-to-date education and preparedness during a pandemic (the pandemic began after the CHNA research was completed, and was determined by JBH to be a priority for the community).

All significant health needs identified above are addressed in the Implementation Plan for this CHNA, which details how JBH intends to respond to these needs over the next three years (Appendix A). The Implementation Plan in Appendix A was approved by the Mercyhealth Board of Directors on June 17, 2020.

## Appendix A

### MERCYHEALTH ROCKTON AND RIVERSIDE LOCATIONS COMMUNITY BENEFIT PLAN FY 2021 IMPLEMENTATION PLAN

**Strategic Objective:** Based on the Community Health Assessment Improvement Collaborative’s 2020 Healthy Community Study, Mercyhealth Javon Bea Hospital (Rockton and Riverside) will develop and implement a multifaceted community benefit plan to improve the overall health and well-being of residents in the primary service area.

STRATEGIES	TACTICS	MEASURE/STATUS
<p><b>Improve the general health of individuals living in the primary service area</b></p>	<p>Access:</p> <ul style="list-style-type: none"> <li>• Continue to develop and offer various access sites and venues for primary care (adult and pediatric) medical services</li> <li>• Expand primary care services via additional providers and sites</li> <li>• Maintain convenient care locations throughout community</li>   <li>• Establish FP and IM physician residency programs</li> <li>• Support Bridge Clinic services for non- and under-insured patients who do not qualify for government programs</li> </ul>	<p>Convenient care services offered at various locations throughout the region including:</p> <ul style="list-style-type: none"> <li>• Mercyhealth Roscoe Urgent Care will have extended hours: Monday – Friday, 8 am-8 pm and Saturday and Sunday, 10 am – 4 pm</li> <li>• Mercyhealth Perryville Urgent Care hours 7 am-9 pm, Sunday - Saturday</li> <li>• Mercyhealth Rockton Avenue, Bldg. 1 Urgent Care is closing effective May 30</li> <li>• InQuicker implemented at both Rockford locations</li> <li>• Mercyhealth Virtual Visit Now services implemented</li> <li>• Implement Telehealth services</li>   <li>• Programs established summer 2019</li> <li>• Clinic offered every Saturday from 10 a.m. to 2 p.m. (except holidays) and is located on the 4<sup>th</sup> floor of Second First Church. No appointments are needed.</li> </ul>

	<ul style="list-style-type: none"> <li>Continue to advance services around the early identification and treatment/intervention of strokes <ul style="list-style-type: none"> <li>DNV Comprehensive Stroke Center to offer 24/7 in-house interventional capabilities</li> </ul> </li> <li>Provide education to community to improve public awareness around early detection</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commission Certified Primary Stroke Center at Rockton campus</li> <li>Comprehensive Stroke Center certification at Riverside campus</li> <li>Established a stroke specialty unit at the Rockton campus</li> <li>2 events per year; smaller presentations at senior living centers, church groups, etc.</li> </ul>
	<ul style="list-style-type: none"> <li>Offer a wide array of community educational health and screening programs</li> </ul>	<ul style="list-style-type: none"> <li>Wesley Willow monthly presentations</li> <li>Various educational services and screening programs offered</li> <li>Provide educational presentations on a wide variety of health topics</li> <li>Provide screenings at community events like expos, fairs, Rockford City Market.</li> <li>Offer various free screenings throughout the year.</li> </ul>
<b>Improve behavioral health status of community members</b>	<ul style="list-style-type: none"> <li>Continue to provide inpatient and outpatient behavioral medicine services to area residents</li> </ul>	<ul style="list-style-type: none"> <li>Adult Psychiatric inpatient services</li> <li>Outpatient Psychiatric Medication Management Services</li> </ul>
	<ul style="list-style-type: none"> <li>Proactively identify individuals at high-risk for mental health disorders at early stages of illness in order to provide early intervention and treatment.</li> <li>Maintain social worker services to assist with adult and pediatric mental health issues</li> </ul>	<ul style="list-style-type: none"> <li>Depression screening tool administered to following: <ul style="list-style-type: none"> <li>All adults over the age of 18 on an annual basis via primary care and obstetrician physician practices</li> <li>All perinatal and postpartum obstetrical patients via obstetric and pediatric practices are screened for 1 month post-delivery</li> <li>All teenagers via primary care and pediatric physician practices are screened at annual visit</li> <li>Psychiatric assessment performed in ED to properly identify level of care necessary and provide education, information and/or appropriate referrals to Mercyhealth or community Behavioral Health programming</li> </ul> </li> </ul>



		<ul style="list-style-type: none"> <li>• Improve the behavioral and overall health status of the elderly population by working closely with individuals, their families and various community resources to keep individuals in their homes.</li> <li>• Maintain and promote the Mercyhealth at Home health service as a resource to individuals and family members</li> </ul>
<p><b>Improve the health status of individuals with chronic illnesses and promote healthy lifestyles through educational offerings</b></p>	<ul style="list-style-type: none"> <li>• Collaborate and foster engagement with patients and families through the Medicare ACO and through the patient-centered medical home model to proactively manage and improve the chronic disease state of our patients</li> <li>• Continue Medicare ACO Wellness visits to proactively manage health of Medicare patients</li> </ul>	<ul style="list-style-type: none"> <li>• All patients seen in Emergency Department and Urgent Care identified and screened by nursing care coordinator who follows up with patient and ensures patient scheduled with primary care physician in appropriate time frame</li> <li>• After visit summary with documented care plan and health goals provided to each patient and family</li> <li>• Cardiac support group held at Rockton Ave campus on the 4<sup>th</sup> Wednesday of every month</li> <li>• Stroke and diabetes education provided through online classes, social media; educational articles and media interviews</li> <li>• Protocols/guidelines continue to be implemented</li> </ul>

	<ul style="list-style-type: none"> <li>Maintain clinical team to work with selected nursing home patients to ensure appropriate transitional care and manage and provide interventions as necessary for various acute and chronic diseases</li> </ul>	<ul style="list-style-type: none"> <li>To continue working with designated partner nursing homes</li> <li>Monitor admission and readmission rates by nursing home</li> </ul>
	<ul style="list-style-type: none"> <li>Through Mercyhealth at Home, established in home CHF telemonitoring program providing services to improve the health status of individuals with chronic disease living at home</li> </ul>	<ul style="list-style-type: none"> <li>Non-invasive ventilator program established for patients with COPD</li> <li>Utilizing NIV non-invasive ventilators</li> </ul>
	<ul style="list-style-type: none"> <li>Maintain a multidisciplinary palliative care services for adults to formulate plans of care, identify resources, and provide support for both patients and families for various chronic and acute diseases.</li> </ul>	<ul style="list-style-type: none"> <li>Provide inpatient services:</li> <li>Guidelines for newborn/infant Palliative and Comfort care team</li> <li>Adult inpatient Palliative Care services</li> <li>Supportive care for pain management, patient functional status, quality of life, disease process education, informed choices, address advance directives and bereavement support</li> </ul>
<b>Improve the health of patients with specific needs, including geriatric health needs and substance abuse</b>	<ul style="list-style-type: none"> <li>Geriatric services</li> <li>Alcohol and Substance Abuse</li> </ul>	<ul style="list-style-type: none"> <li>Monitor number of community events and health fairs where geriatric services can be promoted</li> <li>Monitor number of community events and health fairs where information regarding health consequences of alcohol and substance can be promoted</li> </ul>
<b>Reduce likelihood of opioid addiction beginning and/or continuing</b>	<ul style="list-style-type: none"> <li>Monitor opioid prescribing among physicians</li> <li>Offer provider education</li> <li>Offer addiction counseling</li> </ul>	<ul style="list-style-type: none"> <li>Review regular reports to look for outlier prescribers</li> <li>Monitor number of educational courses offered</li> </ul>
<b>Maintain active involvement in Vermont Oxford Collaborative (VON) to promote quality outcomes in the NICU</b>	<ul style="list-style-type: none"> <li>Active member of Vermont Oxford Collaborative (VON) for over 20 years.</li> </ul>	<ul style="list-style-type: none"> <li>Current Bundles include: <ul style="list-style-type: none"> <li>Reducing Chronic Lung</li> <li>Improve communication and team work in the NICU</li> <li>Brain Injury and whole body cooling protocols</li> </ul> </li> </ul>

<b>Maintain commitment to the women and children of this community as a provider of comprehensive tertiary services (including perinatal, maternal, and neonatal services and ensure excellent outcomes for mothers, and infants.</b>	<ul style="list-style-type: none"> <li>Remain the State of Illinois Regional Perinatal Center for 11 counties, meeting all quality measures as defined by IDPH.</li> <li>Participate in current ILPQC (Illinois Perinatal Quality Collaborative) initiatives including the current Promoting Vaginal Birth for low risk first pregnancy women. Also maintaining the Hypertension Bundle, this assesses quick response to increased blood pressures of peripartum mothers. Also Maintaining in the Neonatal Abstinence Syndrome (NAS) bundle which focused on both pharmacologic and non-pharmacologic interventions for babies born of addicted mothers</li> </ul>	<ul style="list-style-type: none"> <li>Participate in Hypertension bundle and are in the maintenance portion of the program</li> <li>Participating in wave 2 of the NAS bundle</li> </ul>
<b>Maintain active involvement in Vermont Oxford Collaborative (VON) to promote quality outcomes in the NICU</b>	<ul style="list-style-type: none"> <li>Active member of Vermont Oxford Collaborative (VON) for over 20 years.</li> </ul>	<ul style="list-style-type: none"> <li>Current Bundles include: <ul style="list-style-type: none"> <li>Reducing Chronic Lung</li> <li>Improve communication and team work in the NICU</li> <li>Brain Injury and whole body cooling protocols</li> </ul> </li> </ul>
<b>Provide job training and employment opportunities to disabled young adult community members</b>	<p>In collaboration with the Illinois Department of Human Services and RAMP, a Rockford not-for-profit organization devoted to improving the lives of individuals with disabilities, establish the Project SEARCH program with Mercyhealth Rockton Avenue as the host business</p>	<p>Program is in its third year:</p> <ul style="list-style-type: none"> <li>2018 – 11 students graduated, 10 employed.</li> <li>2019 – 12 students graduated, 10 employed</li> <li>2020 -11 students graduated, 3 employed</li> </ul> <ul style="list-style-type: none"> <li>School districts include Belvidere, Harlem, Ogle, and Rockford</li> </ul>

<p><b>Response to COVID-19 to effectively care for the needs of our community and to ensure up-to-date education and preparedness during a pandemic</b></p>	<p>Provide alternative education to Emergency Medical Services (EMS) personnel</p> <ul style="list-style-type: none"> <li>• Coordinate with local, regional and state organizations regarding EMS surge planning, response, and information sharing</li> <li>• Enhanced safety and treatment protocols by our EMS System and the REACT air medical critical care transport program</li> <li>• Expanded telemedicine services to increase virtual access for our patients and allow EMS crews to be available for those with critical illnesses during pandemic</li> <li>• Enhanced education and universal precautions updates for EMS crews during this pandemic to ensure safety of first responders as well as safety to patients</li> <li>• Expanded COVID 19 response, screening, and effective transport of patients suspected of or confirmed for COVID-19 by EMS Crews and Public Service Answering Points (911 Operators) to provide early identification to EMS crews and receiving facilities and appropriate transport to Emergency Dept.</li> </ul> <p>SAFE CARE COMMITMENT: Reassure patients that Mercyhealth has taken extra safety precautions to ensure the health and safety of our patients is our top priority</p> <ul style="list-style-type: none"> <li>• Enhanced Cleaning</li> <li>• Masking</li> <li>• Screening</li> <li>• Social Distancing</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple EMS providers have been credentialed to function by the Mercy EMS Medical Director to ensure continuity of the Emergency Medical System.</li> <li>• Frequent communication between EMS leadership and the Mercyhealth Pre-hospital and Emergency Services Center to provide real time updated information</li> </ul> <ul style="list-style-type: none"> <li>• Internal Marketing Campaigns - Safe Care Commitment: banners; elevator fliers; E-newsletter; leadership and all employee emails</li> <li>• Provider videos – numerous physicians creating social media videos to address COVID 19 concerns and questions</li> <li>• Community Education on "How to Safely Wear a Mask" - video created; social media and website post</li> </ul>
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	<ul style="list-style-type: none"> <li>Invest in and modernize the Rockton campus in order to serve the needs of west-side residents</li> </ul>	<ul style="list-style-type: none"> <li>Maintain robust emergency services</li> <li>Medical/Surgical units recently renovated, completed May 2020</li> <li>New endoscopy center under development with completion scheduled for 2020/2021</li> <li>Subacute unit currently under development with completion scheduled for 2020/2021</li> <li>Improvements to the Behavioral Health Unit for 2020</li> </ul>
	<ul style="list-style-type: none"> <li>As the main provider of pediatric services in the community, continue to develop and offer state-of-the-art pediatric programs and services</li> <li>Provide free dental, immunization, depression, and well child screening and acute care services to uninsured and under-insured children through the Ronald McDonald mobile unit</li> <li>Provide hospital surgical dentistry services to pediatric and developmentally disabled patients requiring more extensive dental work as identified via the Ronald McDonald program</li> </ul>	<p>See Women and Children's section – pg. 6</p> <ul style="list-style-type: none"> <li>Coverage provided to Winnebago, Boone, Ogle, Lee, and Stephenson Counties in Illinois, and Rock County, Wisconsin</li> <li>12,281 visits conducted 2003-2019</li> <li>9,999 children served and \$2,337,193 in free care provided 2003-2019</li> <li>3,266 immunizations from 2003-2019</li> <li>251 dental cases in 2019</li> </ul>
	<ul style="list-style-type: none"> <li>Provide free breast health services to un- and under-insured women through partnership with A Silver Lining Foundation</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic screens and related procedures have been provided since program inception in 2012</li> <li>Program expanded to Bridge Clinic patients (offered one time/month at Rockton Avenue Mammography Department)</li> </ul>
	<ul style="list-style-type: none"> <li>Develop comprehensive multidisciplinary lung service designed to detect and treat lung cancer at earlier stages and reduce lung cancer mortality. Program includes the following: <ul style="list-style-type: none"> <li>Low dose radiation lung screening to high risk individuals</li> <li>Smoking cessation services</li> <li>Nodule clinic</li> <li>Navigational bronchoscopy</li> <li>Minimally invasive thoracic services</li> <li>Medical Oncology services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>High risk patient screening protocol implemented</li> <li>Smoking cessation program developed and implemented</li> <li>Navigational bronchoscopy services implemented</li> <li>Cancer infusion center developed</li> </ul>

## Appendix B

### Actions Related to Javon Bea Hospital 2017-20 Implementation Plan

#### General Health

*Strategy #1: Improve the general health of individuals living in the primary service area.*

#### Access to Care

Continue to develop and offer various access sites and venues for primary care (adult and pediatric) medical services

- Expand primary care services via additional providers and sites and maintain convenient care locations and expanded hours throughout the community
  - Mercyhealth Alpine facility opened in 2018, this 20,000-square-foot facility expands access to high-quality health care for all ages and houses the new Mercyhealth Family Medicine Residency Program which began in 2019
  - Mercyhealth Roscoe facility was completed in 2016, the renovated and expanded 22,000-square-foot site hosts an array of services for adults and children.
    - Urgent Care began to offer extended hours Monday-Friday, 8 am to 8 pm and 10 am to 4 pm Saturday and Sunday
  - Mercyhealth Cherry Valley opened in 2016, this 8,000-square-foot facility brings exceptional health care to the southeast quadrant of Rockford
  - Mercyhealth Mulford was remodeled and completed in summer of 2019, this 25,000-square-foot clinic hosts the new Mercyhealth Internal Medicine Residency program which began in 2019.
  - Mercyhealth Perryville Urgent Care hours are 7 am to 9 pm Sunday- Saturday
  - Mercyhealth has brought 250 primary and specialty care physicians, as well as new programs and services to the Rockford Region through services such as:
    - Mercyhealth Orthopedic Institute
    - Mercyhealth REACT- an MD-1 Emergency Response Program
    - EMT training and certification program through the Javon Bea Hospital and Physician Clinic- Rockton
    - Mercyhealth Heart and Vascular Institute now offers the smallest pacemaker to patients, the first in the area to offer the procedure
  - Mercyhealth- Crystal Lake Hospital planned to open Summer 2023
  - InQuicker is now implemented at both JBH campuses
  - Telehealth services are now offered

Establish FP and IM residency programs in Rockford

- Began summer of 2019
  - 39 IM residents as of July 2021
  - 24 FP residents as of July 2021

Support Bridge Clinic services for non- and under-insured patients who do not qualify for government programs

- Clinic offered every Saturday morning in collaboration with First Presbyterian Church/ Second Congregational Church with no appointments need
  - This program is ongoing as of 2020

***Modernize Facilities***

Continue to invest in and modernize the Rockton campus in order to serve the needs of west-side residents

- Multi-year plan defining campus investment developed and implemented in 2018
  - Cancer center completed in 2017
  - Helicopter pad completed in 2018
  - Orthopedic Center of Excellence completed in 2017
  - Paramedic and EMS training facility expanded in 2016
  - Ground level renovations completed across the 626,000-square-foot campus
  - Medical/Surgical units renovations completed May 2020
  - New endoscopy center under development and scheduled to be completed 2020/2021
  - Subacute unit currently under development and scheduled to be completed 2020/2021
  - Improvements to the Behavioral Health Unit for 2020

Complete Riverside campus implementation plan

- The Javon Bea Hospital – Riverside Campus, a 188 bed Adult, Women’s and Children’s Hospital and MOB
  - Opened on January 5<sup>th</sup>, 2019

***Pediatric Health***

As the main provider of pediatric services in the community, continue to develop and offer state-of-the-art pediatric programs and services

- The Javon Bea Hospital – Riverside Campus is a certified Women’s and Children’s Hospital
  - Opened on January 5<sup>th</sup>, 2019

Provide free dental and immunization services to uninsured and under-insured children through the Ronald McDonald mobile unit

- Coverage provided to the following counties:
  - Winnebago
  - Boone
  - Lee
  - Ogle
  - Stephenson
- 12,281 visits with 9,999 patients conducted across the entire Mercyhealth System as of 2019 with \$2,337,193 in free care provided 2003-2019
- 251 dental cases treated in 2019

### *Women's Health*

Continue to partner with A Silver Lining Foundation to provide free breast health services to un- and under-insured women

- 725 women have received 890 free breast related services between 2012-2020
- Program expanded to Bridge Clinic patients and is offered at the Rockton Ave. Mammography Department once a month starting fall 2016

### *Lung Health*

Develop a comprehensive multidisciplinary lung service designed to detect and treat lung cancer at earlier stages and reduce lung cancer mortality.

- 576 LDCTs were performed between March 2015- December 2016
- High risk patient screening protocol was implemented
- The program will include the following services:
  - Low dose radiation lung screening to high risk individuals
  - Smoking cessation services
    - Tobacco registry created
    - Smoking cessation program developed and implemented
  - Nodule Clinic
  - Navigational bronchoscopy implemented
  - Minimally invasive thoracic services
    - daVinci minimally invasive thoracic surgical service developed and implemented in 2018
  - Medical Oncology services
    - New cancer infusion center developed

### *Stroke Identification and Treatment*

Continue to advance services around the early identification and treatment/intervention of strokes

- Become Joint Commission Comprehensive Stroke Center to offer 24/7 in-house interventional capabilities
  - Joint Commission Certified Primary Stroke Center certification was renewed in 2016 and maintains the designation as of 2020
- Provide education to community to improve public awareness around early stroke detection
  - Two educational events are held each p year
  - Conduct smaller presentations at senior living centers, church groups and other venues

### *Education*

Continue to offer a wide array of community educational health and screening programs

- Women's Center programs- Dani
  - Community outreach with:
    - Silver Lining
    - City Market
    - Chamber of Commerce

- High School Expos
- Molina Baby Shower
- Breast Cancer Walks
- Hosting our own breast cancer support group.

## Behavioral Health

**Strategy #2:** *Improve behavioral health status of community members*

### *Inpatient Services*

Continue to provide inpatient behavioral medicine services to area residents

- Full complement of inpatient services offered at the Javon Bea Hospital- Riverside Campus
  - Opened on January 5th, 2019

### *Identification*

Proactively identify individuals at high-risk for mental health disorders at early states of illness to provide early intervention treatment

- Depression screening tool administered to the following patients
  - All adults over the age of 18 on an annual basis via primary care and obstetrician practices
  - All perinatal and post-partum patients via obstetric and pediatric practices are screened for 1 month post-delivery
  - All teenagers via primary care and pediatric physician practices are screened at their annual visit
  - Psychiatric assessment performed in Emergency Department to properly identify the level of care necessary and provide education information and/or appropriate referrals to Mercyhealth or community Behavioral Health Programming
- Participation Zero Suicide initiative
  - This screening tool utilizes PHQ-2 and was rolled out the across the entire Mercyhealth System. It currently has a 90%+ completion rate in the system, this is considered a successful implementation

Improve the behavioral and overall health status of the elderly population by working closely with individuals, their families and various community resources to keep individuals in their homes.

- Continue to secure grant funding to implement Money Follows the Person Program
- Maintain and promote home health services as a resource to individuals and family members

## Chronic Disease Prevention

**Strategy #3:** *Improve the health status of individuals with chronic illnesses and promote healthy lifestyles through educational offerings*



### ***Chronic Disease Management Measurement and Impact***

Collaborate and foster engagement with patients and families through Medicare ACO and through patient centered medical home to proactively manage and improve the chronic disease state of our patients

- All registry patients tracked by coordinator to ensure various indicators are monitored and appropriate ambulatory interventions are provided as needed
  - The following registries were established:
    - Asthma
    - Congestive Heart Failure
    - Depression
    - Diabetes
    - Hypertension
    - Melanoma
- Implement Medicare ACO Wellness visit protocols to proactively manage health of Medicare patients
  - Protocol implemented in FY2016
- Cardiac support group held at Rockton Ave. campus on the 4<sup>th</sup> Wednesday of every month

### ***Chronic Conditions in Geriatric and Palliative Care***

Develop clinical team to work exclusively with nursing home patients to ensure appropriate transitional care and manage and provide interventions as necessary for various acute and chronic diseases

- Develop Post-Acute Care team to work with designated partner nursing homes
- Monitor admission and readmission rates by nursing home
  - Completed through March 2020
- Began utilizing NIV non-invasive ventilators

Develop multidisciplinary palliative care services on both an in- and outpatient basis to formulate plans of care, identify resources, and provide support for both patients and families for various chronic and acute disease states

- Program established

### **Women's and Children's Health**

***Strategy #4:*** *Maintain commitment to the women and children of this community as the exclusive provider of comprehensive tertiary services (including perinatal, maternal, neonatal and pediatric intensive care services) and ensure excellent outcomes for mothers, infants and children*

### ***High Risk Patients***

Recognizing the number of children born to indigent situations, identify high-risk situations and provide appropriate resources by identifying local resources, developing and fostering collaborative arrangements, and offering streamlined referrals for the following services

- Nutrition and dietary
- Mental health counseling via social workers

- WIC program
- WCHD Better Births Outcome Program

Engage all obstetricians and midwives in plan to improve OB and NICU outcomes through excellent evidence based prenatal care/interventions

- All prenatal patients screened for diabetes at determined intervals based on best practice
- All prenatal and post-partum patients screened for depression. Screen provided to new mothers at time of first-time newborn check with pediatricians to ensure all patients are captured regardless of where infant is delivered
- Javon Bea Hospital continues to participate in the Vermont Oxford Network (quality NICU collaborative) program as of 2020 which is used to monitor outcomes against national benchmarks and to continually improve and implement evidence based protocols
  - Current Bundles include:
    - Reducing chronic lung
    - Improve communication and team work in the NICU
    - Brain injury and whole body cooling protocols
  - Participated in Hypertension bundle all of 2017 and now in the maintenance portion of the program

#### *Community Provider*

As the main provider of pediatric services in the community, continue to develop and offer state-of-the-art pediatric programs

- The Javon Bea Hospital – Riverside Campus is a certified Women’s and Children’s Hospital and MOB
  - Opened on January 5<sup>th</sup>, 2019
- Establish partnership with Anne and Robert H. Lurie Children’s Hospital to enhance ambulatory and hospital services to children and their families
  - Lurie partnership was established and implemented in fall of 2018 and is continued as of 2020



7-13. Not including you, how many other people in each age group live in your home? (Enter number of people in each group)

7. \_\_\_\_\_ Ages 0 – 12  
8. \_\_\_\_\_ Ages 13 – 17  
9. \_\_\_\_\_ Ages 18 – 29  
10. \_\_\_\_\_ Ages 30 – 44

11. \_\_\_\_\_ Ages 45 – 64  
12. \_\_\_\_\_ Ages 65 – 74  
13. \_\_\_\_\_ Ages 75+

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14. What is your total annual household income (from all sources)?

- |   |  |
|---|--|
| <input type="radio"/> Less than \$10,000  | <input type="radio"/> \$35,001 - \$50,000  |
| <input type="radio"/> \$10,001 - \$15,000 | <input type="radio"/> \$50,001 - \$75,000  |
| <input type="radio"/> \$15,001 - \$20,000 | <input type="radio"/> \$75,001 - \$100,000 |
| <input type="radio"/> \$20,001 - \$25,000 | <input type="radio"/> \$100,001 or more    |
| <input type="radio"/> \$25,001 - \$35,000 | <input type="radio"/> Don't know/not sure  |

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15. The employment status of the adults in my home is .....: (Mark all that apply)

- | <u>You</u>               | <u>Other Adult</u>       |                                     |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employed, full time            |
| <input type="checkbox"/> | <input type="checkbox"/> | Work a full-time job only           |
| <input type="checkbox"/> | <input type="checkbox"/> | Work a part-time job only           |
| <input type="checkbox"/> | <input type="checkbox"/> | Work two or more jobs               |
| <input type="checkbox"/> | <input type="checkbox"/> | Work seasonally or part of the year |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployed, looking for work        |
| <input type="checkbox"/> | <input type="checkbox"/> | A homemaker                         |
| <input type="checkbox"/> | <input type="checkbox"/> | A student                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Retired                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Disabled                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Not employed, not looking for work  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (please specify) _____        |

16. Do you own or rent your home?

- Own     Rent     Stay there without paying rent     Homeless     Other (Please write in): \_\_\_\_\_

**COMMUNITY ASSETS, ISSUES & CONCERNS**

17. Which community assets are most important to you? *(Mark all that apply)*
- |   |  |
|---|--|
| <input type="checkbox"/> Activities for seniors                 | <input type="checkbox"/> Services for people or families in crisis             |
| <input type="checkbox"/> Activities for teens                   | <input type="checkbox"/> Services for developmental disabilities               |
| <input type="checkbox"/> Duplication of programs, agencies      | <input type="checkbox"/> Special education for children                        |
| <input type="checkbox"/> Help coping with death                 | <input type="checkbox"/> Support for caregivers, elderly, disabled             |
| <input type="checkbox"/> Job training, retraining               | <input type="checkbox"/> Programs to create a safe, healthy, clean environment |
| <input type="checkbox"/> Substance Abuse/Mental health services | <input type="checkbox"/> Other <i>(please write-in)</i> : _____                |

18. Which community issues and concerns are important to you? *(Mark all that apply)*
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Child abuse                        | <input type="checkbox"/> Neighborhood safety     | <input type="checkbox"/> Crime   |
| <input type="checkbox"/> Obesity                            | <input type="checkbox"/> Domestic violence       | <input type="checkbox"/> Racial discrimination                         |
| <input type="checkbox"/> Gangs, delinquency, youth violence | <input type="checkbox"/> School graduation rates | <input type="checkbox"/> Unhealthy environment (i.e. poor air quality) |
| <input type="checkbox"/> Substance abuse                    | <input type="checkbox"/> Teen pregnancy          | <input type="checkbox"/> Mental health                                 |
| <input type="checkbox"/> Violence, guns                     | <input type="checkbox"/> Homelessness            | <input type="checkbox"/> Literacy, ability to read                     |
| <input type="checkbox"/> Need for affordable housing        | <input type="checkbox"/> Economic discrimination | <input type="checkbox"/> Other <i>(please write-in)</i> : _____        |

19. Which 3 things should we work on to make the Rockford Region one of the Top 25 communities in the U.S.? *(Mark Exactly 3)*
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Access to healthcare                | <input type="checkbox"/> Parks and recreation                        | <input type="checkbox"/> Affordable housing  |
| <input type="checkbox"/> Police, Fire and Emergency services | <input type="checkbox"/> Good jobs and healthy economy               | <input type="checkbox"/> Science, Technology, Engineering, and Math (STEM) education |
| <input type="checkbox"/> Clean environment                   | <input type="checkbox"/> Reduce bullying                             | <input type="checkbox"/> Early childhood services                                    |
| <input type="checkbox"/> Better schools                      | <input type="checkbox"/> Faith based services                        | <input type="checkbox"/> Services for seniors  |
| <input type="checkbox"/> Arts and culture                    | <input type="checkbox"/> Public transportation                       | <input type="checkbox"/> Health related education                                    |
| <input type="checkbox"/> Walkable, bikeable communities      | <input type="checkbox"/> Lower violent crime and safer neighborhoods | <input type="checkbox"/> Homelessness services                                       |
|  |  | <input type="checkbox"/> Other <i>(please write-in)</i> : _____                      |

*Circle one number for each question*

20. Overall, how would you rate the community as a place to walk? Would you say it is...?
- 1.....2.....3.....4.....5
- |          |      |           |
|----------|------|-----------|
|          |      |           |
| Terrible | Okay | Very Nice |

21. Overall, how would you rate the community as a place to ride a bike? Would you say it is...?
- 1.....2.....3.....4.....5
- |          |      |           |
|----------|------|-----------|
|          |      |           |
| Terrible | Okay | Very Nice |

22. In general, would you say that the people you know in the community are...?  
 1.....2.....3.....4.....5  
 | | | | |  
 Terrible Okay Very Nice

23. How do you buy your fresh fruits and vegetables? *(Mark all that apply)*
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Drive my own/my family's car | <input type="checkbox"/> Get a ride from someone               | <input type="checkbox"/> Ride my bike                    |
| <input type="checkbox"/> Walk                         | <input type="checkbox"/> I have them delivered                 | <input type="checkbox"/> Taxi/Uber                       |
| <input type="checkbox"/> Ride the bus/public transit  | <input type="checkbox"/> I don't buy fresh fruits & vegetables | <input type="checkbox"/> Community garden                |
|   |  | <input type="checkbox"/> Other: <i>(please describe)</i> |

**HEALTH CARE ACCESS**

24. Is there a certain person or place that you usually go to for health care? *(Mark the one that best applies)*
- |   |   |
|---|---|
| <input type="radio"/> A doctor's office or private clinic       | <input type="radio"/> Hospital emergency room                     |
| <input type="radio"/> The county health department              | <input type="radio"/> Retail clinic (Walgreens, Wal-Mart, etc.)   |
| <input type="radio"/> Crusader Clinic                           | <input type="radio"/> Virtual healthcare provider                 |
| <input type="radio"/> Veteran's Affairs (VA) Hospital or clinic | <input type="radio"/> No, I don't have a regular doctor or clinic |
| <input type="radio"/> Urgent/immediate care/Emergency Room      | <input type="radio"/> Other <i>(please write-in)</i> : _____      |

25. Do you have insurance that pays all or some of your health care costs? *(Mark one for each column)*
- |                             | <u>Medical</u>        | <u>Dental</u>         | <u>Mental Health/<br/>Substance Abuse</u> |
|-----------------------------|-----------------------|-----------------------|---|
| Yes, I have insurance       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                     |
| No, I do not have insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                     |
| Not Sure                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                     |
| I Don't Need/Want Insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                     |

*IF YOU ANSWERED: NO, NOT SURE, OR DON'T NEED/WANT INSURANCE, skip to Question 26*

25(a) IF YES, what kind of insurance do you have? *(Mark all that apply)*

	<u>Medical</u>	<u>Dental</u>	<u>Mental Health/ Substance Abuse</u>
Private medical plan through work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private medical – individual plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid (Public Aid)/ Family Care / All Kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Plan and Family Care/All Kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare with supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military (Veteran’s Affairs (VA) / TRICARE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Don’t Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(please write-in)</i>	_____	_____	_____

26. In the past 12 months, have you been able to get medical, dental, and/or mental health/substance abuse care? *(Circle one for each question)*

Medical Care 1.....2.....3.....4.....5  
 | | | | |  
*I could not get care I could sometimes get care/ Not sure Yes, I could get care*

*Not Applicable/Did Not Need/Want Care*

Dental Care 1.....2.....3.....4.....5  
 | | | | |  
*I could not get care I could sometimes get care/ Not sure Yes, I could get care*

*Not Applicable/Did Not Need/Want Care*

Mental Health  
or Substance  
Abuse Care 1.....2.....3.....4.....5  
 | | | | |  
*I could not get care I could sometimes get care/ Not sure Yes, I could get care*

*Not Applicable/Did Not Need/Want Care*

- IF YOU MARKED 3, 4, OR 5 ON any question above, continue to Question 27.
- IF YOU DID NOT MARK 3, 4, OR 5, skip Question 27 and go to Question 28.

➤ 27. IF YOU SAID YOU COULD NOT GET CARE (IF YOU MARKED 3, 4, OR 5 ON Question 26) ...

➤ Why couldn't you get medical, dental, and/or mental health care?

(Mark all that apply in each column)

	<u>Medical</u>	<u>Dental</u>	<u>Mental Health/ Substance Abuse</u>
Could not afford it, cost of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor/dentist/provider would not take public aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could not afford deductible or co-pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could not find a doctor/dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could not find a specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long wait for appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not have child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language barrier, no interpreter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discriminated against by provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write-in): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. During the past 12 months, have you been unable to get or fill a prescription because you could not afford it?  
(Circle one number)

1.....2.....3.....4.....5  
 | | | | |  
 I could not get care I could sometimes get care/ Not sure Yes, I could get care

Not Applicable/Did Not Need/Want Care

**CORE HEALTH AND HEALTH CARE LITERACY**

29. In general, how would you describe your health? (Circle one number)

1.....2.....3.....4.....5  
 | | | | |  
 Poor Okay Excellent

30. In general, how would you describe your weight?

Underweight     About the right weight     Overweight     Obese     Prefer not to say

31. Do you have difficulty with any of the following because of health problems? (Mark all that apply)

Walking or climbing stairs                       Exercising  
 Dressing or bathing                                       Keeping a job  
 Concentrating or making decisions



32. In the last 30 days, did physical or mental health/substance abuse problems make it hard to participate in your normal daily activities? *(Mark all that apply)*

	<u>Physical Health</u>	<u>Mental Health</u>
Yes, my daily activities were hard because of my...	<input type="checkbox"/>	<input type="checkbox"/>
No, I had no problem with my daily activities because of my...	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>

---

33. About how long has it been since you saw a doctor for a checkup?

- Less than 12 months ago       1 – 2 Years       3 – 5 Years  
 6 Years or more       Never, I don't have checkups       Not sure / Don't remember
- 

34. About how long has it been since you saw a dentist for a checkup?

- Less than 12 months ago       1 – 2 Years       3 – 5 Years  
 6 Years or more       Never, I don't have checkups       Not Sure / Don't remember
- 

35. Do you have a hard time getting medical information?

- Yes       No       Not Sure
- 

36. Do you have a hard time understanding medical information?

- Yes       No       Not Sure
- 

37. Do you trust the medical advice and information that you get from doctors, nurses and dentists?

- Yes       No       Not Sure
- 

38. Do you have children between the ages of 18-26 that are covered by your health insurance?  
*(Please include all children, including older children that don't live with you)*

- Yes       No      If yes, how many children? \_\_\_\_\_
- 

39. Have you or anyone in your household had any public assistance in the past year, like TANF (Cash Assistance), Township Assistance, Public Aid, LIHEAP, Medical Card (Medicaid or Public Aid), Supplemental Security Income (SSI), Disability, or any other types of aid? *(Do not include SNAP, Medicare or Social Security)*

- Yes       No       Not sure
-



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**CHRONIC CONDITIONS AND DISEASE**

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45. In the past 30 days, did you smoke cigarettes, cigars, cigarillos or any other tobacco products?

- (a) Yes       (b) No, never       (c) Prefer not to answer

*If answer is "No, never" or "Prefer not to answer", skip to Question 46*

➤ 45(a). In the past 30 days, on how many days did you smoke tobacco products?

- 1 or 2 days       3 to 5 days       6 to 9 days       10 to 19 days  
 20 to 29 days       All 30 days       Don't know

➤ 45(b). Over the past 30 days, on the days you smoked, how much did you smoke per day?

- 1 per day       2 - 5 per day       6 - 10 (1/2 pack) per day  
 11 - 20 (1 pack) per day       1 - 2 packs per day       Not Sure
- 

46. In the past 30 days, did you use smokeless tobacco, like chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus?

- Yes       No, never       Prefer not to answer

*If answer is "No, never" or "Prefer not to answer", skip to Question 47*

➤ 46 (a). In the past 30 days, on how many days did you use smokeless tobacco?

- 0 days       1 or 2 days       3 to 5 days       6 to 9 days  
 10 to 19 days       20 to 29 days       All 30 days
- 

47. In the past 30 days, have you used any electronic vapor products, also known as e-cigarettes, vapes, vape pens, or mods? This includes JUUL, Vuse, MarkTen, and Blu products.

- Yes       No, never       Prefer not to answer

*If answer is "No, never" or "Prefer not to answer", skip to Question 48*

➤ 47(a). In the past 30 days, on how many days did you use electronic vapor products?

- 1 or 2 days       3 to 5 days       6 to 9 days       10 to 19 days  
 20 to 29 days       All 30 days       Don't know

➤ 47(b). What strength(s) of nicotine do you currently vape with?

- No nicotine       1-6 mg nicotine/mL       7-12 mg/mL  
 13-18 mg/mL       over 18 mg/mL       Not Sure

➤ 47(c) If you used pre-filled cartridges or disposable e-cigarettes (like JUUL, or BLU), about how many do you use per week?

\_\_\_\_\_

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**CONFIDENTIALITY STATEMENT**

Your answers will be kept confidential. That means that research staff have access to information about who took a given survey, but this information is not available to anyone outside the team. RRHC will never associate a person's personal information with their survey answers in any reporting. When survey results are reported, individual answers are combined together and presented as a group. We will also never associate comments submitted on surveys with your personal information.

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48. Do you drink alcohol?
- Yes                       No, never                       Prefer not to answer

*If answer is "No, never" or "Prefer not to answer", skip to Question 49*

- 48(a). If yes, how much do you drink in a day? (1 drink = 1 beer, glass of wine, or shot)
- 1 drink per day or less                       2-3 drinks per day                       4-5 drinks per day  
 More than 5 drinks per day                       Prefer not to answer
- 48(b). How often do you drink?
- Once a month or less                       2-3 times per month                       Once a week  
 A few times a week, but not daily                       Daily                       Prefer not to answer
- 

49. Within the last 12 months, have you used any of the following drugs? *(Mark all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Marijuana or other products containing THC                   | <input type="checkbox"/> Barbiturates                   |
| <input type="checkbox"/> Amphetamines   | <input type="checkbox"/> LSD or other hallucinogens     |
| <input type="checkbox"/> Prescription Opioids (not used as prescribed)                | <input type="checkbox"/> Prefer not to answer           |
| <input type="checkbox"/> Cocaine or Crack   | <input type="checkbox"/> Other (please describe): _____ |
| <input type="checkbox"/> Heroin   |   |
| <input type="checkbox"/> Withdrawal-relieving products such as methadone or Suboxone® |   |
-

50-66. Has anyone in your household been told by a doctor or dentist that they have any of the following conditions or diseases? (Write the number of persons in each age group)

Disease, Condition, or Diagnosis		0-17	18-44	45-64	65+
50.	Alzheimer's, dementia, or severe memory impairment				
51.	Arthritis or rheumatism				
52.	Asthma				
53.	Cancer or malignant neoplasms				
54.	Chronic back pain or disc disorders				
55.	Chronic bronchitis, emphysema, COPD, or other respiratory problem				
56.	Chronic digestive or stomach disorders (such as GERD, reflux or Crohn's Disease)				
57.	Heart or cardiovascular disease				
58.	High blood pressure, hypertension				
59.	High cholesterol				
60.	Kidney disease				
61.	Liver disease				
62.	Obesity				
63.	Oral health disease, gum disease				
64.	Osteoporosis				
65.	Stroke				
66.	Other: _____				

67 - 78. Has anyone in your household been told by a doctor, therapist, or psychiatrist that they have any of these mental health conditions? (Mark number of persons in each age group)

Disease, Conditions, or Diagnosis		0-17	18-44	45-64	65+
67.	Addiction or substance-abuse (alcohol, drugs, gambling)				
68.	Anxiety				
69.	Attention Deficit Disorder or ADHD				
70.	Autism Spectrum Disorder				
71.	Bipolar Disorder (Manic- Depressive)				
72.	Depression or depressive disorders				
73.	Eating disorder (Anorexia, Bulimia)				
74.	Obsessive-Compulsive Disorder (OCD)				
75.	Post-Traumatic Stress Disorder (PTSD)				
76.	Schizophrenia and other psychoses				
77.	Suicidal or self-harming impulses				
78.	Other: _____				

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Thank you for your time!

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## Appendix D

### Demographics of Respondents for Community Health Collaborative Survey to Rockford Community Residents

#### SURVEY RESPONDENT DEMOGRAPHICS

##### *Age*

- 31% (30 to 44)
- 38% (46 to 64)
- 18% (65 to 74)

##### *Race*

- 46% (White)
- 33% (Other)
- 15% (Black or African American)

##### *Education*

- 20% (high school diploma or GED)
- 26% (graduate or professional degree)

##### *Living Situation by Type*

- 28% (married couple)
- 21% (single person, living alone)
- 21% (married couple with children)

##### *Annual Household Income*

- 11% (Less than \$10,000)
- 16% (\$50,001 - \$75,000)
- 14% (\$100,001+)

##### *Housing by Type*

- 44% (own)
- 29% (rent)
- .5% (homeless)

##### *Employment Status by Type*

###### *Self*

- ◊ 9% (self-employed)
- ◊ 21% (full-time job)
- ◊ 14% (not employed, not looking for work)

###### *Others*

- ◊ 9% (self-employed)
- ◊ 28% (full-time job)
- ◊ 4% (not employed, not looking for work)

##### *Zip codes with highest response rates*

- Belvidere (61008)
- Rockford (61107)
- Rockford (61103)

## Appendix E

### Team of Individuals Responsible for the Preparation of the Rockford Community Health Needs Assessment

#### ROCKFORD REGIONAL HEALTH COUNCIL BOARD OF DIRECTORS

Chair: Jim Knutson, *Rockford Acromatic Products Company*

Vice-Chair: Sue Schrieber, *Mercyhealth*

Secretary: Rebecca Kendall, *Rockford Regional Health Council*

Treasurer: Jeffrey Reese, *Van Matre Encompass Health*

Past chair: Hon. Janet R. Holmgren, *Seventeenth Judicial Circuit*

Stephen T. Bartlett MD, *OSF Saint Anthony Medical Center*

Chief Derek Bergsten, *Rockford Fire Department*

Matthew J. Bruksch DDS FACS, *Winnebago County Dental Society*

Marsha Conroy, *Aunt Martha's Health and Wellness*

Philip Eaton, *Rosecrance Health Network*

Einar Forsman, *Rockford Chamber of Commerce*

Shurice Hunter, *City of Rockford*

John D. Lanpher Esq., *Guyer & Enichen PC*

Paul Logli, *United Way of Rock River Valley*

Sandra Martell RN DNP, *Winnebago County Health Department*

Sam Miller, *Crusader Community Health*

Ellen Njolstad-Oksnevad, MS RN, *Rock Valley College*

Dennis G. Norem MD, *Winnebago County Medical Society*

H. Cyrus Oates DDS, *Oates Dental*

Asst. Deputy Chief Douglas Pann, *City of Rockford Police Department*

Brent Pentenburg, *YMCA of Rock River Valley*

Luz Ramirez, *YWCA La Voz Latina*

Carol Schuster, *University of Illinois College of Medicine Rockford*

Joyce Turnipseed, *Rockford Public School District 205*

Frank Walter, *Illinois Bank and Trust*

#### 2020 COMMUNITY HEALTH COLLABORATIVE STEERING COMMITTEE

Rebecca Cook Kendall, *Rockford Regional Health Council*

Steve Ernst, *Rockford Regional Health Council*

Jay Fieser, *Region 1 Planning Council*

Nathan Hamman, *OSF Saint Anthony Medical Center*

Jason Holcomb, *Transform Rockford*

Sandra Martell, RN DNP, *Winnebago County Health Department*

Amanda Mehl, RN MPH, *Boone County Health Department*

Dana Northcott, MPH GPC *Region 1 Planning Council*

Kathy Pery, *OSF Saint Anthony Medical Center*

#### REGION 1 PLANNING COUNCIL

Dana Northcott, MPH GPC, *Project Manager*

*Research Team:* Janna Bailey, Megan Devine, Jay Fieser, Aaron Frye, Ivy Hood, Kaylin Janicke, Aaron Lewis, Allen Mills, Alexandra Rosander, Sydney Turner

Armando Cardenas, *Immigrant Support and Advocacy Commission*

Belvidere School District 100

Sully Cadengo, *New Era Interpreting Solutions Inc.*

Crusader Clinic

Harlem School District 122

KFACT

Northern Illinois Food Bank

Carmelo Porta-Gonzalez, *Volunteer Translator*

Rockford Housing Authority

Transform Rockford

Winnebago County Housing Authority

Zion Development Corporation

## Appendix F

### Participants in Community Health Collaborative Partner Steering Committee January 15<sup>th</sup>, 2020 for the Key Informant Interviews

- Alpine Academy
- Aunt Martha's
- Boone County Health Department
- Children's Home & Aid
- City of Rockford Head Start
- Community Foundation of Northern Illinois
- Crusader Clinic
- Easter Seals
- Goodwill
- Harlem School District #122
- Illinois Department of Public Health
- Medina Nursing Center
- NAMI Northern Illinois
- OSF Health System
- OSF Lifeline
- Pecatonica Community School District
- Prairie State Legal
- R1 Regional Planning
- RAMP
- Rockford Regional Health Council
- Rockford Rescue Mission
- Rock Valley College
- Rockford Sexual Assault Counseling
- Rockford Public Schools
- Rockford Fire Department
- Rosecrance
- South Beloit
- Stepping Stones
- SwedishAmerican Health System
- University of Illinois College of Medicine
- University of Illinois Extension Education
- Youth Services Network
- Winnebago County Board
- Winnebago County Medical Society
- Winnebago County Sheriff's Office
- Winnebago County State's Attorney
- Winnebago County Health Department