

# 2023 Community Health Needs Assessment

Mercyhealth's Javon Bea Hospital  
Rockford, Illinois

## Our mission

Exceptional health care services,  
with a passion for making lives better



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# INTRODUCTION

Mercyhealth's Javon Bea Hospital (JBH) conducted a Community Health Needs Assessment (CHNA) designed to identify health and quality of life issues in the Rockford Region (defined below). This approach identifies issues where there are opportunities for improvement in the health care delivery system that 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 Internal Revenue Code Section 501(r)(3). It includes the following components:

- About Mercyhealth: A description of JBH, the parent organization, and the community served
- Methodology: A description of the process and methods used
- Community Profile: A compilation of data from external sources on community health issues and trends
- Community Survey: Findings from a randomized, anonymous survey of Rockford Region residents
- Key Informant Interviews: Themes from interviews with selected community leaders in business, government, health care, nonprofit, and other community sectors
- Prioritization of Significant Health Needs: A prioritized description of the health needs identified through the community profile, household survey, and key informant interviews
- Evaluation of Actions Taken to Address Significant 2020 Health Needs: An evaluation of actions taken to address significant health needs identified in JBH's immediately preceding CHNA

## Mercyhealth's Javon Bea Hospital

JBH offers comprehensive acute inpatient services at its Riverside campus and outpatient services at both the Riverside and Rockton campuses. Mercyhealth, the integrated delivery system that JBH is a part of, develops services that support the hospital and its patients, including a large ambulatory network consisting of primary care, specialty care, and urgent care services.

### Community Definition

For the purposes of this assessment, the community served by JBH is defined as the entirety of Winnebago County, Illinois and Boone County, Illinois because 85% of the patients served by JBH in 2022 were residents of these two counties. Winnebago County includes the city of Rockford, and throughout this report, these two counties are referred to as "the Rockford Region" or "Report Location." JBH expects that a similar percentage of its patient population will be residents of these two counties during calendar years 2023 through 2025. JBH's patient population and community were determined without regard to a patient's insurance status or whether they were eligible for assistance under JBH's financial assistance policy.



## METHODOLOGY

JBH collaborated with the Rockford Regional Health Council (RRHC) to collect data for this CHNA. RRHC's mission is to improve community health through data gathering and analysis, education, and advocacy. Data collected for RRHC's Healthy Community Study is the basis for this CHNA. At least every five years, RRHC partners with the Region 1 Planning Council to conduct the Healthy Community Study to define the community's needs and priorities. The Region 1 Planning Council is a special-purpose, regional government agency providing collaborative planning services across northern Illinois. Currently, the Region 1 Planning Council is comprised of representatives of Winnebago and Boone counties, both of which are located in Illinois EMS Region 1.

JBH welcomes feedback on its CHNA. Comments can be shared on its website at [mercyhealthsystem.org/about-us/community-needs/](https://mercyhealthsystem.org/about-us/community-needs/). JBH received no comments regarding its 2020 CHNA.

### Community Profile

The basis for the community profile is the Community Analysis portion of RRHC's 2023 Healthy Community Study. The major source of information for the Community Analysis is The Center for Applied Research and Engagement Systems (CARES), a technology organization housed in Extension at the University of Missouri.

### Community Survey

To gather primary data regarding health needs in the Rockford Region, the 2023 Healthy Community Survey was commissioned by the RRHC and conducted by the Region 1 Planning Council. This online survey was created using the Alchemer survey tool. The survey was translated into English and Spanish, and both versions were available online using a link or a QR code. The survey was distributed to residents of Winnebago and Boone counties. Methods for distribution included social media, flyers, and community outreach events.

Once the survey closed, the collected data was aggregated and stratified by the Region 1 Planning Council and RRHC. Not sure/no answer/missing data are excluded from this report.

A copy of the survey questionnaire is available in Appendix A.

### Key Informant Interviews

As a qualitative supplement to survey data, primary data was also collected through virtual and in-person interviews with key informants. Key informants are stakeholders who represent community organizations and, through their roles as community leaders and organizers, possess valuable insights into health issues experienced by the populations they serve. Key informants were selected with the goal of gathering information reflective of a broad cross-section of the community, particularly those populations unlikely to respond to the survey. Eight key informant interviews were conducted between March, 2023 and May, 2023. Interviews were conducted by representatives from JBH and RRHC.

A list of individuals interviewed, and a list of questions asked, is available in Appendix B.

## **Input from Underserved Communities**

JBH and RRHC adopted the following strategies to solicit input from underserved communities in primary data collection:

- Survey and flyers translated into Spanish
- Flyers posted and/or distributed via email to 100+ community organizations that serve members of underserved communities, including the YMCA and public libraries
- Community outreach events conducted at locations serving underserved communities including public libraries and federally qualified health center locations
- Key informant interviews conducted with organizations that serve low-income populations

## **Input and Collaboration with Public Health Departments and Experts**

Representatives from county and city government provided direction to both RRHC and the Region 1 Planning Council. The RRHC board includes representatives from the Winnebago County Health Department and the City of Rockford. The Region 1 Planning Council board includes representatives from Winnebago County, the City of Rockford, the City of Belvidere, and the Region 1 Planning Council Executive Committee includes other county and city representatives from Winnebago and Boone counties.

JBH participates in Winnebago County Health Department's 2025 IPLAN Partner Steering Committee, comprised of health systems, community-based organizations, and government agencies. Other organizations participating in the steering committee include Rosecrance, which specializes in behavioral health services and addiction treatment, and Crusader Clinic, a Federally Qualified Health Center. Together, these organizations represent medically underserved, low-income, and minority populations including uninsured and underinsured patients, children in low-income families, and individuals with mental health and substance use issues. For Winnebago County, this committee helps to implement strategies to meet the goals set forth in the county's Community Health Improvement Plan (CHIP). This committee is a valuable source of information regarding health needs and resources available to address health issues in Winnebago County.

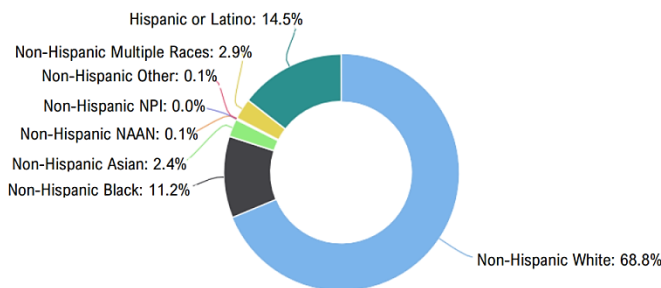
JBH also conducted a key informant interview with the Winnebago County Health Department Director.

## COMMUNITY PROFILE

Population demographics and changes in demographic composition over time play a key role in the types of health and social services needed by communities. According to the U.S. Census Bureau American Community Survey 2016-2020 5-year estimates, a total of 336,928 people live in the Rockford Region. The overall population declined by three percent between 2010 and 2020.

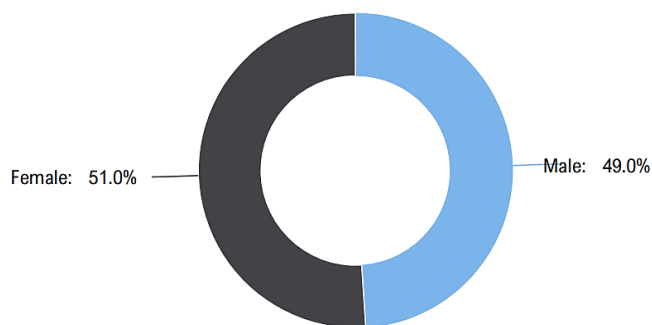
### Population by Race and Ethnicity

68.8% of residents of the Rockford Region are White non-Hispanic, followed by 14.5% who are Hispanic or Latino, and 11.2% who are non-Hispanic Black. Between 2010 and 2020, the Hispanic population grew 24.8%, the non-Hispanic Black population grew 8.5%, and the non-Hispanic White population declined 13.7%. In the figure below, NPI stands for Native Hawaiian or Pacific Islander, and NAAN stands for Native American or Alaska Native.



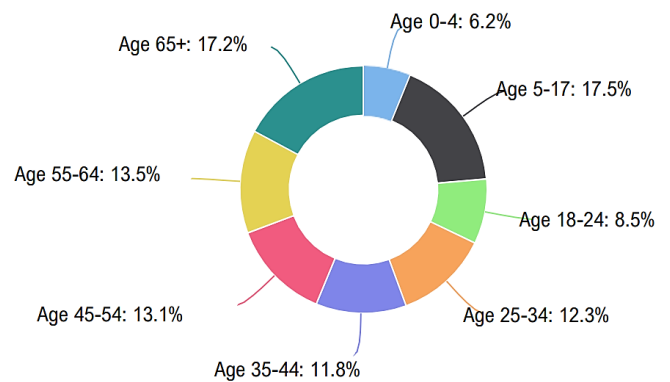
### Population by Gender

The gender distribution of Rockford Region residents has remained consistent over time and is consistent with state and national distribution.



### Population by Age

Each age group has unique health needs. A majority (59.2%) of Rockford Region residents are between the ages of 18 and 64 years old. 23.7% are under 18 years old. 17.2% are over 64 years old.



### Population with Disabilities

The total civilian non-institutionalized population with a disability in the Rockford Region is 46,579 (14%). This is a higher rate of disability than Illinois (11.2%).

### Urban and Rural Population

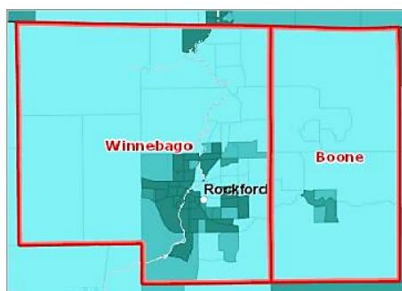
As of the 2010 Census, 90% of Rockford Region residents resided in census tract areas classified as urban. Urban census tracts in this region include the cities of Rockford and Belvidere.

There is a well-established link between economic insecurity and poor health outcomes. Poverty, unemployment, and lower educational attainment affect access to care and a community's ability to engage in healthy behaviors.

## Income and Poverty

Poverty guidelines are issued each year by the Department of Health and Human Services. Income guidelines vary based on household size and can be expressed as a percentage of the federal poverty level (FPL). Income guidelines are used to determine eligibility for certain state and federal programs including Medicaid and the Supplemental Nutrition Assistance Program.

For example, a family of four in Illinois living below 100% of the FPL makes less than \$30,000 annually. Within the Rockford Region, 48,386 individuals (14.6%) live in households with an income below 100% FPL, a higher rate of poverty than the state of Illinois (12%). 22.6% of children under the age of 18 live in a household with income below 100% FPL, a higher rate of children living in poverty than the state of Illinois (16.2%).



### Population Below the Poverty Level

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Location

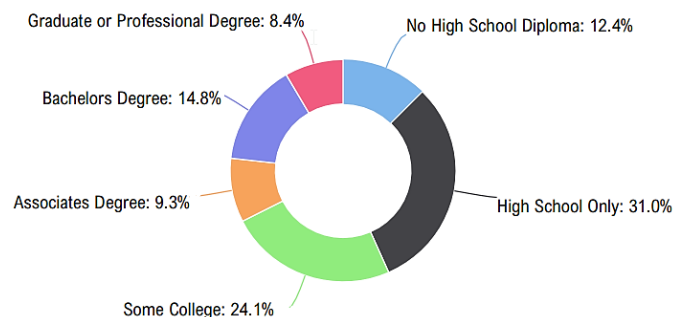
Individuals living in poverty are more likely to experience barriers to accessing health services, healthy food, and other necessities that contribute to a healthy lifestyle than those with higher incomes.

## Unemployment Rate

Unemployed individuals and their dependents experience worse health outcomes and higher mortality rates resulting from reduced access to health insurance, health care services, healthy food, and other necessities that contribute to a healthy lifestyle. The unemployment rate in the Rockford Region (5.8%) is higher than Illinois (4.4%). The unemployment rate declined from 2011 to 2019, but peaked at the start of the COVID-19 pandemic in 2020. Although unemployment has declined since 2020, it has not returned to 2019 levels.

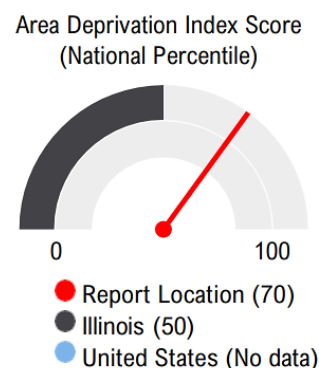
## Education

Educational attainment is linked to improved health outcomes and the likelihood of making healthy lifestyle choices. Educational attainment is also linked to higher salaries, more employment options, and the ability to earn a livable wage. Within the Rockford Region, 12.4% of residents age 25 and over do not have a high school diploma, a higher rate than Illinois (10.3%).



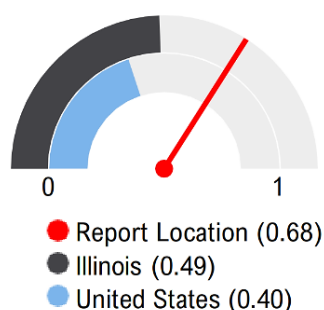
## Social Vulnerability Metrics

The Area Deprivation Index (ADI) ranks neighborhoods and communities relative to all neighborhoods across the state and nation. It is calculated based on measures related to four primary domains: education, income and employment, housing, and household characteristics. The overall scores are measured on a scale of 1 to 100 where 100 indicates the highest level of deprivation. The Rockford Region is in the 70<sup>th</sup> percentile nationally, meaning that it is more disadvantaged than about 70 percent of communities nationally.



### Social Vulnerability Index Score

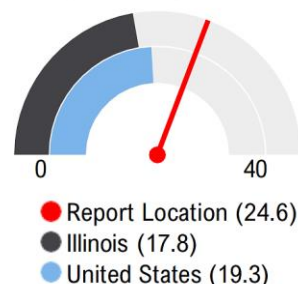
The Rockford Region also has a worse social vulnerability index score than Illinois. Higher social vulnerability index scores reflect a combination of high poverty, low vehicle access, and crowded households.



## Teen Birth

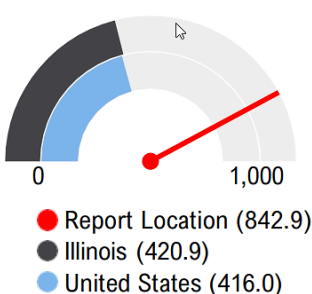
According to the CDC, teen pregnancy is associated with increased social and economic costs in the short- and long-term for both teen parents and their children.<sup>1</sup> Teen births are a driver of high school dropout rates among girls. Children of teenage mothers are more likely to have health problems and lower school achievement than children of adults. The teen birth rate in the Rockford Region is higher than Illinois.

### Teen birth rate per 1,000 female population, ages 15-19



### Violent Crime Rate (Per 100,000 Pop.)

## Violent Crime



Violence prevention is a key public health priority of the CDC.<sup>2</sup> Violent crime, which includes homicide, rape, robbery, and aggravated assault, affects individuals of all ages. Violent crime may cause personal injury and trauma, contributing to long-term physical and mental health issues and the erosion of communities through reduced productivity, decreasing property values, and social service disruption. The violent crime rate in the Rockford Region is higher than Illinois

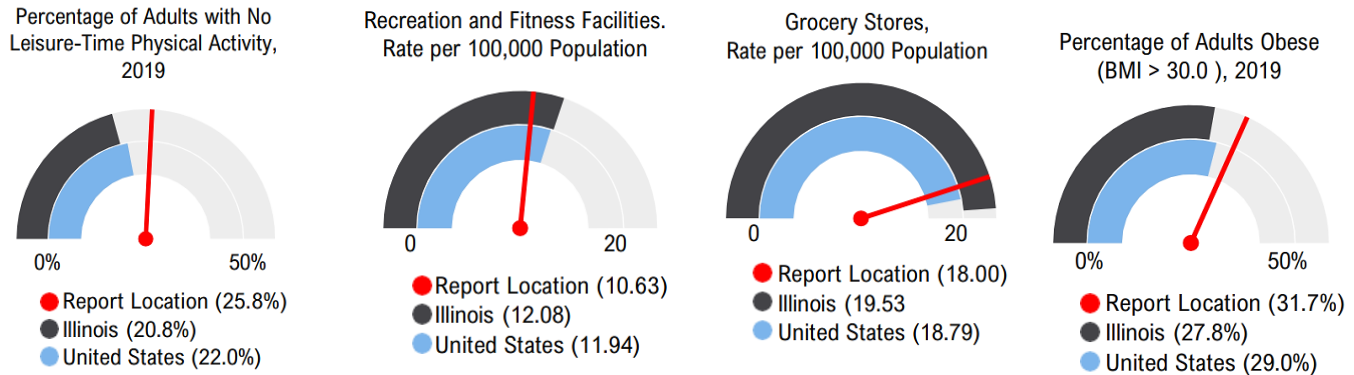
<sup>1</sup> CDC. "About Teen Pregnancy." 2021, <https://www.cdc.gov/teenpregnancy/about/index.htm>

<sup>2</sup> CDC. "Violence Prevention at CDC." 2022, <https://www.cdc.gov/violenceprevention/about/index.html>



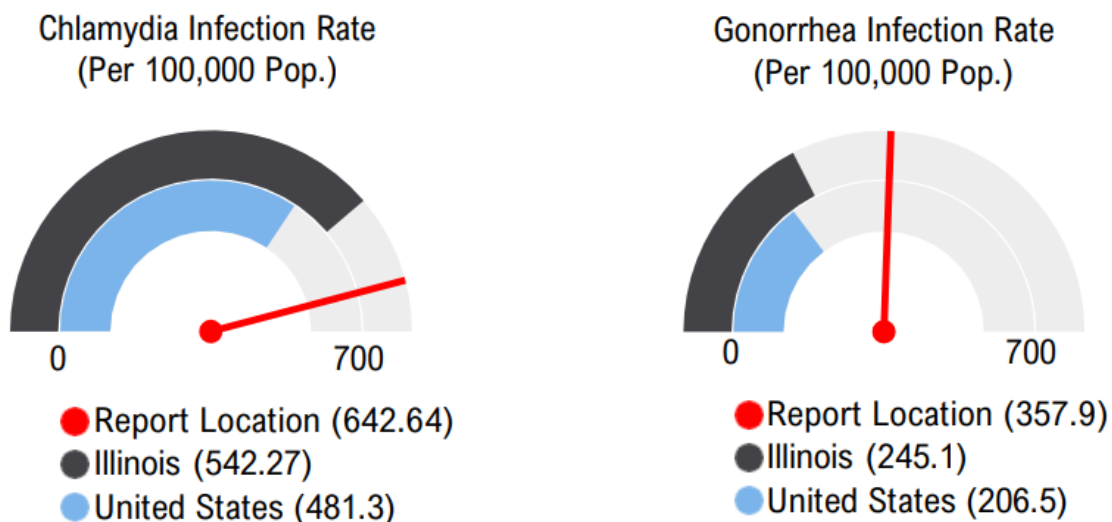
## Physical Activity, Nutrition, and Obesity

The Rockford Region performs worse than Illinois on domains related to physical activity, nutrition, and obesity. Compared to Illinois, Rockford Region residents report a higher rate of no leisure-time physical activity within the past month; experience lower rates of access to recreational facilities and grocery stores (excluding convenience stores and large general merchandise stores that also sell food); and a higher rate of obesity among adults aged 20 and older.



## Incidence of Sexually Transmitted Infection

The Rockford Region has a higher incidence than Illinois of laboratory-confirmed diagnoses of both chlamydia and gonorrhea. Both are sexually transmitted infections (STIs) that pose a serious public health concern, as described in the STI National Strategic Plan: 2021-2025 created by the U.S. Department of Health and Human Services.<sup>3</sup> If left untreated, STIs can lead to health complications including pelvic inflammatory disease, increased risk of HIV and certain cancers, and infertility. The incidence of both chlamydia and gonorrhea in the Rockford Region has increased over the past decade.

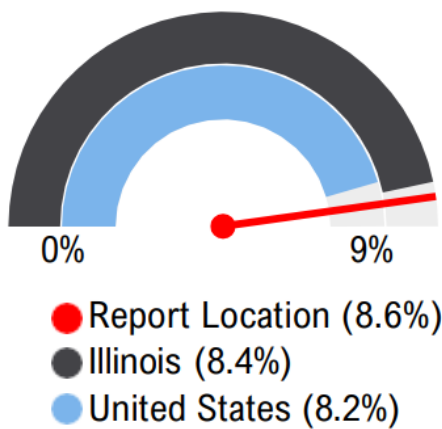


<sup>3</sup> U.S. Department of Health and Human Services. "STI National Strategic Plan for the United States: 2021-2025." 2020, <https://www.hhs.gov/sites/default/files/STI-National-Strategic-Plan-2021-2025.pdf>

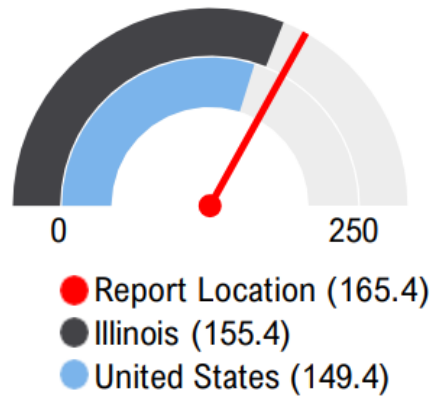
## Health Outcomes

All of the above indicators of socioeconomic wellbeing and healthy behaviors may be linked to population health outcomes in the Rockford Region. The Rockford Region performs worse than Illinois on the following health outcome domains. Compared to Illinois, the Rockford Region experiences a higher percentage of infants with low birthweight, which is linked to both immediate and long-term health effects. While overall cancer incidence in the Rockford Region is lower than Illinois, cancer mortality is higher. Although not pictured below, the Rockford Region also experiences higher mortality associated with lung disease, motor vehicle crashes, homicide, poisoning, suicide, and unintentional (accidental) injury. Combined, these rates of mortality contribute to a significantly higher rate of premature mortality measured in years of potential life lost in the Rockford Region. Additionally, adults aged 18 and over in the Rockford Region are more likely than adults in the rest of Illinois to report their general health status as “fair” or “poor.”

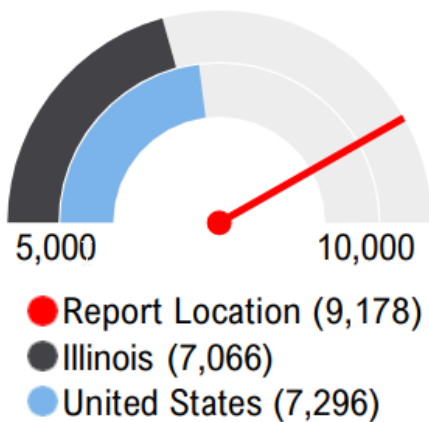
Percentage of Infants with Low Birthweight



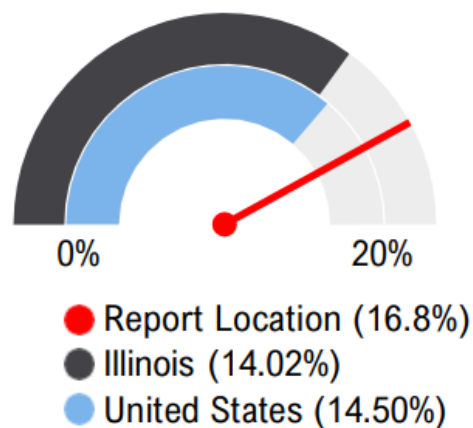
Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Years of Potential Life Lost, Rate per 100,000 Population



Percentage of Adults Age 18+ with Poor or Fair General Health

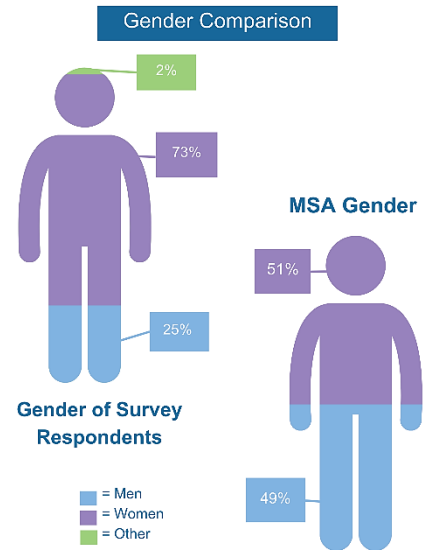
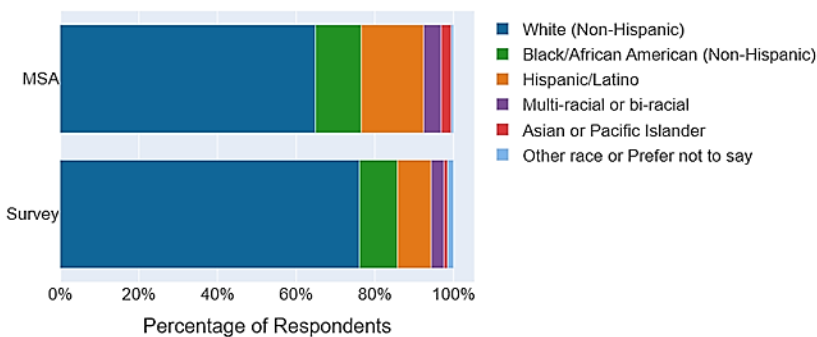


# COMMUNITY SURVEY

Survey respondents were asked about their demographics, health behaviors, social and economic indicators, and perspectives on community health needs. Of the 548 survey respondents, 84.3% lived in Winnebago County and 15.7% lived in Boone County. Survey respondents were required to be over the age of 17. Although efforts were made to solicit input from underserved communities, survey responses were disproportionately from White, non-Hispanic females between the ages of 45 and 64. The following visualizations compare demographics among survey respondents to demographics for Winnebago and Boone Counties (MSA).

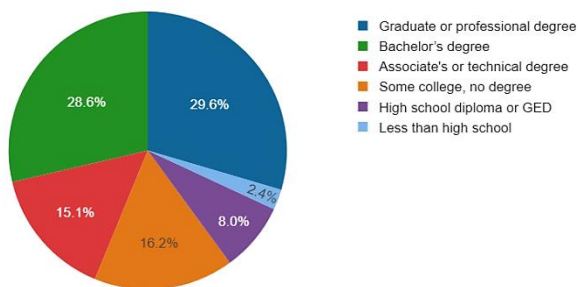
## Respondent Demographics

Race: Health Council Survey vs. MSA Data

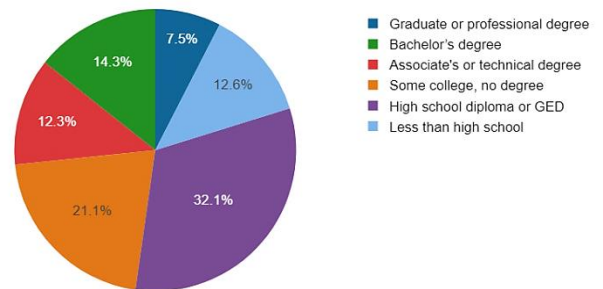


## Respondent Socioeconomic Characteristics

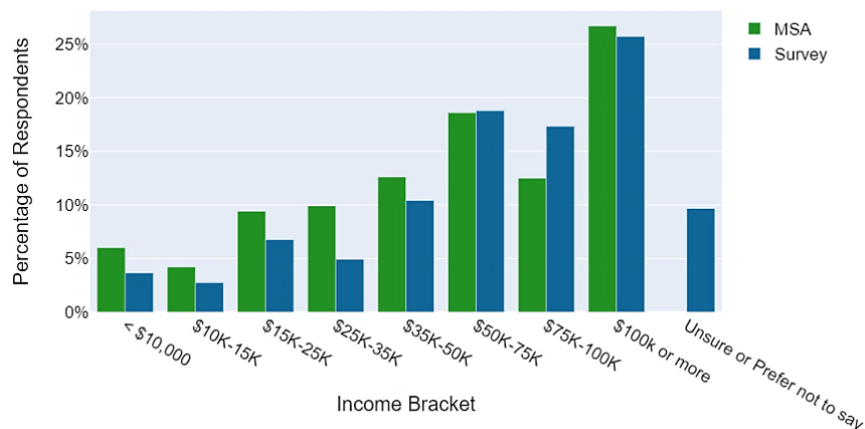
Education Composition: Health Council Survey Data



Education Composition: MSA Data

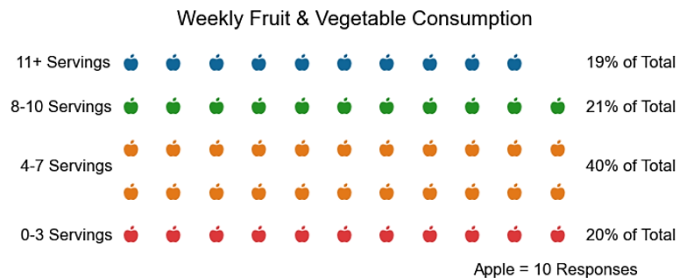
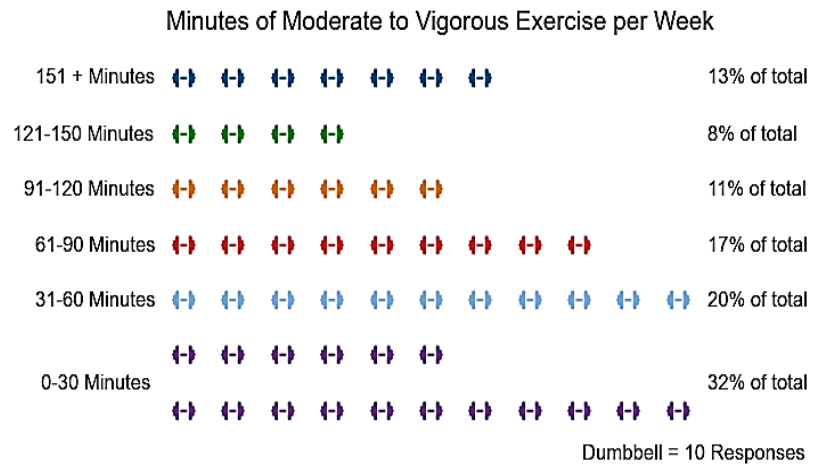


Household Income: Health Council Survey vs. MSA



## Nutrition, Physical Activity, and Obesity

The American Heart Association recommends that adults engage in at least 150 minutes of moderate-intensity aerobic activity or 75 minutes per week of vigorous aerobic activity, or a combination of both.<sup>4</sup> The majority (86.7%) of survey respondents reported less than 150 minutes of moderate to vigorous exercise per week, and only 13.3% of survey respondents reported more than this amount. The CDC reports that about one in two adults perform enough aerobic activity, which puts the Rockford Region severely below the US average.<sup>5</sup> Survey respondents who identified as male were more likely to report a greater number of minutes of exercise per week.



The CDC recommends that adults eat five servings of fruits and vegetables per day, or 25 servings per week.<sup>6</sup> 81% of survey respondents reported eating 10 or fewer servings of fruit and vegetables per week.

## Health Care Access

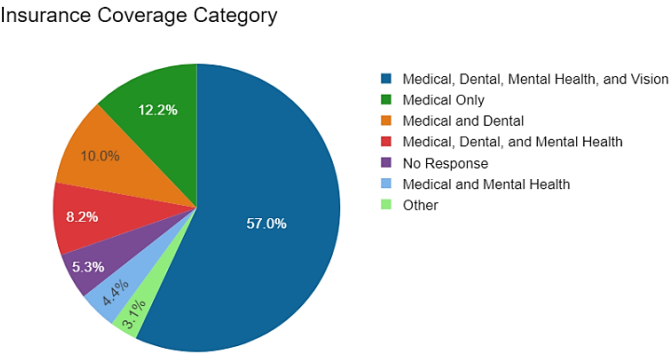
18.2% of survey respondents reported that in the past 12 months, they were “sometimes able” or “unable” to receive medical care. Survey respondents were more likely to report being “sometimes able” or “unable” to get care if they resided in Boone County or in zip code 61104 in Rockford. Among respondents who reported experiencing barriers to accessing medical care in the past 12 months, the most commonly reported barriers were wait times (61%), inability to find a provider (31%), and affordability (21%). Respondents were also asked to describe their health status. Respondents who reported their health as poor were most likely to also report that they could not access medical care, while respondents who reported their health as excellent were most likely to report they could always get medical care. Respondents who reported they could always get care typically rated their health as better than those who reported they could only sometimes or could not get care.

<sup>4</sup> American Heart Association. “Recommendations for Physical Activity.” 2018, <https://www.heart.org/en/healthy-living/fitness/fitness-basics/aha-recs-for-physical-activity-in-adults>

<sup>5</sup> CDC. “Exercise or Physical Activity. 2022, <https://www.cdc.gov/nchs/fastats/exercise.htm>

<sup>6</sup> CDC. “Adults Meeting Fruit and Vegetable Intake Recommendations.” 2019, <https://www.cdc.gov/mmwr/volumes/71/wr/mm7101a1.htm>

Insurance is an important factor in the ability to access health care services. Adults without health insurance are less likely to receive preventive care and less likely to receive health care in a timely manner.<sup>7</sup> Over half of survey respondents with insurance had coverage for medical, dental, mental health, and vision. Respondents with insurance were more likely to report being able to “always” access care and afford prescriptions than those who did not have insurance.



Survey respondents were more likely to have recently seen a medical provider than a dentist. Of the 548 survey respondents, 18.1% reported that in the past 12 months, they were “sometimes able” or “unable” to receive dental care. Among respondents who reported experiencing barriers to accessing dental care in the past 12 months, the most commonly reported barrier was affordability (52.5%) followed by not having insurance or having out-of-network insurance (25%).

Respondents struggled more with access to mental health care than medical or dental care. Nearly one-third of survey respondents (32.3%) reported that, in the past 12 months, they were “sometimes able” or “unable” to receive mental health care. Among respondents who reported experiencing barriers to accessing mental health care in the past 12 months, the most commonly reported barriers were a provider not accepting their insurance (21.2%), inability to find a provider (18.8%), wait times (16.5%), and affordability (16.5%).

## Health Literacy

Self-Described Health by Ability to Understand Medical Info



The CDC defines personal health literacy as “the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”<sup>8</sup> Increased health literacy helps patients understand their treatment options and how to follow through with treatment recommendations, and builds trust between patients and providers. Survey respondents were asked about their health status (“poor,” “fair,” “good,” or “excellent”) and their ability to understand medical information (“no issues,” “sometimes has issues,” “has issues”). There was a clear link between respondents’

ability to understand medical information and the likelihood of reporting “good” health: 58.6% of respondents who reported having “no issues” understanding medical information described their health status as “good”, whereas only 26.2% of respondents who reported they “have issues” understanding medical information described their health status as “good.”

<sup>7</sup> NIH. “Effects of Health Insurance on Health.” 2002, <https://www.ncbi.nlm.nih.gov/books/NBK220636/>  
<sup>8</sup> CDC. “What is Health Literacy?” 2023, <https://www.cdc.gov/healthliteracy/learn/index.html>

## **Chronic Diseases**

Respondents were asked whether they or anyone in their household had been told by a medical professional that they have a chronic condition and, if so, which condition. Responses were stratified by age group. Between the age group from 45 to 64 years old and the age group 65 years or older, the likelihood of reporting kidney disease, liver disease, chronic digestive disorders, hypertension, obesity, and high cholesterol declined as age group increased, while the likelihood of reporting cancer, Alzheimer's or dementia, arthritis or rheumatism, and cardiovascular disease increased as age group increased. The age group most likely to report asthma was between the ages of 18 and 44 years old.

## **Mental Health**

Respondents were also asked the same question about mental health conditions, and responses were again stratified by age group. Between the age group from 0 to 17 years old and the age group from 18 to 44 years old, the frequencies of all conditions increased and peaked in the age group from 18 to 44 years old. Between the age group from 18 to 44 years old and the age group from 45 to 64 years old, the frequency of every condition decreased as age increased with the exception of addiction or substance abuse. The frequency of every condition decreased between the age group from 45 to 64 years old and the age group 65 years or older.

## KEY INFORMANT INTERVIEWS

During interviews, key informants were provided a list of possible health needs and asked to rank order the two most important health needs that should be addressed in the Rockford Region. Below are the most frequently identified health needs and the existing community resources identified by interviewees as having the potential to help address the health need. Winnebago County Health Department priorities are notated with an asterisk.

Health Need	Total Times Ranked as #1 or #2	Resources Potentially Available to Address Health Need
Mental Health, Mental Conditions, and Suicide*	5	Mental health providers including Rosecrance; hospitals; low-income housing; school districts; elected officials; first responders; Winnebago County Community Mental Health Board; Winnebago County Department of Health
Accessible and Affordable Health Care	3	Health care systems/providers; Crusader Clinic; health care employers; health care workforce training (school districts, higher education institutions including University of Illinois College of Medicine); Winnebago County Health Department; local employers
Nutrition, Physical Activity, and Obesity	3	Health care systems/providers; all levels of government; grocery stores; school districts
Community and Domestic Violence*	3	Law enforcement; low-income housing; social service organizations; school districts; local government/elected officials
Safe and Affordable Housing	2	Local government/elected officials; local housing authorities; landlords/property managers
Chronic Disease	2	Health care systems/providers, especially primary care physicians and specialists in chronic disease; federal, state, and local government/elected officials; grocery store operators; community-based organizations including YMCA and Boys and Girls Club
Social Connectedness and Belonging	2	Mental health providers; low-income housing; school districts; local government/elected officials; neighborhoods; all community-based organizations
Other: Trauma*	1	Winnebago County Health Department; Winnebago County Trauma Informed Community Workgroup; health systems/providers; community-based organizations serving youth including YMCA, Boys and Girls Club, Youth Service Network; school districts; early childhood education providers; faith-based institutions; employers; business community
Maternal, Infant, and Child Health*	0	Molina Healthcare; Better Birth Outcomes; Women, Infants, and Children (WIC), Winnebago County Health Department; school districts; Rockford Summit on Racism; Illinois Perinatal Quality Collaborative; Illinois Department of Public Health; Northshore University HealthSystem; Remedies Renewing Lives**

\*Priorities identified by Winnebago County Health Department

\*\*Potential resources identified by JBH

## Key Takeaways

- Mental Health: There is a need for inpatient mental health treatment and for more providers who will accept Medicaid. Mental health has worsened as a result of the COVID-19 pandemic. There are underserved populations such as LGBTQ+ who would benefit from targeted services.
- Accessible and Affordable Health Care: The community is generally sicker since COVID-19 and there are ongoing provider shortages. There is a need for investment in community health centers so services can be expanded, and also a need for increased awareness and engagement with primary care and preventive services.
- Nutrition, Physical Activity, and Obesity: There is a spike in childhood obesity and overweight children. The population would benefit from education about the link between nutrition, physical activity, obesity, and chronic disease. Examples could include food preparation classes taught in schools and community education focused on the benefits of self-care, physical activity, and healthy lifestyles.
- Community and Domestic Violence: Key informants reported that crime seems to be getting worse, and many crimes go unreported. The community needs more resources, such as counseling and transition programs, for people impacted by violence.
- Safe and Affordable Housing: The end of the COVID-19 Public Health Emergency (PHE) has exacerbated a rental housing crisis. Many in the community live in unsafe housing because they are unable to move or afford home repairs. The community needs additional low-barrier, inclusive shelter options.
- Chronic Disease: Chronic diseases are a major issue among underserved populations, where there is often a generational mindset that contributes to chronic disease incidence and progression. Community services are needed to supplement the education that patients get from their primary care providers to help them understand and engage in care.
- Social Connectedness and Belonging: Strong social connections are critical for cultivating a sense of belonging. The COVID-19 pandemic caused people to be more isolated, resulting in lost relationships. Youth in particular lost the ability to interact with peers through lack of in-school experiences and suspension of sports, and many young children are now behind in social skill development. The community has become more polarized.
- Trauma: Trauma both stems from and contributes to socioeconomic problems and unhealthy behaviors. These problems and behaviors should be addressed, but there is also a need to address the trauma they cause and to recognize that trauma will never disappear entirely. The community's focus should be on building families as infrastructure capable of nurturing and raising resilient children and adults.



## PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

The above findings were presented to the Mercyhealth Executive Council in May 2023. The Executive Council, which is comprised of Mercyhealth executive leaders, considered themes from secondary data in the Community Profile and primary data from the Community Survey, alongside qualitative findings from Key Informant Interviews and priorities identified in Winnebago County's CHIP. The Executive Council acknowledges that some of the needs identified—such as housing and childcare—are significant needs; however, JBH as a hospital lacks the expertise necessary to appropriately address these needs. Particular weight was given to issues where primary and secondary data aligned, as the Executive Council felt this indicated a convergence of perspectives and enhanced the accuracy of reported information. Particular weight was also given to comments from key informants who are known to represent the interests of diverse populations not represented among survey respondents.

The Executive Council identified the following areas as priorities for JBH's 2023 CHNA:

1. Chronic Diseases
2. Nutrition, Physical Activity, and Obesity
3. Maternal, Infant, and Child Health

These priority areas address three significant health needs that hospitals like JBH may be able to impact, including for populations who experience barriers to accessing health care. Accordingly, the Executive Council believes that the action items identified in the associated implementation strategy will maintain or improve the community's health status.

## EVALUATION OF ACTIONS TAKEN TO ADDRESS SIGNIFICANT 2020 HEALTH NEEDS

The COVID-19 pandemic created unprecedented challenges for hospitals, requiring rapid and significant changes in strategy and resource allocation. Throughout the pandemic, JBH continued efforts toward the Implementation Strategy described in JBH's 2020 CHNA – these actions are outlined below. Some of the planned action items were not completed due to the strategy shifts and resource reallocations necessary to protect the health of staff, patients, and the community; therefore, not every item from the 2020 Implementation Strategy is addressed below.

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

JBH collaborates with Mercyhealth clinics in the Rockford Region. Specialty health services available at JBH and surrounding clinics include family practice, internal medicine, rheumatology, endocrinology, pediatrics, orthopedics, podiatry, dermatology, ophthalmology, psychiatry, wound care, pain management, maternal-fetal medicine, OB-GYN, genetics, vascular, optometry, audiology, ENT, allergy, gastroenterology, sports medicine, pediatric pulmonology, pulmonology, sleep, neurology, pediatric gastroenterology, cardiology, general surgery, trauma surgery, neurointervention, infectious disease, radiation oncology, and hematology/oncology.

Since 2020, Mercyhealth has invested heavily in expanding primary care services in the Rockford Region, adding new primary care providers in Roscoe, Winnebago, and Rockford. Mercyhealth has expanded convenient care hours in Rockford and Roscoe and established Family Medicine and Internal Medicine residency programs in Rockford. The inaugural class in each discipline began their residency in July 2019 and graduated in June 2022. Both programs are three years in length. As of early 2023, the Internal Medicine residency has a total of 39 resident physicians and the Family Medicine residency has a total of 32 resident physicians. In addition, JBH providers continue to offer free services at the Bridge Clinic and the Rockford Rescue Mission.

Mercyhealth has invested over \$50 million in renovations to the JBH – Rockton Campus, allowing JBH to continue providing enhanced outpatient hospital and clinic services on Rockford's West Side. Examples of outstanding services offered at the JBH – Rockton Campus include:

- Cancer Center, which offers medical and radiation oncology. The Cancer Center's state-of-the-art Elekta Versa HD linear accelerator is capable of delivering three-dimensional external beam radiation therapy treatments.
- Endoscopy Unit, which includes four recently renovated endoscopy suites, a bronchoscopy lab, and an Endoscopic Retrograde Cholangiopancreatography (ERCP) suite.
- Pediatric Services, provided by three board certified pediatricians with a combined 92 years of experience and expertise in caring for physical and behavioral health needs including adolescent care, ADHD, asthma, newborn care, nutrition, and general lifestyle health.

JBH continues to provide state-of-the art stroke care to the Rockford Region. The number of patients served by the stroke program at JBH grew by approximately 25-30% each year between 2020 and 2022. In 2022, JBH treated more than 500 stroke patients and performed over 300 neurointervention procedures.

Mercyhealth prepares a monthly e-newsletter distributed to more than 10,000 community members with regular features related to improving health. Examples of recent articles include "Why You Should Care About Cholesterol" and "Shaking Off Sodium."

JBH co-sponsored more than 25 community events in 2021 and 2022 aimed at improving health in the community. Some examples include offering oral screenings at Rockford Rescue Mission, the Four Rivers Sanitation Authority Wellness Fair, and the Voices of Inspiration Food Pantry Health Fair, and offering blood pressure checks at the Kendal Sherman Foundation Health Fair and the American Cancer Society's Breast Cancer Walk.



JBH continues its collaboration with Mercyhealth to provide the Ronald McDonald Care Mobile; a doctor's office on wheels that provides free preventive health care to children who are uninsured, underinsured, or receive Medicaid or state care. Services include immunizations, screenings, physicals, and well-child exams. The Care Mobile visits schools and other sites in the Rockford Region. Since 2003, the Care Mobile has served over 10,000 children.

2. Improve behavioral health status of community members

JBH continues to provide assessment and disposition services to patients with mental health needs in the JBH emergency department (ED), and ensures that patients presenting in need of mental health treatment are transferred to an appropriate behavioral health treatment facility. JBH also collaborates with Mercyhealth to offer clinic-based psychiatry services for children through adults, including children with special needs.

3. Improve the health status of individuals with chronic illnesses and promote healthy lifestyles through educational offerings

Mercyhealth's monthly e-newsletter includes regular features related to chronic disease prevention. Examples of recent articles include "Heart Risks You Can Change" and "Grilling Tips to Reduce Cancer Risk."

JBH offers group education opportunities related to chronic disease including a cardiac support group, and online classes in stroke and diabetes education.

JBH incorporates quality measures related to chronic disease prevention into its internal system dashboard, which is used as the basis for performance improvement efforts. Provider offices engage in a variety of efforts to ensure patients receive recommended preventive care education and screenings. Medicare Annual Wellness Visits (AWVs) are an important annual preventive care service covered by Medicare. During AWVs, patients review their preventive care plan for the coming year with their PCP. From 2020 to 2022, Mercyhealth conducted outreach to more than 44,000 patients who were due for Medicare AWVs. During this same time period, Mercyhealth contacted more than 4,900 patients who were due for mammograms. Mercyhealth also conducted outreach campaigns for colorectal cancer screening, lung cancer screening, and influenza immunization.

4. Improve the health of patients with specific needs, including geriatric health needs and substance abuse  
JBH collaborates with Mercyhealth to offer a monthly educational presentation to seniors at Wesley Willows, a senior housing community in Rockford.

JBH also collaborates with Mercyhealth at Home – Rockford to connect home-bound patients to skilled nursing services, physical therapy, occupational therapy, speech therapy, medical social services, and home health aide services. Since 2020, the Mercyhealth at Home program has increased the number of patients served by 38%.

One of the unique ways that JBH serves Winnebago County's population is through the recently opened Sub-Acute Unit, which provides short-term rehabilitation care in a skilled nursing facility setting. Residents receive individualized assistance which may include support with activities of daily living and mobility, wound care, IV medication administration, medication management, therapy services, ostomy care, and psychosocial care planning. The JBH Sub-Acute Unit earned a CMS Overall 5 Star rating in 2022. A patient room in the JBH Sub-Acute Unit is pictured (right).



5. Reduce likelihood of opioid addiction beginning and/or continuing  
JBH is represented in Mercyhealth's system-wide Opioid Stewardship Steering Committee, which is responsible for reviewing data related to opioid prescribing and dispensing patterns, as well as nursing pain assessment and reassessment practices.

Illinois physicians are required to take three hours of Continuing Medical Education (CME) specifically on safe opioid prescribing practices. Mercyhealth made CME available to JBH physicians in 2021 and 2022.

6. Maintain active involvement in Vermont Oxford Collaborative (VON) to promote quality outcomes in the Neonatal Intensive Care Unit (NICU)  
JBH NICU continues its active involvement with VON. Currently JBH NICU's focus is on VON's Chronic Lung Disease project.

7. Maintain commitment to the women and children in the community as a provider of comprehensive tertiary services

JBH continues to maintain its status as the State of Illinois Regional Perinatal Center for 11 counties.

JBH is the only hospital in the Rockford Region and surrounding areas to have a Small Baby Unit in its NICU. The JBH NICU employs a highly skilled transport team that travels to regional hospitals to care for and safely transport neonatal patients to the NICU.

Since 2020, JBH has ensured that all perinatal nurses are cross-trained to work postpartum, labor and delivery, and high-risk maternal fetal medicine. This cross-training helped JBH ensure safe staffing levels throughout the COVID-19 pandemic.

Reducing disparities in perinatal outcomes through Birth Equity has been a major focus for JBH since 2022. Activities in support of the Birth Equity project include a community event that brought together health care providers in the region to view the documentary “Aftershock” and participate in a post-screening panel discussion about implementation of a social determinants of health screening tool and linkage to community resources.

The perinatal program at JBH has continued its focus on a variety of quality improvement initiatives including:

- Helping patients access opiate addiction treatment during the antepartum period, with a goal of keeping mom and baby together, keeping baby out of the NICU, and decreasing use of opioids after delivery
- Providing skilled/trained nurse and lactation consultants to assist families with any feeding needs
- Employing a nurse navigator who reaches out to patients prior to all elective procedures and inductions to ensure they know what to expect and to answer any questions

8. Provide job training and employment opportunities to disabled young adult community members



JBH participates in Project SEARCH, a 10-month school-to-work transition program for students with disabilities that takes place entirely in the workplace. Project SEARCH students work in three internships supported by an onsite skills trainer and supervised by a Mercyhealth manager. Through participation in Project SEARCH, students acquire competitive and transferable job skills, as well as increased independence, confidence, and self-esteem.

Between 2020 and 2022, over 20 students participated in Project SEARCH at JBH. Seven Project SEARCH graduates from 2022 are pictured (above). JBH typically places between one and three Project SEARCH graduates in permanent employment.

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 COVID-19 pandemic transformed daily activities for all JBH providers and staff. Our Infection Prevention department stayed up to date with frequently changing recommendations from state and federal health officials, and worked closely with JBH leadership to ensure new recommendations and requirements were communicated effectively. Major areas of focus were appropriate personal protective equipment (PPE) use, enhanced cleaning, patient isolation practices, testing/vaccination processes, surge planning, and surveillance and reporting of communicable disease.

At the start of the COVID-19 pandemic, Mercyhealth began offering a range of services via telehealth. From March to May 2020, 48.4% of all appointments were completed via telehealth. Between 2020 and 2022, Mercyhealth completed 184,222 telehealth appointments across the system, accounting for 8.4% of overall visits.

When COVID-19 vaccines became available in December 2020, JBH established employee vaccination points of distribution (PODs) and continued administering vaccinations at the PODs through 2022. The PODs were successful in increasing employee vaccination rates, and this success was driven by interdisciplinary collaboration between Infection Prevention, Pharmacy, Nursing, Marketing, and employees from a variety of backgrounds who volunteered their time.

JBH also made COVID-19 vaccinations available to patients and community members as soon as possible. We promoted the availability of COVID-19 vaccinations through marketing campaigns and direct outreach to over 28,000 patients across the Mercyhealth system.

JBH partnered extensively with Mercyhealth Emergency Medical Services (EMS) throughout the COVID-19 pandemic. To support the JBH emergency department (ED), Mercyhealth EMS developed the following:

- EMS offloading area to make more beds available for ED patients facing long wait times
- Standing medical orders and training to allow paramedics to perform prehospital blood draws
- New ED EKG receiving process to more efficiently transmit information from local ambulances to the ED and interventional cardiology teams

Mercyhealth EMS and JBH also collaborated with regional partners on various aspects of pandemic response including:

- Developed a Medical Operations Coordinating Cell in coordination with Illinois Department of Public Health
- Partnered with regional hospitals to open a Decompression Unit at JBH in winter 2022
- Acted as a Regional Hospital Coordinating Center to distribute PPE and supplies to local EMS
- For local EMS under Mercyhealth medical direction, Mercyhealth EMS developed new protocols regarding PPE, developed environmental control guidelines to limit crew exposure during transport of COVID patients, and developed alternative medication protocols in response to widespread EMS medication shortages

### Health Council Survey v1

#### Demographics

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**Page exit logic:** Skip / Disqualify Logic

**IF:** #1 Question "What is your age group?" is one of the following answers ("17 or younger")

**THEN:** Disqualify and display:

Sorry, you do not qualify to take this survey.

1. What is your age group?

- ☐ 17 or younger
- ☐ 18-29
- ☐ 30-44
- ☐ 45-64
- ☐ 65-74
- ☐ 75+

Action: reCAPTCHA

New reCAPTCHA

#### Demographics

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2. What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Prefer not to answer
- ☐ Prefer to self describe

3. What county do you live in?

- ☐ Boone County, IL
- ☐ Winnebago County, IL

4. What is your zip  
code?



5. What racial or ethnic group do you belong to? Select all that apply.

- ☐ White (Non-Hispanic)
- ☐ Black/African American (Non-Hispanic)
- ☐ Hispanic/Latino
- ☐ Asian or Pacific Islander
- ☐ American Indian
- ☐ Multi-racial or bi-racial
- ☐ Prefer not to say
- ☐ Other - Write In

6. What is your highest level of completed education?

- ☐ Less than high school
- ☐ High school diploma or GED
- ☐ Some college, no degree
- ☐ Associates or technical degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

7. Including yourself, how many people aged 0-17 live in your current household?

8. Including yourself, how many people aged 18-64 live in your current household?

9. Including yourself, how many people aged 65+ live in your current household?

10. What is your total annual household income from all contributing sources?

- ☐ Less than \$10,000
- ☐ \$10,001 - \$15,000
- ☐ \$15,001 - \$20,000
- ☐ \$20,001 - \$25,000
- ☐ \$25,001 - \$35,000
- ☐ \$35,001 - \$50,000
- ☐ \$50,001 - \$75,000
- ☐ \$75,001 - \$100,000
- ☐ \$100,001 or more
- ☐ I do not know/not sure
- ☐ Prefer not to say

11. What is your individual employment status?

- ☐ Self-employed
- ☐ Full time
- ☐ Part time
- ☐ Work two or more jobs
- ☐ Work seasonally or part of the year
- ☐ Unemployed and looking for work
- ☐ Homemaker
- ☐ Student
- ☐ Retired
- ☐ Disabled
- ☐ Not employed, not looking for work
- ☐ Other - Write In

12. Do you rent or own your place of residence?

- ☐ Own
- ☐ Rent
- ☐ Stay there without paying rent
- ☐ Homeless
- ☐ Other - Write In

**Nutrition and Physical Activity**

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13. On average, how many minutes per week do you spend on moderate to vigorous exercise (e.g., a brisk walk)?

- ☐ 0-30 minutes
- ☐ 31-60 minutes
- ☐ 61-90 minutes
- ☐ 91-120 minutes
- ☐ 121-150 minutes
- ☐ 151+ minutes

14. How do you get to the grocery store? (i.e., a store that sells fresh produce)?

- ☐ Drive
- ☐ Walk
- ☐ Bike
- ☐ Public transit
- ☐ I have them delivered
- ☐ Taxi/Uber/Lyft/etc.
- ☐ I do not go to a grocery store
- ☐ Other - Write In

15. How far away are you from the nearest grocery store by your method of transit chosen above (i.e., a store that sells fresh produce)?

- ☐ 0-10 minutes
- ☐ 11-20 minutes
- ☐ 21-30 minutes
- ☐ 30 + minutes
- ☐ Other - Write In

16. At home, how many meals a week do you eat a serving of fresh fruit and/or vegetables? (A serving size is  $\frac{1}{2}$  cup on average)

- ☐ 0-3
- ☐ 4-7
- ☐ 8-10
- ☐ 11+

17. Which of the following food assistance programs, if any, have you or other people in your household, used in the past year? (Please select all that apply.)

- ☐ SNAP (Food Stamps)
- ☐ Commodities (CSFP)
- ☐ Free school lunch and/or breakfast program(s)
- ☐ Food pantry or food bank
- ☐ Shelter that provides food
- ☐ Summer food service program such as at a school community center
- ☐ WIC
- ☐ Meals on wheels
- ☐ Other - Write In

#### Health Care Access

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18. In the last 12 months, which of the following medical/healthcare services did you use? Please select all that apply.

- ☐ Primary care provider
- ☐ The county health department
- ☐ Crusader clinic
- ☐ Veterans Affairs (VA) hospital or clinic
- ☐ Urgent or immediate care
- ☐ Hospital emergency room
- ☐ Virtual healthcare provider
- ☐ Other - Write In

**LOGIC** Show/hide trigger exists.

19. Do you have insurance that pays all or some of your health care costs?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I do not want or need insurance

**LOGIC** Hidden unless: #19 Question "Do you have insurance that pays all or some of your health care costs?" is one of the following answers ("Yes")

20. If you have insurance, please select all that it covers.

- ☐ Medical
- ☐ Dental
- ☐ Mental Health
- ☐ Vision
- ☐ Other - Write In

**LOGIC** Hidden unless: #19 Question "Do you have insurance that pays all or some of your health care costs?" is one of the following answers ("Yes")

21. Where do you receive your insurance from? Check all that apply.

- ☐ Work
- ☐ Public aid
- ☐ Social Security/Medicare
- ☐ Marketplace
- ☐ Other - Write In

**LOGIC** Show/hide trigger exists.

22. In the past 12 months, have you been able to get medical care?

- ☐ I could not get care
- ☐ I could sometimes get care
- ☐ I could always get care
- ☐ Not applicable

**LOGIC** Hidden unless: #22 Question "In the past 12 months, have you been able to get medical care?" is one of the following answers ("I could not get care", "I could sometimes get care")

23. Why could you not receive medical care? Mark all that apply.

- ☐ Could not afford
- ☐ Provider would not accept insurance
- ☐ Did not have insurance
- ☐ Did not have transportation
- ☐ Could not find a provider/specialist
- ☐ Wait time to appointment was too long
- ☐ Language barrier
- ☐ Discrimination from provider
- ☐ Could not miss work
- ☐ Did not have childcare
- ☐ Other - Write In



**LOGIC** Hidden unless: #22 Question "In the past 12 months, have you been able to get medical care?" is one of the following answers ("I could not get care", "I could sometimes get care")

24. How long has it been since you saw a doctor for a check up?

- ☐ Less than 12 months
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6 years or more
- ☐ Never
- ☐ Not sure, do not remember

**LOGIC** Show/hide trigger exists.

25. In the past 12 months, have you been able to get dental care?

- ☐ I could not get care
- ☐ I could sometimes get care
- ☐ I could always get care
- ☐ Not applicable

**LOGIC** Hidden unless: #25 Question "In the past 12 months, have you been able to get dental care?" is one of the following answers ("I could not get care", "I could sometimes get care")

26. Why could you not receive dental care? Mark all that apply.

- ☐ Could not afford
- ☐ Provider would not accept insurance
- ☐ Did not have insurance
- ☐ Did not have transportation
- ☐ Could not find a provider/specialist
- ☐ Wait time to appointment was too long
- ☐ Language barrier
- ☐ Discrimination from provider
- ☐ Could not miss work
- ☐ Did not have childcare
- ☐ Other - Write In

**LOGIC** Hidden unless: #25 Question "In the past 12 months, have you been able to get dental care?" is one of the following answers ("I could not get care", "I could sometimes get care")

27. How long has it been since you saw a dentist for a check up?

- ☐ Less than 12 months
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6 years or more
- ☐ Never
- ☐ Not sure, do not remember

**LOGIC** Show/hide trigger exists.

28. In the past 12 months, have you been able to get mental health care?

- ☐ I could not get care
- ☐ I could sometimes get care
- ☐ I could always get care
- ☐ Not applicable

**LOGIC** Hidden unless: #28 Question "In the past 12 months, have you been able to get mental health care?" is one of the following answers ("I could not get care", "I could sometimes get care")

29. Why could you not receive mental health care? Mark all that apply.

- ☐ Could not afford
- ☐ Provider would not accept insurance
- ☐ Did not have insurance
- ☐ Did not have transportation
- ☐ Could not find a provider/specialist
- ☐ Wait time to appointment was too long
- ☐ Language barrier
- ☐ Discrimination from provider
- ☐ Could not miss work
- ☐ Did not have childcare
- ☐ Other - Write In

30. During the past 12 months, have you been unable to get or fill a prescription because you could not afford it?

- ☐ Yes
- ☐ No

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**Core Health and Health Care Literacy**

31. In general, how would you describe your health?

- ☐ Very poor
- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

32. Do you have a hard time understanding medical information given to you by medical professionals? (doctors, nurses, dentists, etc.)

- ☐ Yes
- ☐ No
- ☐ Sometimes

33. Do you trust the medical advice and information that you receive from medical professionals? (doctors, nurses, dentists, etc.)

- ☐ Yes
- ☐ No
- ☐ Sometimes

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## Chronic Conditions and Diseases - Tobacco Products

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**Page exit logic:** Skip / Disqualify Logic

**IF:** #34 Question "In the past 30 days, did you smoke cigarettes, cigars, cigarillos or any other tobacco products?" is one of the following answers ("No", "Prefer not to answer") **THEN:** Jump to [page 8 - Chronic Conditions and Diseases - Electronic Vapor Products](#)

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

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## Chronic Conditions and Diseases - Tobacco Products

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35. 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
- ☐ Prefer not to answer

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## Chronic Conditions and Diseases - Electronic Vapor Products

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**Page exit logic:** Skip / Disqualify Logic

**IF:** #36 Question "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." is one of the following answers ("No", "Prefer not to answer") **THEN:** Jump to [page 9 - Confidentiality agreement](#)

36. 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
- ☐ Prefer not to answer

#### Chronic Conditions and Diseases - Alcohol

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**Page exit logic:** Skip / Disqualify Logic

**IF:** #37 Question "How often do you have a drink containing alcohol?" is one of the following answers ("Never") **THEN:** Jump to [page 11 - Chronic Conditions and Diseases - Non-medical Cannabis](#)

37. How often do you have a drink containing alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

#### Chronic Conditions and Diseases - Non-medical Cannabis

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**Page exit logic:** Skip / Disqualify Logic

**IF:** #38 Question "How often do you use non-medical cannabis (marijuana or other products containing THC)?" is one of the following answers ("Never") **THEN:** Jump to [page 12 - Chronic Conditions and Diseases - Other](#)

38. How often do you use non-medical cannabis (marijuana or other products containing THC)?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

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**Chronic Conditions and Diseases - Other**

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

- ☐ Amphetamines (uppers, bennies, speed, non-legal stimulants)
- ☐ Cocaine or crack
- ☐ Heroin
- ☐ LSD or other psychedelics or hallucinogens (mushrooms, peyote, PCP, etc.)
- ☐ Methamphetamines (crystal meth)
- ☐ Ecstasy (MDMA)
- ☐ Barbiturates (downers, Phenobarbital, Seconal, etc.)
- ☐ Tranquilizers (Valium, Librium, etc.)
- ☐ Prescription opioids not used as prescribed
- ☐ Other - Write In
- ☐ None of the above

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**Family Conditions**

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40. Has anyone in your household been told by a doctors or dentist that they have any of the following conditions or diseases?

Please write the number of persons in each age group.



	0-17	18-44	45-64	65+
Alzheimer's, dementia, or severe memory impairment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arthritis or rheumatism	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asthma	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer or malignant neoplasms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chronic back pain or disc disorders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chronic bronchitis, emphysema, COPD, or other respiratory problems	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chronic digestive or stomach disorders (GERD, reflux, Crohn's Disease)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heart or cardiovascular disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High blood pressure, hypertension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High cholesterol	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kidney disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Liver disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Obesity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oral health disease, gum disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stroke	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Family Conditions

41. Has anyone in your household been told by a doctors or dentist that they have any of the following conditions or diseases?

Please write the number of persons in each age group.

	0-17	18-44	45-64	65+
Addiction or substance abuse (alcohol, drugs, gambling)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anxiety	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attention Deficit Disorder or ADHD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Autism Spectrum Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bipolar Disorder (Manic - Depressive)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Depression or depressive disorders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eating disorder (anorexia, bulimia)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Obsessive-Compulsive Disorder (OCD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post-Traumatic Stress Disorder (PTSD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Schizophrenia and other psychoses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suicidal or self-harming impulses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## APPENDIX B – KEY INFORMANT INTERVIEWS

The following is a list of individuals who were interviewed as key informants and a description of the populations served by the organizations they represent. Individuals representing the same organization were interviewed as a group.

Key Informant	Title	Organization	Population Served
Jeffrey Barnes	Grants Manager	Northwestern Illinois Area Agency on Aging	Older adults 60+ and adults with disabilities
Kelci Cox-Raney	Lead Independent Living Advocate and TBI Case Manager	RAMP Center for Independent Living	People with disabilities
Phyllis Gallisath	Executive Director	LIAM Foundation	LGBTQIA+
Shelton Kay	Vice President, Community Services	Crusader Clinic	People who are uninsured or underinsured
Sandra Martell	Director	Winnebago County Health Department	Winnebago County residents
Sam Miller	President and CEO	Crusader Community Health	
Brent Pentenburg	Chief Service Officer	YMCA	All populations, particularly low-income, communities of color, and youth
Deanna Robbins	OVW Coordinator	RAMP Center for Independent Living	People with disabilities
Kim Rousch	Winnebago County Manager	RAMP Center for Independent Living	People with disabilities
Emily Schwartz	Resident Opportunity Self-Sufficiency Coordinator	NI ReACH	Elderly and people with disabilities served by Winnebago and Boone County Housing Authorities
Jackie Sundquist	Executive Director	RAMP Center for Independent Living	People with disabilities
Logan White	Mental Health Advocate	RAMP Center for Independent Living	People with disabilities
Terrell Yarbrough	Superintendent	Harlem School District 122	Youth
Alan Zais	Executive Director	NI ReACH	Elderly and people with disabilities served by Winnebago and Boone County Housing Authorities

The following questionnaire was used for key informant interviews.

**Key Informant Interview - Topic 1**

**SOCIAL DETERMINANTS OF HEALTH -- RANKINGS**

Social determinants of health are the conditions in the environment into which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. **Rank order** the two most important social determinants of health that must be addressed in Winnebago County to improve the health and quality of life in our community:

_____ Access to Social Services	_____ Environmental Health (Clean Air, Safe Water, Etc.)
_____ Accessible and Affordable Healthcare	_____ Family Support
_____ Accessible and Affordable Transportation	_____ Food Insecurity
_____ Affordable Childcare	_____ Quality of Healthcare
_____ Community Violence and Crime	_____ Racism and Discrimination
_____ Economic Stability and Employment	_____ Safe and Affordable Housing
_____ Education Access and Quality	_____ Social Connectedness and Belonging
_____ Other social determinant, please specify: _____	

Please answer the following questions based on your #1 and #2 ranked Social Determinants of Health.

1. How has COVID-19 impacted this issue?
2. If the community rallied behind one major effort to radically improve this issue, what would that initiative be?
3. Which community stakeholders are critical to addressing this issue?

## **Key Informant Interview - Topic 2**

### **HEALTH CONDITIONS/BEHAVIORS -- RANKING**

**Rank order** the two most important **health conditions/behaviors** that must be addressed in Winnebago County to improve the health and quality of life in our community:

- |  |   |
|--|---|
| _____ Alcohol and Substance Use                              | _____ Nutrition, Physical Activity, and Obesity           |
| _____ Chronic Diseases                                       | _____ Oral Health   |
| _____ Communicable Diseases/COVID-19                         | _____ Reproductive Health, Sexual Health, STIs            |
| _____ Intimate Partner/Domestic Violence                     | _____ Tobacco and Vaping Products                         |
| _____ Maternal, Infant, and Child Health                     | _____ Unintentional Injury (Falls, Motor Vehicle Crashes) |
| _____ Mental Health, Mental Conditions, Suicide              |   |
| _____ Other health condition/behavior, please specify: _____ |   |

Please answer the following questions based on your #1 and #2 ranked Health Conditions/Behaviors.

1. What populations in our communities are most affected by this issue? How are they affected?
2. What are the existing strategies to address the health issue – what is working well?
3. What additional strategies are needed to address this issue? What is keeping our community from doing what needs to be done to improve this issue?
4. Which community stakeholders are critical to addressing this issue?
5. If the community rallied behind one major effort to radically improve this issue, what would that initiative be?
6. What is one thing your organization needs now to address this issue?
7. How has COVID-19 affected this issue?

## **Key Informant Interview - Topic 3**

How would you suggest organizations reach out to community members to implement health initiatives?

Do you have any additional comments you would like to share?