

# 2017 Community Health Needs Assessment

*Rockford Memorial Hospital*

## **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

Rockford Memorial Hospital (RMH) 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, RMH, and a description of the community served by RMH
- **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 surveyed 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

## **Rockford Memorial Hospital (RMH)**

Rockford Memorial Hospital (RMH) offers a comprehensive array of acute inpatient services as well as robust outpatient services located in Rockford, Illinois. As part of an integrated delivery system, the parent company, Mercyhealth, has worked in conjunction with RMH 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) 2016, RMH 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 RMH community as the Rockford Metropolitan Statistical Area (MSA), which includes Winnebago and Boone Counties. This is where approximately 75% of the patients served by RMH in 2016 reside. This CHNA refers to the community served by RMH alternately as the Rockford MSA, the report area, and the Rockford Region.

### Activities Since Previous CHNA

The 2014-2017 RMH Implementation Plan was approved prior to the merger of RMH with Mercyhealth and activities were taken toward the goals identified.

## Methodology

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

This CHNA was prepared by RMH in collaboration with the Rockford Regional Health Council and produced by the Center for Governmental Studies, Northern Illinois University. RMH is represented on the Board of Directors for the Rockford Regional Health Council, alongside other community organizations including Winnebago County Health Department (WCHD), OSF St. Anthony Medical Center, SwedishAmerican Health System, Crusader Community Health, United Way of Rock River Valley, and University of Illinois Rockford.

The primary data source for this CHNA was the *2017 Healthy Community Study* conducted by Northern Illinois University Center for Governmental Studies on behalf of the Rockford Regional Health Council, in which RMH is represented on the Board of Directors.. The *2017 Healthy Community Study* included a community analysis of external data sources, a household survey, and survey of key informants whose professional and/or organizational roles require that they have knowledge about community health needs.

As a member of the 2017 Healthy Community Study Steering Committee, RMH contributed to this analysis and was also involved in its planning and coordination. RMH received input from the Rockford Regional Health Council and the *2017 Healthy Community Study* about resources available to address health issues in the Rockford region, and input from the Winnebago County Health Department (WCHD) about the prioritization of community health needs.

RMH welcomes feedback on our CHNA. Comments can be shared on our website. RMH 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.

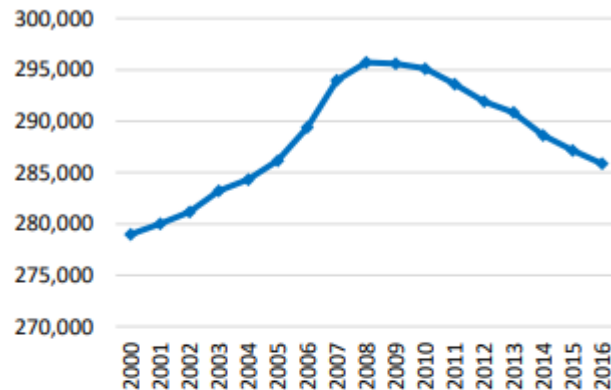
According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 29,227 persons, a change of 9.1%. However, from 2010 to 2016 there was a decline in population primarily due to the recession and the loss of jobs in the region. Boone County lost 664 residents, or 1.2%. Winnebago lost 9,391 residents, or 3.2% drop in population. Many of the urbanized areas are experiencing a loss in population, especially along the Illinois border. There has been a loss in Illinois population overall since 2010 that has not occurred since the mid-1980's.

The tipping point for population loss occurred in 2008 for both Winnebago and Boone Counties. Boone County is close to maintaining the population from 2008, but Winnebago County has almost reverted back to the 2005 level. Rockford topped the list in losing the most residents among Illinois cities since 2010. There was a 3.0% loss, or 4,660 residents.

The city of Chicago has started to show a loss in population as well. There have been 1,142 municipalities that have lost or maintained their population and only 155 shows an increase since 2010, so Rockford is not alone.

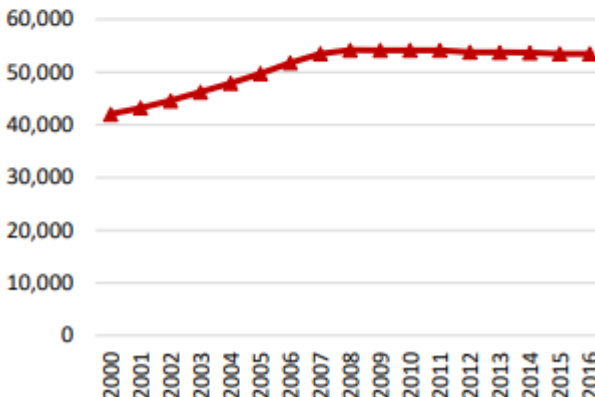
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources. Total Population for the report area is 339,376 residents, with 53,503 living in Boone County and approximately 285,873 living in Winnebago County in 2016. Overall population density is about 427 people per square mile, although the density is significantly higher in Winnebago County (550 people) than Boone County (190 people)

**Figure 1: Winnebago County Population**



Source: U.S. Census Bureau, [Population Estimates](#).

**Figure 2: Boone County Population**



Source: U.S. Census Bureau, [Population Estimates](#).

## Population by Race

Racially the report area is mostly White residents (80.1%), with 10.9% Black or African American residents and the remainder spread amongst other racial groups or some combination. Boone County has a much higher proportion of the White population (87.4%) and lower proportion of the Black or African American population (2.2%).

**Figure 3: Population by Race (2010-2016)**

	Area	Total	White	Black or African American	Asian	Other Race <sup>1</sup> or Combination
2010	Boone County	54,167	50,721	1,177	748	1,521
	Winnebago County	295,264	242,885	36,863	6,993	8,523
	Report Area	349,431	293,606	38,040	7,741	10,044
2016	Boone County	53,503	49,800	1,392	717	1,594
	Winnebago County	285,873	230,931	37,393	8,105	9,444
	Report Area	339,376	280,731	38,785	8,822	11,038
# Change	Boone County	-664	-921	215	-31	73
	Winnebago County	-9,391	-11,954	530	1,112	921
	Report Area	-10,055	-12,875	745	1,081	994
Percent Change	Boone County	-1.2%	-1.8%	18.3%	-4.1%	4.8%
	Winnebago County	-3.2%	-4.9%	1.4%	15.9%	10.8%
	Report Area	-2.9%	-4.4%	2.0%	14.0%	9.9%

Source: [U.S. Census Bureau, Population Estimates, 2016.](#)

Over time the report area is becoming more diverse. The residents that are primarily White are leaving in greater numbers than moving in to the report area. In the seven years of 2010 through 2016, Winnebago has lost almost 12,000 white residents and Boone lost almost 1,000 white residents from the population. The other racial groups have grown in number overall. Most notably is the increase of new Asian residents of just over 1,000 people. These changes are being reflected throughout Illinois. The border communities seem to be losing the largest numbers in Illinois. It is thought these residents are seeking lower property taxes across the border while maintaining jobs in Illinois.

## Hispanic Population

Total Hispanic population for the report area is 47,053, with 11,362 living in Boone County and the remaining 35,691 living in Winnebago County. This represents 13.9% of the population, a rate which is lower than both the state (17.0%) and the nation (17.8%). There has been continued growth in the Hispanic communities, while residents that are not of Hispanic descent have been declining.

**Figure 4: 2016 Ethnicity and Change (2010-2016)**

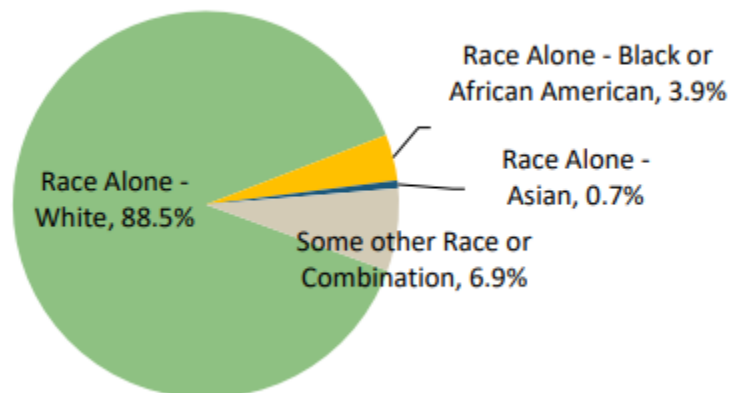
	2010		2016		Change		Percent	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
<b>Boone County</b>	10,967	43,200	11,362	42,141	395	-1,059	3.6%	-2.5%
<b>Winnebago County</b>	32,177	263,087	35,691	250,182	3,514	-12,905	10.9%	-4.9%
<b>Report Area</b>	43,144	306,287	47,053	292,323	3,909	-13,964	9.1%	-4.6%

Source: [U.S. Census Bureau, Population Estimates 2016.](#)

The growth in the Hispanic or Latino communities has been overshadowed by the loss in the Non-Hispanic community. Boone County lost 1,059 residents that were Non-Hispanic or Latino descent, but gained 395 new residents that were of Hispanic or Latino descent. Winnebago lost almost 13,000 Non-Hispanic residents, while gaining 3,514 new residents into the Hispanic or Latino communities.

Hispanic or Latino ethnicity is different than race. An individual who identifies with the Hispanic or Latino culture can be White, Black, Asian, or some other combination of race categories. Therefore, the overall Hispanic population when viewed by racial categories is predominantly Race Alone – White (88.5%), Some other Race Combination (4.1%), then Race Alone - Black or African American (3.9%).

**Figure 5: Hispanic or Latino Ethnicity by Race for Report Area, 2016.**



Source: [US Census Bureau, American Community Survey 2016 Five Year Data.](#)

The residents in the report area are primarily from Mexico (41,451 residents or 88.9%), then Cuba (1,745 residents), and then Puerto Rico (1,380 residents).

**Figure 6: Birth Place of Hispanic or Latino Residents, 2015**

	2015 Number	2015 Percent
<b>Mexican</b>	41,451	88.9%
<b>Cuban</b>	1,745	3.7%
<b>Puerto Rican</b>	1,380	3.0%
<b>Spaniard</b>	593	1.3%
<b>Colombian</b>	388	0.8%
<b>Peruvian</b>	286	0.6%
<b>Ecuadorian</b>	235	0.5%
<b>Chilean</b>	194	0.4%
<b>Other</b>	358	0.8%

Source: IPUMS-USA, University of Minnesota, [www.ipums.org](http://www.ipums.org) for Winnebago and Boone Counties.

### Population by Age

The median age in Boone County is 38.2, and in Winnebago County is 39.2. Both Counties are slightly older than the Illinois median age of 37.3 and nationally at 37.6 years. Across the report area the White population tends to be older than the median while the Black or African American population is generally much younger by almost a decade. The Asian population is slightly younger than all other racial groups. Figure 7 has bolded figures for the highest proportion. Boone County has the highest proportion of school-aged children, while Winnebago has higher proportions in the older age groups, especially over the age of 55 years.

**Figure 7: 2015 Percentage of Population by Age Groups**

	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
<b>Boone County</b>	5.6%	<b>20.2%</b>	9.1%	15.5%	<b>13.3%</b>	<b>15.0%</b>	12.2%	14.4%
<b>Winnebago County</b>	6.1%	17.6%	8.6%	<b>18.4%</b>	12.1%	13.8%	<b>13.6%</b>	<b>16.0%</b>
<b>Report Area</b>	6.0%	18.0%	8.7%	18.0%	12.3%	14.0%	13.3%	15.8%
<b>Illinois</b>	6.2%	17.3%	9.7%	13.8%	13.1%	14.0%	12.4%	13.5%
<b>United States</b>	<b>6.3%</b>	17.0%	<b>9.9%</b>	13.6%	12.8%	13.9%	12.5 %	14.1%

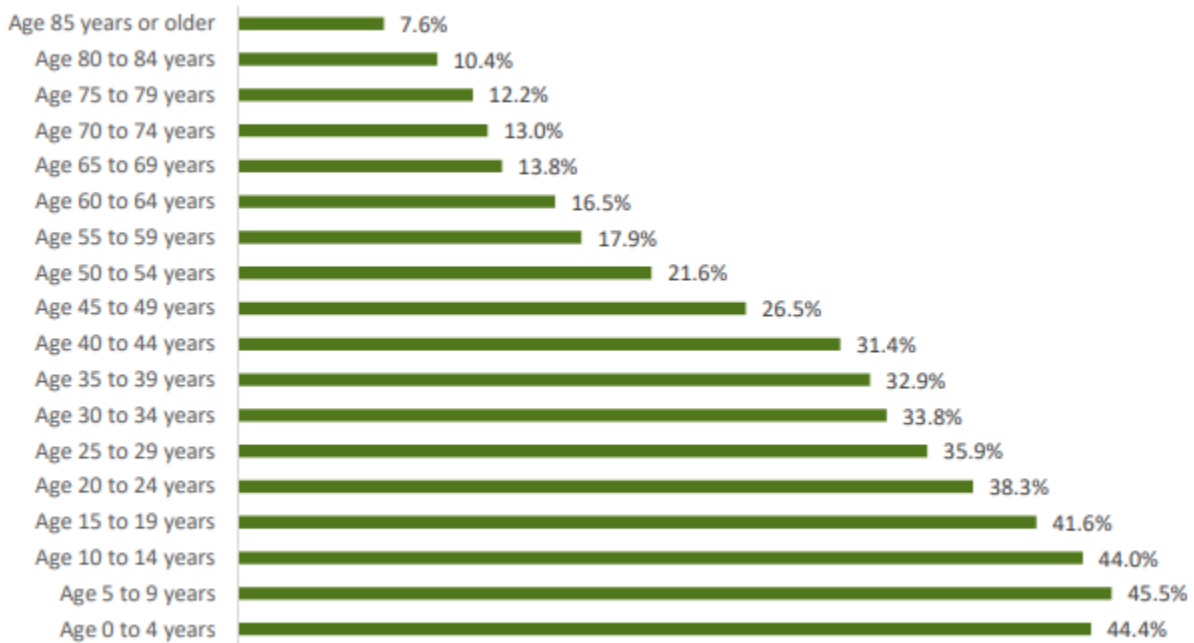
Source: [U.S. Census Bureau, American Community Survey, 2015 Five-Year.](http://www.census.gov)

Looking at the data from age groups is relevant because it is important to understand the percentage of infants and children in the community, as this population has unique health needs which should be considered separately from other age groups.

The changing dynamics across the country has been the growth of the minority groups. When aggregated together, young minority individuals are nearing 50% of the total population. That is not the

case in the report area yet. Viewing the entire range of ages, it is apparent the younger age groups are much more diverse than older ones.

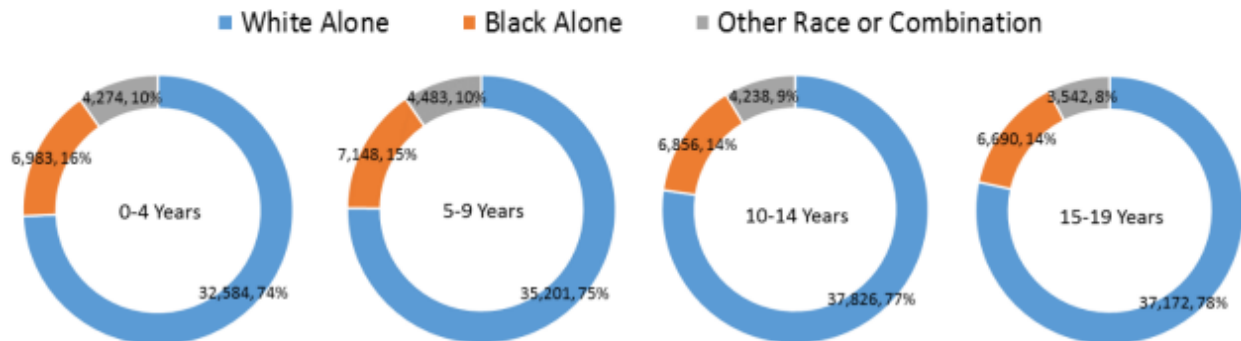
**Figure 8: Percentage of Minorities of Total Population, 2016**



Source: [US Census Bureau, American Community Survey, 2015 Five Year.](#)

The data in Figure 9 shows the percentage of race categories by age group. The proportion of those that are White Alone are smaller in the younger the age group. The proportion of age-group members that do not identify as white decreases with age. Older age-groups are less racially diverse, while younger are more racially diverse.

**Figure 9: Children Age Groups by Race in the Report Area, 2016**



Source: U.S. Census Bureau, [Population Estimates](#), 2016.

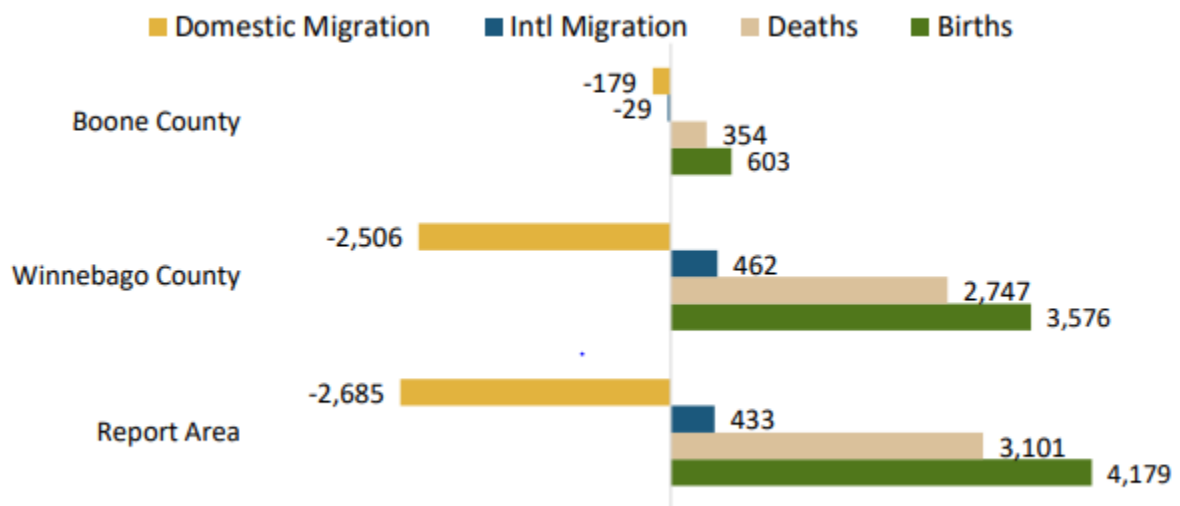


## Population Migration

There are always people moving in and out of any region. Primary reasons are job relocation or enhanced job opportunity. However, there are many other reasons for people to spend additional resources in moving to a new location. Illinois hit a tipping point of gaining population until 2008 and has since been losing population. The City of Rockford has been a focus of many news reports as the city losing the most residents in both number and percentage the last few years. The information is important to understand if your population is growing or contracting.

The primary method of tracking population changes is through the Population Estimates program at the U.S. Census Bureau. Agency records are used to count the number of births and deaths, along with international and domestic migration. Figure 10 shows the drastic distinction between those, on net, that are primarily leaving or moving into the report area. The last year from 2015 to 2016, over 2,500 residents moved out of the area. The population losses would have been much greater if it were not for the International residents moving in, along with having greater numbers of births over deaths. The number of deaths will continue to rise as the Baby Boomers age since there is a larger number of them, and the birth rate has yet to return to pre-recession levels in 2007.

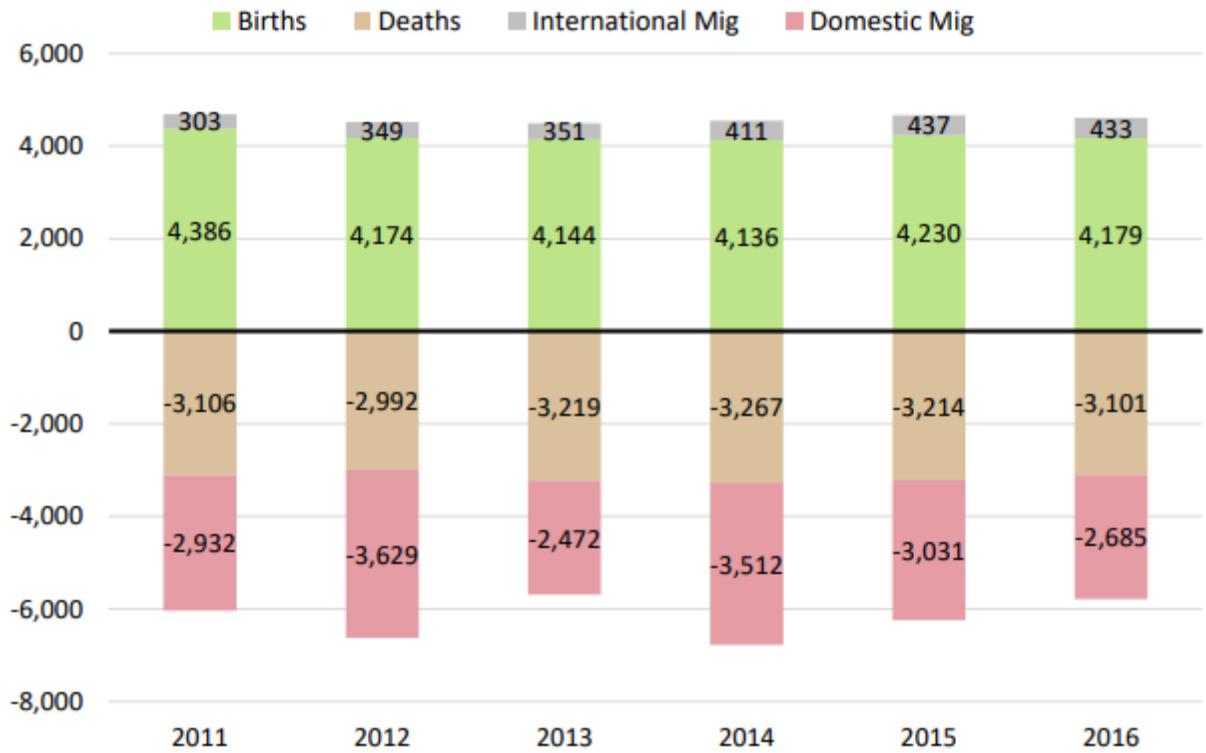
**Figure 10: Components of Population Change (2015-16)**



Source: U.S. Census Bureau, [Population Estimates](#).

Figure 11 shows the trends of migration, births and deaths over time. The birth rate in Winnebago County was 14.2 births for every 1,000 people in 2006 and now that rate is down to 12.6 births for every 1,000 people when adjusted for population fluctuations.

**Figure 11: Net Migration Pattern in the Report Area**



Source: U.S. Census Bureau, [Population Estimates](#).

The birth rate has been declining, so these trends are contributing to the population loss as a result. As a comparison, for every death in Illinois in 2016, there were 1.4 births, which is down from 1.6 births in 2011 (see Figure 12). The gap between births and deaths is narrowing in both Winnebago and Boone Counties as well.

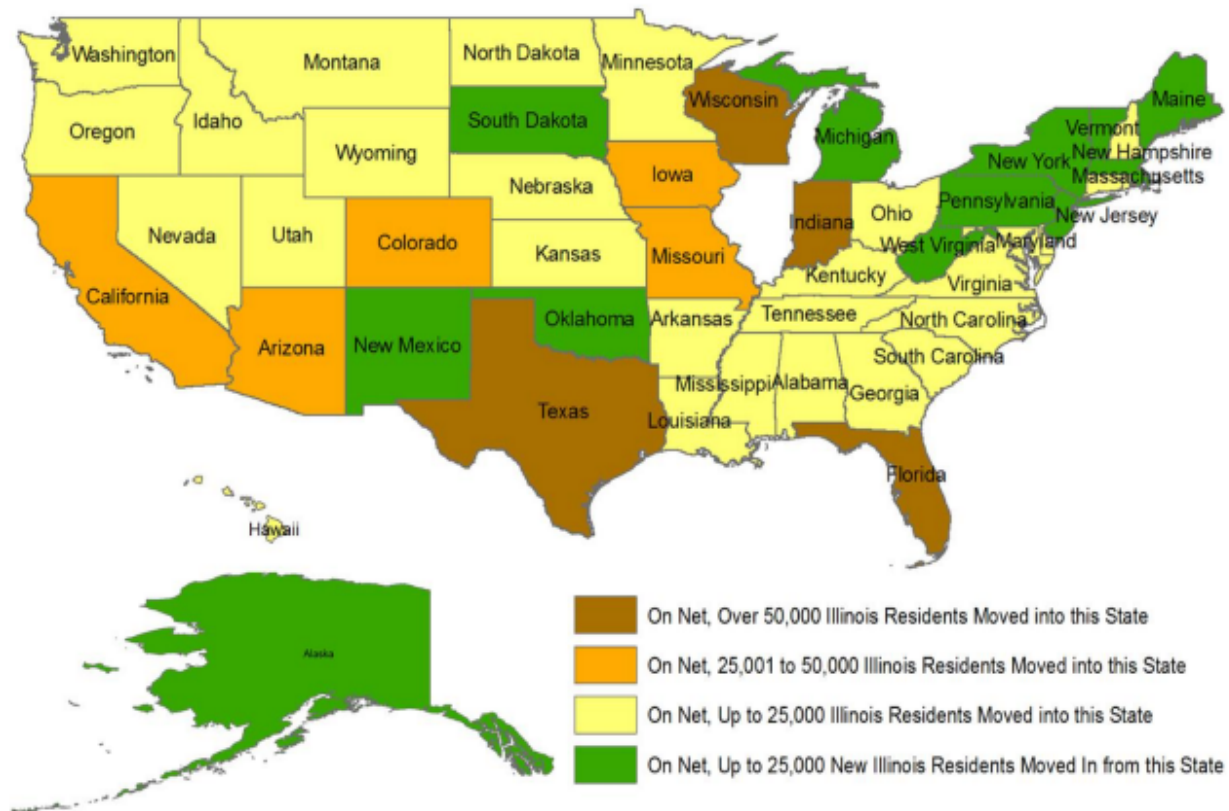
**Figure 12: Number of Births for every Death**

	2011	2016
<b>Illinois</b>	1.6	1.4
<b>Boone</b>	1.8	1.7
<b>Winnebago</b>	1.4	1.3

Source: U.S. Census Bureau, [Population Estimates](#).

The next question is where are these residents going? The southern states are always attractive for those not wanting to deal with the harsh winter weather in most of Illinois. However, most families leaving Illinois are opting for the border states, primarily Indiana and Wisconsin.

**Figure 13: Cumulative Net Migration Flow From/To Illinois, 2010-2015**



Source: IPUMS-USA, University of Minnesota, [www.ipums.org](http://www.ipums.org).

Figure 13 shows the net migration with every state and the net exchange of residents. Many people will move out of Illinois, but there are many who also move into Illinois. Lately, there are more people moving out than are moving in. Indiana has the largest net gain of Illinois residents, just over 70,000, from 2010-2015. Wisconsin has the next largest net gain of just fewer than 63,000 residents, Florida gained 54,025 and Texas gained 51,824 new residents from Illinois. There are 37 states with a net negative migration pattern (more Illinois residents moving into that state than residents of that state moving to Illinois).

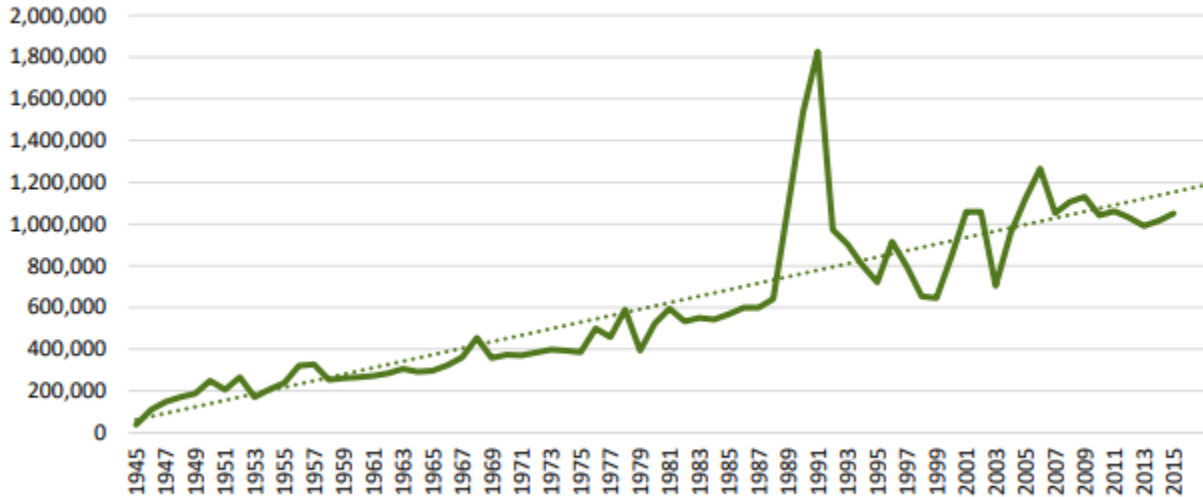
### Foreign-Born Population

The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes any person born in the United States, Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents. The latest figures from the U.S. Census Bureau show that 28,416 persons in the report area are of foreign birth, representing 8.6% of the area total population. This percentage is less than the national rate of 13.2%.

Nationally, immigration is still occurring at a fast pace. Since 1945, the end of World War II, there has been a steady increase of legal permanent residents moving into the United States. The large spike of over 1.8 million new residents in 1991 is the result of the 1990 Immigration Act signed into law by

President Bush that redesigned the structure of immigration approvals allowing increasing numbers, especially from underrepresented countries around the world.

**Figure 14: National Immigration Over Time for Legal Permanent Residents**



Source: U.S. Department of Homeland Security, 2016.

Figure 15 breaks down the foreign-born population by Race. People arrive from all over the world to live in the United States. In Boone County, 4,205 White residents were born in a different country, representing 8.6% of the White resident population. The largest proportions that are foreign-born are among the Asian residents and then the Some Other Race category also has high proportions, which are residents who could be of any single race except the major five categories listed below. Multiple Race covers those who consider themselves as a combination of races.

**Figure 15: Foreign-Born Total and Percent Within Each Race Category**

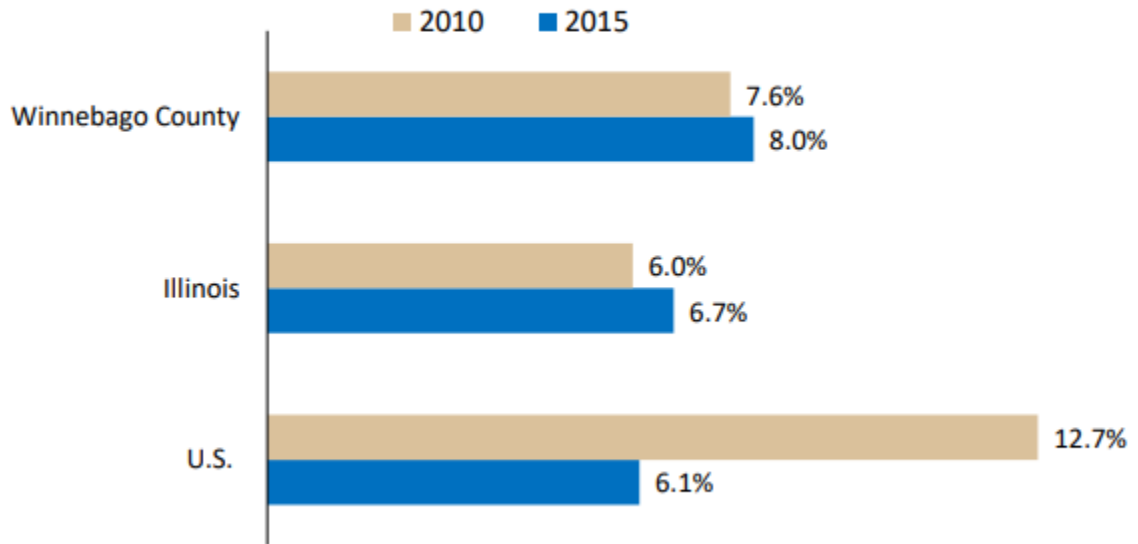
	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
<b>Boone County</b>	4,205 (8.6%)	27 (2.2%)	11 (9.7%)	433 (59.2%)	No Data	899 (43.6%)	145 (16.7%)
<b>Winnebago County</b>	14,754 (6.2%)	315 (0.9%)	88 (10.0%)	4,612 (69.7%)	51 (46.0%)	2,623 (43.0%)	253 (4.2%)
<b>Report Area</b>	18,959 (6.6%)	342 (0.9%)	99 (10.0%)	5,045 (68.7%)	51 (46.0%)	3,522 (43.2%)	398 (5.7%)
<b>Illinois</b>	9.5%	3.1%	15.7%	68.9%	26.5%	45.6%	9.8%
<b>United States</b>	8.2%	8.3%	6.2%	66.6%	21.7%	42.9%	9.6%

Source: [U.S. Census Bureau, American Community Survey 2015 Five-Year Data.](#)

The foreign-born population is a much greater proportion among those in the Hispanic or Latino communities (41.7% in Boone and 37.6% in Winnebago Counties) than in the Non-Hispanic or Latino communities (2.8% in Boone and 4.1% in Winnebago Counties). These proportions are among the entire population, which when compared to the state and national proportions, the foreign born among the Non-Hispanic or Latino communities are higher than the report area at 9.0% and 8.0% respectively.

Over time the percentage of residents that are foreign born has been increasing, adding to the diversity of the report area. Data is not available for Boone County due to low sample sizes. Winnebago County has grown from 7.6% of the residents to 8.0%. This is compared to Illinois and the nation that have seen similar margins of growth in 2015.

**Figure 16: Percentage of Residents that are Foreign Born**



Source: U.S. Census Bureau, [American Community Survey, Five Year Data](#).

### Families with Children

According to the most recent American Community Survey estimates, 67.1% (88,592 households) of all households in the report area are family households. As defined by the U.S. Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption.

Figure 17 shows the change in total family households. Family households are on the decline except for the U.S. overall. The report area is not experiencing as great a decline as the state of Illinois overall.

**Figure 17: Total Family Households**

	2010	2015	Change 2010-2015
Boone	13,810	13,783	-0.2%
Winnebago	75,014	74,809	-0.3%
Report Area	88,824	88,592	-0.3%
Illinois	3,161,547	3,124,683	-1.2%
U.S.	76,254,318	77,260,546	1.3%

Source: U.S. Census Bureau, [2015 American Community Survey 2015 Five-Year Data](#)

Those family households that have related children under the age of 18 are also declining. The declining birth rate is having an impact on these numbers. From 2010 to 2015 the report area has 2,290 fewer family households raising children.

**Figure 18: Total Families Raising Children Under the Age of 18**

	2010	2015	Change 2010-2015
<b>Boone</b>	7,084	6,461	-8.8%
<b>Winnebago</b>	34,228	32,561	-4.9%
<b>Report Area</b>	41,312	39,022	-5.5%
<b>Illinois</b>	1,486,298	1,391,493	-6.4%
<b>US</b>	34,990,015	33,732,757	-3.6%

Source: U.S. Census Bureau, 2015 American Community Survey 2015 Five-Year Data

The proportion of family households among all households is higher in Boone County (76.0%, 13,783 households) than in Winnebago County (65.7%, 74,809 households). For comparison purposes, Illinois and national figures are 65.3% and 66.1% respectively.

Family households can also be evaluated by not just relation, but whether there are children under the age of 18 that are related, or adopted, to the head of the household. In the report area, 29.6% of all households are raising children, or 39,084 households. Boone County is higher in percentage due to a younger overall population, 35.6% or 6,454 households. Winnebago County has 28.6%, or 32,578 households which is on par with Illinois and nationally, 29.1% and 28.8% respectively.

**Figure 19: Percentage of Households by Type of All Households, 2015**

	Total Households	Total Family Households	Married-couple Household	Household with own children under 18	Nonfamily Household
<b>Boone</b>	18,129	76.0%	59.5%	35.6%	24.0%
<b>Winnebago</b>	113,912	65.7%	46.5%	28.6%	34.3%
<b>Report Area</b>	132,041	67.1%	48.3%	29.6%	32.9%
<b>Illinois</b>	4,786,388	65.3%	48.1%	29.1%	34.7%
<b>U.S.</b>	116,926,305	66.1%	48.3%	28.8%	33.9%

Source: U.S. Census Bureau, 2015 American Community Survey 2015 Five-Year Data, Published by Community Commons.

Boone County has the highest proportion of White families at 85.3%, or 6,066 families. Winnebago County also has the highest proportion of White families at 74.9%, or 26,959 families. On the converse, there is a higher proportion of Black families living in Winnebago County at 15.3%, or 5,504 family households than in Boone County which is only 1.7%, or 118 family households. Boone County has a greater proportion of those identifying as being a member of “Some Other Race” which could be another indicator of increasing diversity in the County.

**Figure 20: Number of Family Households with Own Children (Age 0-17) by Race**

	White	Black or African American	Asian	Some Other Race or Combination
<b>Boone County</b>	6,066 (85.3%)	118 (1.7%)	132 (1.9%)	792 (11.1%)
<b>Winnebago County</b>	26,959 (74.9%)	5,504 (15.3%)	1,130 (3.1%)	2,400 (6.7%)
<b>Report Area</b>	33,025 (76.6%)	5,622 (13.0%)	1,262 (2.9%)	3,192 (7.4%)
<b>Illinois</b>	70.4%	15.2%	5.3%	9.1%
<b>United States</b>	71.6%	13.9%	5.4%	9.1%

Source: [U.S. Census Bureau, American Community Survey 2015 Five-Year Data.](#)

### Urban and Rural Population

Overall the report area is 90.3% Urban and 9.7% rural, which is slightly more urbanized than the state (88.5% urban, 11.5% rural). There is a substantial difference between Winnebago and Boone Counties in this measure. Boone County is nearly 20.0% rural while Winnebago County is less than 8.0% rural. The Census definition of identifying urban areas consists of built up areas that are linked together, or urbanized areas, basically using population density.

**Figure 21: Urban and Rural Population**

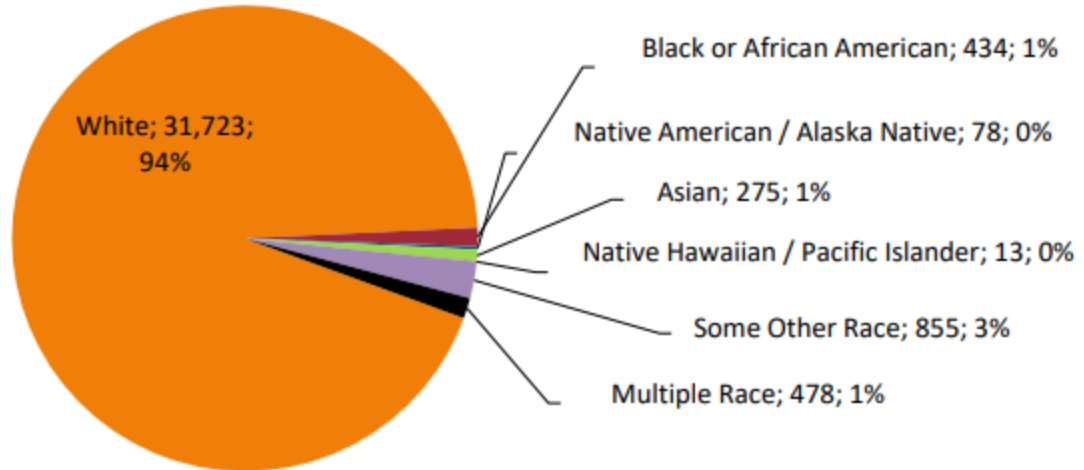
	Total Population	Urban Population	Rural Population	Percent Urban	Percent Rural
<b>Boone County</b>	54,165	43,677	10,488	80.6%	19.4%
<b>Winnebago County</b>	295,266	271,898	23,368	92.1%	7.9%
<b>Report Area</b>	349,431	315,575	33,856	90.3%	9.7%
<b>Illinois</b>	12,830,632	11,353,553	1,477,079	88.5%	11.5%
<b>United States</b>	312,471,327	252,746,527	59,724,800	80.9%	19.1%

Source: [U.S. Census Bureau, Decennial Census, 2010, published on Community Commons.](#)

The rural population in the report area is 94.0% White residents with 3.0% or less in Some Other Race Category. The diversity in both Counties is centralized in the incorporated areas



**Figure 22: Racial Distribution of the Rural Population, Boone & Winnebago Counties**

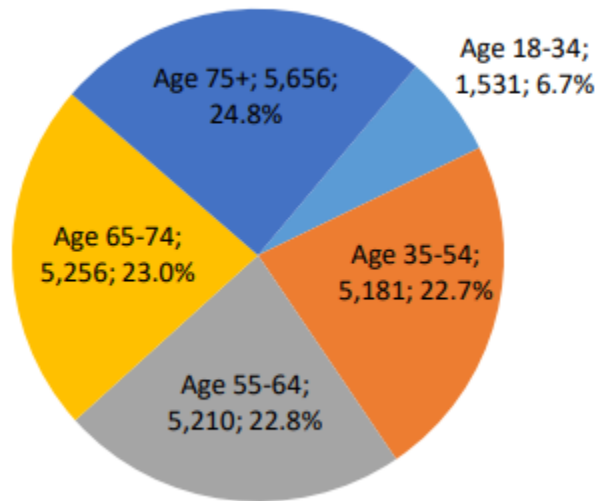


Source: [US Census Bureau, Decennial Census, 2010, published on Community Commons.](#)

### **Veteran Population**

Veterans in the report area make up 8.8% of the population aged 18 and older. This is slightly higher than the state rate of 6.8% but in line with the national rate of 8.3%. Over two-thirds of the veterans are older than age 55 and nearly half are older than age 65.

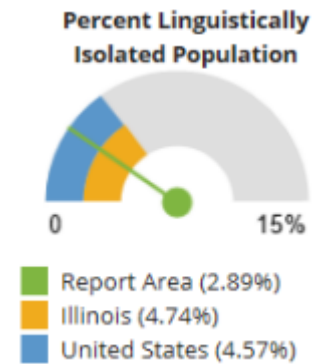
**Figure 23: Veteran Population by Age Group, Boone & Winnebago Counties**



Source: [US Census Bureau, American Community Survey, 2015 Five Year Data.](#)

## Linguistic Isolation

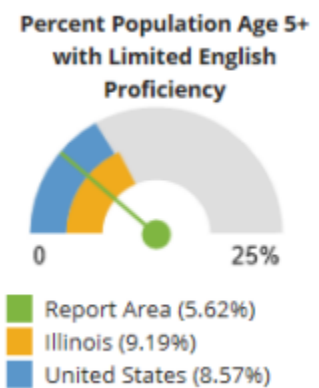
The percentage of the population aged 5 and older living in Limited English speaking households is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English "Very well." The indicator is significant as it identifies households and populations that may need English-language assistance. Linguistic isolation in both Winnebago and Boone Counties is lower than both state and national rates. Boone County has a slightly higher rate (3.8%) than Winnebago County (2.7%), possibly due to the higher proportion of Hispanic and Latino residents in Boone County.



## Population with Limited English Proficiency

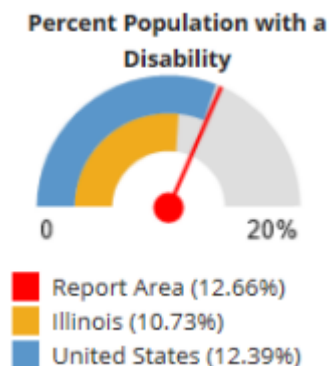
The population aged 5 and older who speak a language other than English at home and speak English less than "very well" is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.

5.6% of the population in the report area is classified as having limited English proficiency, substantially lower than both the state (9.2%) and national (8.6%) rate. Boone County has a higher rate (7.3%) than Winnebago County (5.3%). Across the report area almost twice as many people with limited English proficiency were Hispanic (11,759) than Non-Hispanic (6,358). The vast majority of the population with limited English proficiency spoke Spanish at home (12,357).

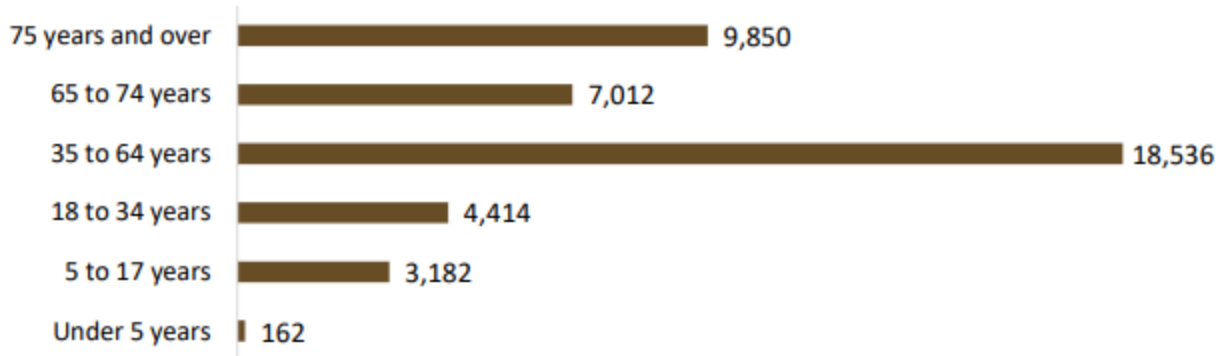


## Population with Any Disability

Disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. The percentage of the total civilian non-institutionalized population with a disability is slightly higher than state and national percentages. Overall 12.7% of the report area's population is disabled. Boone County's disability rate is slightly lower than the state rate (9.7%), while Winnebago County's rate is substantially higher (13.2%).



**Figure 24: Population with any Disability by Age Group for Report Area**



Source: U.S. Census Bureau, [American Community Survey](#), 2015.

There are approximately 43,156 residents with at least one type of disability in the report area (individuals can be double-counted if multiple disabilities). Figure 25 shows both the count and percentage of the population for the six categories of disabilities for Winnebago County and Illinois. Boone County data was too small to be reliable. The totals in this table are much higher than the number of residents due to some of those residents falling into multiple categories. Winnebago County is generally higher in proportion of residents with disabilities than Illinois overall, except for the population 65 years and over.

**Figure 25: Number and Percentage of Population with a Disability by Type and Age**

		Overall Population					
		Cognitive	Hearing	Self-Care	Vision	Ambulatory	Independent Living
<b>Winnebago</b>		13,144, 4.9%	10,928, 4.1%	7,073, 2.6%	6,702, 2.5%	19,668, 7.3%	13,992, 5.2%
<b>Illinois</b>		4.0%	3.0%	2.4%	2.1%	6.3%	4.3%
		Population Under 18 Years					
<b>Winnebago</b>		1,965, 3.8%	471, 0.9%	363, 0.7%	532, 1.0%	270, 0.5%	0.0%
<b>Illinois</b>		3.1%	0.7%	0.8%	0.9%	0.6%	0.0%
		Population 18 to 64 Years Old					
<b>Winnebago</b>		8,159, 4.7%	4,169, 2.4%	3,663, 2.1%	3,681, 2.1%	10,335, 5.9%	7,615, 4.4%
<b>Illinois</b>		3.4%	1.6%	1.6%	1.5%	4.3%	3.1%
		Population 65 Years and Over					
<b>Winnebago</b>		3,020, 7.1%	6,288, 14.8%	3,047, 7.2%	2,489, 5.9%	9,063, 21.4%	6,377, 15.1%
<b>Illinois</b>		8.2%	13.2%	8.1%	6.2%	23.0%	15.6%

Source: U.S. Census Bureau, [American Community Survey](#), 2011-2015.

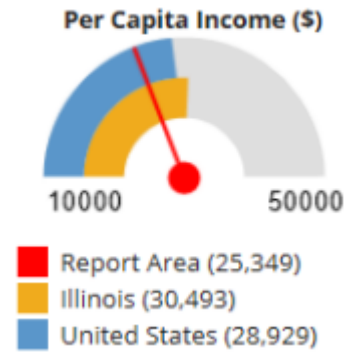
## Social and Economic Characteristics

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.

### Income

#### Per Capita Income

Per capita income for the report area was \$25,349 in 2015, which was below both state (\$30,493) and national (\$28,929) values. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area. Per capita incomes for Boone County and Winnebago County were within \$1,000 of each other. When compared by Race, per capita incomes of the Black and Asian populations lagged significantly behind their White counterparts in Winnebago County.



**Figure 26: Per Capita Income by Race and Ethnicity**

	White	Black	Asian	AIAN <sup>6</sup>	NHPI <sup>7</sup>	Other	Multiple	Hispanic / Latino
<b>Boone</b>	\$27,076	\$27,469	\$24,380	<b>\$38,654</b>	no data	\$15,364	\$14,230	\$13,341
<b>Winnebago</b>	\$28,092	\$13,860	\$14,713	\$25,632	<b>\$44,119</b>	\$12,231	\$9,324	\$13,820
<b>Report Area</b>	\$27,919	\$14,291	\$26,787	\$16,219	<b>\$44,119</b>	\$13,119	\$9,949	\$13,703
<b>Illinois</b>	\$34,245	\$18,800	\$21,590	<b>\$34,297</b>	\$30,868	\$15,353	\$15,887	\$16,554
<b>U.S.</b>	\$31,801	\$19,378	\$17,367	<b>\$33,069</b>	\$20,735	\$15,480	\$16,164	\$16,674

Source: [U.S. Census Bureau, American Community Survey 2015 Five-Year Data, Published by Community Commons.](#)

#### Median Family Income

In 2015, median Family Income in Boone County was \$66,852 and in Winnebago County it was \$58,858. Both of these values are below the state (\$71,546). However, Boone County is slightly higher than the national with Winnebago County being below the national (\$66,051) benchmarks. Married couples with or without children and single men without children had higher median incomes while single men with children and single women regardless of the presence of children had lower median income.

**Figure 27: Median Family Income by Family Type**

	Married-Couple Families		Single Males		Single Females	
	Without Children	With Children	Without Children	With Children	Without Children	With Children
<b>Boone</b>	\$71,074	\$74,021	\$73,125	\$55,385	\$42,245	\$20,833
<b>Winnebago</b>	\$70,837	\$78,588	\$50,596	\$34,137	\$40,104	\$22,290
<b>Illinois</b>	\$82,480	\$91,389	\$55,539	\$39,820	\$45,507	\$24,639
<b>United States</b>	\$76,158	\$85,393	\$52,072	\$38,140	\$43,324	\$24,433

Source: [U.S. Census Bureau, American Community Survey 2015 Five-Year Data, published on Community Commons.](#)

The breakdown by Race and Ethnicity show inequalities. The Asian population has the highest median family income of \$119,613 in Boone County and \$75,260 in Winnebago County. The Hispanic or Latino population is lowest in Boone County at \$48,750 but the lowest overall is the Non-Hispanic Black population in Winnebago County at \$28,263. The median family income statewide is \$71,546. See Figure 28. There is no data available for the combined report area.

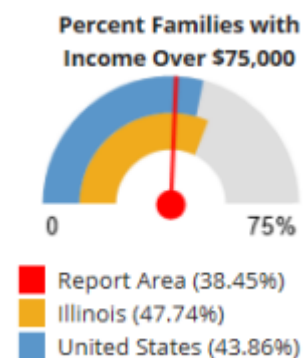
**Figure 28: Median Family Income by Race and Ethnicity**

	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Multiple Race	Hispanic / Latino
<b>Boone County</b>	\$70,670	\$66,250	<b>\$119,613</b>	\$103,669	no data	\$53,933	\$85,268	\$48,750
<b>Winnebago County</b>	\$66,379	\$28,263	<b>\$75,260</b>	\$33,750	no data	\$36,042	\$46,087	\$38,533
<b>Illinois</b>	\$81,930	\$41,615	<b>\$88,698</b>	\$50,768	\$71,528	\$45,719	\$60,724	\$48,684
<b>United States</b>	\$74,738	\$43,060	<b>\$84,964</b>	\$43,635	\$56,928	\$41,106	\$56,749	\$44,580

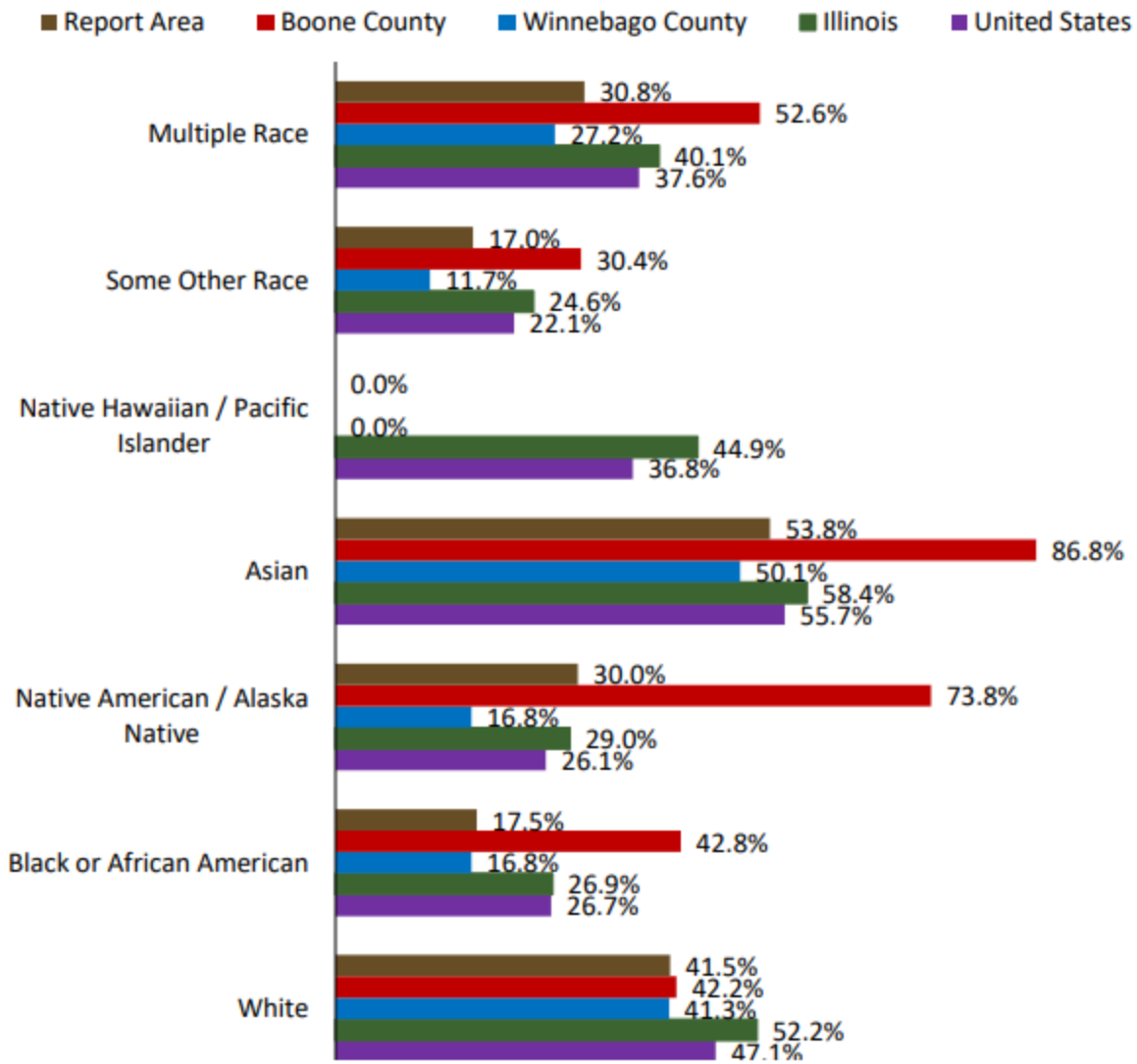
Source: U.S. Census Bureau, American Community Survey 2015 Five-Year Data Published by [Community Commons.](#)

**Families Earning Over \$75,000**

In 2015, 38.5% of all family households in the report area reported an annual income of over \$75,000. This rate fell behind both the state (47.7%) and the nation (43.9%). Boone County had a higher rate of families with an annual income of over \$75,000 (42.5%) while Winnebago County had a slightly lower rate (37.7%). This wealth was not evenly distributed by race as 41.5% of White families and 53.8% of Asian families reported annual incomes of over \$75,000 while only 17.5% of Black families did so in the report area. 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.



**Figure 29: Percentage of Families with Income > \$75k by Race Alone, 2015**

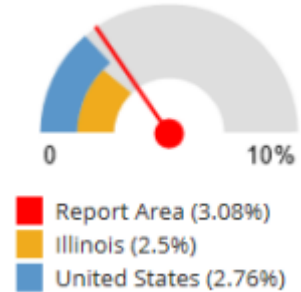


Source: [US Census Bureau, American Community Survey 2015 Five Year Data, published on Community Commons.](#)

### Public Assistance Income

The percentage of households receiving public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. The total does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. In 2015, 3.1% of all households in the report area received public assistance income, which was higher than state (2.5%) and national (2.8%) rates. Boone County's rate was substantially lower (2.2%) while Winnebago County's rate was slightly higher (3.2%).

Percent Households with Public Assistance Income



### Inequality (GINI Index)

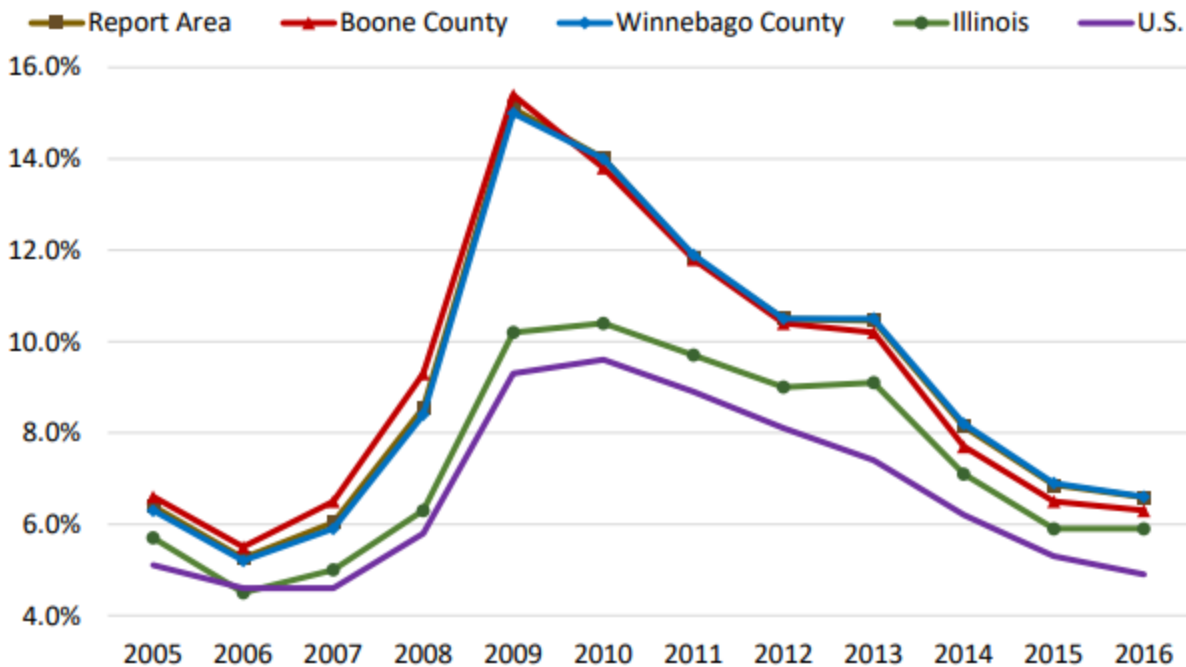
The GINI coefficient is a statistical measure of the income equality of an area. Values range from zero (perfect income equality) to 1 (all wealth belonging to a single individual). In 2015, Boone County had a coefficient of 0.42 and Winnebago County had a coefficient of 0.45, both were slightly below the state value of 0.48 (which is also the national value) meaning there is slightly more income equality in the report area than is found statewide or nationally.

### Unemployment Rate

The Unemployment Rate indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

The unemployment rates in both Boone (6.3%) and Winnebago Counties (6.6%) are higher than the state (5.9%) and the national rates (4.9%) in 2016. Overall the rates are lower than a year prior in 2015. On an annual basis, the region continues to improve from the unemployment rate of nearly 15.0% at the height of the recession in 2009 so the area is continuously heading towards full employment, just a little slower than the national average (see Figure 30).

**Figure 30: Average Annual Unemployment Rate**



Source: [Illinois Department of Employment Statistics, Labor and Unemployment Statistics.](#)

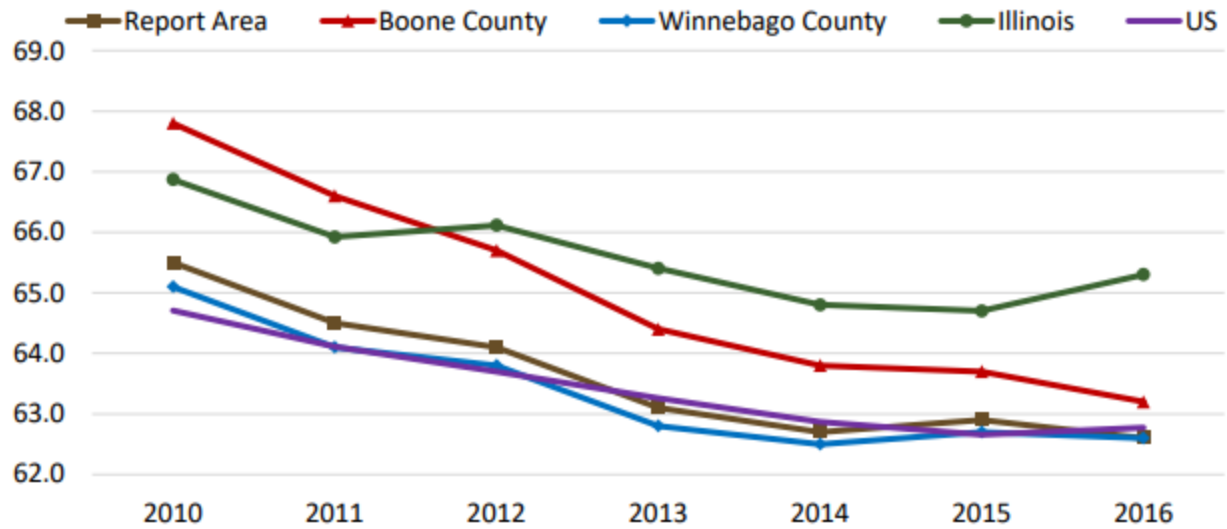
The unemployment rate goes hand-in-hand with the employment participation rate. While full employment (approximately 5%) is desired, in trying economic times a higher employment participation rate is desirable simultaneously. While these can go in opposite directions in high economic growth periods where two incomes are not necessary to maintain a high standard of living, when the economy is lagging the positive growth can be seen by a lowering of the unemployment rate and at least a maintenance of those in the labor force, not a decline.

Unfortunately, in Illinois, that has not been the case as the labor force participation rate has been declining. The decline could be an indicator of many discouraged residents that are unable to locate, or no longer seeking, a job. Counted in the population are those aged 16 and over. The employment participation is measured as a ratio so the loss of population is not a factor in the decline.

Both Winnebago and Boone Counties are experiencing a similar decline. In 2010, both Counties had a greater proportion of their residents working than the Illinois average (Boone = 67.8%, Winnebago 65.1% and Illinois 64.8%). In 2016, all of these rates dropped and Winnebago fell below Illinois (Boone = 63.2%, Winnebago = 62.5% and Illinois 62.7%). It is anticipated the participation numbers will improve as Illinois slowly recovers. The rate of decline has slowed and may be at a tipping point of an improving job outlook.



**Figure 31: Labor Force Participation Rate**



Sources: Illinois Department of Employment Security, [Labor and Unemployment Statistics](#) and U.S. Census Bureau, [Population Estimates](#).

**Poverty**

If a household earns below a level set by the federal government then that household is eligible for public programs. These income guidelines vary depending upon the household size and are updated each year. The levels can also vary depending upon the public program as well and expressed as a percentage of the federal poverty level. For example, the Emergency Food Program is eligible to households earning less than 185% of the federal poverty guidelines, while the Low-Income Home Energy Assistance Program (LIHEAP) is eligible to households earning less than 150%.

**Figure 32: Poverty Guidelines**

Household Size	100%	150%	200%
Individual	\$12,060	\$18,090	\$24,120
2 People	\$16,240	\$24,360	\$32,480
3 People	\$20,420	\$30,630	\$40,840
4 People	\$24,600	\$36,900	\$49,200
5 People	\$28,780	\$43,170	\$57,560
6 People	\$32,960	\$49,440	\$65,920

Source: U.S. Department of Health & Human Services, <https://aspe.hhs.gov/poverty-guidelines>.

**Sustainable Wages**

The Poverty Guidelines do not necessarily reflect the reality of what it costs to support the basic requirements of living. The Massachusetts Institute of Technology has created a Living Wage Calculator

in order to determine the minimum level of wages necessary to support a household based upon a set bundle of goods that would be required, such as groceries, rent etc. Child care is also a consideration if there are children in the household. The differences in living wage calculations from 1 adult and 2 child household (\$29.11) and 2 adults 2 child household with one working adult is much less at \$23.58 because it is assumed the non-working parent is providing the child care eliminating that cost. The Poverty Wage is an hourly wage to just meet the poverty threshold. If a single adult were making \$5.00 per hour it would be less than half that would be needed to sustain a household. Winnebago and Boone Counties have the same levels.

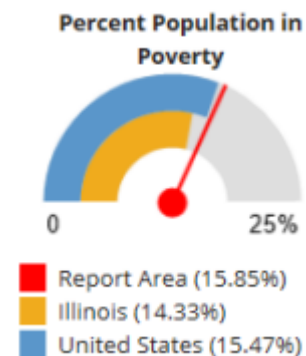
**Figure 33: Winnebago and Boone County Sustainable Wage Levels (Hourly)**

Household Composition	Living Wage	Poverty Wage	Annual Wage
1 Adult	\$10.36	\$5.00	\$21,548.80
1 Adult 1 Child	\$22.26	\$7.00	\$46,300.80
1 Adult 2 Children	\$29.11	\$9.00	\$60,548.80
1 Adult 3 Children	\$37.20	\$11.00	\$77,376.00
2 Adults (1 Working)	\$16.74	\$7.00	\$34,819.20
2 Adults (1 Working) 1 Child	\$21.12	\$9.00	\$43,929.60
2 Adults (1 Working) 2 Children	\$23.58	\$11.00	\$49,046.40

Source: Glasmeier Ph.D., Amy K. Living Wage Calculator, Massachusetts Institute of Technology, Accessed: <http://livingwage.mit.edu/>.

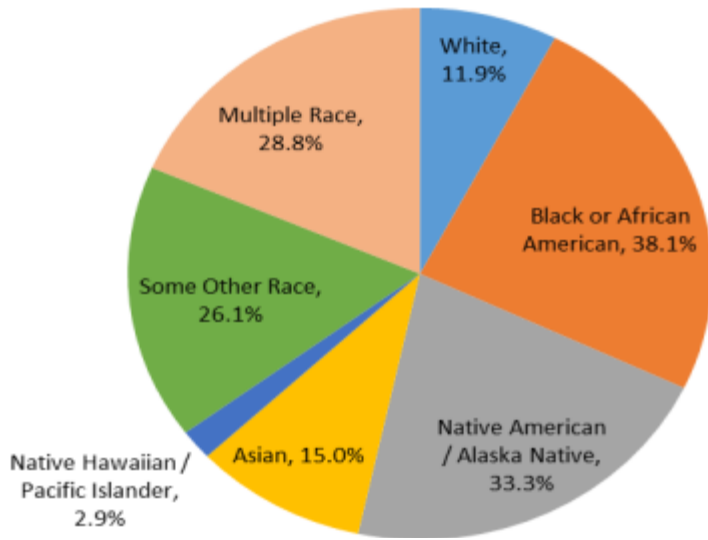
#### Population in Poverty

Poverty is considered a key driver of health status. Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. Overall there are 53,962 people living in the report area with incomes below 100.0% of the federal poverty level (FPL) in 2015, or 15.9% of the population. At 185.0% of the FPL the rate was 33.4%, at 200.0% of the FPL the rate was 35.9%, and at 50.0% of the FPL the rate was 8.2%. At all levels the poverty rate was higher than both state and national rates, while Boone County had lower poverty rates than the state and the nation and Winnebago County had higher rates than the overall rate.



At the 100% FPL, the largest group in poverty is Black or African American (38.1%) with Native American / Alaska Native (33.3%) not far behind. The groups with the least poverty are Native Hawaiian / Pacific Islanders (2.9%) and White (11.9%) below poverty (See Figure 34).

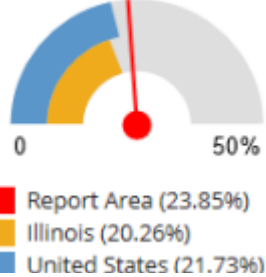
**Figure 34: Population in Poverty by Race below 100% FPL**



The Hispanic or Latino population tends to have a Poverty rate almost double that of the Non-Hispanic or Latino population. Winnebago County has the highest levels of poverty among all racial groups except for White residents (12.2%), only slightly less than the national rate (12.7%), and for Native Hawaiians and Pacific Islanders (2.9%). Boone County has much lower rates of those less than the 100% FPL across the board .

Source: [US Census Bureau, 2015 Five Year](#)

**Percent Population Under Age 18 in Poverty**



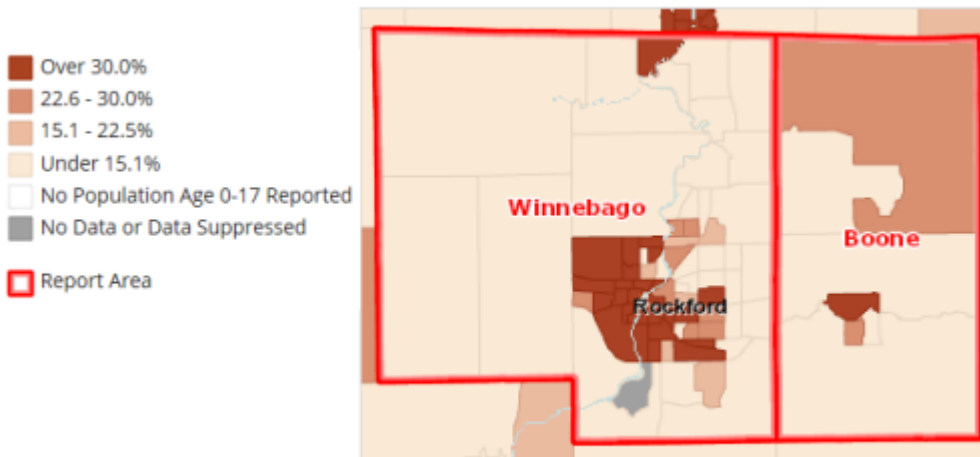
[Community Commons](#)

**Children Below Federal Poverty Line**  
In the report area 23.9% or 19,679 children aged 0-17 are living in

Level (FPL).  
access  
that

households with income below the 100% Federal Poverty Line. Poverty is relevant because poverty creates barriers to including health services, healthy food, and other necessities contribute to poor health status. The primary areas of

**Figure 35: Percent of Children Under Age 18 in Poverty**

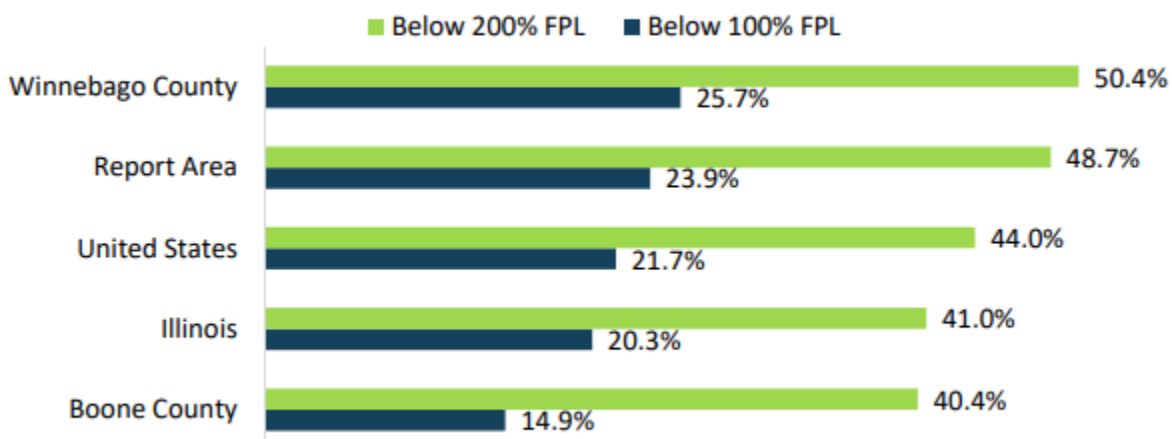


concentration  
are around the  
City of  
Rockford.

Source: US Census Bureau, [American Community Survey](#), Published by [Community Commons](#).

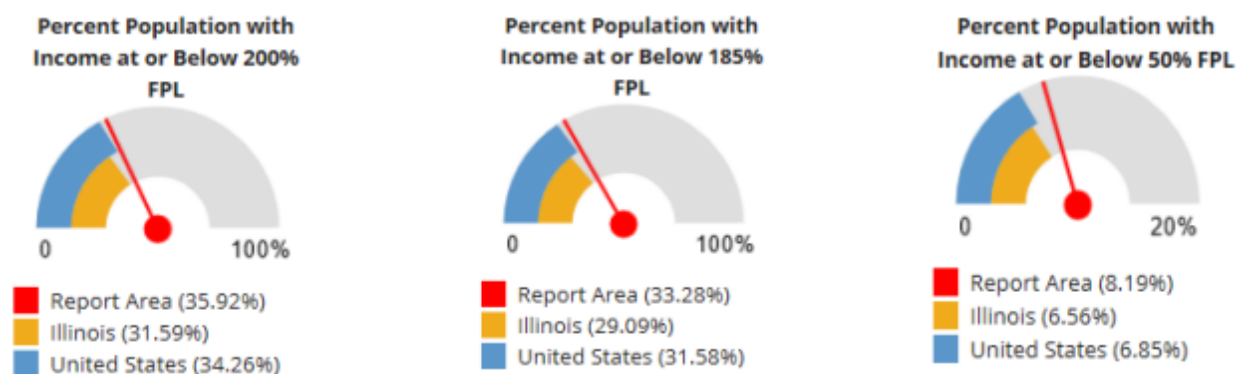
Winnebago County has the highest concentration of those under 100% of the FPL, 25.7% among children under the age of 18. At the level of 200% of the FPL, Winnebago County has the largest proportion (50.4%). Boone County is the lowest for both the 100% and 200% levels (14.9% and 40.4%, respectively).

**Figure 36: Children Below 100% and 200% FPL**



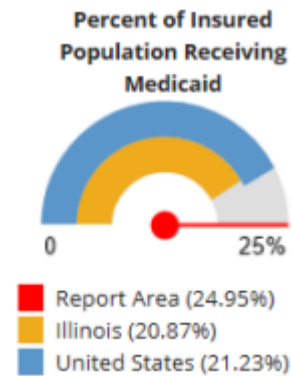
Source: U.S. Census Bureau, American Community Survey 2015 Five Year Data., Published by [Community Commons](#).

Depending upon the local, state, or federal program the requirements vary. The report area has a higher proportion of the population falling below the federal poverty level at each of the additional levels sometimes utilized to determine eligibility for programs: 50%, 185% and 200% FPL.



### Population Receiving Medicaid

The percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance) is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. A quarter (25.0%) of the insured report area population received Medicaid in 2015. This was more than four percentage points above the state rate (20.9%) and more than three percentage points above the national rate (21.2%). Boone County’s rate (19.6%) was actually lower than the state rate, however Winnebago County’s rate was over 5 points higher at 26.0%.



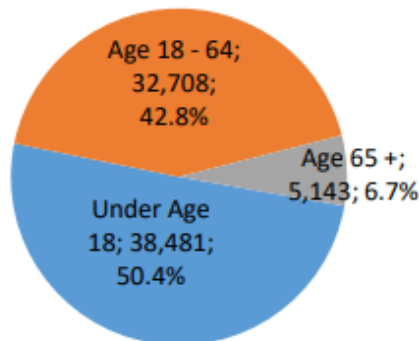
**Figure 38: Medicaid Enrollment**

	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Report Area	340,809	305,950	76,332	25.0%
Winnebago County	287,276	257,664	66,869	26.0%
Boone County	53,533	48,286	9,463	19.6%
Illinois	12,694,224	11,295,589	2,357,392	20.9%
United States	311,516,332	271,070,101	57,557,806	21.2%

Source: US Census Bureau, [American Community Survey](#). 2011-15.

Over half the populations receiving Medicaid were under the age of 18.

**Figure 39: Population Receiving Medicaid by Age Group, Report Area**



Source: [U.S. Census Bureau, American Community Survey 2015 Five-Year Data](#), published on [Community Commons](#).

According to the Kaiser Family Foundation, among the 12.7 million Illinois residents, 19.0% have coverage through Medicaid or the Children’s Health Insurance Program (CHIP). Since the

implementation of the Affordable Care Act (ACA), residents enrolled in these programs increased from 2.6 million to 3.1 million in 2017 which has decreased those without health coverage from 10.0% of the population to only 6.0%, 3.0% lower than the national percentage.

### Children Eligible for Free/Reduced Price Lunch

Vulnerable populations are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

The range of those eligible to participate in the free/reduced lunch programs in Winnebago and Boone Counties vary. The highest percentage is in the County of Winnebago School District #320 of 66.9%. The lowest is in Prairie Hill Consolidated Community School District #133 at only 0.3%. Schools within each district can vary as well. The statewide average is 50% as a comparison. These

percentages have been trending upwards for several years to peak in 2015 and have been somewhat decreasing in 2016 throughout the state. It is hoped that trend will continue to decline. The calculation of those eligible for free/reduced price lunch is slightly different from those who actually participate in the program at school. The calculation is based upon the resident population in each school district, not on the students alone. Therefore, this measure can be used as a low income indicator for the resident population as well.

**Figure 40: District Percent Eligible for Free/Reduced Lunch**

District	District Low Income
County of Winnebago SD 320	66.9%
Rockford SD 205	58.3%
Harlem UD 122	54.5%
Belvidere CUSD 100	54.0%
<b>Illinois</b>	<b>50.0%</b>
North Boone CUSD 200	46.0%
Rockton SD 140	32.0%
Durand CUSD 322	27.9%
Winnebago CUSD 323	25.8%
Shirland CCSD 134	21.3%
Kinnikinnick CCSD 131	20.1%
Pecatonica CUSD 321	19.8%
Hononegah CHD 207	17.2%
Prairie Hill CCSD 133	0.3%

Source: [Illinois State Board of Education, 2016.](#)

## Education

### High School Graduation Rate

A high school diploma is vital both for students who plan to enter college and students who plan to enter the workforce. In order to ensure that graduates are ready for college and career, it is important to evaluate graduation rate in the context of student achievement, college readiness, and career readiness. The Winnebago and Boone County high school districts enrolled 16,526 students in the 2015-16 school year. Among those students, 75.0% graduated within the four years. Hononegah CHD 207 has the highest graduation rate of 91.2% while Rockford SD 205, which enrolled the vast majority of students, is last on the list with 64.6% graduating. The five-year graduation rate shows the previous class

who graduated in 2015 as to how many students fulfilled their requirements by 2016. Next year the 2016 graduating class will have their five-year graduation calculated and presumed to increase from the four-year percentage shown here

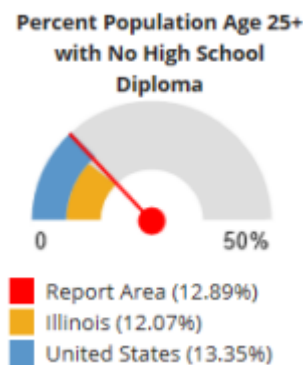
**Figure 41: Graduation Rates by District**

<b>District</b>	<b>Enrollment</b>	<b>4-Year</b>	<b>5-Year</b>
Hononegah CHD 207	2,131	91.2%	94.4%
Winnebago CUSD 323	1,400	90.7%	93.5%
Durand CUSD 322	569	88.1%	89.2%
County of Winnebago SD 320	1,065	87.3%	81.3%
Pecatonica CUSD 321	898	85.7%	82.7%
<b>Illinois</b>	<b>2,041,779</b>	<b>85.5%</b>	<b>87.7%</b>
Belvidere CUSD 100	8,278	84.5%	87.4%
North Boone CUSD 200	1,666	82.4%	84.6%
Harlem UD 122	6,743	74.1%	81.0%
Rockford SD 205	28,459	64.6%	70.0%

Source: [Illinois State Board of Education, Report Card Data.](#)

## Educational Attainment

Educational attainment has been linked to positive health outcomes. The population without a high school diploma or GED is highest in Boone County at 13.3% (4,604 residents) while Winnebago has 12.8% (25,048 residents) that fall into the same category. The national percentage is 13.4% and Illinois is lower than both Counties at 12.1%. The largest proportion in both Winnebago and Boone Counties are those with only a high school diploma (33.3% and 36.0%, respectively). Residents having at least an Associate’s degree total 9,589 in Boone County (27.7%) and 38,934 in Winnebago County (30.2%). The 60 by 25 benchmark challenge issued by the President Obama administration is to have at least 60% of the population to have a credential or degree by 2025. It is difficult to quantify the credentials held by the population and differentiate between the earnings potential of those credentials. However, when adding in the residents that have had at least some college as a proxy, assuming every individual completed a credential, the estimated percentage for the report area would be 50.1% in Boone and 53.9% in Winnebago Counties. A total of 122,964 residents have at least some college, or 53.4%, in the report area.



**Figure 42: Educational Attainment**

	Boone County		Winnebago County		Report Area	
	Number	Percent	Number	Percent	Number	Percent
<b>Population Over 25 YOA</b>	34,670	100.0%	195,388	100.0%	230,058	100.0%
<b>No diploma or GED</b>	4,604	13.3%	25,048	12.8%	29,652	12.9%
<b>High school graduate (includes equivalency)</b>	12,466	36.0%	64,976	33.3%	77,442	33.7%
<b>Some college, no degree</b>	8,011	23.1%	46,430	23.8%	54,441	23.7%
<b>Associate's degree</b>	2,584	7.5%	16,211	8.3%	18,795	8.2%
<b>Bachelor's degree</b>	4,370	12.6%	27,259	14.0%	31,629	13.7%
<b>Graduate or professional degree</b>	2,635	7.6%	15,464	7.9%	18,099	7.9%

Source: U.S. Census Bureau, [American Community Survey, 2015 Five-Year Data](#).

## Head Start and Preschool

Head Start and Early Head Start programs provide comprehensive services to support the mental, social, and emotional development of children from birth to age 5. In addition to education services, programs provide children and their families with health, nutrition, social, and other services. Head Start services are responsive to each child and family’s ethnic, cultural, and linguistic heritage. Early Head Start focuses on pregnant women, infants and toddlers.

The Early Childhood Education division of the Illinois State Board of Education (ISBE) provides funding for the Preschool for All (PFA) Children program for children between the ages of 3 and 4. The long term



goal of the Preschool for All Children program is to provide educational services to all 3 and 4 year old children whose families choose to participate. The Preschool for All Children program focuses on providing high-quality educational programs for children who are determined to be at risk of academic failure. It also provides funding for programs serving families of low to moderate income whose children are not considered to be at risk academically and other families who choose to participate.

For children from birth to age 3 years, ISBE’s Division of Early Childhood Education provides funding for the Prevention Initiative for Programs Offering Coordinated Services to At-Risk Children and Their Families to include a parental training component. The aim of the Prevention Initiative is to provide early, continuous, intensive and comprehensive child development and family support services to help families build a strong foundation for learning to prepare children for later school success.

Migrant and Seasonal Head Start (MSHS) is a program designed to provide comprehensive Head Start services including child development and social services to low-income families working in agriculture, or families who migrate while working in agriculture. MSHS programs are funded directly through the Department of Health and Human Services in Washington, DC. The program is not currently active in Winnebago or Boone County.

The report area has a proposed capacity of 2,336 children in the ISBE pre-kindergarten and Preschool for All programs. This number is not the actual total served, but rather an estimation based primarily on capacity available in 2015. The estimated population for children 5 years of age and under is 3,749 in Boone and 21,658 in Winnebago Counties. The estimate for those under the 100% Federal Poverty Level is 735 children in Boone County (19.6%) and 7,771 children in Winnebago County (35.9%) that are age 5 years or under

**Figure 43: Head Start and Preschool Centers**

<b>2015 Sites</b>	<b>Indicator</b>	<b>Boone</b>	<b>Winnebago</b>
<b>ISBE PreK / Preschool for All</b>	Number of Sites	2	15
	Proposed Capacity	80	2,256
<b>Head Start</b>	Number of Sites	1	5
	Funded Enrollment	34	559
<b>Early Head Start</b>	Number of Sites	0	1
	Funded Enrollment	0	92
<b>Migrant and Seasonal Head Start</b>	Funded Enrollment	0	0
<b>Licensed Day Care Centers</b>	Total Licensed Capacity	512	3,506
	Number of Sites	0	3
<b>ISBE Prevention Initiative 0-3</b>	Proposed Capacity	0	243

Source: [Illinois Early Childhood Asset Map](http://iecam.illinois.edu), accessed online <http://iecam.illinois.edu>.

### Student Reading Proficiency (Fourth Grade)

The percentage 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 are relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education. In the report area nearly two-thirds of 4th -graders (65.6%) were found to not be proficient with reading skills in 2015. This was higher than the state rate of 60.7% and much higher than the national rate of 45.6%. Students scored worse in Boone County (70.6% not proficient) and slightly better in Winnebago County (64.5% not proficient).



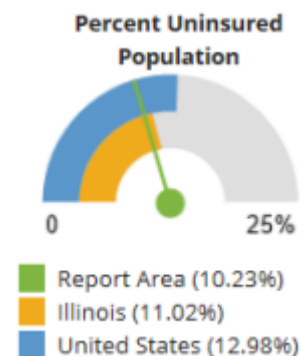
The State of Illinois changed from the Prairie State Achievement Exam (PSAE) to the Partnership for Assessment of Readiness for College and Careers (PARCC) exam in the 2015 school year. The PARCC exam was very different in that it is longer and computer-dependent. The scores were low across the state and unable to compare with the national score provided above as the PARCC test is only administered in three states. Further information on the tests can be obtained at the Illinois State Board of Education web site at <http://www.isbe.net>.

### Health Insurance

#### Uninsured

Lack of health insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services leading to declined health status.

In 2015, 10.2% of the population was found to not have health insurance in the report area, along with 3.0% of children and 9.1% of working adults 18-64 years of age. The overall rate is below state (11.0%) and national (13.0%) rates.



**Figure 44: Uninsured Population**

	Total Population	Total Uninsured Population	Percent Uninsured Population
<b>Boone County</b>	53,533	5,247	9.8%
<b>Winnebago County</b>	287,276	29,612	10.3%
<b>Report Area</b>	340,809	34,859	10.2%
<b>Illinois</b>	12,694,224	1,398,635	11.0%
<b>United States</b>	311,516,332	40,446,231	13.0%

Source: [U.S. Census Bureau, American Community Survey 2015 Five-Year Data, published in Community Commons.](#)

Rates were also reported separately for the population from age 18-64. In 2015, the majority of those ages 18-64 in the report area carried medical insurance (90.9%). 9.1% were without coverage (approximately 3,120 residents in Boone County and 15,377 residents in Winnebago County). These rates are slightly better than the state (10.2%) and national (13.2%) rates.

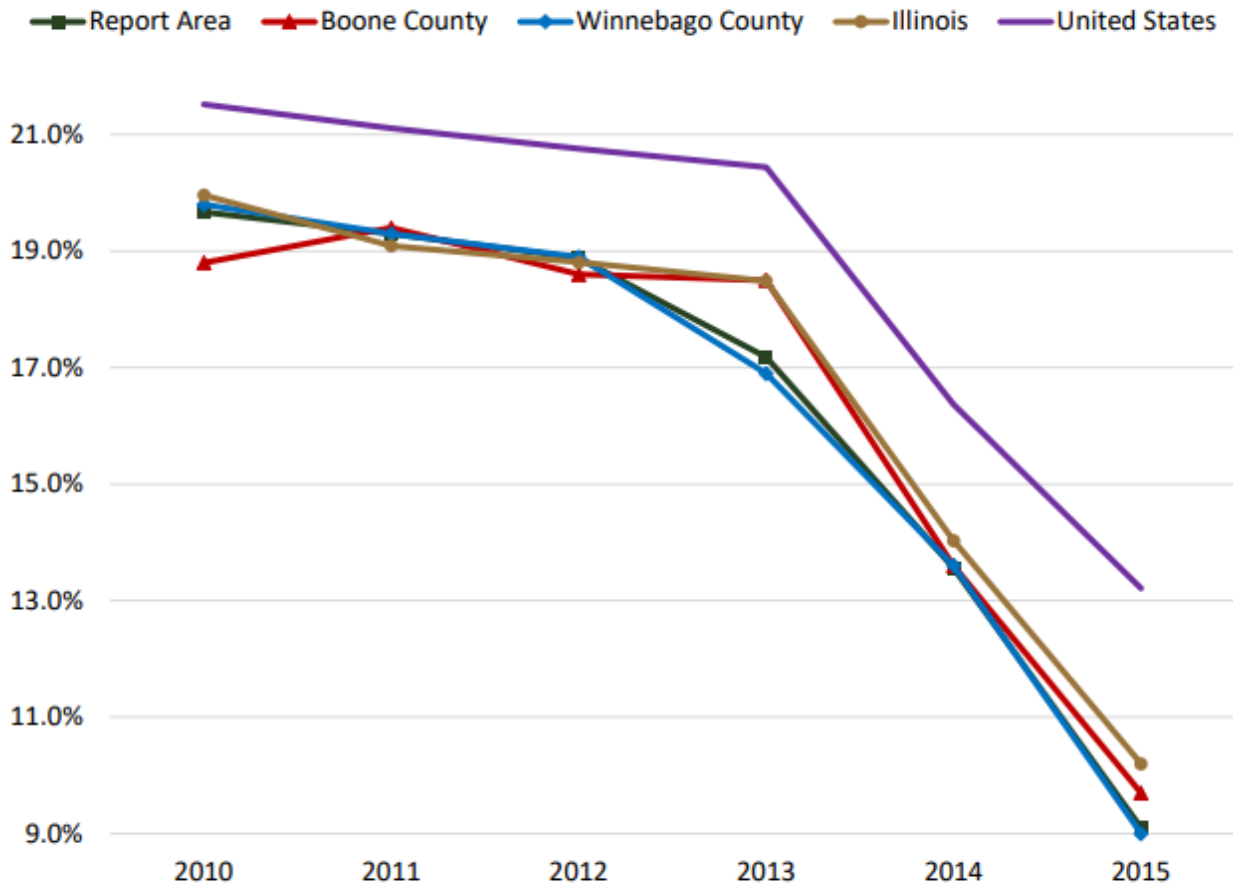
**Figure 45: Uninsured Adults**

	<b>Total Population Age 18 - 64</b>	<b>Population with Medical Insurance</b>	<b>Percent Population With Medical Insurance</b>	<b>Population Without Medical Insurance</b>	<b>Percent Population Without Medical Insurance</b>
<b>Boone County</b>	32,036	28,916	90.3%	3,120	9.7%
<b>Winnebago County</b>	171,277	155,900	91.0%	15,377	9.0%
<b>Report Area</b>	203,313	184,816	90.9%	18,497	9.1%
<b>Illinois</b>	7,879,914	7,072,752	89.8%	807,162	10.2%
<b>United States</b>	194,584,952	168,884,012	86.8%	25,700,940	13.2%

Source: [U.S. Census Bureau, Small Area Health Insurance Estimates, 2015. Published by Community Commons.](#)

The Affordable Care Act has generated significant improvements throughout the nation in reducing the uninsured populations. In the report area, the total population aged 18-64 years without insurance was 19.7% in 2010, which is more than double the rate today

**Figure 46: Uninsured Population Ages 18-64 Years Old**



Source: [US Census Bureau, Small Area Health Insurance Estimates, 2015](#). Published by [Community Commons](#).

## Uninsured Children

Three percent of children in the Report Area are without medical insurance (2,542). Boone County has a higher rate at 3.8% (545) while Winnebago County is at 2.9% (1,997). For comparison, the statewide rate is 2.9% and the national rate is 5.1%. A similar pattern can be seen for children as for the total population with a drastic drop starting in 2013. The report area was more than double the rate as today at 19.7% in 2010 compared to 2015.

**Figure 47: Uninsured Children**

	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
<b>Boone County</b>	14,453	13,908	96.2%	545	3.8%
<b>Winnebago County</b>	70,067	68,070	97.2%	1,997	2.9%
<b>Report Area</b>	84,520	81,978	97.0%	2,542	3.0%
<b>Illinois</b>	3,067,513	2,978,943	97.1%	88,570	2.9%
<b>United States</b>	76,217,025	72,369,595	95.0%	3,847,430	5.1%

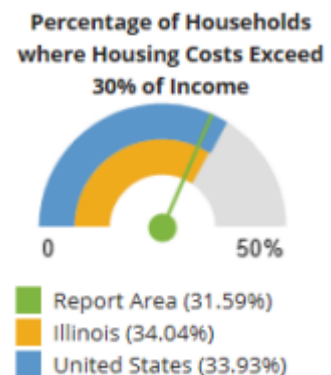
Source: [U.S. Census Bureau, Small Area Health Insurance Estimates, 2014. Published by Community Commons.](#)

## Housing /Transportation

### Housing Cost Burden (30%)

Households where housing costs exceed 30.0% of total household income provide insight on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

In 2015, 31.6% of households in the report area were cost-burdened, slightly below the state rate of 34.0% and the national rate of 33.9%. 45.2% of rental households were cost-burdened, as well as 30.9% of mortgaged owner-occupied households and 13.5% of the remaining owner-occupied households.



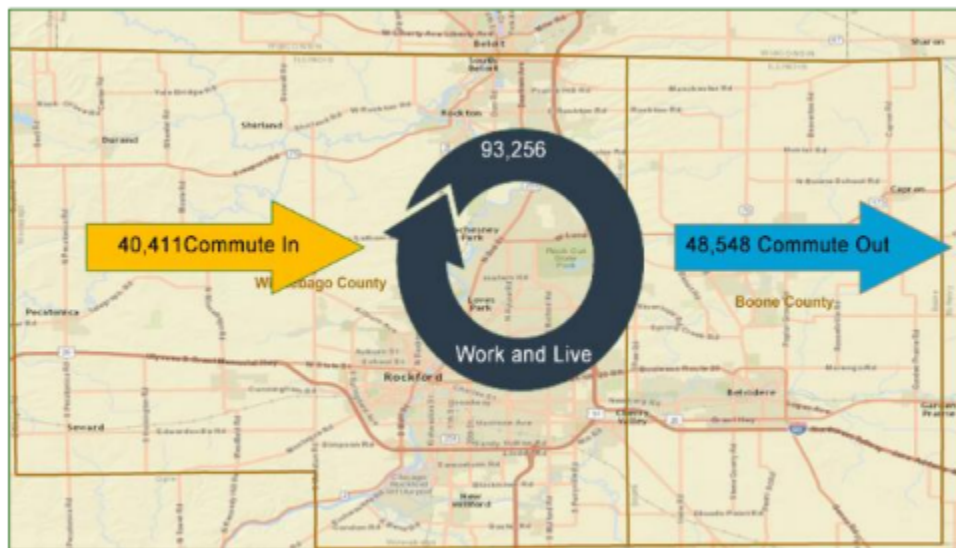
### Commuting For Work

These indicators report the number of workers that work in the report area, workers that live in the report area and those who both work and live in the report area as to where they are working, income,

age, race, ethnicity and other helpful information. The cost of commuting has drastically declined since the large gas spikes in 2011 through 2014. However, there were some shifts of jobs and residence for those who could not maintain the high gas prices of the recent past, but have now had relief since the beginning of 2015. The current average in Illinois is just over \$2.00 per gallon, last seen in late 2008.

The cost of gasoline is a contributing factor to where people can work and where they can find a job. The report area is fortunate to have a large city center providing greater job opportunities. In 2014, there were 40,411 people commuting into the report area for work, or 30.2% of the report area workforce. The additional workers in the report area are also residents of the area, an additional 93,256 workers, totaling 133,667 primary jobs. There are also report area residents, 48,548 people, who leave for work outside of the report area. The total number of residents who work is  $(93,256 + 48,548)$  141,804 people.

**Figure 48: Commuting Pattern for Report Area, 2014**



Source: U.S. Census Bureau, [OnTheMap Application](#), 2014.

Younger people are having the hardest time obtaining jobs as the Baby Boomer generation has sustained their employment longer to make up for their financial losses in the economic recession. While companies are trying to encourage retirements as opposed to layoffs, there are still many in the workforce that are beyond retirement age. These numbers do not reflect the unemployment as this data only counts those who are currently holding employment. The data also reflects an individual's primary job. In other words, if a person were working two jobs, this data only counts the job that generated the most income in the previous quarter.

**Figure 49: Commuters by Age Group for the Report Area**

	Commute In	Live and Work	Commute Out	Economic Connection
<b>Age 29 or younger</b>	9,471 (23.6%)	19,267 (48.0%)	11,436 (28.5%)	40,174
<b>Age 30 to 54</b>	21,880 (21.9%)	51,170 (51.2%)	26,960 (27.0%)	100,010
<b>Age 55 and up</b>	9,060 (21.6%)	22,819 (54.3%)	10,152 (24.2%)	42,031

Source: U.S. Census Bureau, [LODES data](#), Primary Jobs, 2014.

The primary age group lost is among those aged 29 or younger. These are different age cohorts since this trend is over ten years and many of those aged 29 or younger would have moved into the ages of 30 to 54 during that time. However, the loss of young workers is quite evident in each of the categories of those who commute out to work (Outflow), those who commute in to the report area for work (Inflow) and those who both work and live in the report (Interior). In comparison, those aged 55 or older have grown in numbers in all three categories. The Economic Connection is a total of all workers who live or work in the report area. Workers who commute in will shop in the area, while residents will shop close to their home.

**Figure 50: Commuting Pattern Change by Age (2004-2014) for the Report Area**

	Commute In	Live and Work	Commute Out	Economic Connection
<b>Aged 29 or younger</b>	-63 (-0.7%)	-3,918 (-16.9%)	-585 (-4.9%)	-4,566 (-10.2%)
<b>Aged 30 to 54</b>	3,531 (19.2%)	-9,010 (-15.0%)	1,795 (7.1%)	-3,684 (-3.6%)
<b>Aged 55 or older</b>	4,718 (108.7%)	5,347 (30.6%)	4,240 (71.7%)	14,305 (51.6%)

Source: U.S. Census Bureau, [LODES data](#), Primary Jobs, 2014.

The distance workers are willing to drive is strongly dependent upon the types of fitting jobs in the area along with the cost of gasoline. Figure 51 shows the difference in the distance the report area residents are commuting to their jobs. The majority (53.9%) are commuting less than 10 miles, which is a drop in number and proportion since 2004. However, the opposite is true for the remaining distance categories indicating that the residents are traveling further for their job.

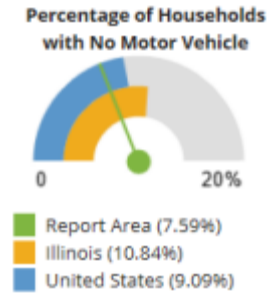
**Figure 51: Commuting Distance of Report Area Residents (2004-2014)**

	2004		2014	
<b>Total Primary Jobs</b>	143,935	100.0%	141,804	100.0%
<b>Less than 10 miles</b>	87,302	60.7%	76,466	53.9%
<b>10 to 24 miles</b>	20,717	14.4%	23,827	16.8%
<b>25 to 50 miles</b>	10,293	7.1%	11,065	7.8%
<b>Greater than 50 miles</b>	25,633	17.8%	30,446	21.5%

Source: U.S. Census Bureau, [OnTheMap Application](#).

### Households with No Motor Vehicles

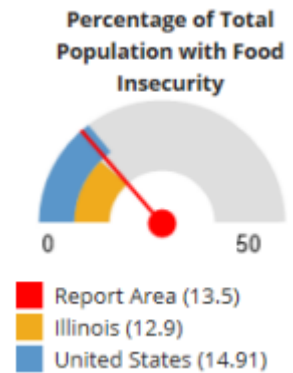
In 2015, 7.6% of households in the report area have no motor vehicle. This rate dropped to 4.2% in Boone County while Winnebago County had a slightly higher rate of 8.1%. Both the County rates and the overall rate were lower than the state rate of 10.8% and the national rate of 9.1%. Owner-occupied households had a rate of 2.5% and for renter-occupied households the rate was 8.6%



## Food

### Food Insecurity

Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. In 2014, the report area had a food insecurity rate of 13.5%, which was higher than the state rate of 12.9% but lower than the national rate of 14.9%. Boone County had a substantially lower rate of 8.5%, while Winnebago County had a slightly higher rate of 14.4%.

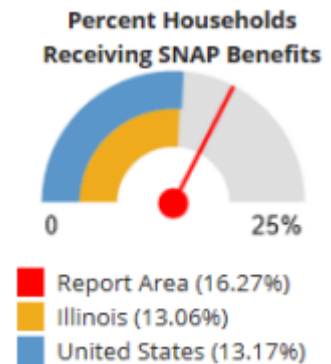


### SNAP (ACCS)

The Supplemental Nutrition Assistance Program (SNAP) is a federal nutrition program that provides food purchasing assistance to those in need. Participants are provided an Illinois Link card similar to a credit card to make purchases of eligible food.

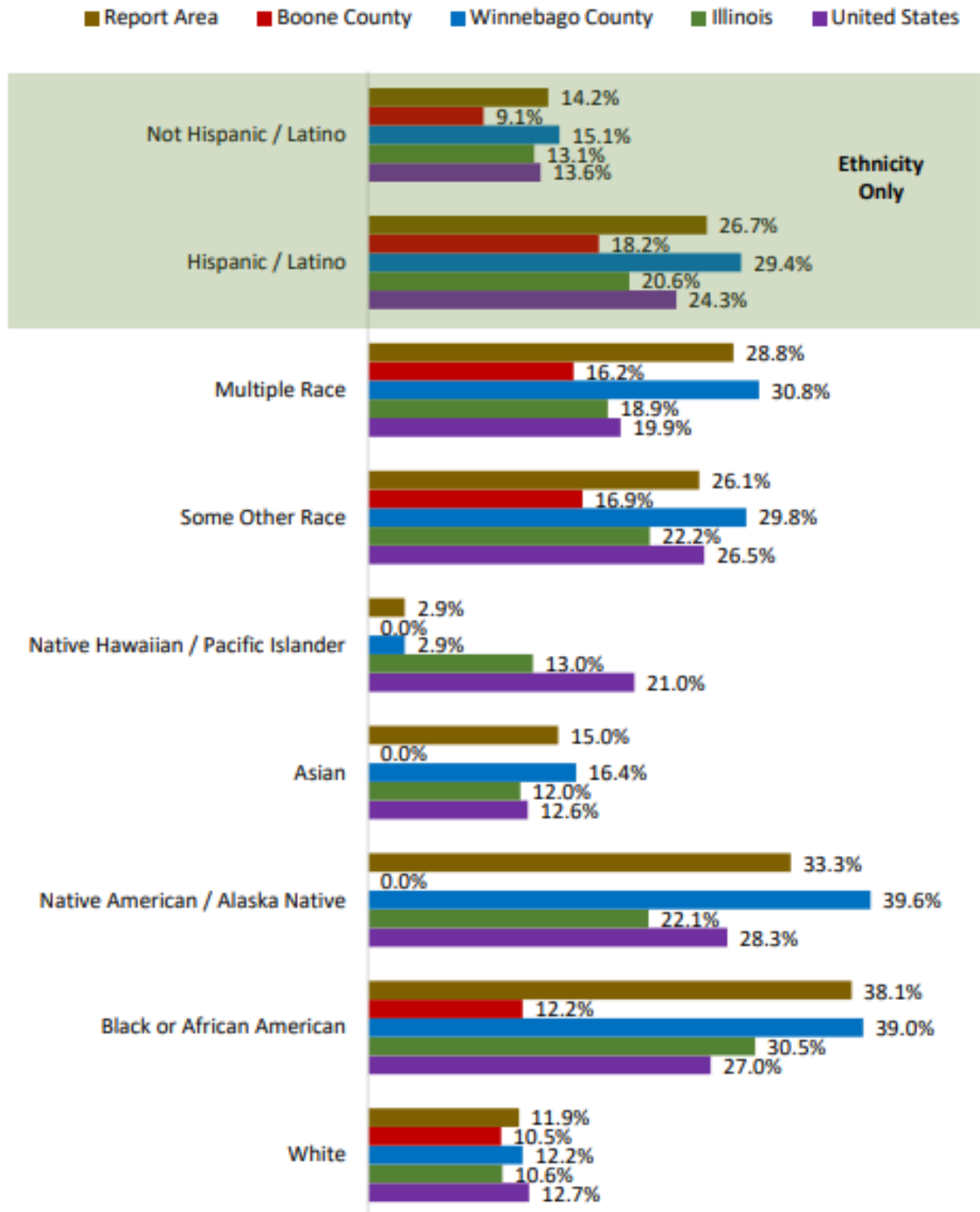
In 2015, 16.3% of all households in the report area received SNAP benefits. This was higher than both the state (13.1%) and national (13.2%) rates.

Boone County had a significantly lower rate (12.5%) while Winnebago County's rate was about the same as the report area's (16.9%). SNAP benefits were not consumed equally however. In the report area, 14.2% of Non-Hispanic / Latino and 15.0% of Asians received SNAP benefits, while that rate jumped to 38.1% of the Black or African American, 33.3% of Native American/Alaska Native, and 26.7% of Hispanic /Latino populations for the report area.





**Figure 52: Percent of Households Receiving SNAP by Race and Ethnicity, 2015**

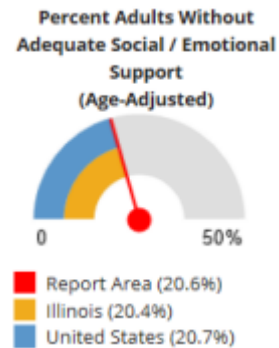


Source: [US Census Bureau, American Community Survey 2015 Five Year data.](#)  
 Published by [Community Commons.](#)

## Other Socio-Economic Characteristics

### Lack of Social or Emotional Support

Adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.



As of 2012, 20.6% of the report area population ages 18 and older reported receiving insufficient social or emotional support. This was very close to what was reported for the state (20.4%) and the nation (20.7%). Boone County reported a slightly lower rate (16.1%), while Winnebago County's rate was slightly higher (21.4%).

### Teen Births

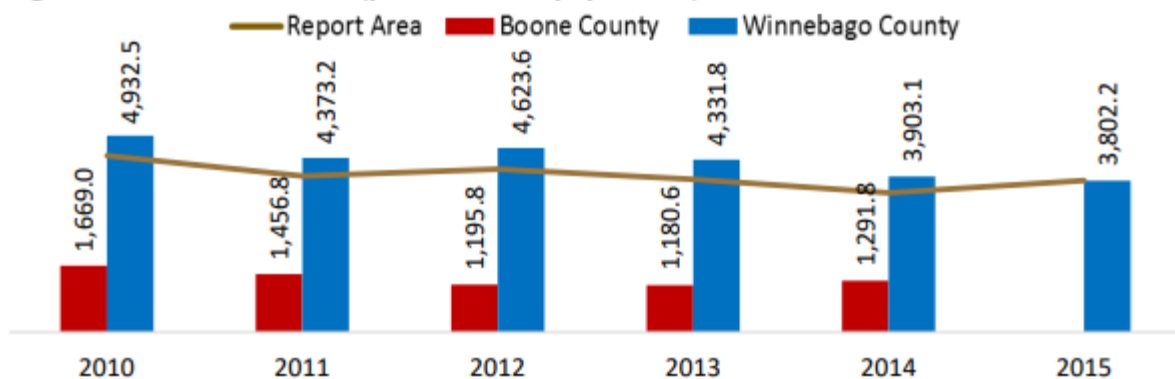
The rate of total births to women aged 15 - 19 per 1,000 female population age 15 - 19 is relevant because in many cases, teen parents have unique needs for social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

In 2014, the birth rate for teenaged females in the report area was 29.8 births per 1,000. The rate was 22.2 in Boone County and 31.5 in Winnebago County. The state rate was 22.3, so both the report area as a whole and Winnebago County had a much higher teen birth rate than the state. Additionally, the national teen birth rate was 24.2 in 2014, so while Boone County outperformed the national rate both the report area and Winnebago County had significantly higher teen birth rates.

### Crime

The rate of crime offenses reported by law enforcement per 100,000 residents assesses community safety between different regions or communities. Index crimes consist of numerous categories: homicide, rape, robbery, aggravated battery or assault, burglary, theft, motor vehicle theft, arson, and human trafficking. The index crime rate overall has been on the decline since 2010 (Boone County had no reported data for 2015) and there was no reported data on human trafficking during this time period.

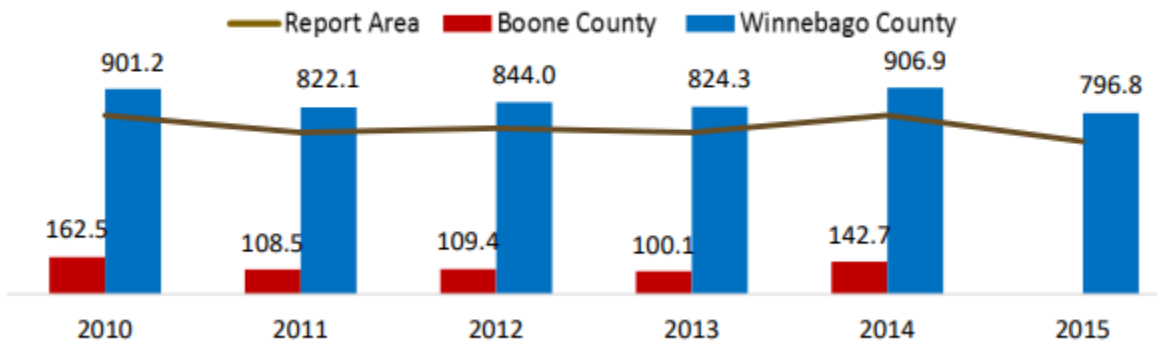
**Figure 53: Index Crime Rate (per 100,000 in population)**



Source: [Illinois State Police, I-UCR Crime Reports](#).

The violent crime rate only includes those crimes that are against persons: homicide, rape, robbery, aggravated battery or assault along with any human trafficking. The rate takes into consideration the change in population in order to compare one year against another. The report area may be on a slight decline, especially in comparison to 2010. However, it is not clear, since the Boone data was not reported, whether it is a true decline or an anomaly due to missing data since 2014 was a higher jump in both Counties. However, it is safe to say that in Winnebago County, 2015 was an improvement in comparison to previous years.

**Figure 54: Violent Crime Index**



Source: [Illinois State Police, I-UCR Crime Reports.](#)

## Physical Environment

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

### Food Access

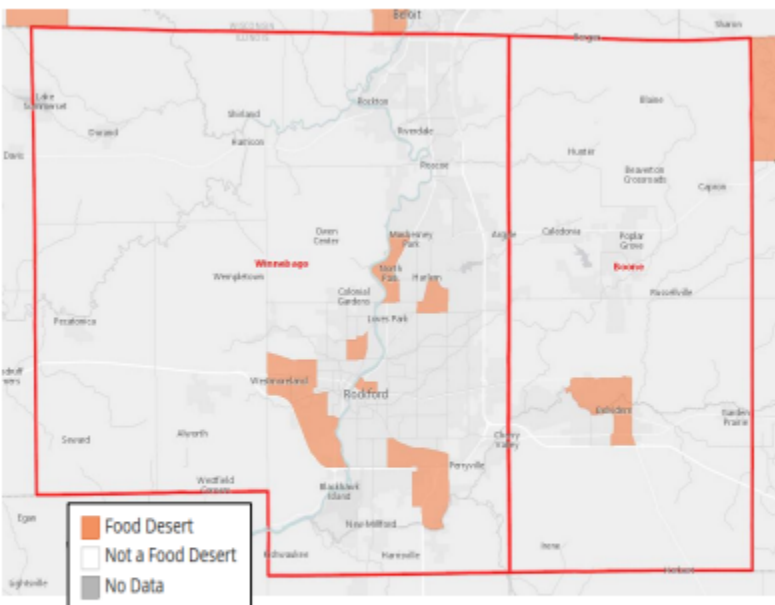
#### Food Access- Food Desert Census Tracts

A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. Having access to food within walking distance is relevant because it highlights populations and geographies facing food insecurity.

The largest food deserts are the on the west side of Rockford and far southeast Rockford, and then in Belvidere and spots north of Rockford and the downtown area. The population residing within these regions total 194,739, or 44.3% of the report population (based upon 2010 Decennial Census population totals).

The population in Boone County living in areas considered food deserts is 33,490, or 61.8% of the population. Winnebago County residents fare better due to the higher density population at only 41.0% of the population residing in food desert Census tracts. The statewide comparison is 36.5% and nationally the comparison is 42.1%, slightly higher than Winnebago County.

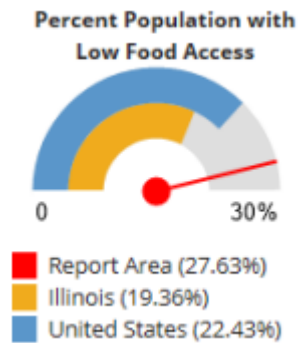
**Figure 55: Food Desert Census Tracts**



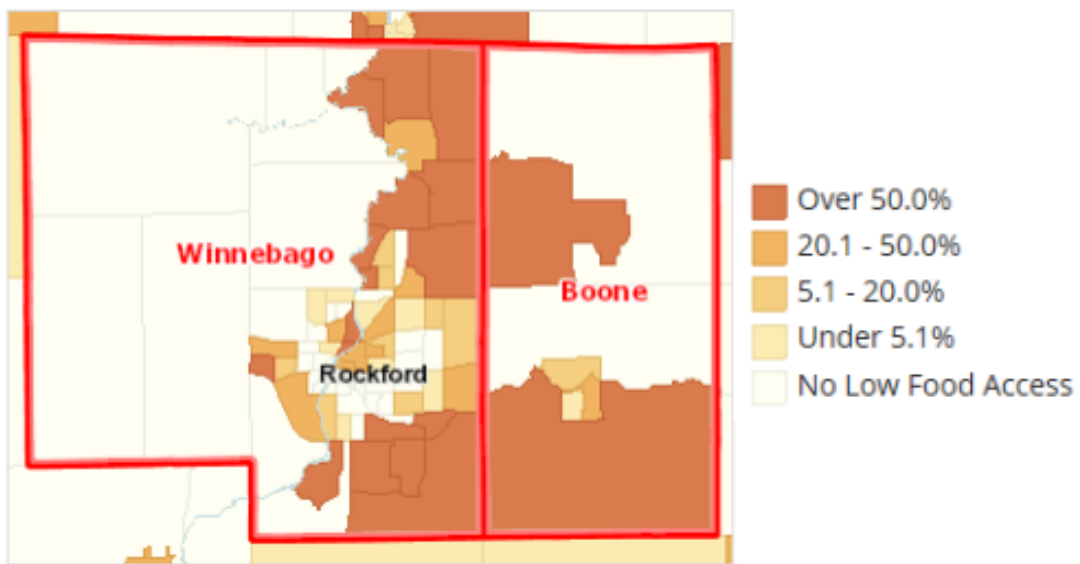
Source: [US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas, 2015. Published by Community Commons.](#)

### Low Food Access

Over 31.0% of Boone County residents have low access to food, compared to 27.0% in Winnebago County. Both Counties are higher than the statewide average of just under 20.0% and the national rate of 22.4%. A lack of access to a supermarket or large grocery store is important to recognize as these populations are not accessing quality foods needed for a healthy lifestyle.



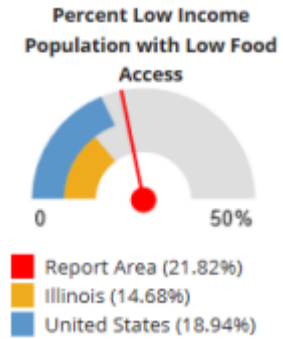
**Figure 56: Population with Low Food Access, Percent by Tract, 2015**



Source: [US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Published by Community Commons.](#)

### Low Income and Food Access

Boone County is still very high at 35.3% of residents not having access to a supermarket or large grocery store. The number of residents affected in Boone County is 4,506 residents (35.5%) and in Winnebago County the population affected is 21,278 (20.2%). Both are still higher than the statewide average of 14.7% and nationally of 18.9%. The total number of residents affected in Boone County is approximately 4,500. The number of residents affected in Winnebago County affected is about 21,300.



**Figure 57: Low Income Residents Access to Food**

	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
<b>Report Area</b>	349,431	118,148	25,784	21.8%
<b>Boone County</b>	54,165	12,763	4,506	35.3%
<b>Winnebago County</b>	295,266	105,385	21,278	20.2%
<b>Illinois</b>	12,830,632	4,120,709	605,035	14.7%
<b>United States</b>	308,745,538	106,758,543	20,221,368	18.9%

Source: [US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas, 2015. Published by Community Commons.](#)

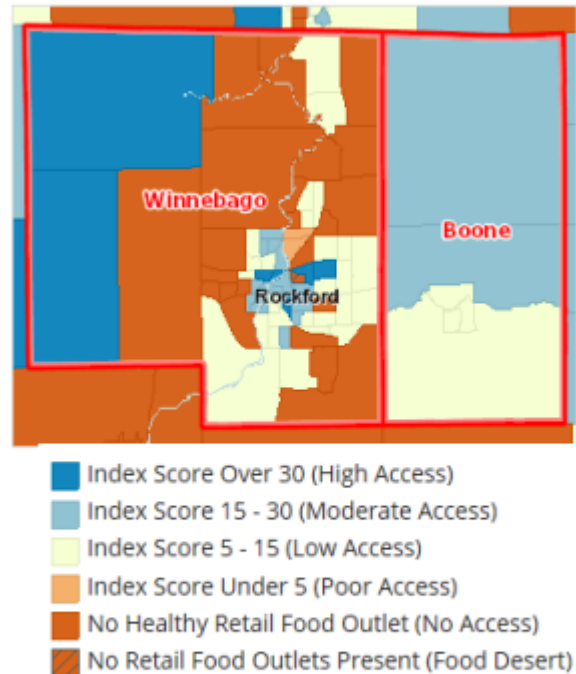
### Modified Retail Food Environment Index (mRFEI)

The mRFEI is a measure of the proportion of food retailers that sell healthy foods compared to retailers that sell unhealthy foods. Scores can range from 0 (no food retailers that typically sell healthy food) to 100 (only food retailers that typically sell healthy food). Areas with lower mRFEI scores have more food retailers (like fast food restaurants and convenience stores) that are less likely to sell less healthy foods and fewer food retailers (like supermarkets) that tend to sell healthy foods such as fresh fruits and vegetables.

The report area has a varying degree of access. Boone County is split between moderate and low access to healthy retail food stores. Winnebago County has varying degrees of access especially in the Rockford city area. The overall index for Boone County overall is 31.1 (high disparity) and Winnebago County overall is 9.2 (some disparity).

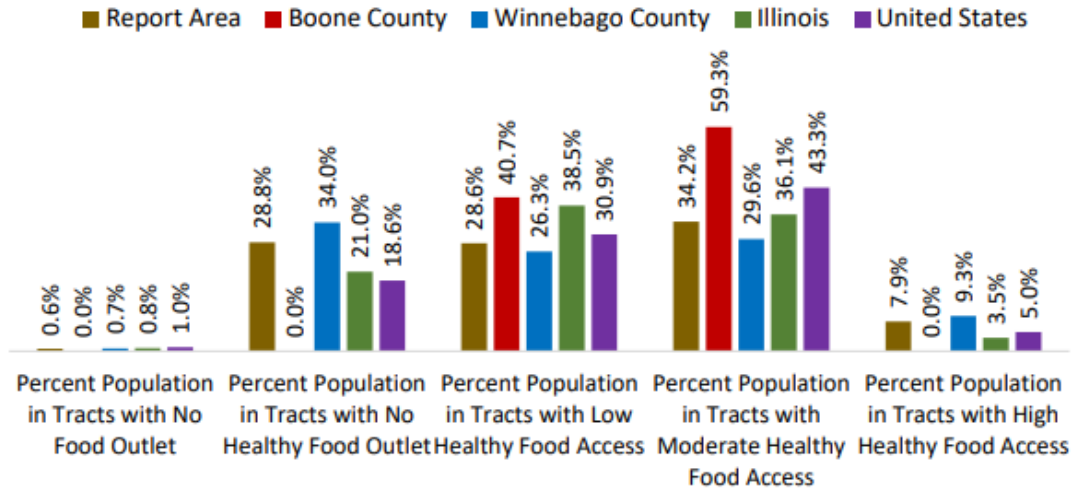
When looking at the varying degrees of access there are several categories: No outlet, no healthy food outlet, low healthy food access, moderate healthy food access, and high healthy food access. Both ends of the spectrum are comparable to national and state rates, although Winnebago County scored high (9.3%) on the high healthy food access in comparison. However, Winnebago also scored highest among those with no healthy food outlet that is easily accessible, affecting 34% of the population (Figure 59).

**Figure 58: Modified Retail Food Environment Index, 2011**



Source: Centers for Disease Control and Prevention, [Division of Nutrition, Physical Activity, and Obesity, 2011. Published by Community Commons.](#)

**Figure 59: Food Accessibility by Level of Access**

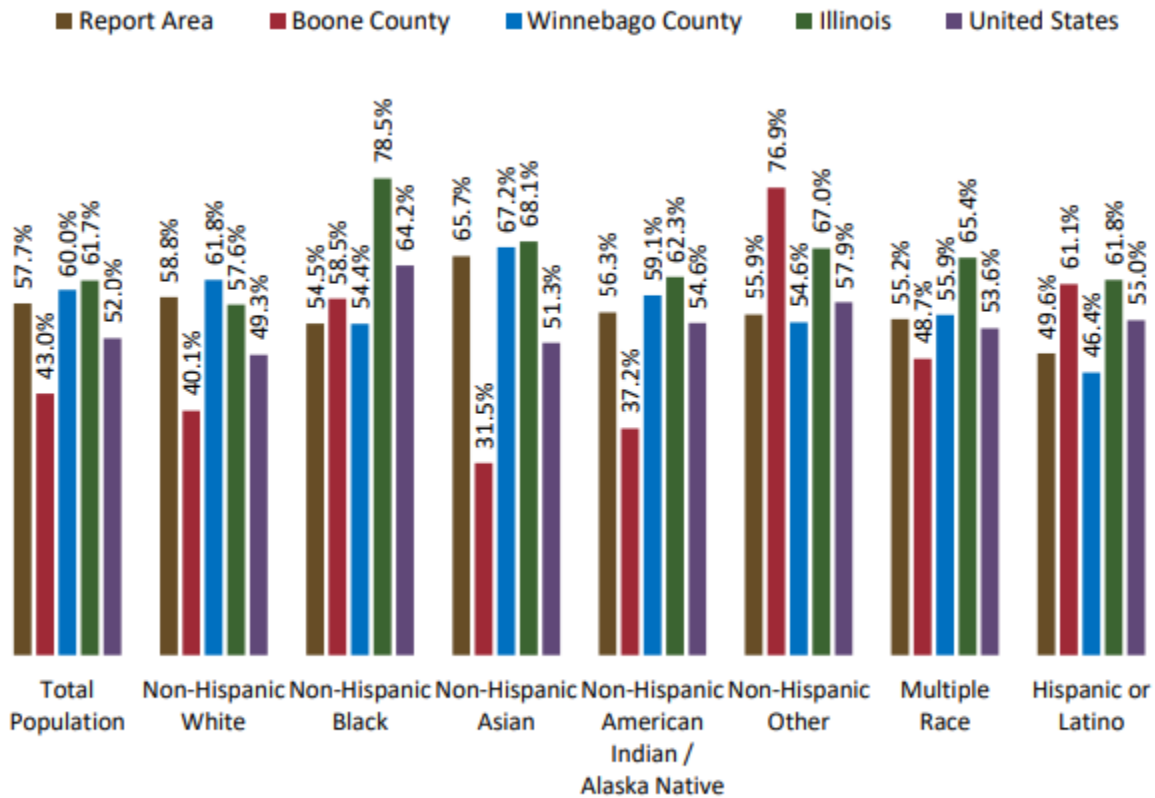


Source: Centers for Disease Control and Prevention, [Division of Nutrition, Physical Activity, and Obesity](#). 2011.



There are disparities between race and ethnic backgrounds in having low or no healthy food access. Among all residents having low or no healthy food access in the report area, the Non-Hispanic White population has the most affected in number (150,729 residents. The Non-Hispanic Black population has 16,007 residents affected. The Hispanic or Latino community has 12,104 residents affected, or 6.6% of the total.

**Figure 60: Food Accessibility by Race/Ethnicity**

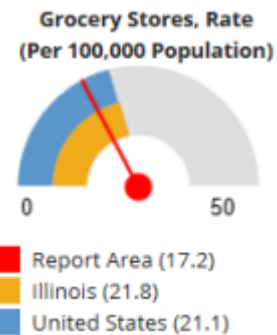


Source: Centers for Disease Control and Prevention, [Division of Nutrition, Physical Activity, and Obesity](#), 2011.

### Grocery Stores

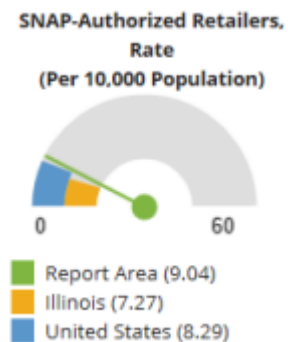
The number of grocery stores per 100,000 in population are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded.

In 2015, there were 17.2 grocery stores per 100,000 residents of the report area. Grocery Stores are often the only sources of healthy food available in an area so this is a positive health indicator. In this respect the report area underwhelmed compared to both the state (21.8) and nationally (21.1). Boone County in particular had a drastic shortage of grocery stores (11.1 per 100,000 residents) while Winnebago County had a higher rate of 19.3 stores per 100,000 residents).



### SNAP-Authorized Stores

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. In 2016 there were 316 SNAP-authorized retailers in the report area, or 9.0 retailers per 10,000 residents. This rate was higher (and better) than the state rate (7.3 retailers per 10,000 residents) and the national rate (8.3 retailers per 10,000 residents). However, while Winnebago County slightly outperformed the report area in this metric (9.4 retailers per 10,000 residents), Boone County was significantly worse (7.2 retailers per 10,000 residents).



### WIC-Authorized Stores

The number of food stores and other retail establishments per 100,000 in population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.

As of 2011 there were 73 WIC-authorized stores in the report area for a rate of 20.9 stores per 10,000 residents. This value was slightly higher than the state (18.4 stores per 10,000 residents) and the national (15.6 stores per 10,000 residents) rates. However, like with SNAP, Boone County lagged significantly behind the report area with only 12.9 stores per 10,000 residents while Winnebago County has 22.4 stores per 10,000 residents.

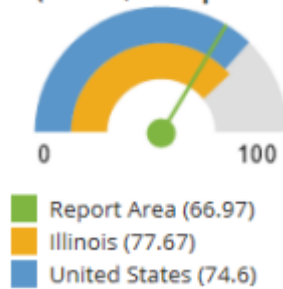


## Fast Food

Fast food restaurants per 100,000 in population are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. Fast food restaurants are relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

In 2015, there were 67.0 fast food restaurants per 100,000 residents in the report area. Because fast food restaurants serve primarily unhealthy food, high rates are considered a negative health indicator. In this respect the report area did better than the state (77.7) and the national (74.6) averages. Boone County had significantly fewer fast food restaurants (53.5 restaurants per 100,000 residents) than Winnebago County (69.4 restaurants per 100,000 residents).

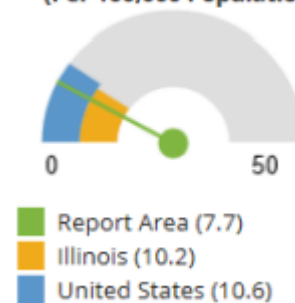
Fast Food Restaurants, Rate  
(Per 100,000 Population)



## Liquor Store Access

The number of beer, wine, and liquor stores, as defined by North American Industry Classification System (NAICS) Code 44-5310, provides a measure of healthy food access and environmental influences on dietary behaviors. As of 2015, there were 27 liquor stores in the report area; or 7.7 stores per 100,000 residents. Because access to liquor stores is considered a negative health indicator, this rate was better than both state (10.2) and national (10.6) rates. Neither Boone nor Winnebago County's rates differed significantly from the report area.

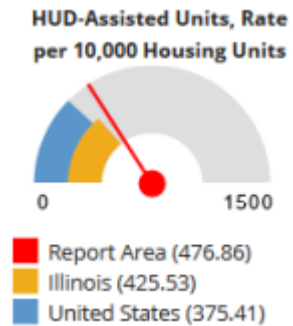
Liquor Stores, Rate  
(Per 100,000 Population)



## Housing and Transportation

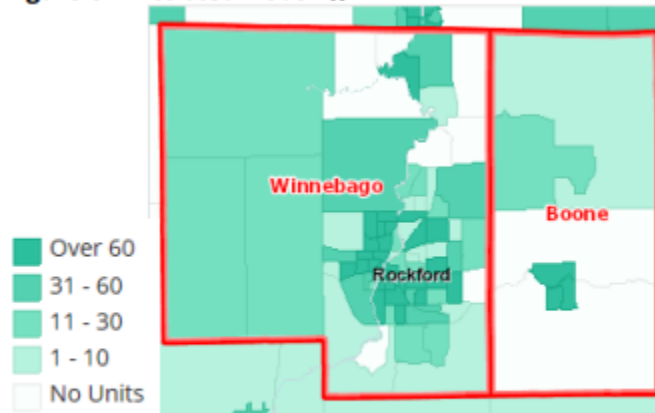
### Assisted Housing

In 2016, there were 6,959 HUD-assisted housing units in the report area out of 145,935 total housing units, for a rate of 476.9 assisted housing units for every 10,000 housing units. Winnebago County alone had a slightly higher proportion of assisted housing units at 505.9 per 10,000 total units, and both the County and the report area had higher ratios of assisted housing units than the state (425.5) and nationally (375.4). However, Boone County had only 587 assisted housing units per 10,000 total units, lower than both state and national levels (293.9).



The most used HUD program in the Report Area is Housing Choice Vouchers (37.2%). The next largest programs are Public Housing Projects (30.6%) and Project-Based Section 8 (25.0%). All remaining programs (Section 811, Section 202, Section 236 and Other) represent a combined total of 3.7%.

**Figure 61: Assisted Housing**



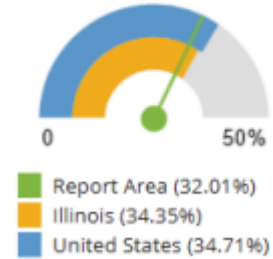
Source: [US Department of Housing and Urban Development, 2016](#). Published by Community Commons.

### Substandard Housing

Owner- and renter-occupied housing units determined to be substandard have at least one of the following conditions:

- Lacking complete plumbing facilities
- Lacking complete kitchen facilities
- With 1.01 or more occupants per room
- Selected monthly owner costs as a percentage of household income greater than 30.0%
- Gross rent as a percentage of household income greater than 30.0%.

Percent Occupied Housing Units with One or More Substandard Conditions

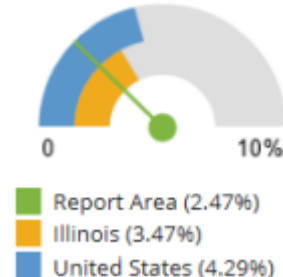


Selected conditions provide information in assessing the quality of the housing inventory and its occupants. In 2015, 32.0% of all occupied housing units in the report area were found to have at least one substandard condition. Boone County had 31.3% of its housing units found to be substandard, and Winnebago County had 32.1% of its housing units found to be substandard. All three rates were below state (34.4%) and national (34.7%) rates.

### Overcrowded Housing

Overcrowded housing is defined in the 5-year American Community Survey as units with more than one occupant per room. In 2015, 2.5% of all occupied housing was considered to be overcrowded in the Report Area, with Boone County reporting 2.7% overcrowding and Winnebago County reporting 2.4% overcrowding. All of these rates were below the state (3.5%) and national (4.3%) rates for 2015.

Percentage of Housing Units Overcrowded

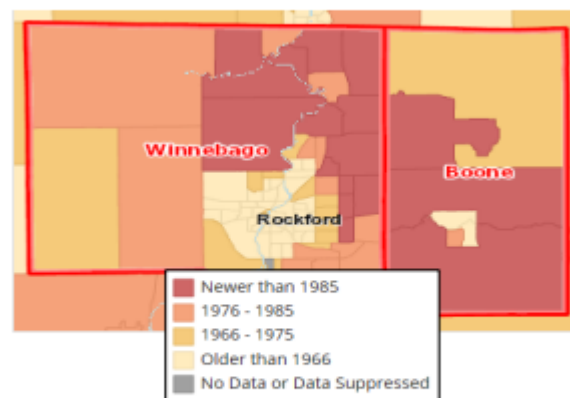


### Housing Unit Age

The year the structure was built provides information on the age of housing units. This data helps identify new housing construction and measures the disappearance of old housing from the inventory, when used in combination with data from previous years. This data also serves to aid in the development of formulas to determine substandard housing and provide assistance in forecasting future services, such as energy consumption and fire protection.

As of 2015 there were 145,688 housing units in the report area. The median year housing structures were built in Boone County was 1984, and in Winnebago County it was 1970, meaning a portion of the housing stock is reaching the point of needing renovations or there could be an increase in

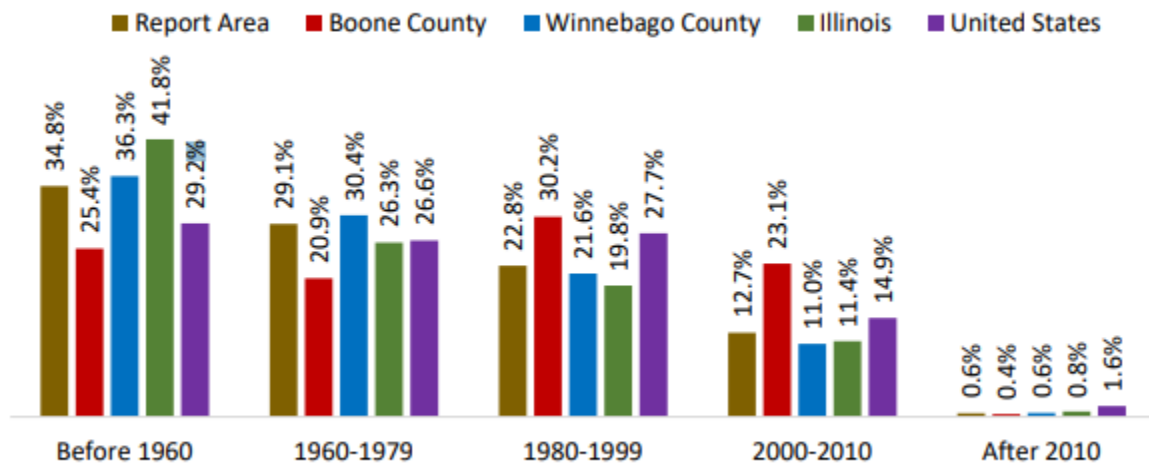
Figure 62: Median Year Structure Built by Tract



Source: [US Census Bureau, American Community Survey, 2015 Five Year Data. Published by Community Commons.](#)

teardowns. There is little evidence to suggest that housing units are being built in large numbers after 2010 with Winnebago County new housing units decreasing each decade. The 2008 economic recession fueled by the mortgage crisis hit the construction industry especially hard. Illinois and particularly the Stateline area have been experiencing a tremendous out-migration of residents further depressing the demand for new housing.

**Figure 63: Year Housing Units Built**

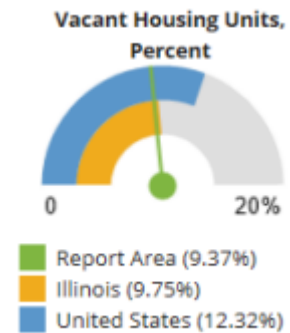


Source: [US Census Bureau, American Community Survey 2015 Five Year Data. Published by Community Commons.](#)

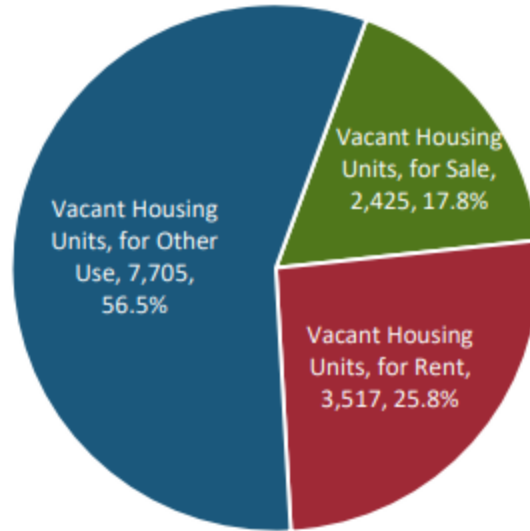
### Vacancy Rate

A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are considered to be temporarily occupied, and are classified as “vacant.”

In 2015, 9.4% of all housing units in the report area were vacant, including 9.2% of Boone County units and 9.4% of Winnebago County units. Both the report area rate and the individual County rates were lower than the state rate of 9.8% and the national rate of 12.3% in 2015. Of all vacant housing units, 17.8% of them were for sale, 25.8% were for rent, and the remainder (56.5%) was classified as “other use”.



**Figure 64: Vacant Housing Units by Classification**



Source: [U.S. Census Bureau, American Community Survey 2015 Five-Year Data. Published by Community Commons](#)

#### LIHTC

The Low-Income Housing Tax Credit (LIHTC) program gives State and local LIHTC-allocating agencies the equivalent of nearly \$8 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households. This indicator reports the total number of housing units benefiting from Low Income Housing Tax Credits.

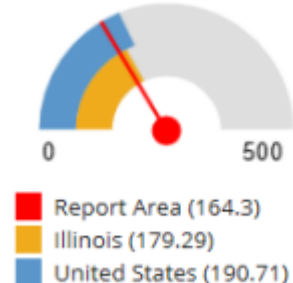
In 2014 there were 35 properties and 2,119 units in the LIHTC program. Most of these were in Winnebago County (32 properties and 1,926 units) with the remaining 3 properties and 193 units in Boone County.

#### Mortgage Lending

Lending institutions must report all loans for home purchases, home improvements, and mortgage refinancing based on the Home Mortgage Disclosure Act (HMDA) of 1975.

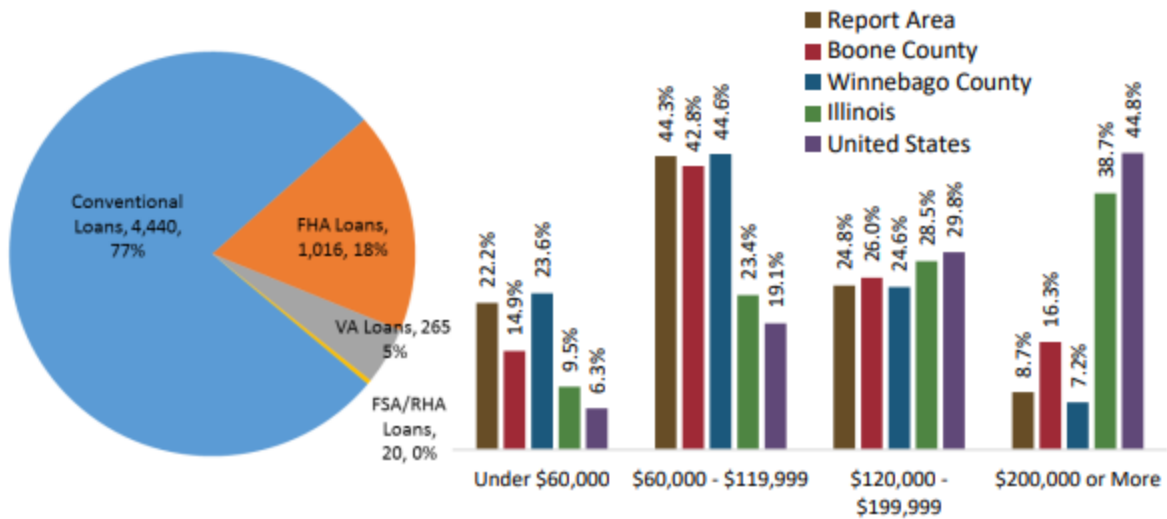
There were 5,741 home loans originating in the report area, in 2014, giving an overall rate of 164.3 loans per 100,000 in population. There were fewer people getting home loans (and buying new homes) in the report area than the state (179.3) or the nation (190.7).

**Home Loan Origination Rate**



The majority of loans were conventional (77.3%). FHA loans made up an additional 17.7% of the total followed by VA loans (4.6%) and FSA/RHA loans (0.35%). Loan amounts were mostly concentrated in the \$60,000-\$119,999 category (44.3%). The remainder of loans were classified by the following ranges: \$120,000-\$199,999 (24.8%), under \$60,000 (22.2%), and more than \$200,000 (8.7%).

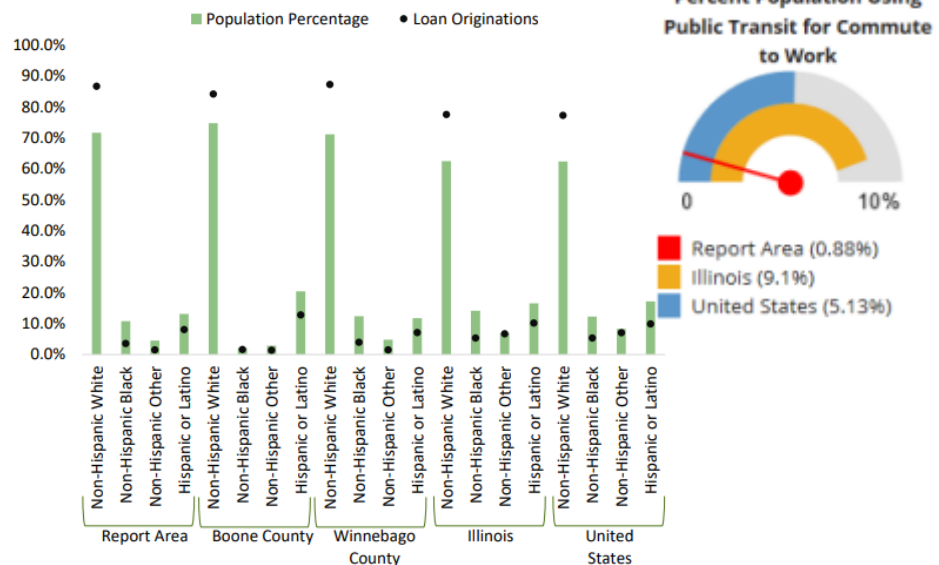
**Figure 65: Report area Loans by Loan Type and Amounts, 2014**



Source: [Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES, 2014. Published by Community Commons.](#)

The majority of home loan originations in the report area were to Non-Hispanic White (86.7%), followed by Hispanic or Latino (8.1%), Non-Hispanic Black (3.6%) and all other race/ethnicities (1.5%). When comparing these percentages with the percentage each race/ethnicity within the population the Non-Hispanic White population obtains a greater proportion of the loans, while all others are disproportionately lower indicating there could be barriers impacting minorities in accessing homeownership.

**Figure 66: Percentage Loan Originations and Population, 2014**



Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Published by Community Commons. Additional data analysis by CARES, 2014. Published by [Community Commons](#).

### Use of Public Transportation

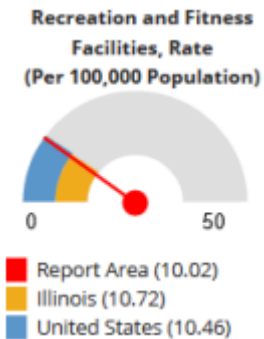


Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats. In 2015, only an estimated 0.9% of the adult employed population in the report area used public transportation to commute to work. Public transportation was slightly more prevalent in Winnebago County (1.0%) while it was almost non-existent in Boone County (0.3%). All of these rates were drastically lower than both the state (9.1%) and the nation (5.1%).

## Recreation

### Recreation and Fitness Facility Access

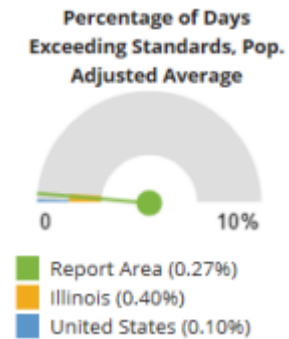
Recreation and fitness facility access is relevant because it encourages physical activity and other healthy behaviors. In 2015, there were 35 recreational and fitness facilities in the report area, or 10 per 100,000 residents. Winnebago County had a slightly higher ratio of 10.5 fitness centers to residents while Boone County had a lower ratio of 7.4 centers. These rates were lower than state (10.7) and Winnebago County is on par with the national (10.5) rate.



### Other Physical Environment

#### Air Quality

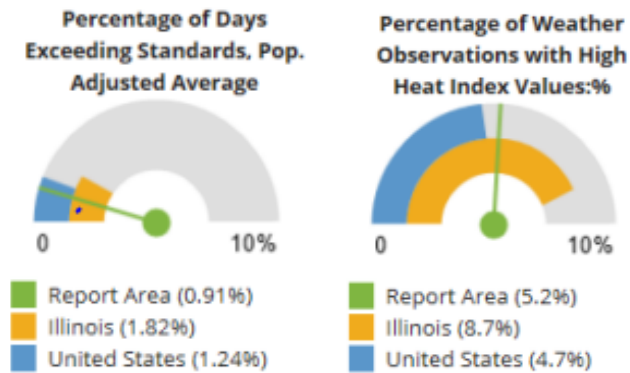
As of 2012, there were 3.24 days in the report area where the level of Ozone (O3) in the air exceeded the National Ambient Air Quality Standard of 75 parts per billion. Winnebago County had about the same number of these days (3.29) while Boone County had fewer such days (2.71). All of these values were better than the state (6.81 Ozone days) and the nation (4.46 Ozone days) in 2012. There was also one day where the amount of particulate matter in the air reached or exceeded 2.5 levels above the National Ambient Air Quality Standard of 35 micrograms per cubic meter. The rate was better than the state value of 1.50 days but much worse than the national value of 0.35 days. These indicators are relevant because poor air quality contributes to respiratory issues and overall poor health.



## Climate and Health

The "heat index" is a single value that takes both temperature and humidity into account. The higher the heat index, the hotter the weather feels, since sweat does not readily evaporate and cool the skin. The heat index is a better measure than air temperature alone for estimating the risk to workers from environmental heat sources measured as having a heat index values over 103 degrees Fahrenheit.

Out of 4,745 recorded weather observations in the report area in 2014, 248 of them had heat indices above 103 for a rate of 5.2%. This was significantly lower than the state rate of 8.7% but slightly higher than the national rate of 4.7%. County rates did not differ significantly from the report area rate.

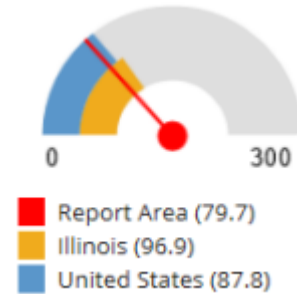


## Clinical Care

### Access to Medical Care

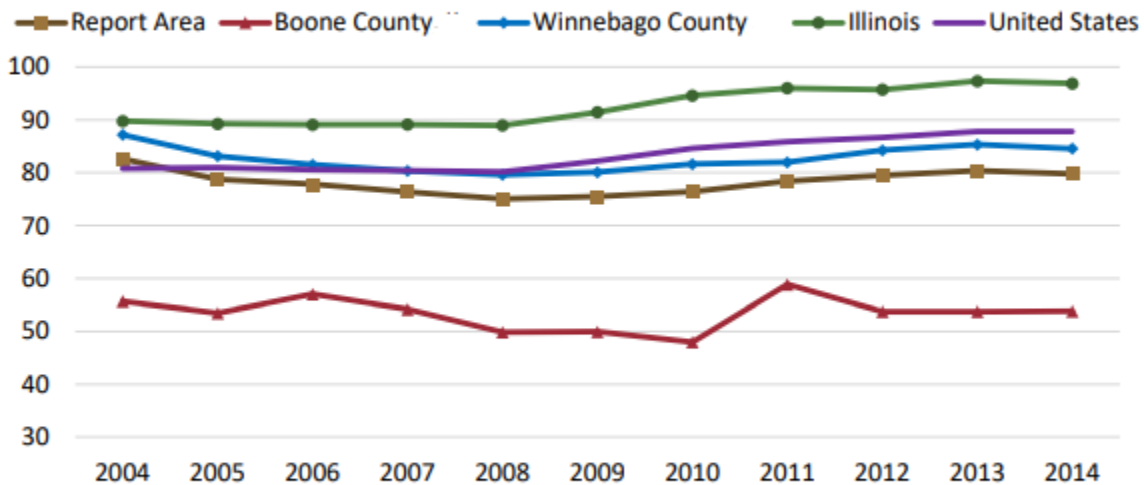
#### Access to Primary Care

Doctors classified as "primary care physicians" by the AMA 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 shortage of health professionals contributes to access and health status issues.



As of 2014, the report area had 79.7 primary care physicians for every 100,000 residents. Compared to the state rate of 96.9 and the national rate of 87.8 the report area had a slightly lower number of primary care physicians. Winnebago County had a slightly higher rate of 84.56 primary care physicians per 100,000 residents, while Boone County had a much lower rate of only 53.83 physicians per 100,000 residents. Overall there was a decrease in the number of primary care physicians in the report area from 2004-2014, unlike the state and the nation which had an increase.

**Figure 67: Access to Primary Care, Rate (per 100,000 in population)**



Source: [US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2014. Published by Community Commons.](#)

#### Facilities Designed in Health Professional Shortage Areas

The number and location of health care facilities designated in "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers, is relevant because a shortage of health professionals contributes to access and health status issues.

Boone County has no facilities listed. Winnebago County has multiple facilities that service the low income population: Crusaders Clinic provides primary care, dental and mental health services and Milestone Dental Clinic provides dental services as of April 2016.

### Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

In 2017, there were a total of 7 FQHC sites in the report area, equaling a rate of 2.0 FQHCs per 100,000 residents. One site is located in Boone County (for a rate of 1.85 FQHCs per 100,000 residents) and the remaining six are in Winnebago County (for a rate of 2.0 FQHCs per 100,000 residents). Compared to the state rate of 2.61 FQHCs per 100,000 residents and the national rate of 2.45 FQHCs per 100,000 residents, Winnebago and Boone Counties are currently being underserved.

**Figure 68: Federally Qualified Health Centers**

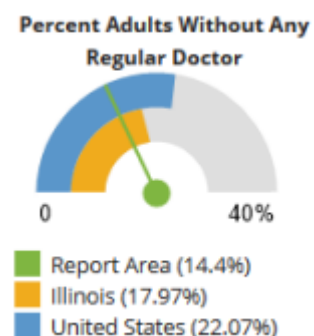
County	Company	Address	City	Zip	Comments
Winnebago	Crusader Community Health	1215 N Alpine Rd	Rockford	61107	New Site
Winnebago	Crusader Community Health	1002 N Pierpont Ave	Rockford	61101	Auburn HS Health Center
Winnebago	Crusader Community Health	1200 W State St	Rockford	61102	
Winnebago	Crusader Community Health	6115 N 2nd St	Loves Park	61111	
Winnebago	Crusader Community Health	1100 Broadway	Rockford	61104	
Winnebago	Aunt Martha's Health and Wellness	1401 E State St	Rockford	61104	
Boone	Crusader Community Health	1050 Logan Ave	Belvidere	61008	

Source: Provided by [Rockford Regional Health Council](#), 2017.

### Lack of Consistent Sources of Primary Care

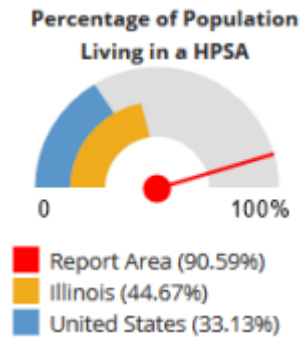
The percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider is important to monitor to prevent major health issues and emergency department visits.

In 2012, 14.4% of adults in the report area reported not having a personal doctor or health care provider. This compared favorably to the state (18.0%) and the nation (22.1%). Additionally, both Boone (9.5%) and Winnebago (15.5%) Counties also reported fewer adults without a regular doctor than statewide or nationally.



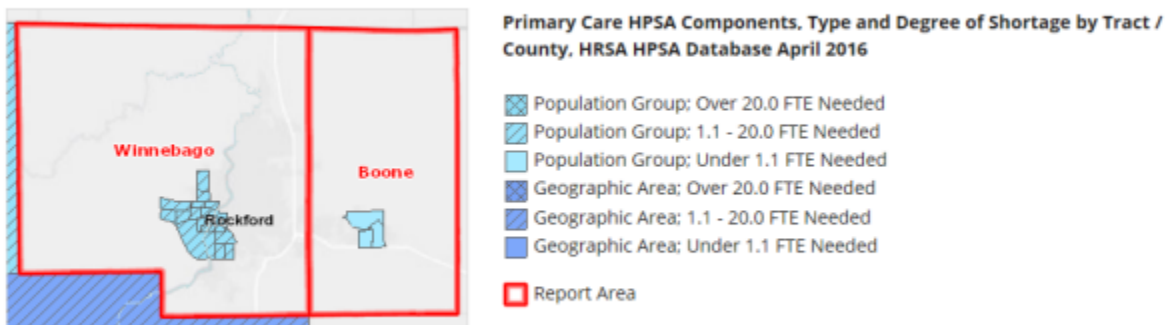
### Population Living in a Health Professional Shortage Area (HPSA)

As of April 2016, over 90.0% of the report area's population lives in a designated HPSA. This was over twice the state rate of 44.7% and nearly three times the national rate of 33.1%. Almost the entirety of Winnebago County is designated as an HPSA (caused by a shortage of dental professionals) while 39.3% of Boone County's population lived in an HPSA.



The shortage in the Belvidere region is under 1.1 full time equivalent (FTE) health professionals needed, while the Rockford region is higher at 1.1 to 20 FTE health professionals needed.

**Figure 69: Population Living in a Health Professional Shortage Area**



Source: U.S. Department of Health & Human Services, [Health Resources and Services Administration](#), April 2016. Published by [Community Commons](#).

The drop in practicing Dentists in Winnebago, Boone and Stephenson Counties is 22.4% from 2010 to 2014. A total of 53 jobs were lost dropping the 2014 employment figure to 184 jobs. Overall, the dental profession has increased by 51 jobs, primarily driven by an increase in Orthodontists and Dental Assistants. In comparison, Illinois lost 11.5% of dental professionals in the same time frame.

**Figure 70: Dental Professionals: Winnebago, Boone and Stephenson<sup>15</sup> Counties**

Dental Professionals	2010	2014	Change	Percent Change
Dental Assistants	458	537	79	17.2%
Dentists, General	237	184	-53	-22.4%
Orthodontists	15	48	33	220.0%
Dental Hygienists	324	316	-8	-2.5%
<b>TOTAL</b>	<b>1,034</b>	<b>1,085</b>	<b>51</b>	<b>4.9%</b>

Source: Illinois Department of Employment Security.

In 2010, 16,263 people filled medical occupations while in 2014 that number dropped slightly to 16,218, a drop of 45 jobs, or 0.3% loss.

However, if focusing only on Family & General Practitioners the loss is almost 50.0% over that same time period, or reduction of 124 practitioners. The larger loss in numbers goes to Registered Nurses losing

178 positions. Part of that loss is made up by the gain of Physician Assistants, adding 25 new jobs, however.

There is no easy way to replicate the calculation of the HPSA designation for the region. The calculations include low income percentage of individuals, number of primary care providers through a proprietary data source and sometimes administrative source, along with other indicators to score every Census Tract throughout the nation from 1 to 25 in severity. The threshold for designation as an HPSA is a 14 or higher. Therefore, this is not intended to be a direct calculation for the designations, but to provide a glimpse of what the employment trends are showing.

**Figure 71: Primary Health Professional Occupations Trend: Winnebago, Boone & Stephenson<sup>17</sup> Counties**

	2010	2014	Percent ↓
<b>Healthcare Practitioners, Technical Occupations &amp; Support Total</b>	<b>16,263</b>	<b>16,218</b>	<b>-0.3%</b>
Physician Assistants	79	104	31.6%
Medical & Clinical Lab Technicians	150	191	27.3%
Internists, General	85	96	12.9%
Pharmacists	255	287	12.5%
Physicians & Surgeons, All Other	509	559	9.8%
Other Technologists & Techs	1,477	1,617	9.5%
Psychiatrists	34	37	8.8%
Other Healthcare Support Occupations	1,874	2,009	7.2%
Pediatricians, General	31	33	6.5%
Therapists	890	942	5.8%
Occ. & Physical Therapist Assts. & Aides	262	275	5.0%
Medical & Clinical Lab Technologists	155	157	1.3%
Nursing, Psychiatric & Home Health Aides	3,055	3,086	1.0%
Other Healthcare Practitioners & Tech Occupations	376	367	-2.4%
Dietitians & Nutritionists	74	72	-2.7%
Registered Nurses	4,202	4,024	-4.2%
Medical Records/Health Information Techs	277	264	-4.7%
Licensed Practical & Vocational Nurses	773	713	-7.8%
Audiologists	17	15	-11.8%
Obstetricians & Gynecologists	29	25	-13.8%
Health Technologists & Techs, All Other	234	196	-16.2%
Opticians, Dispensing	98	79	-19.4%
Health Diagnostics/Treating Practitioners, All Other	67	50	-25.4%
Anesthesiologists	76	56	-26.3%
Podiatrists	19	14	-26.3%
Optometrists	58	42	-27.6%
Surgeons	84	58	-31.0%
Chiropractors	85	53	-37.6%
Family & General Practitioners	256	132	-48.4%
Orthotists & Prosthetists	8	0	-100.0%

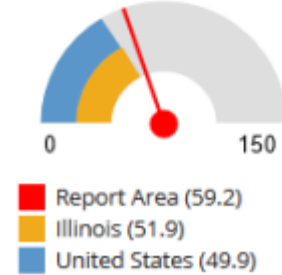
Source: Illinois Department of Employment Security, Occupational Employment.

### Preventable Hospital Events

The discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS) include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. Preventable hospital events are relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

In 2014, the ACS discharge rate in the report area was 59.2. Boone County’s ACS discharge rate was slightly higher at 65.7, and Winnebago County’s ACS discharge rate was slightly lower at 58.1. All of these rates were significantly higher than state (51.9) and national (49.9) rates in 2014. Additionally, from 2008-2012 the ACS discharge rate in the report area dropped approximately ten points, mirroring the national trend while lagging slightly behind the state trend.

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)

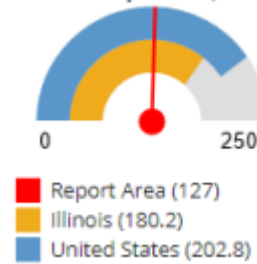


### Behavioral Health

#### Access to Mental Health Providers

In 2016, the report area had 127 mental health care providers, which includes psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care, for every 100,000 residents. This rate was substantially lower than both state (180.2) and national (202.8) rates, indicating that there is a lack of mental health support in the report area. Winnebago County fared slightly better in this regard with a rate of 147.6 mental health providers per 100,000 residents, however Boone County almost entirely lacks access to mental health care providers with a rate of only 16.7 providers per 100,000 residents.

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



## Mental Health Population by Age

Winnebago County issues observed in a household can vary by age (Boone County data is not available). When asked in a survey what characteristics were primarily exhibited in the household and then aggregating by age, the most prevalent mental health characteristic was “overly stressed out” in all age groups. Bolded numbers are the top characteristics exhibited within each age group. However, looking at the second most exhibited characteristic it begins to differ.

**Figure 72: Mental Health Characteristics Exhibited by Household Members by Age**

	Child	Teen	Young Adult	Middle Age	Senior (60+)
Get overly stressed out	<b>3.4%</b>	<b>7.6%</b>	<b>21.8%</b>	<b>30.4%</b>	<b>14.4%</b>
Become easily annoyed or angry	3.4%	7.0%	18.4%	23.9%	11.6%
Difficulty being student, spouse, parent, employee	1.9%	5.9%	13.9%	18.4%	5.1%
Get so angry that you cannot talk to them	1.5%	4.7%	11.4%	12.3%	4.6%
Bully or threaten other people	1.5%	1.7%	5.1%	4.4%	2.1%
Do not want to get up and out of bed each day	1.5%	3.6%	10.4%	14.2%	6.3%
Use drugs or alcohol to avoid responsibility	1.5%	1.9%	7.6%	7.6%	2.1%
Misuse their or other person’s medications	1.3%	0.4%	3.0%	3.4%	0.8%
Use illegal drugs	1.1%	1.5%	6.6%	4.4%	0.8%
Feel sad and lonely	0.9%	3.4%	13.7%	19.9%	9.9%
Have trouble falling or staying asleep	0.9%	3.8%	12.3%	26.0%	13.9%
Are often afraid	0.8%	0.9%	6.1%	8.7%	4.4%
Become upset about the past	0.6%	3.2%	12.9%	18.0%	8.3%
Trouble remembering things from the past	0.4%	0.9%	5.9%	13.7%	6.6%
Trouble remembering current things	0.4%	1.5%	6.5%	14.4%	9.7%
Do not feel they have a purpose in life	0.4%	1.9%	8.5%	11.4%	6.1%
Feel nervous, anxious, on edge, or worrying	0.2%	4.9%	19.0%	24.1%	10.2%
Are jumpy or easily startled	0.2%	0.9%	6.5%	N/A	5.3%
Intentionally hurt himself/herself	0.2%	2.1%	5.3%	N/A	0.6%
Have considered suicide	0.2%	1.5%	8.7%	N/A	5.1%
Has anxiety and/or depression	0.2%	4.6%	19.5%	N/A	11.0%
Has substance use disorder	0.2%	0.4%	5.1%	N/A	1.1%
Has an intellectual/developmental disability	0.2%	2.1%	6.3%	N/A	1.3%
Has a mental illness	0.0%	2.5%	12.3%	N/A	5.7%

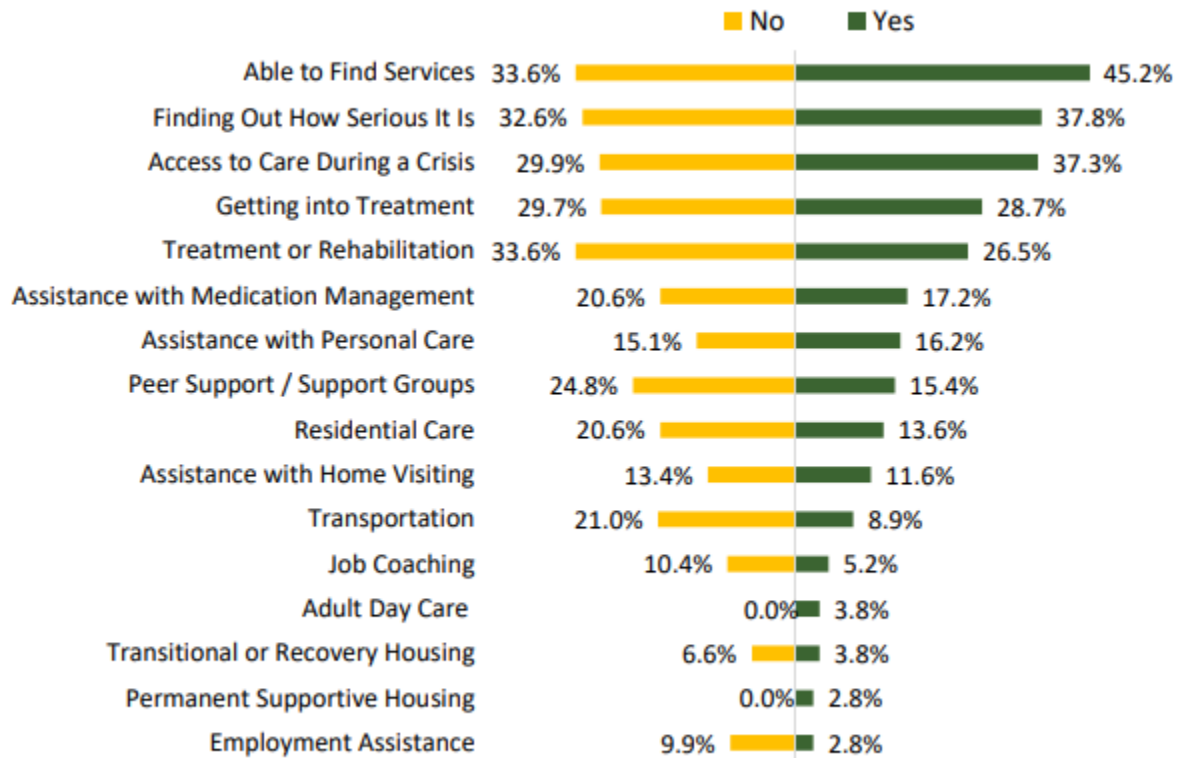
Source: Winnebago County Mental Health Advisory Committee, *Results of Community Survey, 2016*.



### Mental Health of Children and Teens

A survey conducted by the Winnebago County Mental Health Advisory Committee asked those utilizing a particular service for their child or teenager whether they were satisfied with that service in Winnebago County. The service with the greatest satisfaction, Ability to Find Services, was also a top contender along with Treatment or Rehabilitation for the least satisfaction.

**Figure 73: Mental Health Services Satisfaction Survey of Children/Teens**

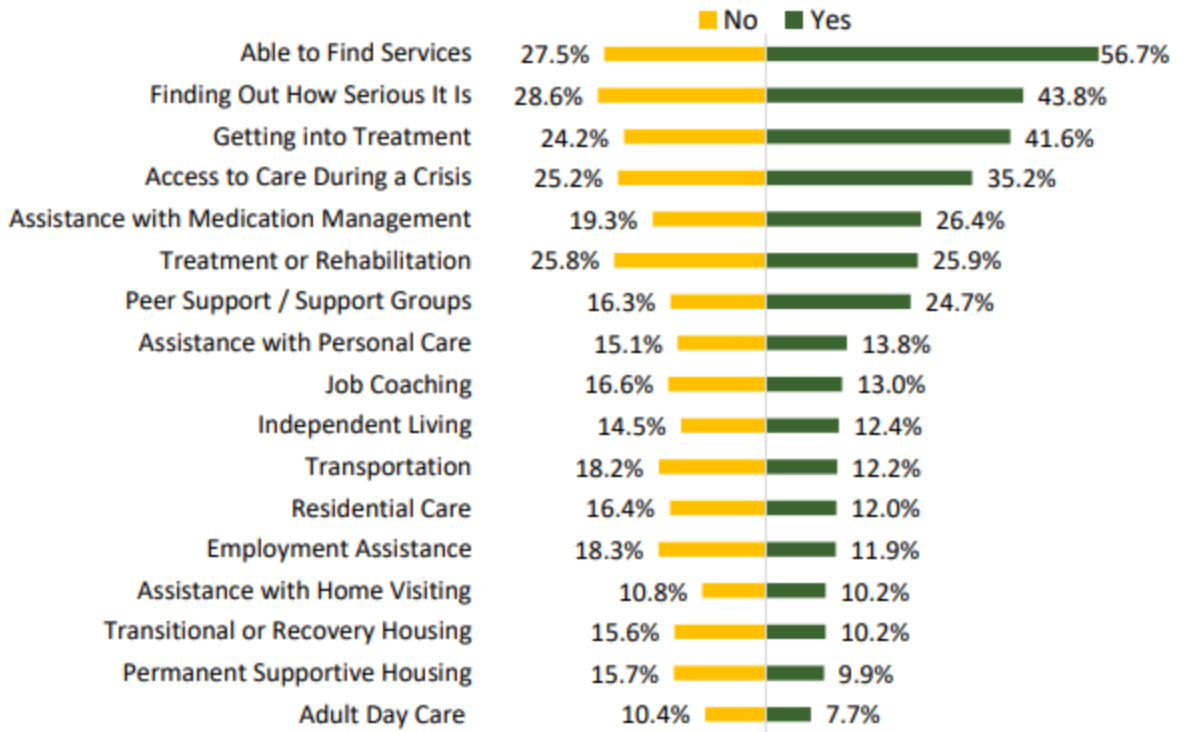


Source: Winnebago County Mental Health Advisory Committee, *Results of Community Survey, 2016*.

### Mental Health of Adults

The survey conducted by the Winnebago County Mental Health Advisory Committee asked those utilizing a particular service for an adult in their household whether they were satisfied with that service in Winnebago County. The service with the greatest satisfaction, Ability to Find Services, received 56.7% favorable response. The ability to find out how serious the situation is becoming the top contender for the negative responses, but also has a very favorable positive response of 43.8%.

**Figure 74: Mental Health Services Satisfaction Survey of Adults**

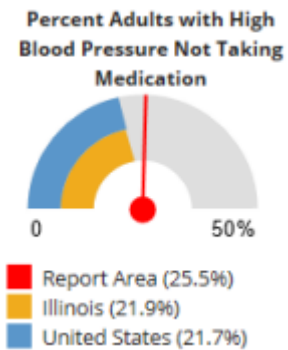


Source: Winnebago County Mental Health Advisory Committee, *Results of Community Survey, 2016*.

## Chronic Disease- Cardiovascular Health

### High Blood Pressure Management

In the report area, 25.5% of adults, or 65,558, self-reported that they are not taking medication for their high blood pressure according to the CDC's Behavioral Risk Factor Surveillance System (2006-2010). The lack of active prevention is relevant in decreasing the likelihood of developing future health problems. When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.



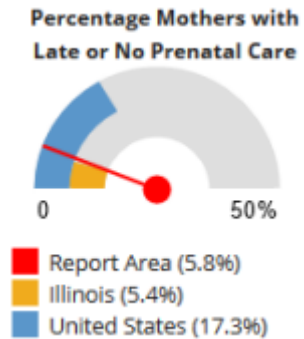
In Winnebago County, 29.8% of adults self-reported that they are not taking medication for their high blood pressure according to the CDC's Behavioral Risk Factor Surveillance System (2006-2010). No data is available for Boone County. However, the Winnebago County figure is higher than statewide (21.9%) or national (21.7%) figures.

## Maternal/Prenatal/Early Childhood Health

### Lack of Prenatal Care

The percentage of women who do not obtain prenatal care during their first trimester of pregnancy increases the likelihood of maternal and infant health risks. The data can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

In 2010, 5.8% of mothers in the report area reported not getting prenatal care in their first trimester of pregnancy. This was slightly higher than (but similar to) the state rate of 5.4% but significantly lower than the national rate of 17.3%. Because data was not available for Boone County this rate only represents Winnebago County.



### Oral Health Care

#### Access to Dental Professionals

Access to dentists is calculated as the number of dentists for every 100,000 residents and includes all General Dentists, Dental Assistants, Orthodontists, and Dental Hygienists. In 2014, the report area had 279.1 dentist professionals for every 100,000 residents in Winnebago, Boone and Stephenson Counties, while in 2010 there were 260.4 dentists available as a comparison. In spite of population loss in the area, the access to dental professionals has increased by almost 20 additional dental professionals over the course of four years. Illinois has experienced a very slight decline from 106.2 to 104.0 in comparison. The three-county region has a much higher access ratio than state or national figures.

**Figure 75: Ratio of Dental Professionals to the Full Population**

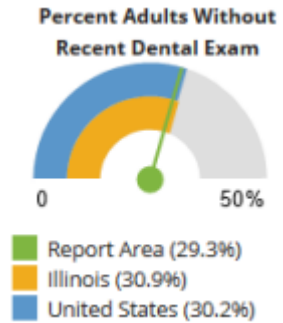
	2010	2014
Population WIOA3	397,142	388,684
Ratio of Dental Professionals to 100,000 in Population WIOA3	260.4	279.1
Ratio of Dental Professionals to 100,000 in Population Illinois	106.2	104.0
Ratio of Dental Professionals to 100,000 in Population U.S.	92.3	48.9

Sources: U.S. Census Bureau, Population Estimates (full population) and Illinois Department of Employment Security, Occupational Employment Totals.

Without having the calculations used at the Census Tract level, it is difficult to ascertain how the Dental profession contributed to the HPSA designations. However, since the Census Tracts identified as having shortages in the more densely populated areas that could help to explain the difference as the numbers above are averaged throughout the three county region, but if focusing in on only the densely populated cities the ratio could be much higher than state or national rates. There are also different variables that additionally contribute to the calculation such as low income levels.

### Dental Care Utilization

The percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year are not engaging in preventive behaviors to decrease the likelihood of developing future health problems. This can highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

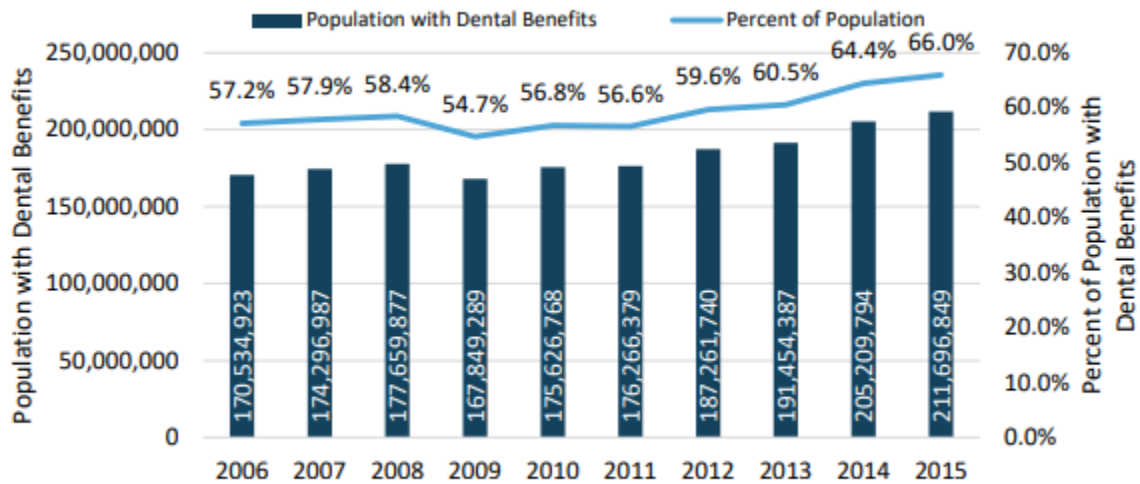


In 2010, 29.3% of adults in the report area reported not seeing a dentist within the past year. This was approximately the same rate as the state (30.9%) and nationally (30.2%). Winnebago County had about the same rate as the report area (30.7%) while Boone County’s rate was much lower (21.3%).

### Dental Coverage

According to the National Association of Dental Plans (NADP), an estimated 211.7 million American’s have dental coverage throughout the country, accounting for approximately 66.0% of the population in 2015. The 2015 percentage is up from 57.2% in 2006 with much of the gains after 2009 when the Affordable Care Act was implemented.

**Figure 76: National Population with Dental Benefits**

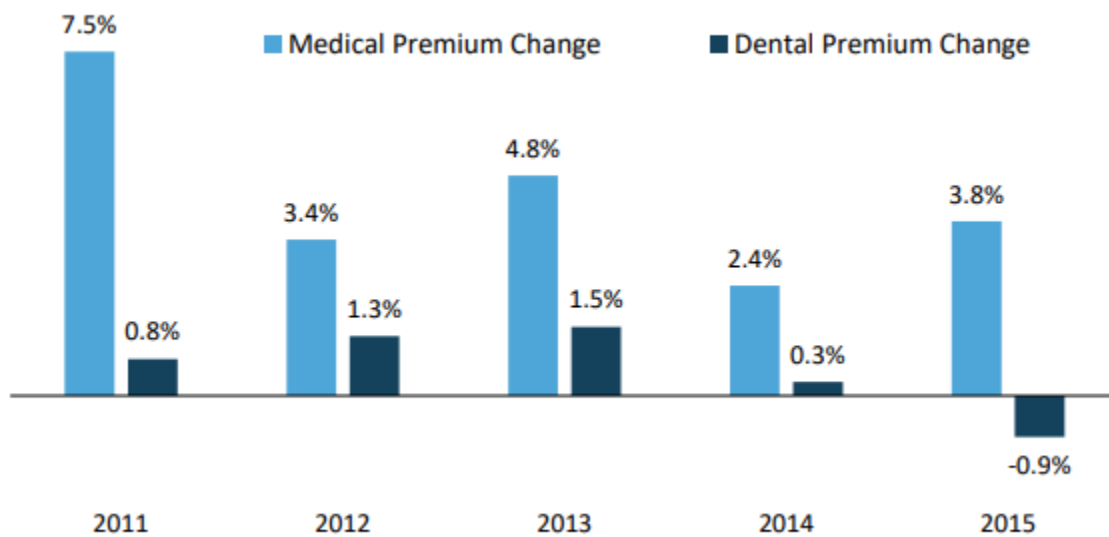


Source: 2016 NADP Dental Benefits Report on Enrollment, published by the [National Association of Dental Plans](#).

Dental coverage is provided as a benefit from employers, which also covers family members. Due to the Affordable Care Act of 2009, employees can also cover their adult children through the age of 26 years old if dental coverage is available. The ACA does not require that dental coverage be included. The NADP estimates 9,810,824 Illinois residents have coverage, approximately 76.4% of the population in 2015, much higher than the national percentage. Those on Medicaid/CHIP account for 28.9%, or 3,579,930 residents.

Since the Affordable Care Act was implemented the premiums have been increasing for medical coverage. Dental coverage has increased but at lower rates. According to the NADP, Dental premiums actually decreased in 2015 by 0.9%.

**Figure 77: National Change in Medical and Dental Premiums**



Source: [National Association of Dental Plans](#), Illinois Dental Benefits Fact Sheet.

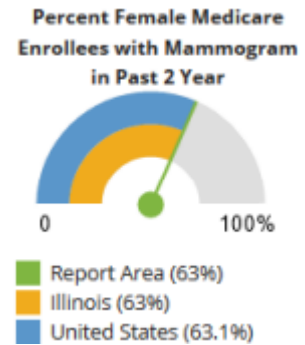
In Illinois, the most common method of funding the premium is where the employee and employer share the cost (70.5%). The employee pays the entire premium for 22.5% of policies and the remaining 7.0% of policies are paid in full by the employer.

## Preventative Care/ Other Utilization

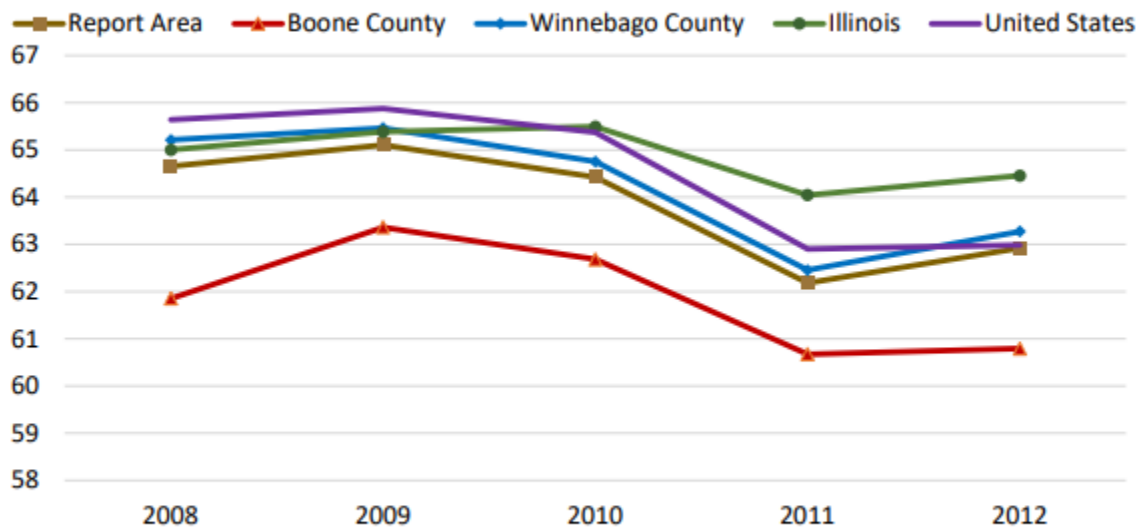
### Cancer Screening - Mammograms

Mammograms for female Medicare enrollees, age 67-69, who have received one or more screenings in the past two years is an indicator of preventive behavior allowing for early detection and treatment of health problems. This can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

In 2012, 63.0% of female Medicare enrollees aged 67-69 in the report area received mammograms within the past two years. This was in line with both the state (63.0%) and national (63.1%) rates, and both Counties also had very similar rates (61.3% for Boone and 63.3% for Winnebago). From 2008-2012 the mammogram rate dropped by approximately 1.5 percentage points, similar to state and national trends.



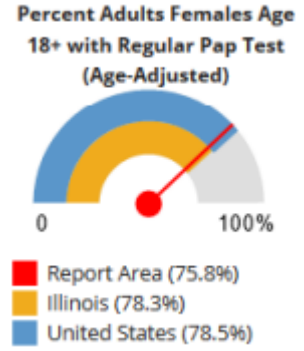
**Figure 78: Breast Cancer Screenings**



Source: [Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2014. Published by Community Commons.](#)

### Cancer Screening – Pap Test

In 2012, 75.8% of women in the report area aged 18 and older reported having a Pap test in the past three years. This was slightly lower than the state rate of 78.3% and the national rate of 78.5%. Because data from Boone County had to be suppressed due to privacy concerns, this value only includes Winnebago County.



### Cancer Screening – Sigmoidoscopy or Colonoscopy

In 2012, 56.6% of adults in the report area aged 50 and older reported having a sigmoidoscopy or colonoscopy. This was slightly lower than the state rate of 57.7% and the national rate of 61.3%. Because data from Boone County had to be suppressed due to privacy concerns, this value only includes Winnebago County.

Percent Adults Screened for Colon Cancer (Age-Adjusted)



- Report Area (56.6%)
- Illinois (57.7%)
- United States (61.3%)

Percent Medicare Enrollees with Diabetes with Annual Exam



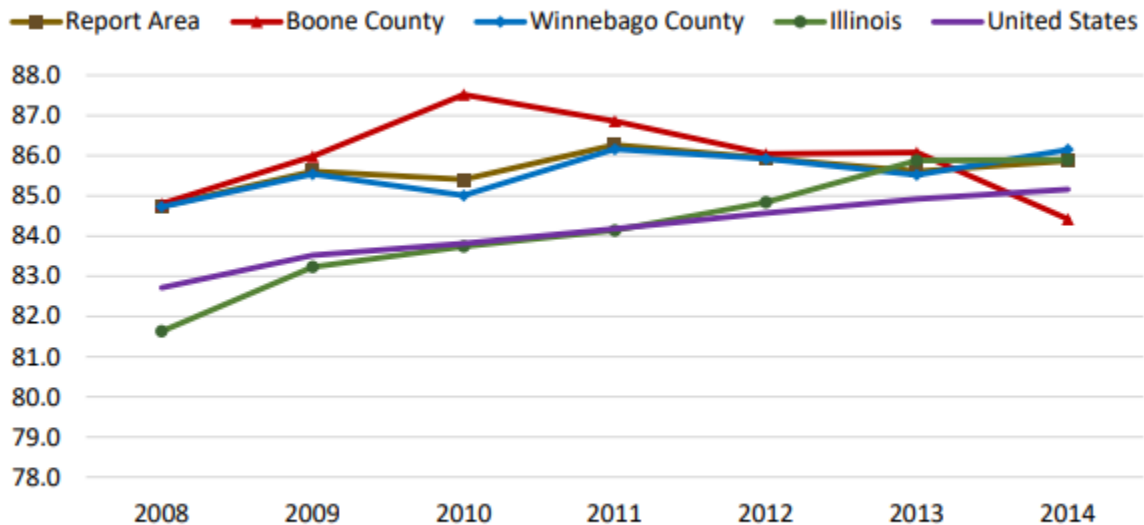
- Report Area (85.9%)
- Illinois (86.3%)
- United States (85.2%)

### Diabetes Management – Hemoglobin A1c Test

The hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year allows for early detection and treatment of health problems. This can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

In 2014, 3,767 Medicare enrollees diagnosed with diabetes had an annual exam out of the total 4,387 Medicare enrollees diagnosed with diabetes in the report area, or 85.9%. This percentage is in line with both state (86.3%) and national (85.2%) trends, as are the individual County values (Boone County reported 84.4% of Medicare enrollees with diabetes getting an exam, Winnebago County reported 86.2%). The report area has seen a gradual increase in the percentage of Medicare enrollees with diabetes getting tested since 2008.

**Figure 79: Diabetes Management (% Medicare Beneficiaries with A1c Test)**



Source: [Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2014. Published by Community Commons.](#)

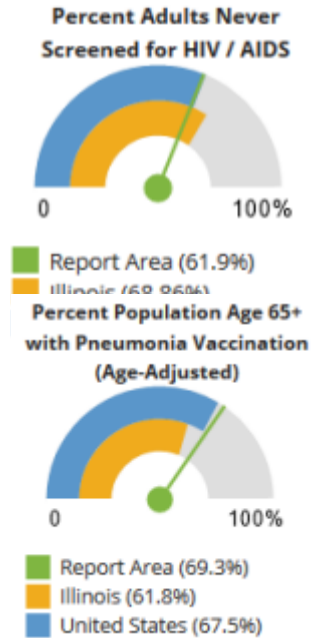


### HIV Screenings

In 2012, 61.9% of adults aged 18 through 70 in the study reported not being screened for HIV. This rate is lower than that of the state (68.9%) and similar to the national rate (62.8%). Individually, Boone County has a higher rate of adults not getting screened for HIV (74.3%) than the report area while Winnebago County had a slightly lower rate (59.3%) than the report area.

### Pneumonia Vaccination

In 2012, 69.3% of adults over the age of 65 in the report area reported receiving a pneumonia vaccine. This rate was higher than the state rate of 61.8% and slightly edged the national rate of 67.5%. Data for Boone County was not available so this value only represents Winnebago County.



# Health Behaviors

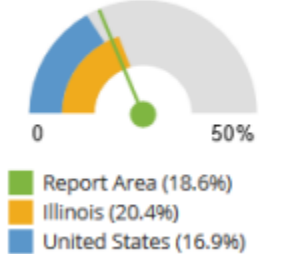
## Behavioral Health

### Alcohol Consumption

Adults, aged 18 and older, who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women) can be determinants of future health and may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Winnebago County’s population over 18 reported 18.6%, or 39,315 people, who drink excessively (age-adjusted percentage), which is lower than Illinois at 20.4% and higher than the national average of 16.9%. Boone County data was suppressed,

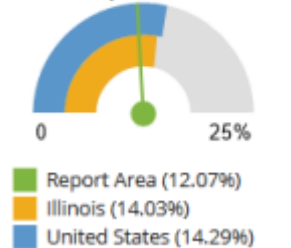
**Estimated Adults Drinking Excessively (Age-Adjusted Percentage)**



### Alcohol Expenditures

Winnebago and Boone Counties combined rate of 12.1%, or \$659.46 on average, is much less in overall alcohol expenditures than the state or national levels, 14.0% and 14.3% respectively. The percentage is calculated as a part of the total household expenditures.

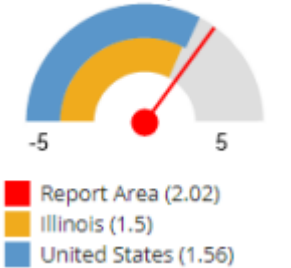
**Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures**



### Tobacco Expenditures

Reported as a percentage of total household expenditures, the cost of smoking is not just monetary, but linked to leading causes of death such as cancer and cardiovascular disease. Expenditures data are suppressed for single Counties but for the report area the expenditures are slightly higher at \$931.23 in 2014, or 2.0%. Illinois, on average, is at 1.5% or \$807.79 while the national average is 1.6% or \$822.70 in 2014.

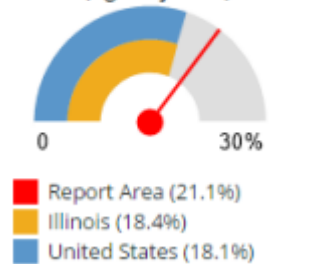
**Cigarette Expenditures, Percentage of Total Household Expenditures**



### Tobacco Usage – Current Smokers

In the report area, an estimated 53,203, or 21.1% of adults age 18 or older self-report currently smoking cigarettes some days or every day. In comparison, the state percentage is 18.4%, while nationally it is 18.1%. Winnebago County skews the report area as the percentage is 21.7%, well above the averages, while Boone County is well below at 17.5%, in 2006 through 2012.

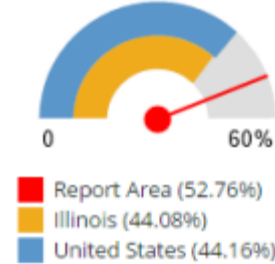
**Percent Population Smoking Cigarettes (Age-Adjusted)**



### Tobacco Usage – Former or Current Smokers

An estimated 131,050 adults, or 52.8% in the report area ever smoked 100 or more cigarettes. In 2011-2012, the count of former or current smokers was much higher as a proportion of the population than state or national figures. Illinois fared the best at only 44.1%, with the national percent of 44.2%. Boone County is the next highest at 46.0%, 19,934 people, and Winnebago County tops at 54.2%, or 111,116 people.

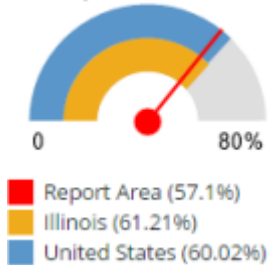
Percent Adults Ever Smoking 100 or More Cigarettes



### Tobacco Usage – Quit Attempt

An estimated 57.1% of adult smokers in the report area attempted to quit smoking for at least 1 day in the past year. There is a large disparity in the report area. Boone County has only 2,020 people who reported as trying to quit in the 2011-2012 year, only 25.0% of all smokers. However, in Winnebago County 61.9% of smokers, or 33,446 people attempted to quit. The Illinois percentage is 61.2% and the national average was 60.0%, so Winnebago County has made some strides in prompting people to quit smoking.

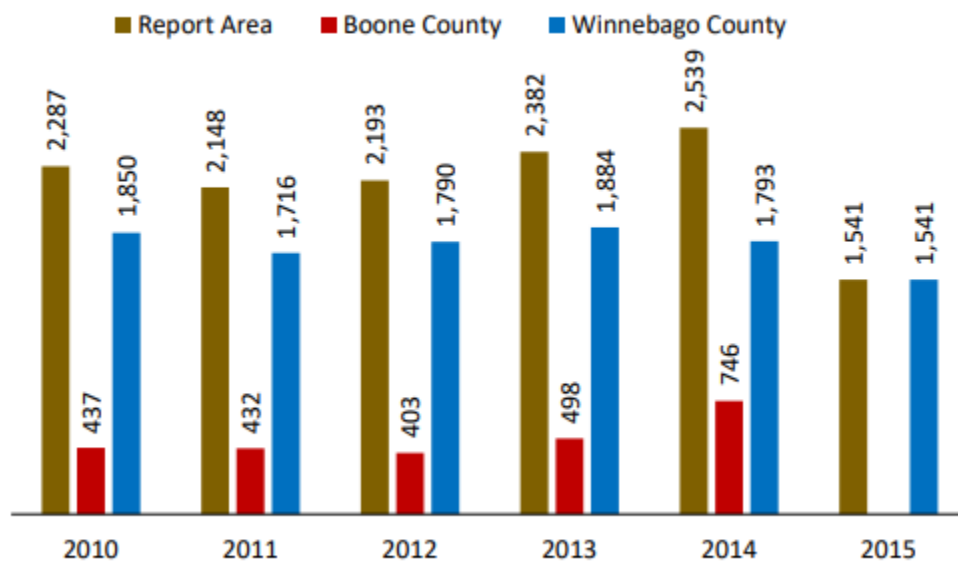
Percent Smokers with Quit Attempt in Past 12 Months



### Substance Abuse (Adult)

Substance abuse is a concern as it impacts the development of a quality workforce, stable communities, crime rate and demand for substance abuse services. Nationally, the population aged 18 and older involved with illicit drugs (Marijuana, Cocaine, Crack, Heroin, and LSD) has steadily increased except for PCP, which seems to be on the decline since 2002. The reasons for any change in trends can be due to an increase in substance abuse or an increase in law enforcement making it difficult to identify causation.

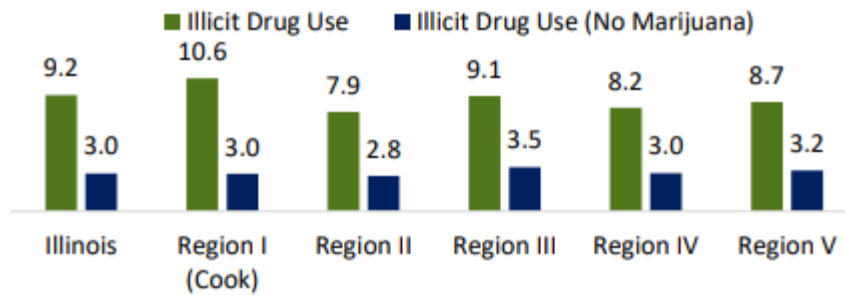
Figure 80: Drug Arrests



Source: [Illinois State Police, I-UCR Reports](#).

According to the National Institute on Drug Abuse the estimate of illicit drug use in the past month shows Region II (includes numerous Counties including Winnebago and Boone) has the lowest rate of approximately one in eight people over the age of 12 years old that participate. Statewide the rate is just over one in nine people.

**Figure 81: Illicit Drug Use by DHS Region by Individuals Over 12 Years of Age**

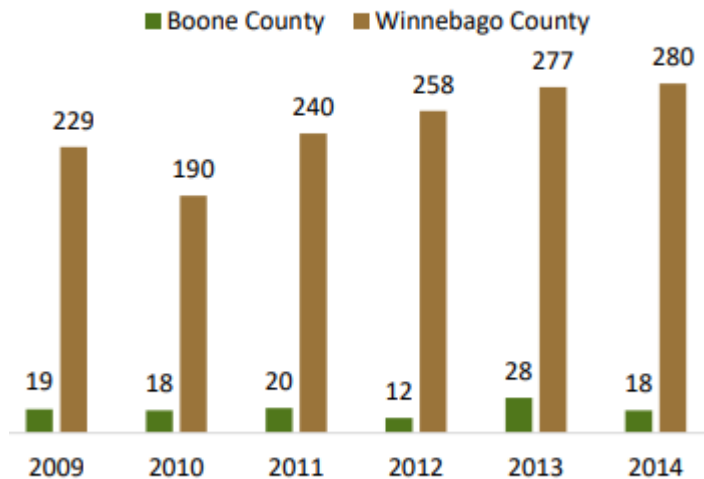


Source: [SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014](#)

**Substance Abuse Emergency Room Visits**

The numbers of those entering emergency rooms due to drug-related incidents has been on the rise in the report area. Boone County is the exception as there were 18 visits in both 2010 and 2014, therefore there was no change. However, Winnebago County went from 190 visits in 2010 to 280 in 2014, a 47.4% rise. The increase in Winnebago County causes the report area change to rise as well. Illinois saw a 36.1% increase from 2010 to 2014.

**Figure 82: Drug-Related Emergency Rooms Visits, Change from 2010-2014**



Source: Illinois Department of Public Health, [IQuery Database](#), 2010 & 2014.

### Substance Abuse (12<sup>th</sup> Graders in Public High Schools)

Many who abuse substances when an adult were typically introduced when they were under the age of 18 years old. According to the University of Illinois' Center for Prevention Research & Development, the mean age among 12th graders reported when they first experienced alcohol, tobacco or marijuana is 15. The ages are similar across the board as to when they had their first experience with various substances, often considered gateway drugs.

**Figure 83: Age of High School Students when First Exposed to Substances**

	Had more than a sip or two of alcohol	Began drinking alcohol regularly <sup>28</sup>	Smoked a cigarette, even just a puff	Used any other tobacco product <sup>29</sup>	Smoked marijuana
<b>Winnebago</b>	14.6	16.0	13.9	15.3	15.0
<b>Boone</b>	15.0	16.1	14.2	15.0	14.9
<b>State</b>	14.8	16.1	14.3	15.0	15.1

Source: Illinois Department of Human Services & University of Illinois' Center for Prevention Research & Development, [Illinois Youth Survey](#), 2016.

Illicit drug use was reported as being very low among high school students. Among the 12th graders that responded, LSD or other psychedelics were most commonly reported in Winnebago County by approximately 154 public high school students in 12th grade, with an additional 8 students in Boone County. MDMA, or more commonly known as ecstasy, has been at least tried by 59 students in the report area. Cocaine or crack came up third with 33 students in the report area having at least tried the drug.

**Figure 85: Prescription and Over the Counter Drugs Used by 12th Graders**

	Steroids without a doctor's prescription?	Prescription painkillers to get high? (e.g., Oxycontin, Vicodin, Lortab, etc.)	Other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	Something you bought in a store to get high? (e.g., cough syrup, etc.)
<b>Winnebago</b>	0.0%	1.0%	1.0%	0.0%
<b>Boone</b>	1.0%	3.0%	2.0%	2.0%
<b>Report Area #</b>	8	49	41	15
<b>State</b>	0.0%	1.0%	2.0%	1.0%

Source: Illinois Department of Human Services & University of Illinois' Center for Prevention Research & Development, [Illinois Youth Survey](#), 2016.

Prescription and over the counter drugs can lead to addiction and cause death in the case of an overdose. According to the National Institute on Drug Abuse for Teens the most commonly misused prescription drugs are opioids (painkillers), depressants, and stimulants. The 12th graders that responded to the survey indicated that up to 113 students in the report area have at least tried prescription and over the counter drugs for the purpose of misusing them.

**Figure 84: Illicit Drug Use by High School 12th Graders**

	MDMA ("ecstasy")	LSD or other psychedelics	Cocaine or Crack	Meth (methamphetamine)	Heroin
Winnebago	2.0%	6.0%	1.0%	0.0%	0.0%
Boone	1.0%	1.0%	0.0%	0.0%	0.0%
Report Area #	59	162	33	0	0
State	3.0%	4.0%	1.0%	0.0%	0.0%

Source: Illinois Department of Human Services & University of Illinois' Center for Prevention Research & Development, [Illinois Youth Survey](#), 2016.

Any substance abuse has a motivation as to why and whether there were consequences to those actions. Among those 12th graders that responded to the survey a large proportion experienced two or more consequences for their actions potentially leading to treatment being necessary. Approximately 965 students fell into this category in the report area.

**Figure 86: Substance Use Consequences (During Last 12 Months) Among 12th Graders**

	Winnebago	Boone	Report Area #	State
Did you ever use alcohol or drugs to relax, feel better about yourself, or fit in	28.0%	26.0%	919	27.0%
Did you ever use alcohol or drugs while you were by yourself, alone	23.0%	17.0%	721	20.0%
Did you ever forget things you did while using alcohol or drugs	19.0%	14.0%	596	19.0%
Did your family or friends ever tell you that you should cut down on your drinking or drug use	6.0%	5.0%	193	8.0%
Have you gotten into trouble while you were using alcohol or drugs	8.0%	3.0%	228	7.0%
Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs	29.0%	16.0%	868	28.0%
Experienced 2 or more consequences <sup>30</sup>	31.0%	22.0%	965	29.0%

Source: Illinois Department of Human Services & University of Illinois' Center for Prevention Research & Development, [Illinois Youth Survey](#), 2016.

## Nutrition

### Fruit/Vegetable Consumption

Consuming less than 5 servings of fruits and vegetables each day can be a determinant of future health because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.

Data for Boone County is not available. Winnebago County has a slightly higher percentage of adults who consume inadequate numbers of fruits and vegetables, 76.5% or 168,860 people, in comparison to the state (76.3%) and national (75.7%) averages.

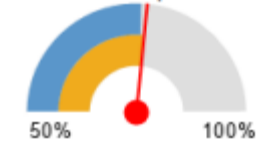
### Fruit/Vegetable Expenditures

The expenditures for the report area combined (11.4% or \$624.62) are more than a full percentage lower than Illinois, 12.5% (\$738.75), and nationally of 12.7% (\$744.71) in 2014.

### Soda Expenditures

Soft drink consumption may illustrate a cause of significant health issues such as diabetes and obesity. Expenditures data are suppressed for single Counties, but for the report area the percentage of food-at-home expenditures for soft drinks are approximately 4.7%, or \$258.56 on average. These rates are higher than the statewide average of \$243.80, or 4.1%, and national average of \$236.04, or 4.0%.

Percent Adults with Inadequate Fruit / Vegetable Consumption



- Report Area (76.5%)
- Illinois (76.3%)
- United States (75.7%)

Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures



- Report Area (11.43%)
- Illinois (12.52%)
- United States (12.68%)

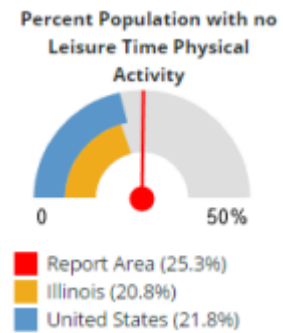
Soda Expenditures, Percentage of Total Food-At-Home Expenditures



- Report Area (4.73%)
- Illinois (4.13%)
- United States (4.02%)

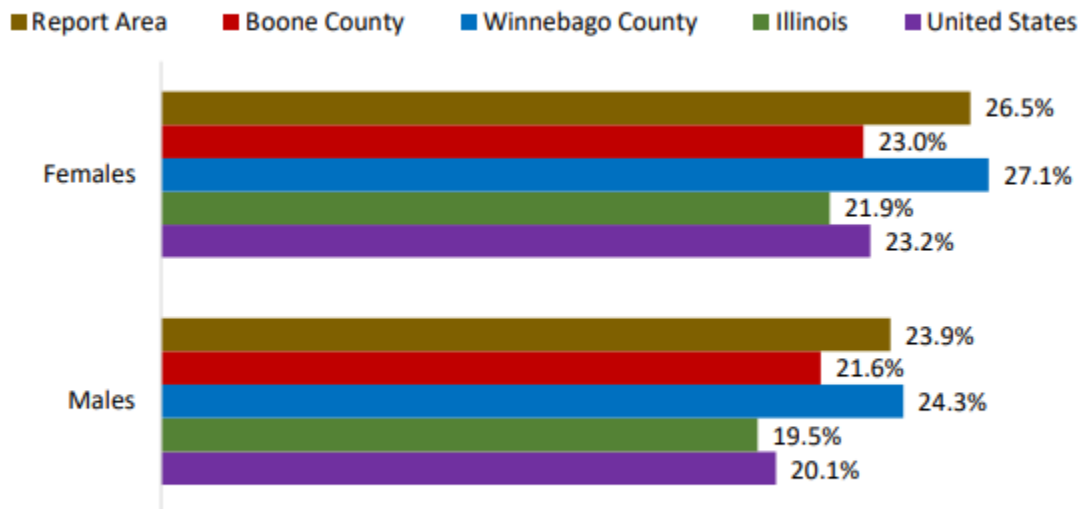
## Physical Inactivity

Within the report area, 65,991 (25.3%) of adults aged 20 and older self-report no leisure time for activity, based on the question: "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 indicator is relevant because current behaviors are determinants of future health and may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.



The percent of the population reporting no leisure time physical activity is 22.3% (8,778 people) in Boone County and 25.8% (57,213) in Winnebago County. These percentages are much higher than the national average of 21.8% of the population and the Illinois percent of 20.8%. Females tend to lack leisure activities at a slightly greater rate than their male counterparts. Winnebago County has the highest proportion of females lacking activities in this comparison at 27.1%.

**Figure 87: Percentage of Adults Lacking Leisure Physical Activity**



Source: [Centers for Disease Control and Prevention, National Center for chronic Disease Prevention and Health Promotion, 2013. Published by the Community Commons.](#)



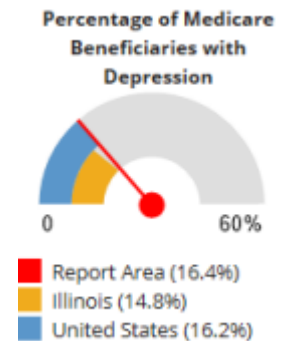
## Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

### Behavioral Health

#### Depression (Medicare Population)

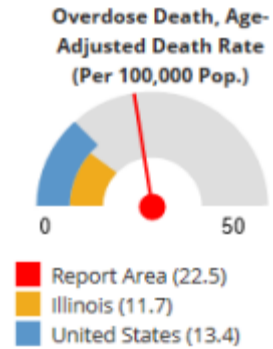
The Medicare fee-for-service population experiencing depression has been increasing over the last several years. Boone County (14.3%, 825 people) is presently lower than the state (14.8%) or national (16.2%) percentages. Winnebago is higher than all at 16.7%, or 6,305 people. However, both Winnebago and Boone Counties seem to be trending down since 2013 along with the statewide percentage. The U.S. figures are still trending upwards.



### Drug Poisoning Mortality

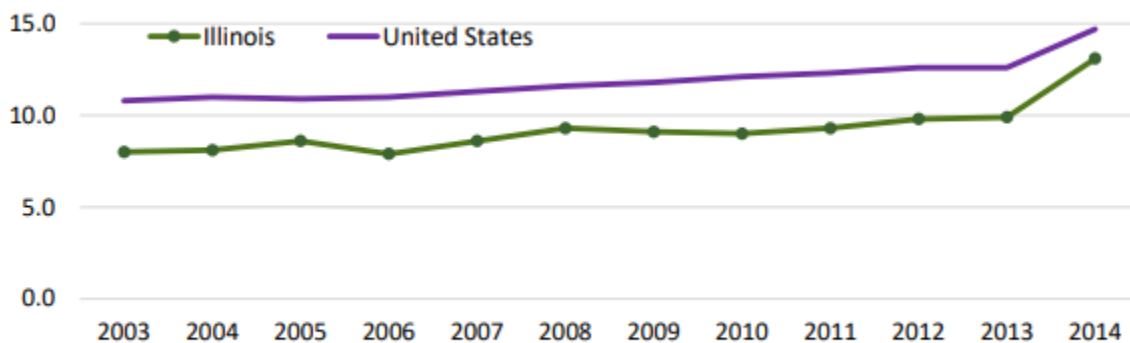
The rates of death due to drug overdose per 100,000 in the population are reported both as crude rates and as age-adjusted rates to year 2000 standard.

The Healthy 2020 Target for the rate of overdose deaths is less than or equal to 10.2. Boone County reports 12.0 deaths per 100,000 in the population due to drug poisoning, which is almost on target. However, Winnebago County reports more than twice the numbers of deaths at 24.5 in 2014. While Boone County is below the national average, the County is still higher than the statewide average.



Unfortunately, these deaths are on the increase. While County data is not available to show a trend, the national and statewide data is available and shows a drastic increase from 2013 to 2014, representing a 6.5% increase nationally. The most common age groups were 25-44 and over 55 years of age, and primarily Non-Hispanic White and Black populations. The CDC believes the drastic increase is due to a worsening opioid overdose epidemic.

**Figure 89: Drug Overdose Mortality, Age-Adjusted Rate (Per 100,000 Pop) by Year**

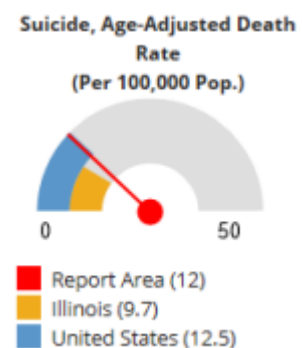


Source: [Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Published by Community Commons.](#)

### Suicide Mortality

Suicide Mortality reports the rate of death due to intentional self-harm (suicide) per 100,000 in population. Figures are reported as crude rates and as rates age-adjusted to year 2000 standard. Suicide is an indicator of poor mental health.

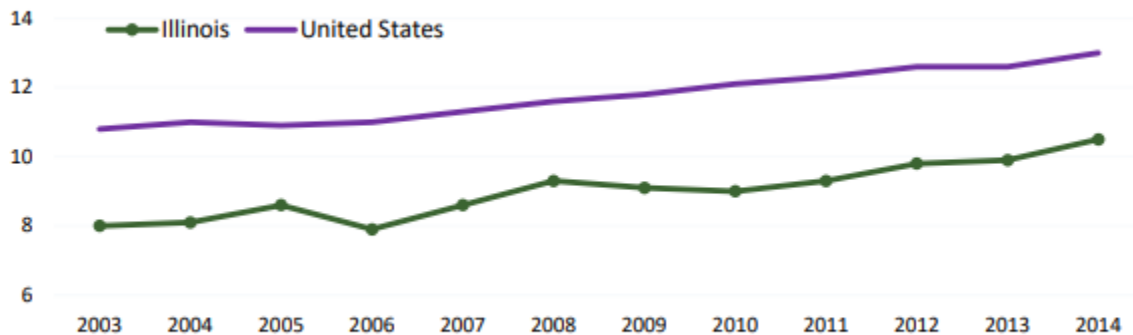
The Healthy 2020 target for suicide deaths is 10.2 suicide deaths per 100,000 in population or less. Unfortunately, the report area is currently above this mark with a rate of 12.0 in 2014, which is also higher than the state rate of 9.7 (but about the same as the national rate of 12.5). Boone County has a slightly lower suicide rate of 10.8. Men are about four times



as likely to commit suicide as women (19.6 for men vs 4.8 for women). Unfortunately, the rate of suicide deaths has steadily increased in both the state and the nation from 2003-2014.

Suicide is the 11th leading cause of death among all age groups, but ranks much higher among the younger age groups (ages 1-17 ranked 4th after accidents, homicide and cancer, and ages 18-24 ranked 3rd after accidents and homicide, and ages 25 to 44 ranks 4th after accidents, cancer and heart disease) in Illinois.

**Figure 90: Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2003-2014**



Source: [Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2010-14. Published by Community Commons.](#)

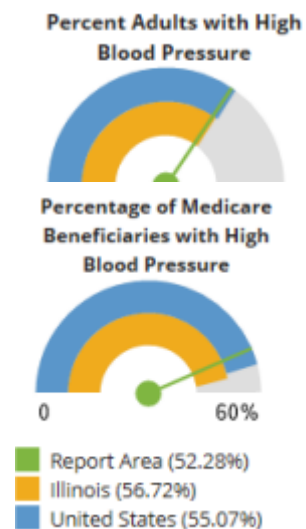
## Chronic Disease – Cardiovascular Health

### High Blood Pressure (Adult)

Winnebago and Boone Counties combined are on par with Illinois and the U.S., 27.6%, 28.2% and 28.2%, respectively, of adults reporting high blood pressure diagnosis. Boone County (30.6%) is much higher than Winnebago County (27.1%). The data are a combination of several sources and are dated as 2006-2011, but no further data is available on the BRFSS site.

### High Blood Pressure (Medicare Population)

The percentage of the Medicare fee-for-service population with hypertension (high blood pressure) in the Winnebago and Boone County area is faring better than state or national averages. Boone County has 53.6% reporting hypertension, while Winnebago County is slightly lower at 52.1% of their population. The Illinois average is 56.8% and 55.1% nationally. The data is reported for the 2014 year.



### Heart Disease (Adult Population)

The adult population that has been diagnosed with coronary heart disease or angina is relevant since coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Among the 202,808 people living in Winnebago County, 9,823, or 4.8%, reported having been diagnosed with heart disease. No residents in Boone County surveyed were found to have heart disease. The Illinois average is 3.8% while the nation is slightly higher at 4.4%. The data is from 2011-2012 and is a compilation of BRFSS and CARES data on the Community Commons site. However, more current data on the Illinois BRFSS shows that 3.8% of adults in Boone County were diagnosed with coronary heart disease, or 1,512 in 2014. Winnebago County was higher at 6.4%, or 13,991 people. Statewide in 2014 the percentage was 3.6% as a comparison.

Percent Adults with Heart Disease



■ Report Area (4%)  
■ Illinois (3.8%)  
■ United States (4.4%)

### Heart Disease (Medicare Population)

The percentage of the Medicare fee-for-service population with ischemic heart disease is slightly lower than the national average of 27.0%, and Illinois of 27.5%. Boone is higher than Winnebago County, but not by much. Boone reported 25.3% of the population with heart disease while Winnebago reported 24.0% in 2014.

Percentage of Medicare Beneficiaries with Heart Disease



■ Report Area (24.19%)  
■ Illinois (27.51%)  
■ United States (26.99%)

### Heart Disease (Mortality)

Within the report area the rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 in population is 178.2. Figures are reported as crude rates and age-adjusted rates to the year 2000 standard. Heart disease is a leading cause of death in the United States.

Boone County (169.5) is lower than Winnebago County (179.8) and also lower than the statewide (174.5) and national (171.8) age adjusted rates. There was a cumulative total of 726 deaths reported from 2010 to 2014, leading to a crude death rate per 100,000 in population to be 209.7 for Winnebago and Boone Counties combined.

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



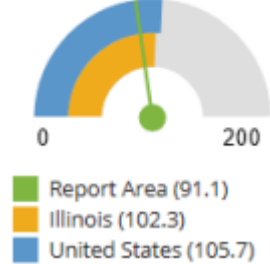
■ Report Area (178.2)  
■ Illinois (174.5)  
■ United States (171.8)

Similar to Coronary Artery Disease, males are much more likely (at least twice) to pass from Heart Disease. However, the good news has been the decline in reported mortality throughout Illinois and nationally. There is no data available for individual Counties for a full trend, but the Illinois age-adjusted rate per 100,000 in population back in 2003 was 239.2, and has declined to 169.7. Nationally the same trend has been seen from 236.3 in 2003 to 167.0 in 2014.

### Coronary Heart Disease Mortality

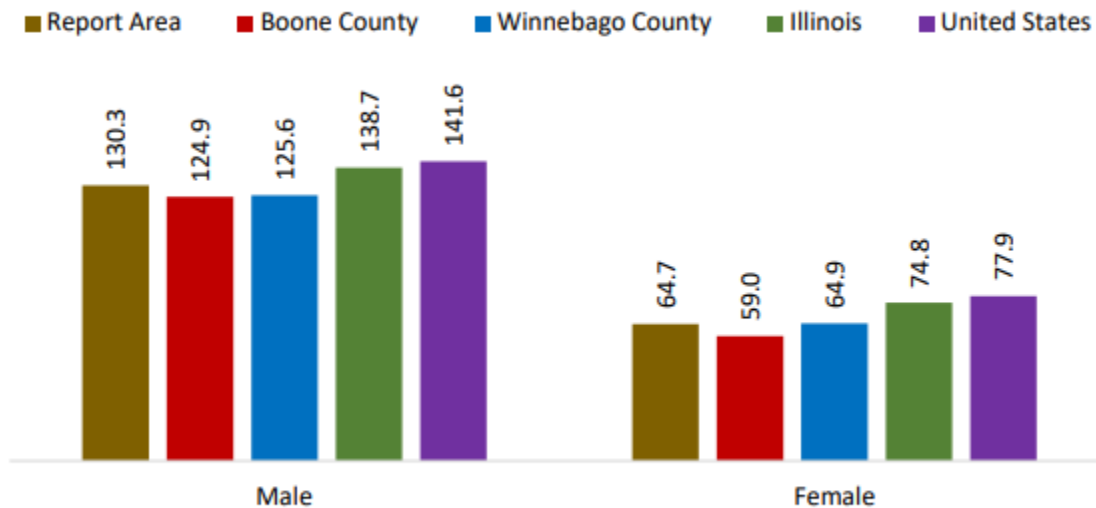
Within the report area the rate of death due to coronary heart disease per 100,000 in population is 91.1. This rate is less than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates and as age-adjusted rates to the year 2000 standard. Rates are summarized for report areas from County level data, only where data is available. Heart disease is a leading cause of death in the United States.

Coronary Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Both Winnebago and Boone Counties have a lower death rate than the HP 2020 target. Boone is 88.1 deaths per 100,000 in population and Winnebago is at 91.7 deaths. There are stark differences by gender, however. Men are almost twice as likely to die from Coronary Heart Disease as women.

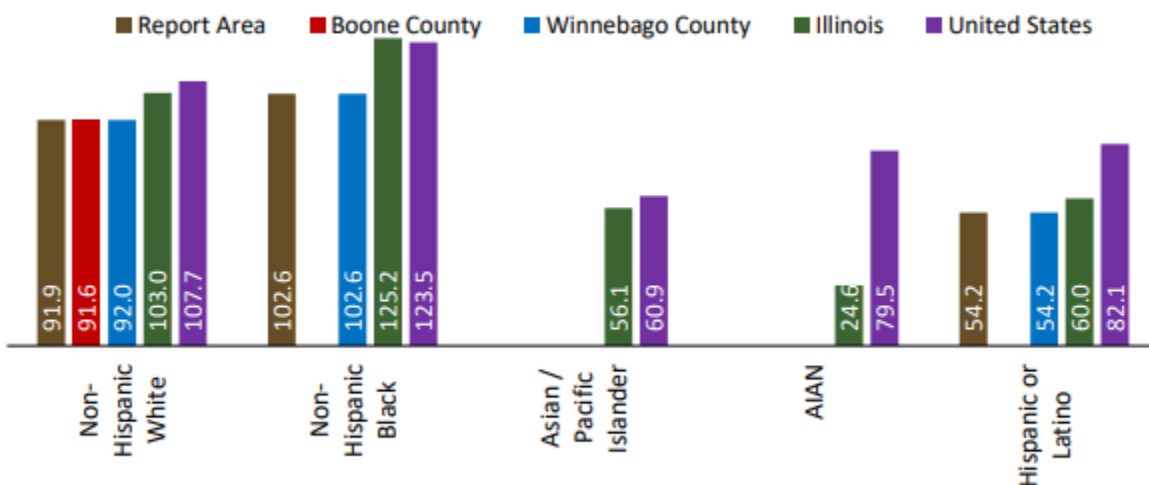
**Figure 91: Coronary Heart Disease Mortality by Gender (by deaths per 100,000 in population)**



Source: [Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Published by Community Commons.](#)

Non-Hispanic Black and Non-Hispanic White populations have the greatest proportion of deaths from 2010 through 2014. The rate has been steadily decreasing in Illinois and nationally. In 2003, Illinois was at 165.6 deaths per 100,000 and is now at 98.8 in 2014.

**Figure 92: Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop) by Race/Ethnicity**

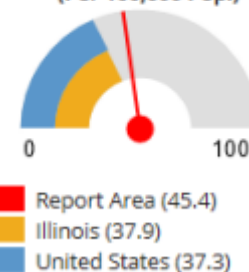


Source: [Centers for disease Control and Prevention, WONDER database, 2010-2014. Published by Community Commons.](#)

### Stroke Mortality

The Healthy 2020 target for stroke mortality is 33.8 deaths per 100,000 in population or less. In this regard the report area is lagging behind with a rate of 45.4, as are the state (37.9) and the nation (37.3). Winnebago County’s rate is about the same as the combined rate (46.6), while Boone County is doing slightly better (39.0). Men are more likely to die than women in the area by approximately ten percentage points (51.5 for men vs 42.0 for women). While racial data on stroke mortality is not uniformly available at the County level both at the state and national levels the Black population has a significantly higher rate of deaths due to stroke than any other category.

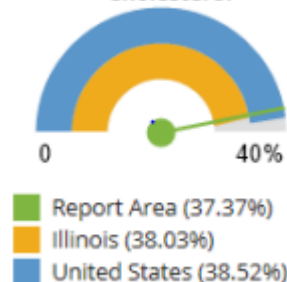
**Stroke Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)**



### High Cholesterol (Adult)

Boone County is much higher at 47.6% adults reporting a diagnosis of high cholesterol. The national average is the closest at only 38.52%, Illinois next at 38.03%, and Winnebago County with the lowest at 35.2% of adults reporting high cholesterol levels. The data is fairly dated at 2011-2012.

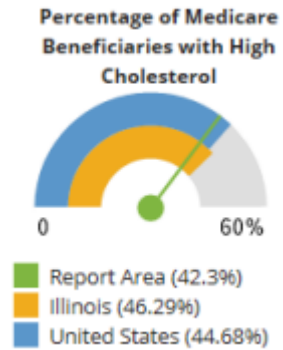
**Percent Adults with High Cholesterol**



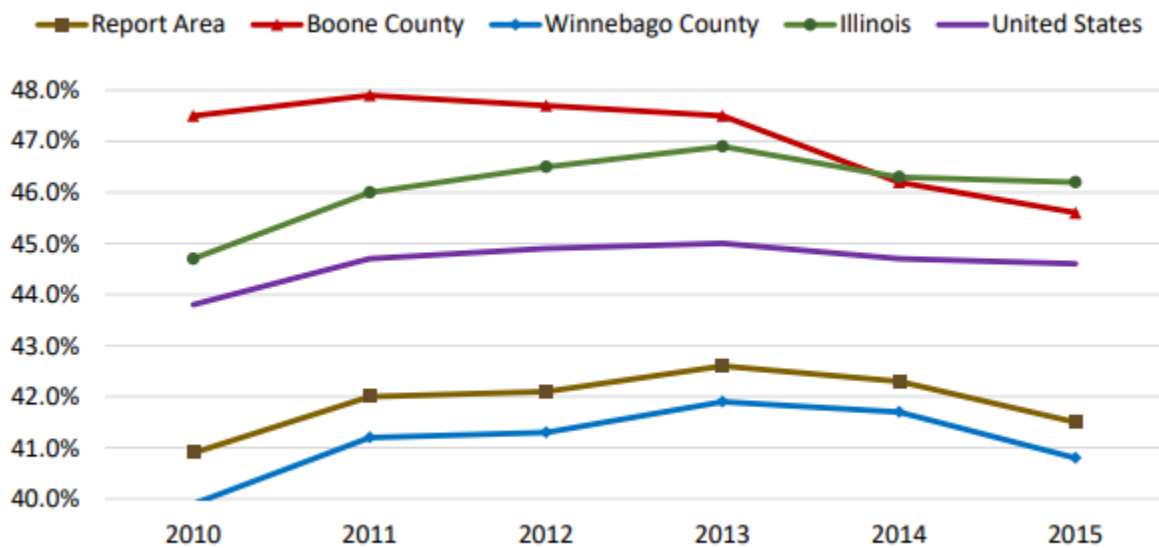
The White (Non-Hispanic) population has the highest cholesterol levels across the nation at 40.0%, with the remaining race and ethnicity categories remaining between 32.0% and 37.0%.

### High Cholesterol (Medicare Population)

Similar to the adult population, Boone County has a much higher percentage of the Medicare population as well at 46.2%, but Illinois is only slightly higher at 46.3% on average. Winnebago County reports 41.7% while the national average is 44.7% of the Medicare population reporting a diagnosis of hyperlipidemia. The percentages have been on the rise through 2013. It appears the trends are now improving, however. Boone County dropped by over one percentage point in 2014 alone.



**Figure 93: Percentage of Medicare Population with High Cholesterol**



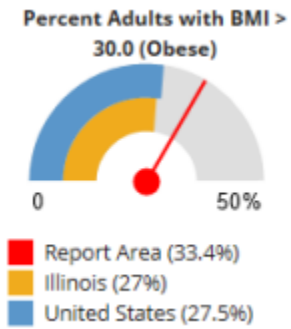
Source: [Centers for Medicare and Medicaid Services, 2014. Published by Community Commons.](#)

## Chronic Disease – Weight

### Obesity

Adults aged 20 and older that self-report having a body mass index (BMI) of over 30, which is the cutoff for determining obesity, may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

The Healthy People 2020 target is 30.5% of the population being obese or lower. The report area has some work to do to meet this goal with an obesity rate of 33.4%. This is higher than the state rate of 27.0% and the national rate of 27.5%, both of which are below the Healthy 2020 mark. Neither Boone nor Winnebago Counties have rates significantly different from the combined rate. Both men and women have approximately the same obesity rates.



**Figure 94: Obesity by Gender**

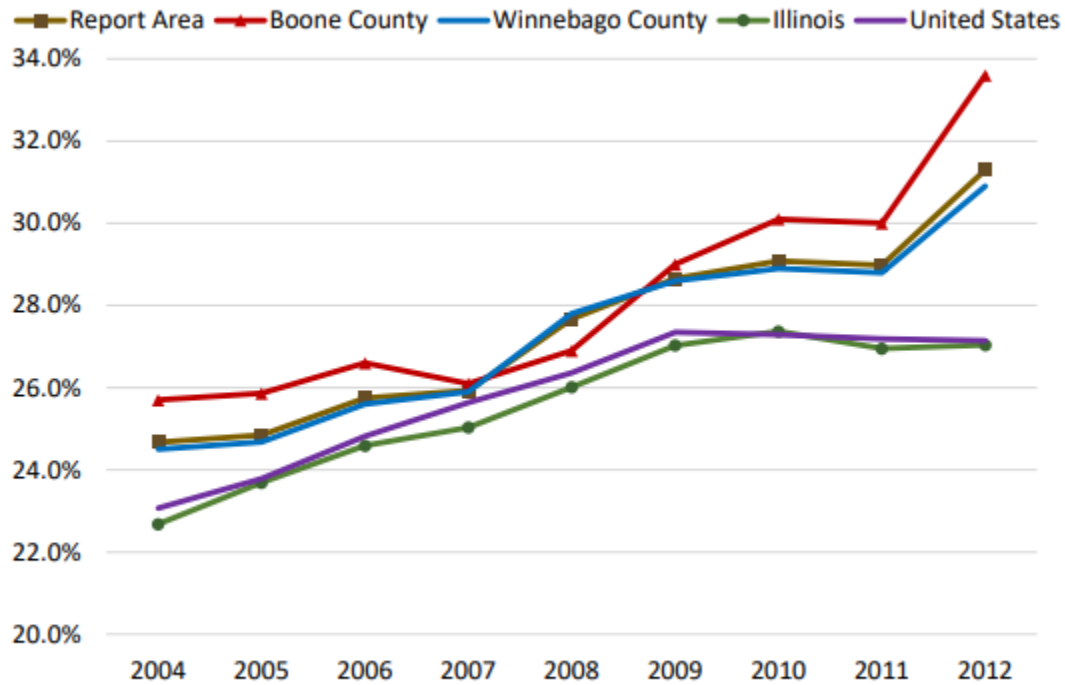
	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
<b>Boone County</b>	6,305	32.8%	6,491	33.5%
<b>Winnebago County</b>	34,134	32.5%	38,306	34.3%
<b>Report Area</b>	40,439	32.6%	44,979	34.2%
<b>Illinois</b>	1,229,347	26.2%	1,371,583	27.6%
<b>United States</b>	32,051,606	27.9%	32,833,321	27.1%

Source: [Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Published by Community Commons.](#)



Unfortunately, obesity has increased over time. From 2004-2012 the report area has seen obesity rates rise from 24.7% in 2004 to 31.3% in 2012. Both the state and the nation have also seen obesity rates rise, however while they both saw obesity rates level over time after 2009 the report area's rates continued to increase. Winnebago County residents total 72,440 and Boone County residents total 12,796 for a cumulative total of just over 85,000 residents considered obese.

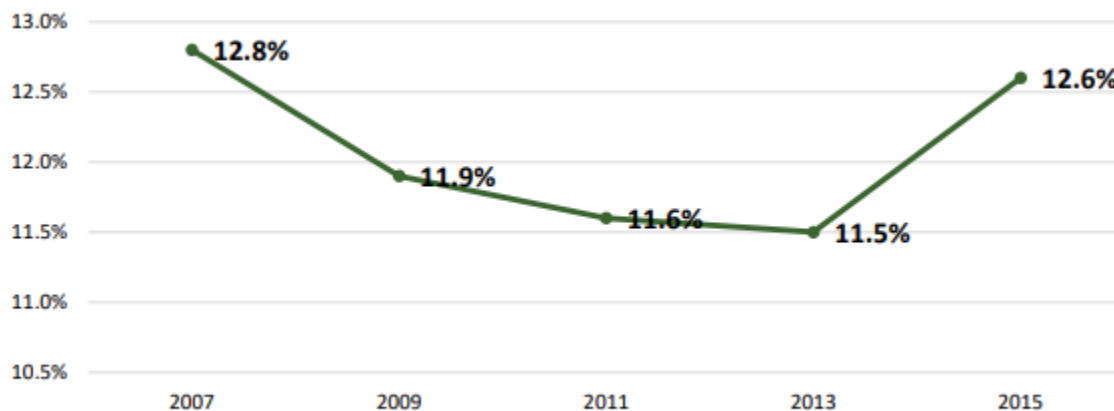
**Figure 95: Percent Adults Obese (BMI<sup>32</sup> > 30.0)**



Source: [Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Published by Community Commons.](#)

There is no relative County data for youth obesity. However, statewide the Center for Disease Control has tracked adolescents (grades 9-12) who have been diagnosed with obesity. Obesity is defined differently for adolescents as it depends on height and weight as to the appropriate BMI, so it does vary unlike adults. Figure 96 shows the overall rate of obesity for adolescents returning back to levels from 2007.

**Figure 96: Percent of Adolescent (Grades 9-12) Obesity in Illinois**

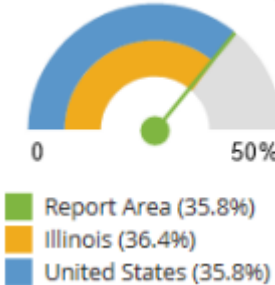


Source: Center for Disease Control, [Youth Risk Behavior Surveillance System \(YRBSS\)](#).

### Overweight Adults

Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. In the report area, 35.8% of adults over the age of 18 indicated they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). Boone County is faring much better at 32.3%, which is lower than the statewide (36.4%) average and the national average of 35.8%. Winnebago County, on the other hand, is much greater at 36.6%. The Hispanic or Latino population has a higher proportion being overweight statewide at 39.6% and nationally at 38.4%. There are no racial data available for Boone or Winnebago Counties.

**Percent Adults Overweight**

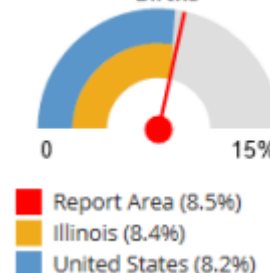


### Maternal/Prenatal/Early Childhood Health

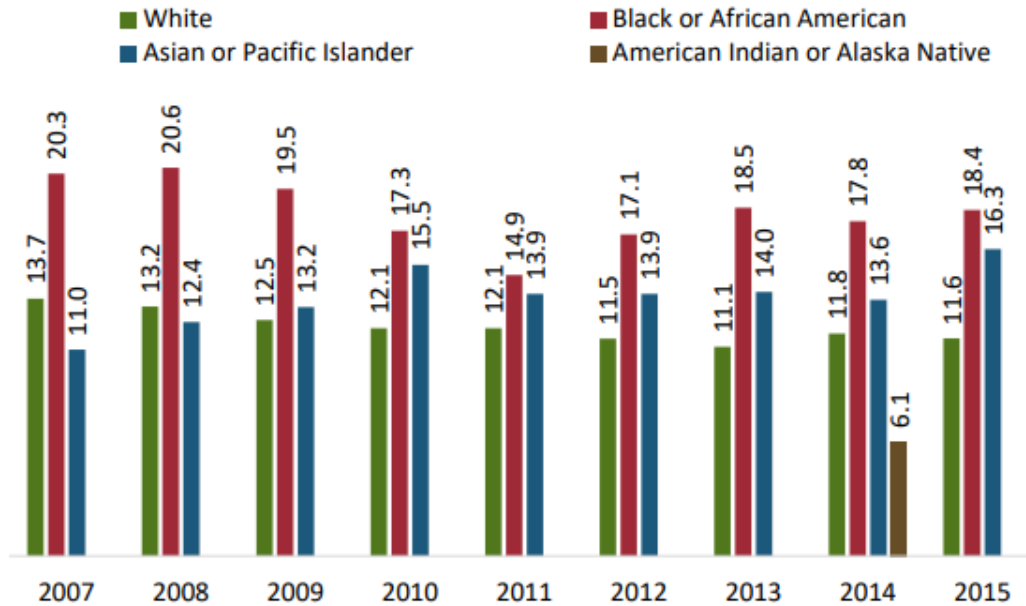
#### Infant Low Birth Weight

Low birth weight infants (less than 2,500 kg) are at high risk for health problems. Winnebago County has the highest percent of low weight births at 8.7%, but only slightly higher than Illinois at 8.4% and the United States at 8.2%. Boone County is much lower than all at only 7.3%. The Black or African American population has the highest percentages of low birth weight while the last few years the White population has the lowest. The latest data for Winnebago County (2015) shows an increasing percentage to 9.2%. However, the statewide percentage decreased slightly to 8.3% and nationally decreased to 8.1%.

**Percent Low Birth Weight Births**



**Figure 97: Babies Born with Low Birth Weight, Percent by Race, Winnebago County**

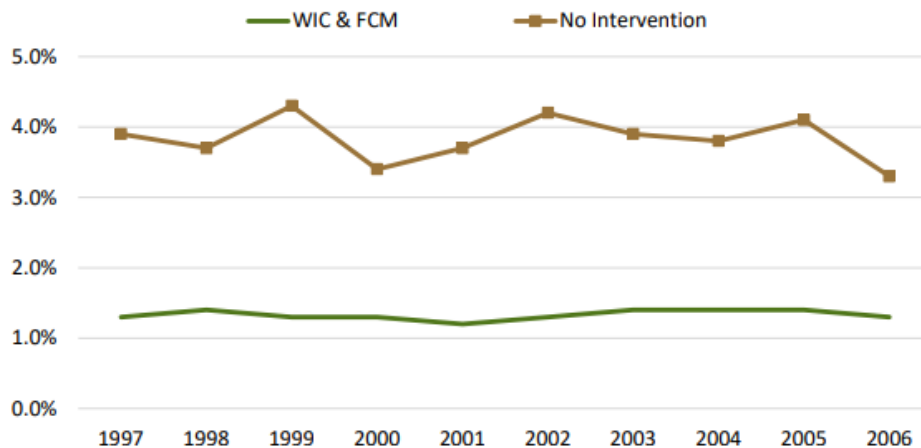


Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

**Very Low Birth Weight Rate – Medicaid Eligible Infants**

While the data is rather outdated, the evidence is clear that early intervention with a program offering education and support reduce the number of very low birth weight infants by several percentage points. The program, Women, Infants and Children (WIC) provides nutrition, health care referrals, and nutrition education for low-income supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. The Family Case Management (FCM) program provides a holistic approach in providing access to resources such as family planning, health providers,

**Figure 98: Very Low Birth Weight Infants on Medicaid, Illinois**



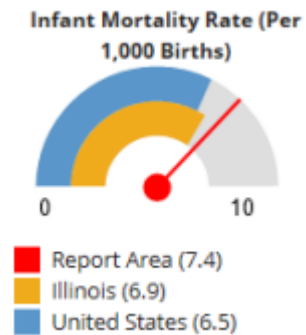
Source: [Illinois Department of Human Services](#), 2006.

prenatal/parenting classes, child care, housing, smoking cessation, lead screening, transportation and domestic violence resources.

## Infant Mortality

Infant mortality is calculated as the rate of deaths to infants less than one year of age per 1,000 births. High rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Winnebago County (7.8%) is almost a full percentage point higher than Illinois (6.9%) and the United States (6.5%). However, Boone County is much lower than all at 5.3%. There is not sufficient data to break out these statistics by County, but in Illinois the Non-Hispanic Black population is experiencing the highest rates of infant mortality (per 1,000 live births) of 13.4% in Illinois and 16.7% in Winnebago County. Both of those rates are higher than the national average of 12.7%. All other categories of race and ethnicity across the nation are much lower: Non-Hispanic White (5.5%), Non-Hispanic Asian (4.5%), Non-Hispanic American Indian or Alaskan Native (8.5%) and Hispanic or Latino community (5.4%) according to 2006-2010 data.

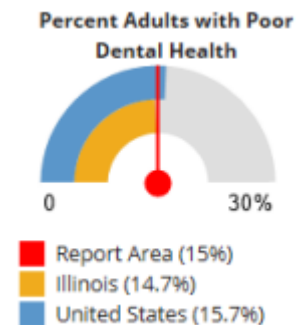


## Oral Health

### Poor Dental Health

Poor dental health among adults age 18 and older is determined by those who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicates lack of access to dental care and/or social barriers to utilization of dental services.

Winnebago County (14.6%) is doing better than Boone County (17.0%), statewide (14.7%) and nationally (15.7%). The racial data is not available for the individual Counties, but statewide and nationally the proportions are quite high for Non-Hispanic Black populations (22.2% and 21.6% respectively). The Hispanic or Latino populations have the lowest proportions with poor dental health, statewide 7.2% and nationally 10.3%.



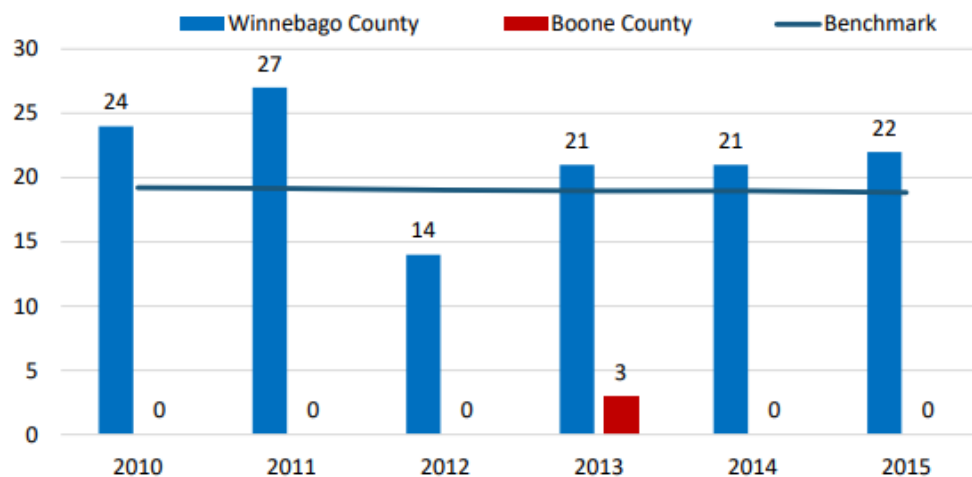
## Crime/Violence/Public Safety

### Homicide Mortality

Homicide mortality is calculated as the rate of death due to assault (homicide) per 100,000 in population. The homicide rate is a measure of poor community safety and is a leading cause of premature death.

The Healthy 2020 target for this indicator is 5.5 homicides per 100,000 in population or less. According to the Illinois State Police the homicide rate in Winnebago County spiked in 2011, and while that number has declined, it is still higher than the Healthy 2020 target. In 2015, the target was 18.8 or less after calculating 5.5 homicides per 100,000 in population. Winnebago County had 22 homicides and Boone had zero.

**Figure 99: Homicide Mortality Count with Healthy 2020 Benchmark**



Source: [Illinois State Police, I-UCR Crime Reports.](#)

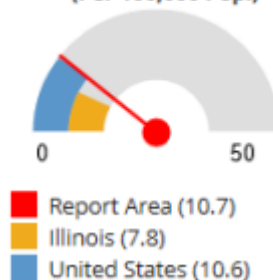
### Motor Vehicle Crash Mortality

The rate of death due to motor vehicle crashes per 100,000 in population, which include collisions with another motor vehicle, a non-motorist, a fixed object, or a non-fixed object, an overturn, and any other non-collision, is higher than the state or national rate. Motor vehicle crash deaths are preventable and they are a cause of premature death.

The Healthy 2020 target for motor vehicle deaths is 12.4 deaths per 100,000 in population. In this regard the report area has met this goal with a rate of 10.7, although that is higher than the state rate of 7.8.

Neither Boone nor Winnebago Counties have rates that significantly differed from the combined rate. Men (16.4) are nearly three times as likely to die in a motor vehicle accident than women (5.4) in the report area, while nationally that rate climbs to 37.5 for men and only to 6.1 for women in 2014.

**Motor Vehicle Crash Death, Age-Adjusted Death Rate (Per 100,000 Pop.)**

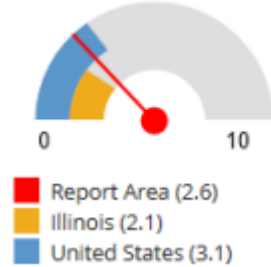


### Pedestrian Motor Vehicle Crash Mortality

The crude rate of pedestrians killed by motor vehicles per 100,000 in population is relevant because they are preventable and a cause of premature death. The report area has a pedestrian motor vehicle death crash death rate of 2.6 per 100,000 in population. This is slightly higher than the state rate of 2.1 and slightly lower than the national rate of 3.1.

The Healthy People 2020 target is to get that rate down to less than, or equal to, 1.3 deaths per 100,000 in population.

**Pedestrian Motor Vehicle Mortality, Crude Death Rate (Per 100,000 Pop.)**

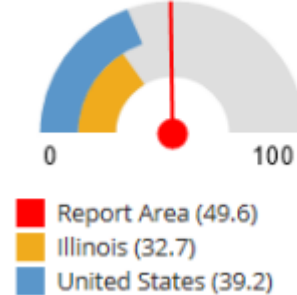


### Unintentional Injury Mortality

Unintentional injury (accident) per 100,000 in population is reported as crude rates and as rates age-adjusted to year 2000 as the standard. Accidents are a leading cause of death in the U.S.

The Healthy People 2020 target is 36.0 accidental injury deaths per 100,000 in population or less. The report area still has a way to go to meet this benchmark as the combined rate is 49.6. The rate is also significantly above the state rate of 32.7 and the national rate of 39.2. Men are twice as likely to die in an accident as women (66.4 for men vs. 30.6 for women).

**Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)**



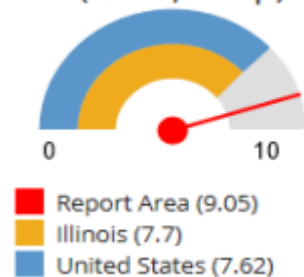
### Cancer

#### Cervical Cancer Incidence Rate

The age adjusted incidence rate (cases per 100,000 in the population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ...80-84, 85 and older) are higher than the national or statewide rates. Cancer is a leading cause of death and it is important to identify cancers independently to better target interventions.

Boone County is highest at 11.7 people per 100,000 females, while Winnebago is at 8.6 people. The target would be less than or equal to 7.1 people according to the Healthy People 2020 framework.

**Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)**



### Colon and Rectum Cancer Incidence Rate

Winnebago County is only slightly higher than Boone, 42.2 versus 41.3 respectively. The target according to the Healthy People 2020 framework would be to reduce those incidence rates to less than or equal to 38.7 people per 100,000 in population. In Winnebago County the White population is at 40.2 incidence per 100,000 population, but the Black population is very high at 69.2 per 100,000 population.

Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)



Report Area (42.07)  
Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)



Report Area (117.36)  
Illinois (128.5)  
United States (123.41)

Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)



Report Area (72.94)  
Illinois (67.9)  
United States (62.62)

Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)



Report Area (104.08)  
Illinois (128.8)  
United States (123.41)

### Breast Cancer Incidence Rate

The incidence of breast cancer in both Winnebago and Boone Counties is substantially lower than the statewide or national averages. The incidence rate for the Black population is slightly lower than the White population in Winnebago County (Black population at 115.0, or 20 people, and White population at 118.5 or 187 people).

### Lung Cancer Incidence Rate

Boone County experienced 36 new cases and Winnebago experienced 252 new cases on average per year from 2009 to 2013. Boone County incidence rate was 66.3, on par with the national rate and lower than the statewide average. Winnebago County incidence rate was much higher at 74 per 100,000 in population. The Black population in Winnebago County is slightly higher at 76.3 while the White population is at 74.7 on average.

### Prostate Cancer Incidence Rate

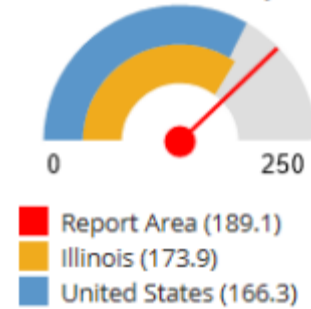
Boone County has an incidence rate of 97.8 and Winnebago is at 105.2, both of which are lower than statewide or national averages by approximately 25 people per 100,000 in population. However, there is a large discrepancy between White and Black populations in Winnebago County (no data is available for Boone). The White population on average has an incidence rate of 99.9 while the Black population has an incidence rate of 164.3. The rate is well under the national (194.3) and statewide (193.8) rates for the Black population but well above all other racial categories.



### Cancer Mortality

Winnebago County had 192 people per 100,000 die due to cancer, while comparatively 173.7 people per 100,000 died in Boone County. Boone County's rate is slightly lower than the statewide average rate of 173.9, but still higher than the national average rate of 166.3 people who died. These data are dated 2010- 2014. Data is not readily available by County over time, but Illinois and national data shows a continual decrease in cancer mortality from 2003 through 2014. The Health Progress benchmark for 2020 is less than or equal to 160.6.

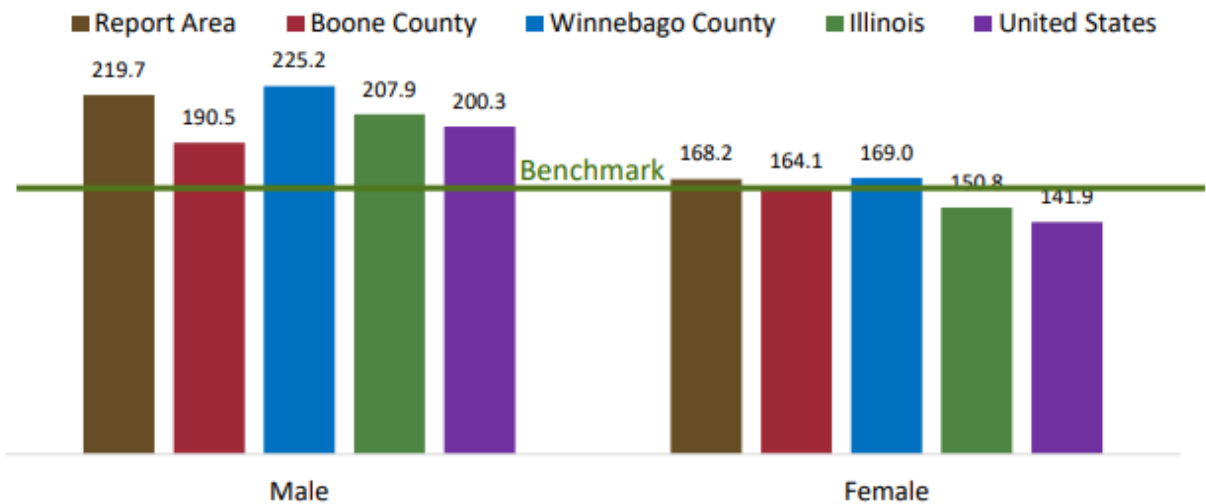
Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Males have a greater chance of dying from cancer than females.

Females in Illinois and nationally are under the benchmark at 150.8 and 141.9 respectively.

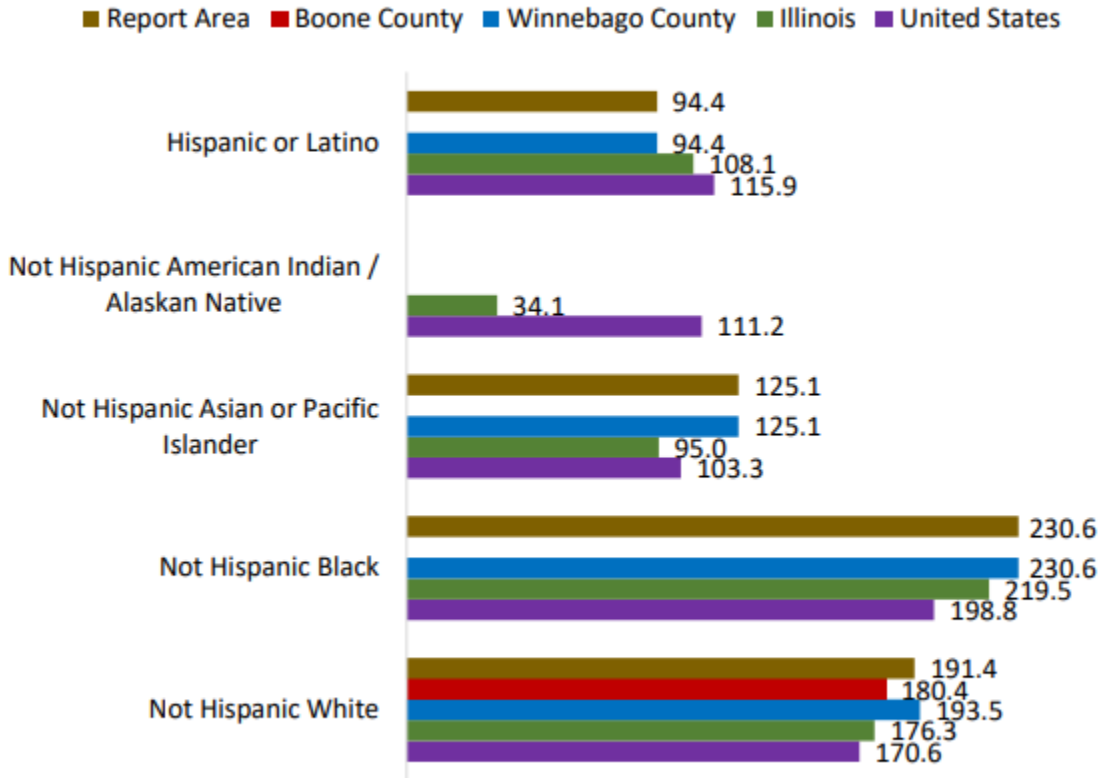
**Figure 100: Cancer Mortality by Gender, Age Adjusted**



Source: [Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Published by Community Commons.](#)

The breakdown by race and ethnicity also shows disparities. The Non-Hispanic Black population has a higher rate than any other category. The Non-Hispanic White population is not far behind.

**Figure 101: Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race/Ethnicity**



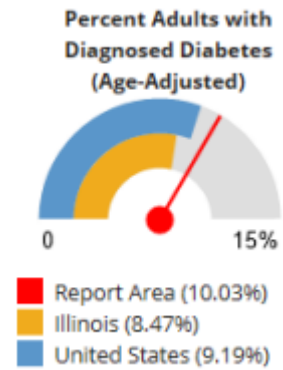
Source: [Centers for disease Control and Prevention, WONDER database, 2010-2014](#). Published by [Community Commons](#).

## Diabetes

### Percent of Adults with Diagnosed Diabetes (Age-Adjusted)

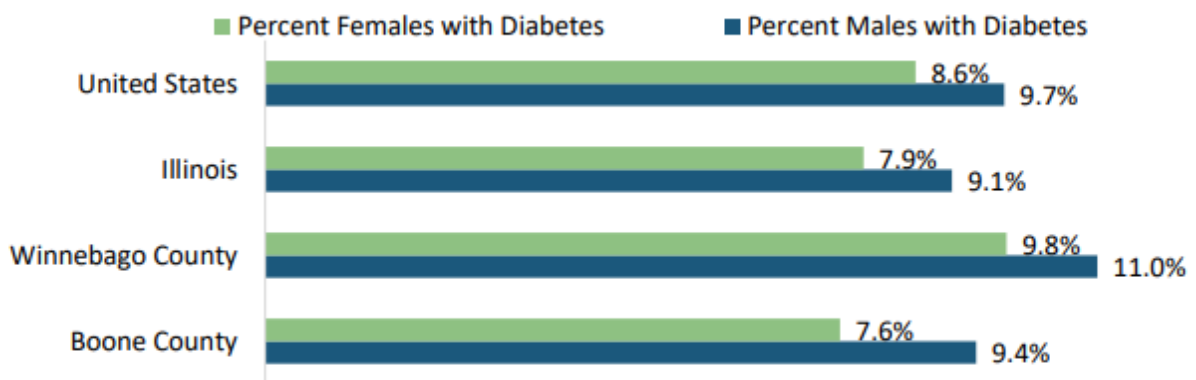
The percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

The percentage in Winnebago County (10.3%) is high in comparison to the statewide (8.5%) and national (9.2%) percentages. Boone County is at the same level as the statewide (8.5%) percentage and lower than the national (9.2%).



Males have a higher likelihood of being diagnosed with diabetes. Winnebago County has a higher percentage for males (11.0%) and females (9.8%) than Boone, statewide or national.

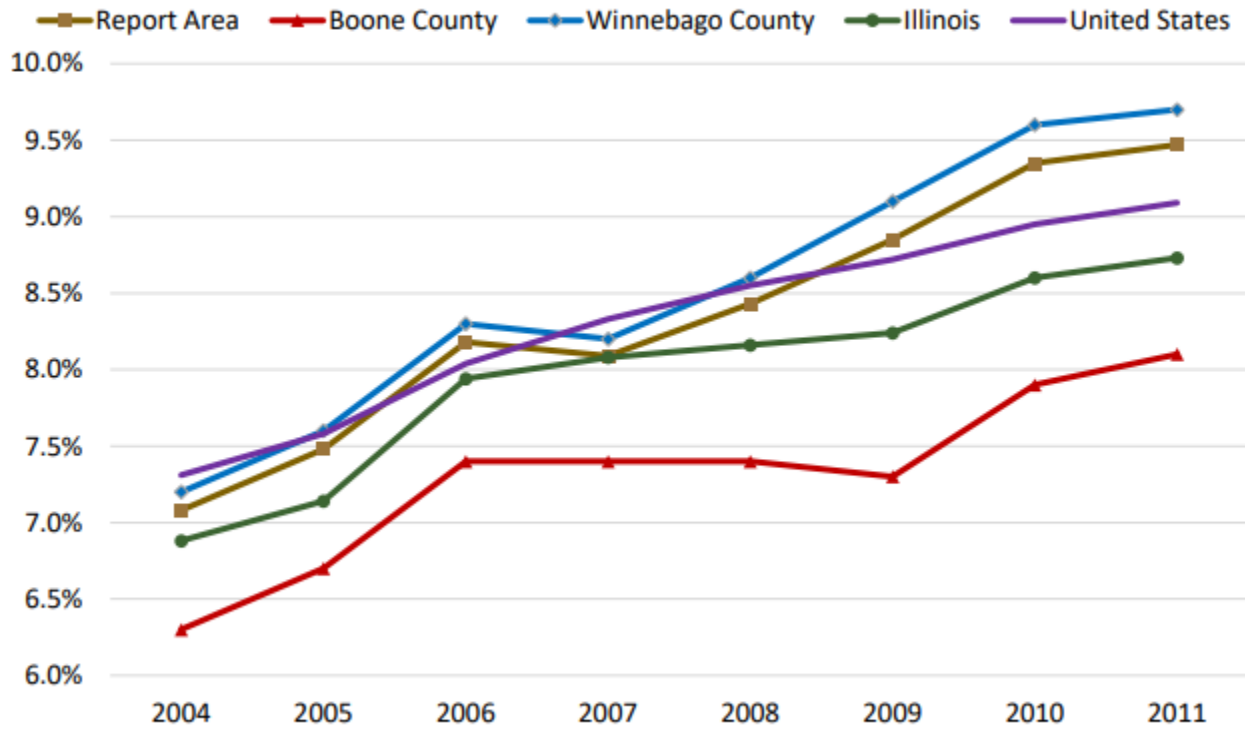
**Figure 102: Males and Females with Diabetes**



Source: [Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Published by Community Commons.](#)

The overall trend has been an increase in adults diagnosed with diabetes throughout the nation. From 2004 to 2012, the diagnosis has increased throughout the nation. Winnebago County has increased the most by 2.5%, from 7.2% in 2004 to 9.7% in 2011.

**Figure 103: Percentage of Population with Diabetes Diagnosis**



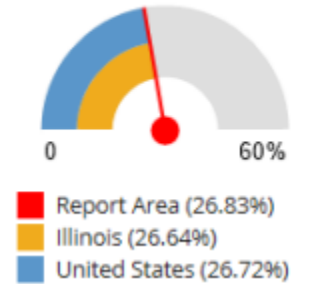
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2013. Published by [Community Commons](#).

### Diabetes Diagnosis (Medicare Population)

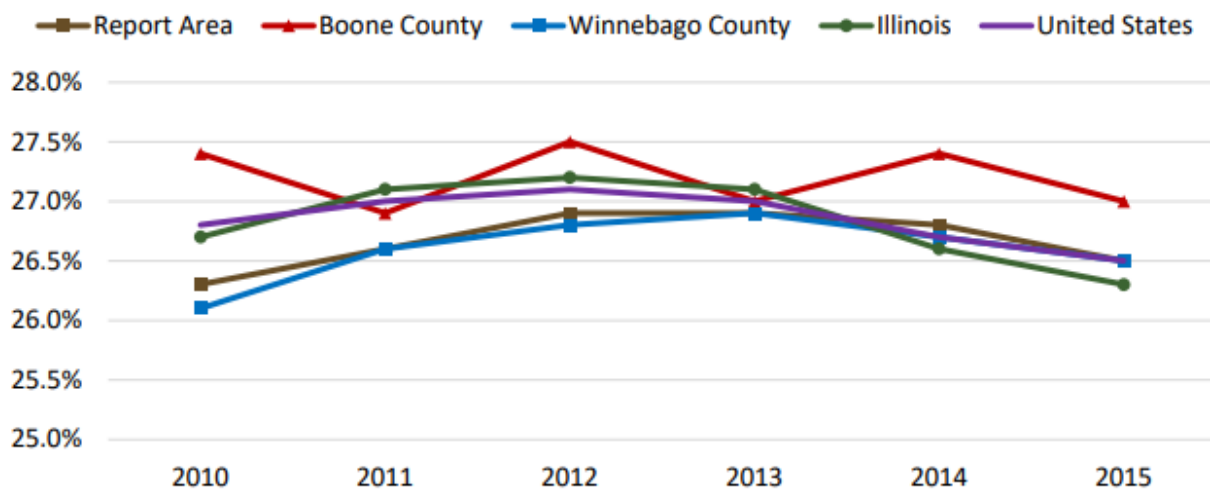
Patients in the Medicare population diagnosed with diabetes are similar to the state and national rates. If all of the percentages are rounded to zero decimals, they are equal. Boone County is 27.4% and Winnebago County is 26.8%.

Looking at the Medicare population as opposed to the whole population there are signs of improvement in Illinois, nationwide and in Winnebago County. Boone County is back-and-forth, but the graph emphasizes those swings when in fact it is maintaining fairly steady overall. All of the indicators are remaining between 26.0% and 27.5% from 2010 through 2015.

Percentage of Medicare Beneficiaries with Diabetes



**Figure 104: Medicare Population with Diabetes Diagnosis**



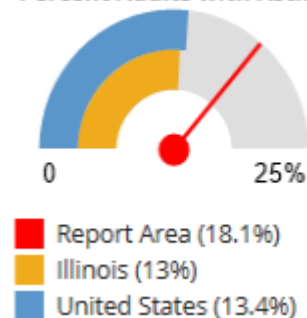
Source: [Centers for Medicare and Medicaid Services, 2014. Published by Community Commons.](#)

### Lung Disease

#### Asthma Prevalence

Asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions. Asthma tends to be higher in Winnebago County as opposed to the average in Boone County, nationally or statewide. Boone County has 5.6% of the population reporting that they have had a doctor tell them that they have asthma. Winnebago County has 20.8% of the population. Therefore, the report area percentage is 18.1% of the population having asthma, or approximately 42,630 in Winnebago, and 2,423 in Boone County.

Percent Adults with Asthma

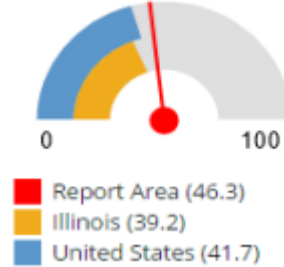


## Lung Disease Mortality

Lung disease mortality is calculated as the rate of death due to chronic lower respiratory disease per 100,000 in population. Lung disease is a leading cause of death in the United States.

The report area's overall rate of 46.3 lung disease deaths per 100,000 in population is higher than both state (39.2) and national (41.7) rates. Winnebago County's rate was about the same as the overall rate (45.2), while Boone County's rate was slightly higher than the overall rate (52.4). At all geographies men were more likely to die of lung disease than women. While racial data was not uniformly available at the County level, at both the state and national level the White population is more likely to die of lung disease than the Black or African American population, who were more likely to die from lung disease than the Asian or Hispanic populations.

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



## Sexually-Transmitted Infections

### STI- Chlamydia Infection

Chlamydia infections are calculated as the incidence rate of chlamydia cases per 100,000 in population. Chlamydia is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Boone County has a much lower incidence rate at 220.6 people per 100,000 in population. Winnebago has a very high rate at 585.2 people per 100,000. The statewide rate is 515.6, slightly less than Winnebago and the national figure is 456.1 per 100,000 people. The

Chlamydia Infection Rate (Per 100,000 Pop.)

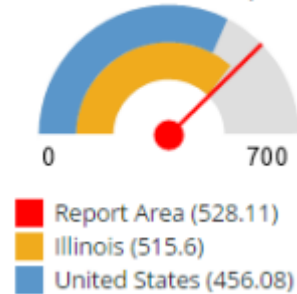
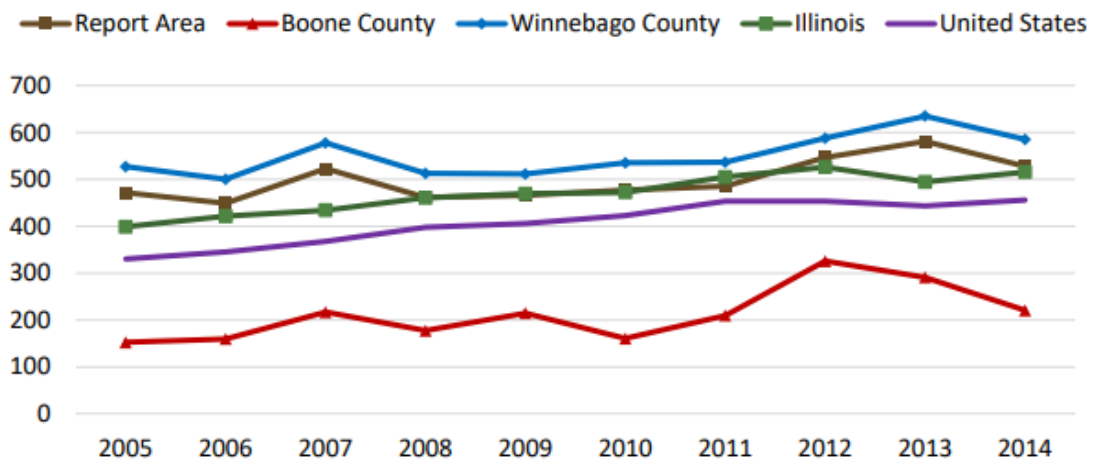


Figure 105: Chlamydia Infection Incidence Rates

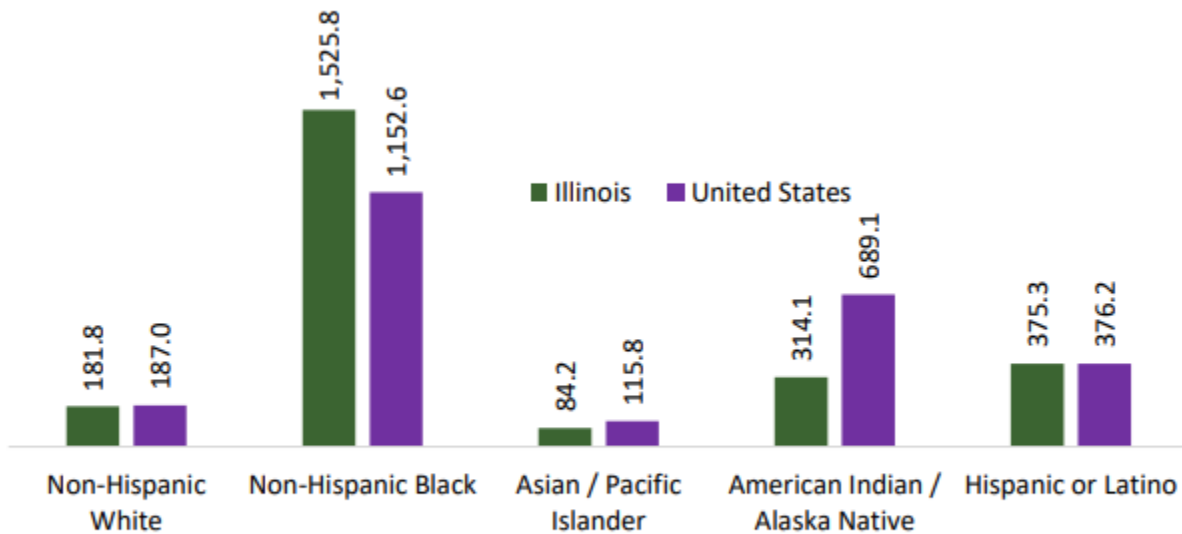


Source: [US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Published by Community Commons.](#)

incidence rates have been gradually increasing, but in Boone County the data shows the rate back to lower levels seen many years previously.

Data is not readily available by race or ethnicity at the County level, but nationally and most prominently statewide, the incidence rate has been much higher in the Non-Hispanic Black population (1,152.6 and 1,525.8 per 100,000 in population respectively).

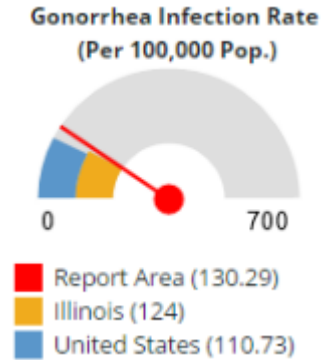
**Figure 106: Chlamydia Incidence Rates by Race and Ethnicity**



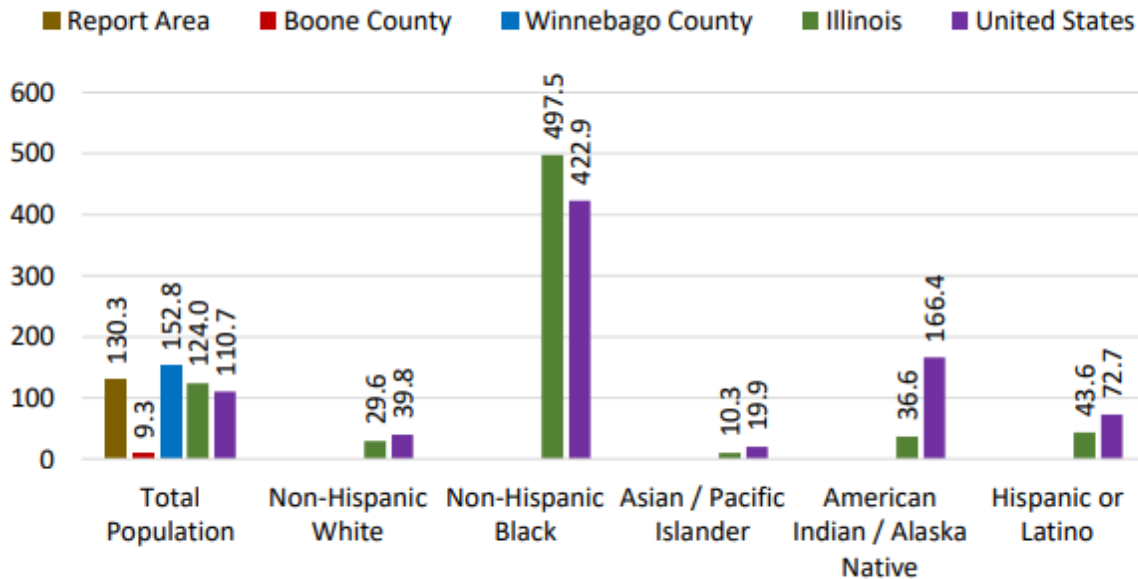
Source: [US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Published by Community Commons.](#)

### STI- Gonorrhea Incidence Rate

The Gonorrhea infection cases per 100,000 in population vary widely between Winnebago and Boone counties. Winnebago County has a much higher incidence rate (152.8 people per 100,000) than Boone County, which is extremely low at 9.3 people per 100,000. The statewide rate of 124.0 is higher than the national rate of 110.7 per 100,000 in population, but both are quite a bit lower than Winnebago County. The primary group affected by Gonorrhea, according to national and statewide data, is in the Non-Hispanic Black population. The Asian/Pacific Islander population is the lowest, under 20 per 100,000 in population. The Non-Hispanic White population is under 40 per 100,000 in population, and the Hispanic or Latino population remains under 73 per 100,000 in population.



**Figure 107: Gonorrhea Infection Rate (per 100,000 in Population)**

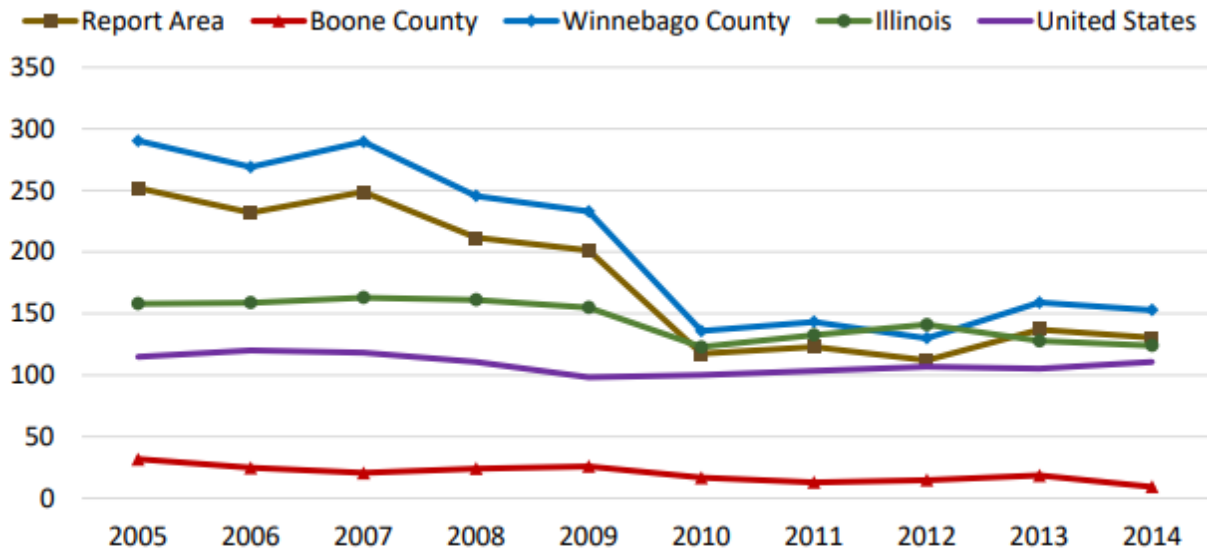


Source: [US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Published by Community Commons.](#)



The incidence rates have been decreasing until 2010 where the figures seem to be leveling off.

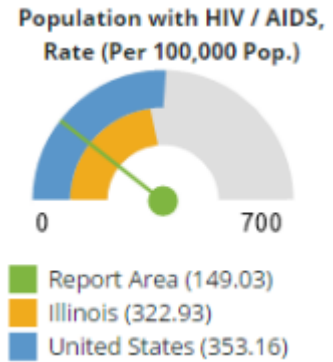
**Figure 108: Gonorrhea Incidence Rates**



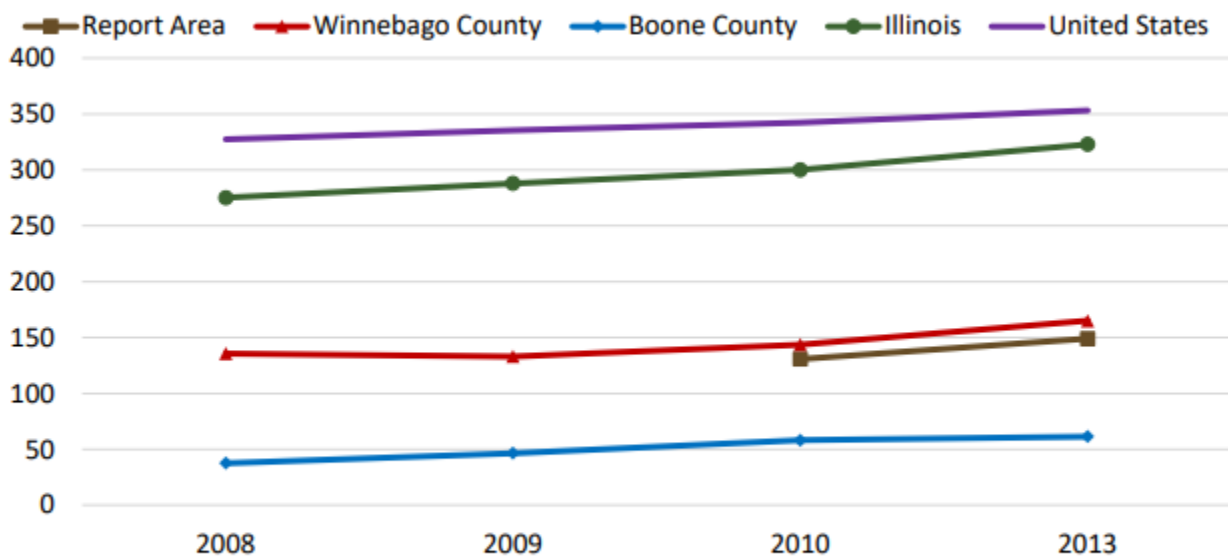
Source: [US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Published by Community Commons.](#)

### STI- HIV Prevalence

The prevalence rate of HIV infection per 100,000 in population in the report area is much lower than statewide or national rates. HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices. In 2013, Boone County had 61.3 HIV reported cases per 100,000 in population and Winnebago County had 165.1 cases per 100,000 in population. Data aggregated for the report area was not available in 2008 or 2009.



**Figure 109: HIV Prevalence**



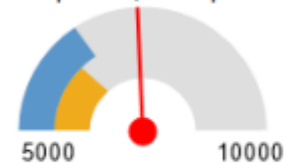
Source: [US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Published by Community Commons.](#)

## Other Health Outcomes

### Premature Death

The Years of Potential Life Lost (YPLL) before age 75 per 100,000 in population for all causes of death, age-adjusted to the 2000 standard, is calculated by subtracting the age of death from the 75- year life expectancy benchmark. The calculation is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

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



Report Area (7,427)  
 Illinois (6,309)  
 United States (6,588)

Boone County experienced 162 premature deaths from 2011-2013 leading to an estimated number of 2,853 years that were lost.

Winnebago County had 1,241 premature deaths resulting in an estimated 23,100 years lost. When standardized to compare with other areas of different population counts, Winnebago County has the highest rate of years lost, Illinois and the national rates are lower and Boone County has the lowest rate of 5,268 years lost per 100,000 in population.

**Figure 110: Years of Potential Life Lost**

	Total Population, Census 2010	Total Premature Deaths, 2011-2013 Average	Total Years of Potential Life Lost, 2011-2013 Average	Years of Potential Life Lost, Rate per 100,000 Population
Boone County	54,165	162	2,853	5,268
Winnebago County	295,266	1,241	23,100	7,823
Report Area	349,431	1,403	25,953	7,427
Illinois	12,830,632	43,349	809,525	6,309
United States	312,732,537	1,119,700	20,584,925	6,588

Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#).

The life expectancy for those living in Winnebago County is calculated to be 78 years. Boone County residents are expected to live to 80 years old on average. The state and national life expectancy are both 79 years old.

### Poor General Health

Within the report area 14.6% of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?" Due to a lack of data reported in Boone County the information is not available, but in Winnebago County the population is doing better at 14.6% when compared to the statewide percentage of 15.1% and the national percentage of 15.7%.

Percent Adults with Poor or Fair Health (Age-Adjusted)



Report Area (14.6%)  
 Illinois (15.1%)  
 United States (15.7%)

## Household Survey

### Introduction

The Rockford Regional Health Council commissioned a 2017 Healthy Community Survey. The document this report is taken from was prepared by Mindy Schneiderman, Ph.D. of Northern Illinois University. The survey was conducted by the Region 1 Planning Council. The summary of the most relevant findings is provided below. The full 2017 Healthy Community Study is available on the Mercyhealth website as well as [www.rockfordhealth.org](http://www.rockfordhealth.org).

### Sample Size

The 2017 Healthy Community Survey received 1,602 responses from all of the survey samples combined. A sample of 2,475 parents of school age children in the region were selected to receive the survey and random sample of 8,500 households in the region were stratified by the county to receive the survey.

The margin of error for the survey is +/- 2.4 percentage points at the 95 percent level of confidence.

### Data Collection

The survey was available both on paper and digitally from May 8th, 2017 to August 25th, 2017. In order to ensure input from Rockford's Spanish-speaking population, a community likely to be medically underserved, versions of both the online and paper survey were translated and distributed in Spanish.

The survey (see Appendix B for a copy of the survey) used a mixed methodology design. This included a random sample survey using questions developed from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System questionnaire. This survey was distributed as a paper copy sent home with school children and via email to other households. Follow up surveys were mailed to non-respondents and telephone calls were made in a final attempt to receive a response. Utilizing a third-party vendor, Marketing Systems Group purchased a list of emails, physical addresses and telephone numbers of 8,500 Boone and Winnebago County residents.

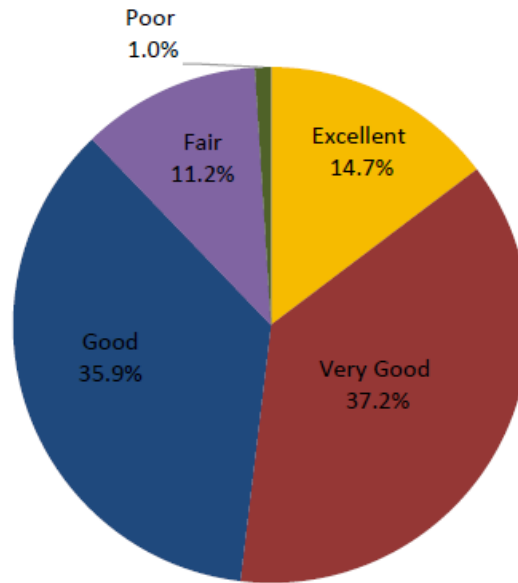
Due to the sensitive nature of the information collected on the survey, the survey was conducted anonymously and respondents were not required to answer any question on the document if they did not wish to do so.

The remainder of the Household Survey section of the Mercyhealth RMH CHNA is taken from the *Rockford Regional Health Council Household Survey* which was published by the Rockford Regional Health Council in 2017. Mercyhealth, as the parent system of RMH, is a sponsor of the Rockford Regional Health Council.

## Self-Reported Health Status

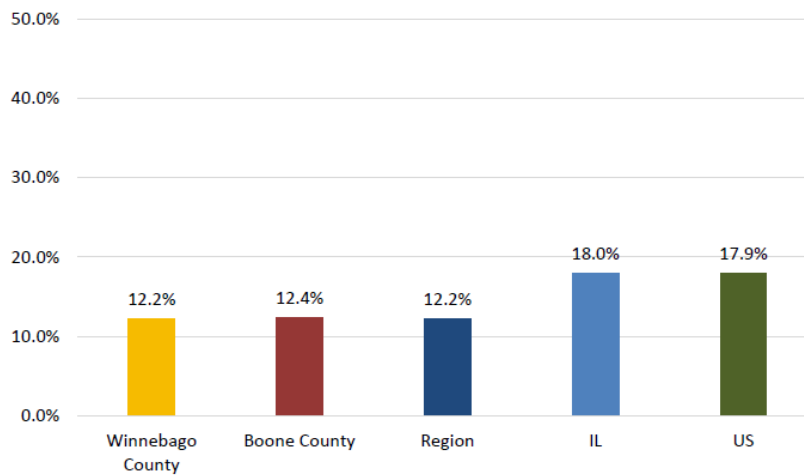
The survey sought to determine the general health status of residents throughout the region by asking survey respondents to rate their own health. Overall, a total of 51.9% of adults in the region rate their overall health as “excellent” or “very good.” Another 35.9% rate their overall health as “good.” However, 12.2% of adults in the region believe that their overall health is “fair” or “poor”

**Figure 1: Self-Reported Health Status**



The percentage of adults in the region who report their overall health is “fair” or “poor” is more favorable than the Illinois and national findings. The percentages of Winnebago County adults and Boone County adults who report their overall health is “fair” or “poor” are similar.

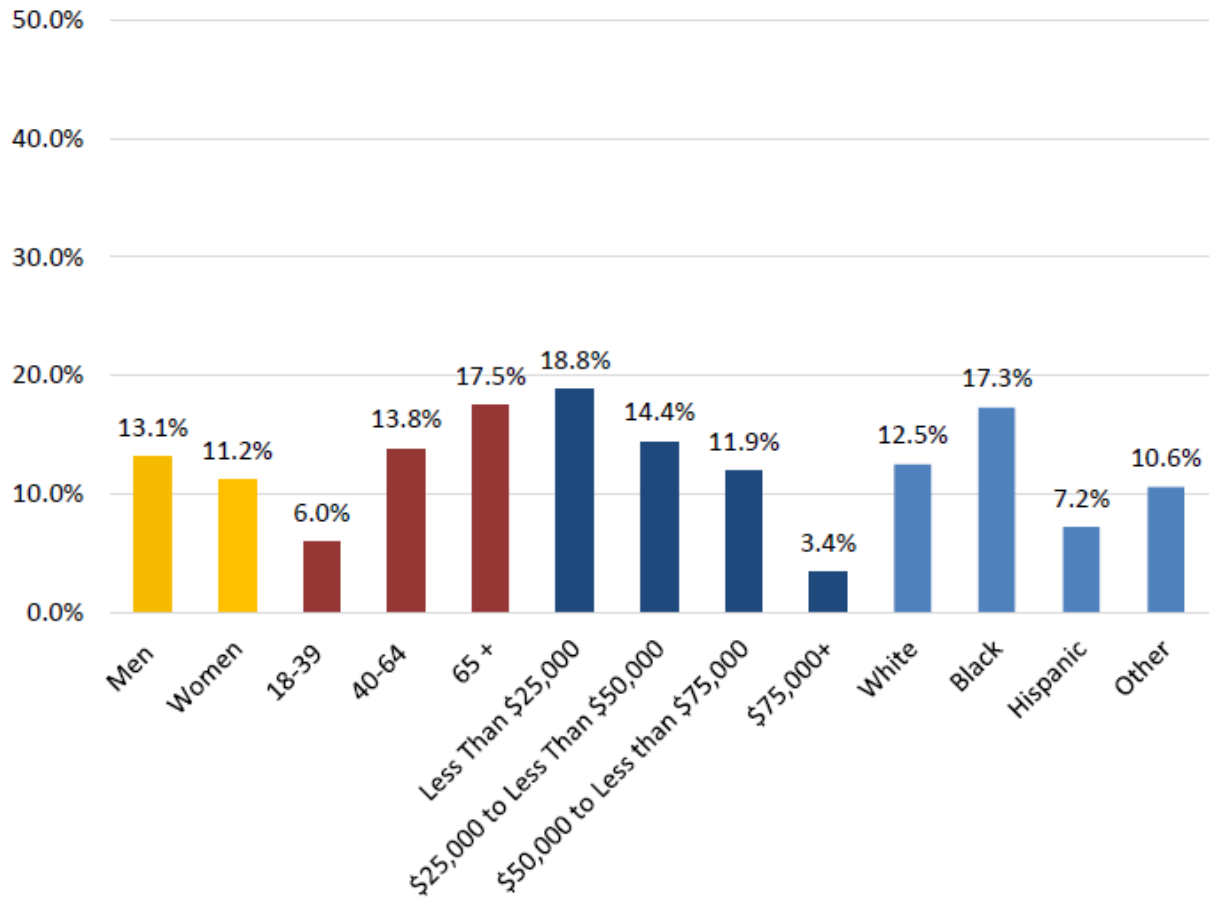
**Figure 2: Experience Fair or Poor Overall Health**



The adults in the region more likely to indicate they experience “fair” or “poor” overall health include:

- Men
- Those aged 65 or older
- Those with annual household incomes of less than \$25,000
- Blacks or African Americans

**Figure 3: Experience Fair or Poor Overall Health by Demographics**



## **Health Insurance and Dental Insurance**

Almost nine out of ten (89.4%) adults under the age of 65 in the region currently have health care coverage. A total of 10.6% of adults under the age of 65 in the region do not have health care coverage. The percentage of adults 18-64 years of age in the region without health care coverage is comparable to the Illinois finding and more favorable than the national finding. A considerably higher percentage of adults 18-64 years of age are without health care coverage in Winnebago County than Boone County. The adults under the age of 65 in the region who are more likely to be without health care coverage include:

- Women
- Those less than 50 years of ages, with highest percentage among 18-29-year-olds
- Those with annual household incomes of less than \$25,000
- Hispanics

Of the adults under the age of 65 in the region 7.8% currently have a Medicare coverage plan. A total of 97.9% of adults 65 or over have a Medicare coverage plan. The percentage of adults under the age of 65 in the region with a Medicare coverage plan is lower than the Illinois finding. The percentages of adults with a Medicare coverage plan in the two counties are similar and both are lower than the Illinois finding. It was found that men are more likely than women to have a Medicare coverage plan. The percentage of adults who report having a Medicare coverage plan increases with increasing age; and decreases with increasing annual household income. Blacks are more likely to have a Medicare coverage plan

The plurality (45.3%) of adults in the region indicated that their primary source of health care coverage is a plan purchased through an employer or union. The next most frequently cited primary source of health care coverage is Medicaid (22.4%), followed closely by Medicare (21.3%). Only 7.5% report their primary source of health care coverage is a plan that they or another family member bought on their own.

The percentage of adults in the region whose primary source of health care coverage is a plan purchased through an employer is lower than the Illinois finding. The percentage of adults in the region whose primary source of health care coverage is Medicaid is considerably higher than the Illinois finding. The percentage of adults in the region whose primary source of health care coverage is a plan they or a family member bought on their own is lower than the Illinois finding. A greater percentage of Boone County adults than Winnebago County adults have as their primary source of health care coverage a plan purchased through an employer. A greater percentage of Winnebago County adults than Boone County adults have as their primary source of health care coverage Medicaid.

Percentage				
	Winnebago County	Boone County	Region	Illinois
<b>Primary Source of Health Care Coverage</b>				
Plan Purchased Through an Employer	43.1	55.4	45.3	56.9
Medicaid	24.9	9.6	22.4	8.0
Medicare	21.0	23.6	21.3	19.7
A Plan You/Family Member Bought on Your Own	7.4	7.4	7.5	10.4
Tricare, VA, Military	2.3	1.3	2.0	1.5
Other Source	1.3	2.6	1.4	3.5

The adults in the region more likely to have a plan purchase through an employer as their primary source of health care coverage are:

- Men
- Those under 65 years of age
- Whites
- Hispanics
- Those with annual household incomes of \$25,000 or more

The adults in the region more likely to have Medicaid as their primary source of health care coverage are:

- Women
- Those aged 18-39
- Blacks or African Americans, Hispanics, and other races
- Those with annual household income of less than \$25,000

Men, those 40 years of age or more, Whites, and those with annual household incomes of \$25,000 or more are more likely to have as their primary source of health care coverage a plan they purchased on their own.

Among currently insured adults in the region, 6.0% state that they were without health care coverage at some time during the past year, whereas 94.0% indicate they had health care coverage throughout the entire past year. The percentage of currently insured adults in the region who were without health care coverage at some time during the past year is comparable to the Illinois finding. The percentage of currently insured adults residing in Winnebago County who were without health care coverage at some time during the past year is higher than the percentage found for currently insured adults residing in Boone County

The percentage of currently insured adults who report being without health care coverage at some time during the past year decreases with increasing age and decreases with increasing annual household



income. Blacks and Hispanics are more likely to indicate being without health care coverage at some time during the past year. No statistically significant difference is found by gender.

Among currently uninsured adults in the region, the majority (77.8%) state that they have not had health care coverage for more than one year, with the plurality (44.4%) indicating that they have never had health care coverage; conversely 22.2% have been without health care coverage for one year or less.

The percentage of currently uninsured adults in the region, who state that they have not had health care coverage for more than one year is similar to the Illinois finding, however the percentage of currently uninsured adult in the region who have never had health insurance coverage is considerably higher than the Illinois finding

### **Access and Utilization of Health Care Services**

A total of 92.6% of adults in the region report that there is a particular place where they usually go when they are sick or need advice about health and 7.2% do not have a particular place they go for primary care services. A hospital emergency room is not considered a particular place for obtaining primary care services in this instance.

Of those adults who indicate they have a particular place they go to for primary care services care, most (69.8%) state they usually go to a doctor's office or private clinic. A total of 14.6% say they usually go to Crusader Clinic. The adults in the region less likely to have a particular place where they usually go for primary care services are:

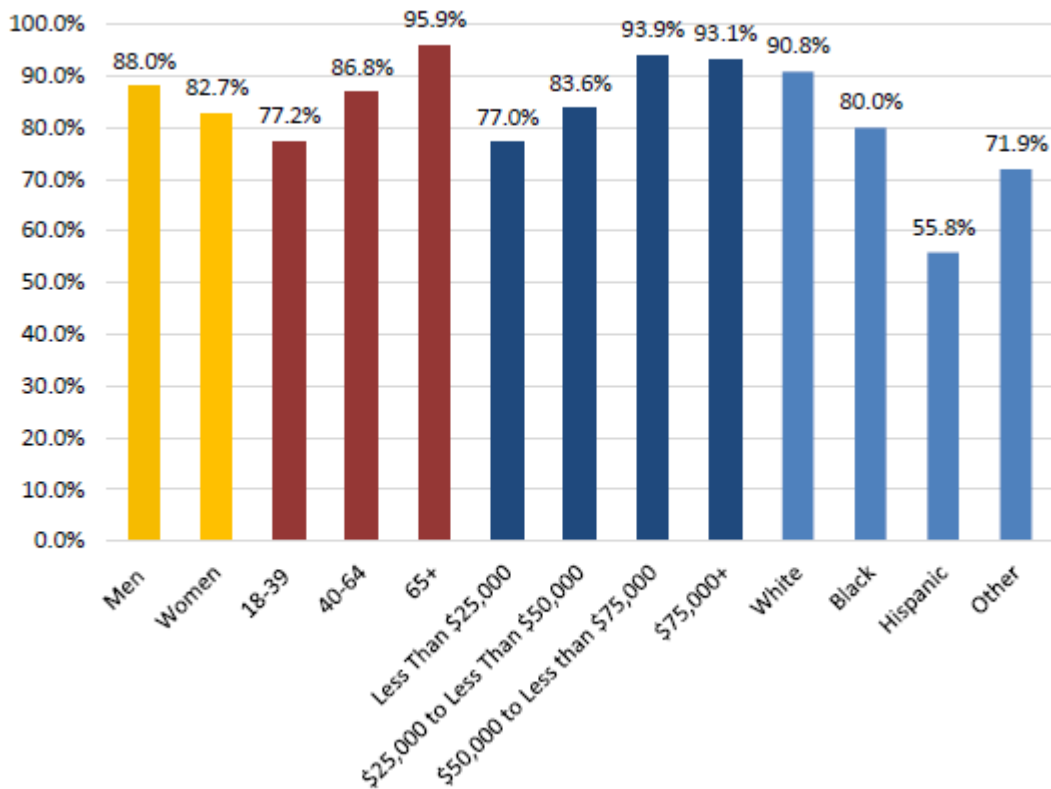
- Those under 65 years of age
- Those with annual household incomes of less than \$75,000
- Hispanics and other races

Most (85.1%) adults in the region have one or more people they think of as their personal doctor or healthcare provider and 14.9% do not any.

The adults in the region less likely to have a personal doctor or healthcare providers include:

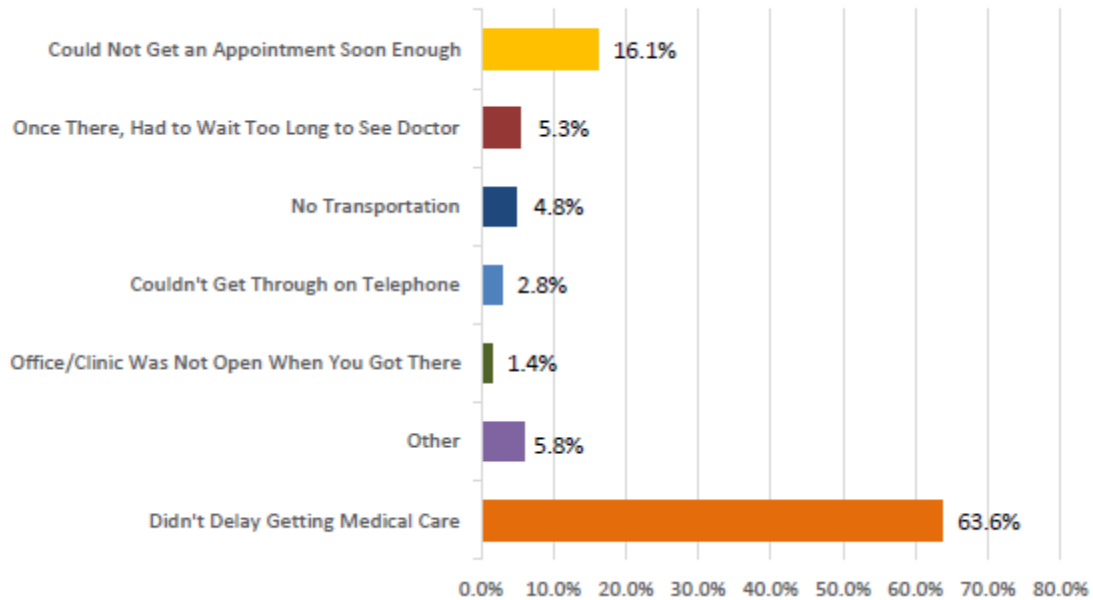
- Males
- Those 18-39 years of age (percentage with a personal doctor or healthcare provider increases as age increases)
- Those with annual household incomes of less than \$25,000 (percentage with a personal doctor or healthcare provider increases as annual household income increases)
- Hispanics

**Percentage That Have a Personal Doctor or Healthcare Provider by Demographics**



The most frequent reason other than cost given by adults in the region for why they delayed getting need medical care in the past year was they couldn't get an appointment soon enough

### Reason Why Delayed Getting Needed Medical Care in Past Year



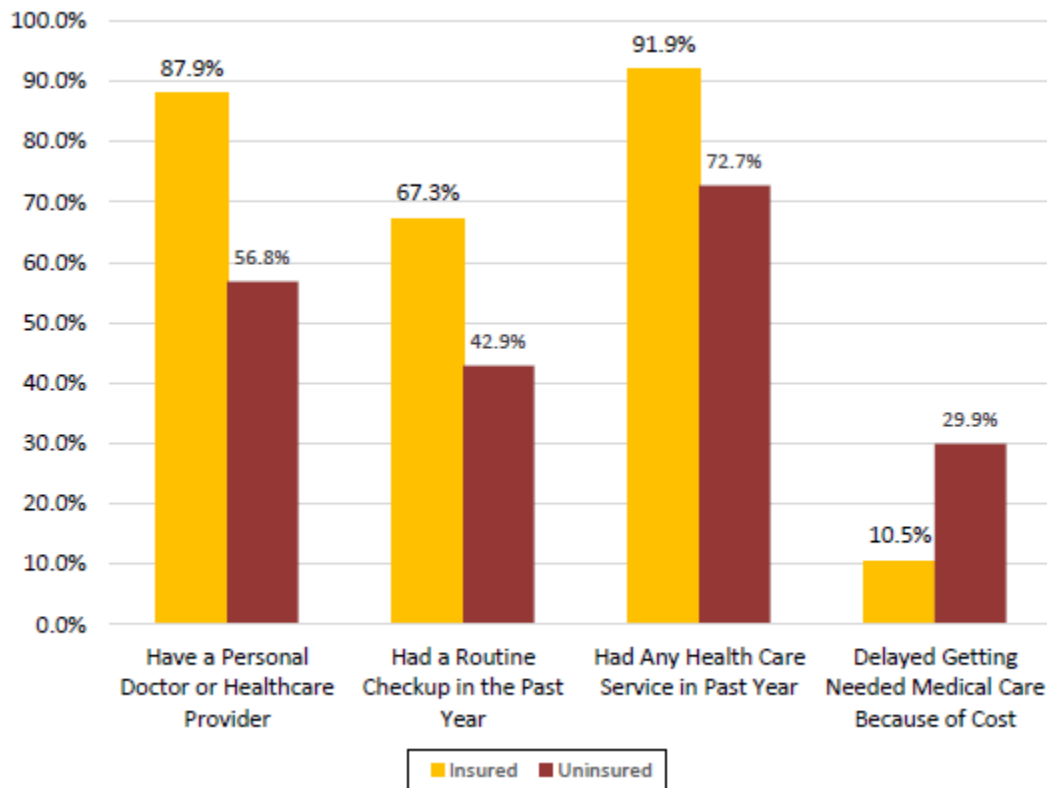
The percentage of adults in the region that state the reason they delayed getting needed medical care is that they couldn't get an appointment soon enough is greater than the Illinois finding. A higher percentage of adults in Boone County than adults in Winnebago County indicate the reason they delayed getting needed medical care is that they couldn't get an appointment soon enough.

Reason	Percentage			
	Winnebago County	Boone County	Region	Illinois
Could Not Get an Appointment Soon Enough	15.2	21.3	16.1	6.4
Once There, Had to Wait Too Long to See Doctor	5.2	5.9	5.3	2.5
No Transportation	5.2	3.1	4.8	2.8
Couldn't Get Through on Telephone	2.8	3.1	2.8	0.7
Office/Clinic Not Open When You Got There	1.6	0.5	1.4	0.8
Other	5.7	6.5	5.8	5.6
Didn't Delay Getting Medical Care	63.6	63.5	63.6	81.2

The adults in the region more likely to indicate the reason why they delayed needed medical care in the past year was because they could not get an appointment soon enough are women, those 18-39 years of age, Blacks, and those with annual household incomes of less than \$25,000. Lack of transportation was cited as a reason more frequently by Blacks or African Americans.

A total of 11.3% of adults in the region have not visited a health professional for any type of health care service in the past year, 16.7% have visited a health professional once, 19.1% have visited a health professional twice, and 52.9% have visited a health professional three or more times.

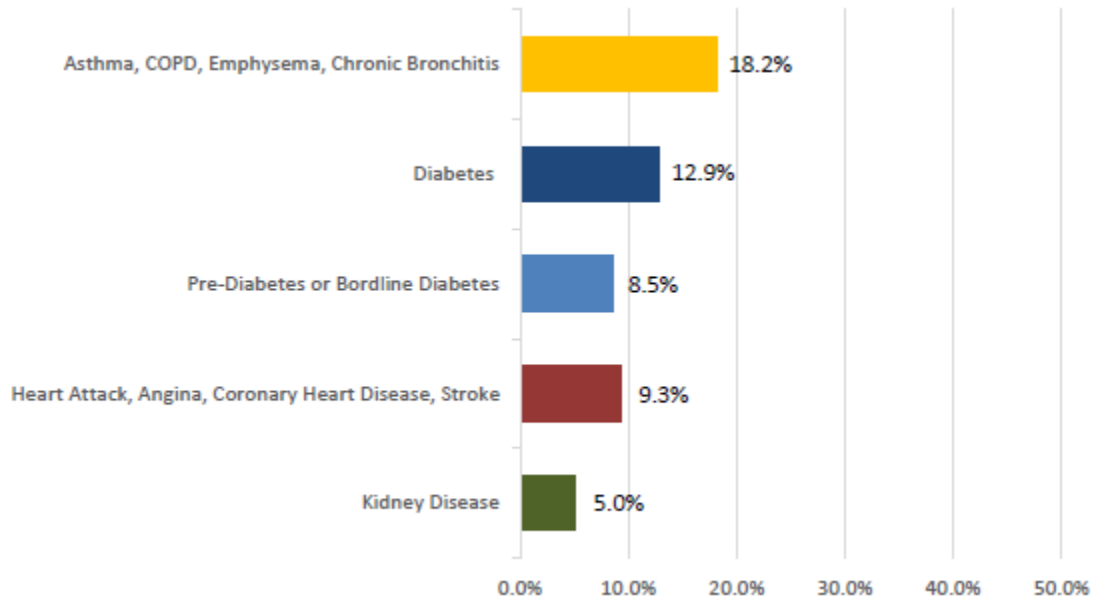
As expected, uninsured adults are less likely than insured adults to have a specific place they usually go for primary care services, to have a personal doctor or health care provider, to have had a routine checkup in the past year, and to have had any type of health care service in the past year. Uninsured adults are more likely than insured adults to indicate they delayed getting needed medical care because of cost.



### Chronic Health Conditions

A total of 18.2% of adults in the region have asthma, chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis. One-eighth (12.9%) of adults in the region have diabetes and 8.5% have pre-diabetes or borderline diabetes. A total of 9.3% of adults report having had a heart attack, angina or coronary heart disease, or a stroke. One out of twenty (5.0%) adults have kidney disease.

**Prevalence of Chronic Health Conditions**



Both the percentages of adults in the region who have asthma, chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis and the percentages of adults who have had a heart attack, angina or coronary heart disease, or a stroke are comparable to the Illinois and national findings. The percentage of adults in the region who have diabetes as well as the percentage of adults who have pre-diabetes or borderline diabetes is higher than the Illinois and national findings. The percentage of adults in the region who have kidney disease is similar to the Illinois finding, but higher than the national finding.

The prevalence of asthma, chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis; heart attack, angina or coronary heart disease, or a stroke; pre-diabetes or borderline diabetes; and kidney disease are similar in the two counties. Winnebago County has a higher prevalence of diabetes than Boone County.

Percentage					
	Winnebago County	Boone County	Region	Illinois	US
<u>Health Condition</u>					
Asthma, COPD, Emphysema, Chronic Bronchitis	18.3	16.7	18.2	17.8	17.3
Diabetes	13.0	10.8	12.9	10.4	10.8
Pre-Diabetes or Borderline Diabetes	8.8	7.5	8.5	1.0	1.8
Heart Attack, Angina or Coronary Heart Disease, Stroke	9.4	7.9	9.3	7.7	8.4
Kidney Disease	5.1	5.0	5.0	3.7	3.0

The adults more likely to have each of the chronic health conditions are:

**Asthma, COPD, Emphysema, Chronic Bronchitis**

- Women
- Those aged 40 or over
- Whites and Blacks
- Those with annual household incomes of less than \$25,000
- Diabetes
- Men
- Those aged 65 or older
- Whites
- Those with annual household incomes of less than \$75,000

**Pre-Diabetes or Borderline Diabetes**

- Those aged 40-65
- Blacks
- Those with annual household incomes of less than \$25,000 and those with annual household incomes of \$50,000 to less than \$75,000

**Heart Attack, Angina or Coronary Heart Disease, Stroke**

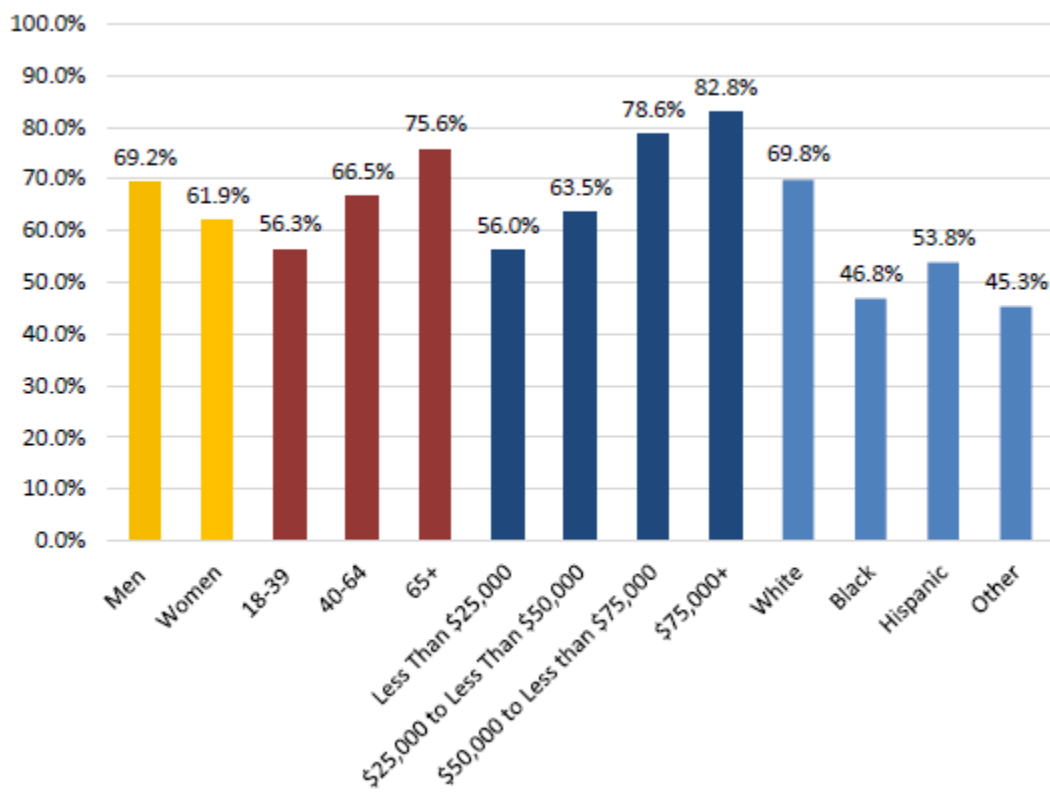
- Men
- Those aged 65 or older
- Whites
- Kidney Disease
- Men
- Those aged 65 or older
- Whites

## Access to Dental Care

Almost two-thirds (65.5%) of adults in the region have visited a dentist or dental clinic less than 12 months ago, 13.3% have visited one year but less than two years ago, 12.1% have visited two years but less than five years ago, and 9.1% have visited five or more years ago.

Women are less likely than men to have visited a dentist or dental clinic less than 12 months ago. The percentage of adults in the region who have visited a dentist or dental clinic less than 12 months ago increases as age increases; and increases as annual household income increases. Blacks, Hispanics, and other races are less likely to have visited a dentist or dental clinic less than 12 months ago.

### Have Visited a Dentist or Dental Clinic Less Than 12 Months Ago by Demographics



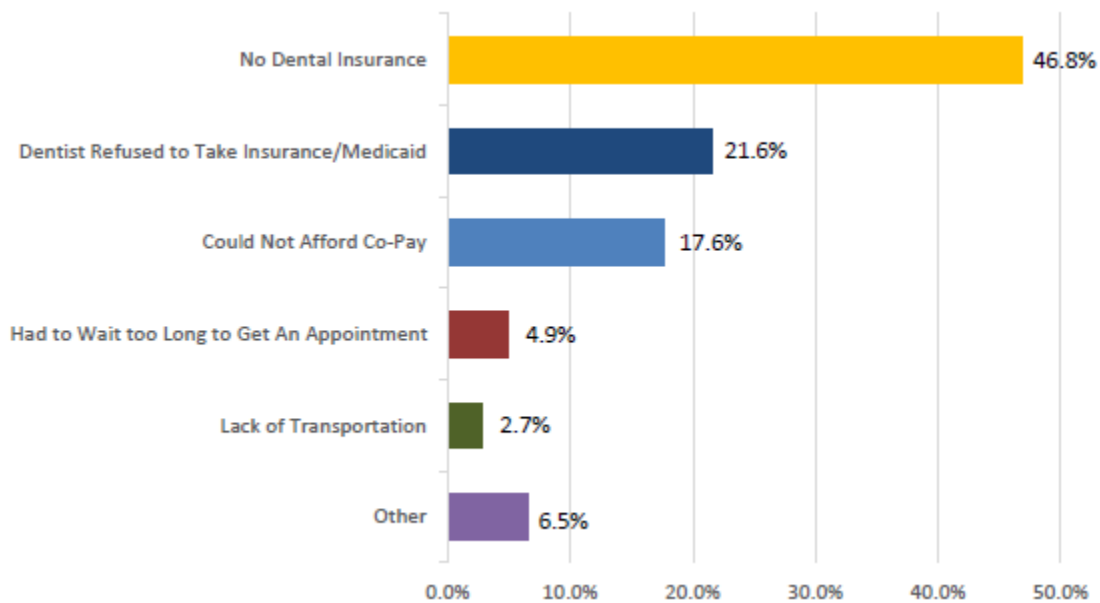
Slightly more than four-fifths (81.3%) of adults in the region report that there was not a time in the past 12 months when they need dental care, but could not get it. A total of 18.7% of adults in the region state that there was a time in the past 12 months when they needed dental care, but could not get it.



The adults in the region more likely to report they needed dental care in the past 12 months, but could not get it are:

- Women (25.3%)
- Those aged 18-39 (26.1%)
- Those with annual household incomes of less than \$25,000 (36.9%)
- Blacks or African Americans (27.9%) and Hispanics (43.4%)

The most frequent reason given by adults in the region why dental care could not be obtained was that they did not have dental insurance (46.8%), followed by the dentist refused to take insurance or Medicaid (21.6%) and they could not afford the co-pay (17.6%).



A higher percentage of adults in Winnebago County than Boone County indicate the reason why they could not obtain dental care is the dentist refused to take insurance or Medicaid or lack of transportation. A higher percentage of adults in Boone County state the reason why they could not obtain dental care is they could not afford co-pay or they had to wait too long to get an appointment.

Reason	Percentage		
	Winnebago County	Boone County	Region
No Dental Insurance	46.3	47.5	46.8
Dentist Refused to Take Insurance/Medicaid	23.9	7.5	21.6
Couldn't Afford Co-Pay	17.3	20.0	17.6
Had to Wait Too Long to Get an Appointment	4.3	10.0	4.9
Lack of Transportation	3.1	0.0	2.7
Other	5.1	15.0	6.5

The adults in the region more likely to indicate the reason why they could not get dental care was they did not have dental insurance include:

- Men
- Those aged 65 or older
- Hispanics
- Those with annual household incomes of less than \$25,000

The adults in the region more likely to indicate the reason why they could not get dental care was the dentist refused to take insurance or Medicaid are:

- Women
- Those 18-39 years of age
- Whites, Blacks, and other races
- Those with annual household incomes of less than \$25,000

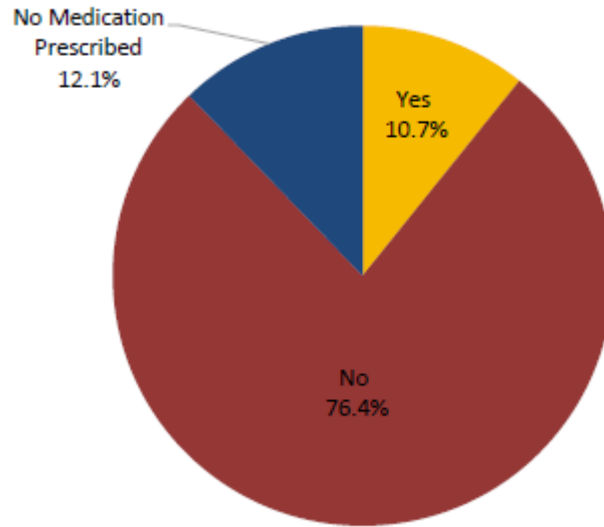
The adults in the region more likely to indicate the reason why they could not get dental care was they could not afford the co-pay are women, those 40 years of age or over, Whites, and those with household incomes of \$25,000 to less than \$50,000,

Lack of transportation was cited as a reason more frequently by Blacks. Had to wait too long to get an appointment was indicated as a reason more frequently by those with annual household incomes of \$75,000 or more.

## Access to Medications

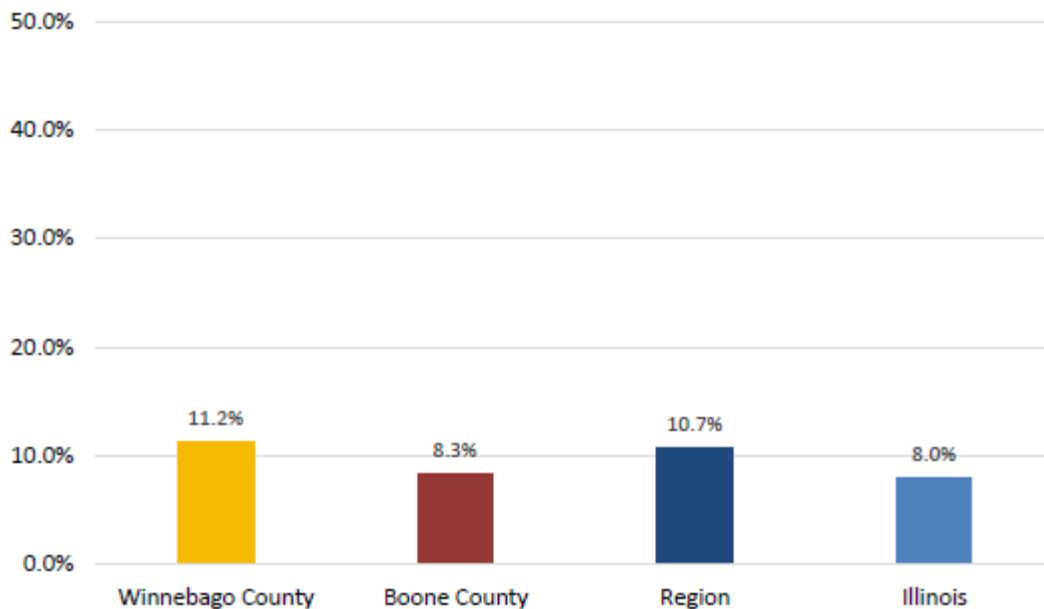
Among all adults in the region, a total of 10.7% report that there was a time in the past year when they did not take their medication as prescribed because of cost.

**Cost of Medication Affected Taking Medication as Prescribed**



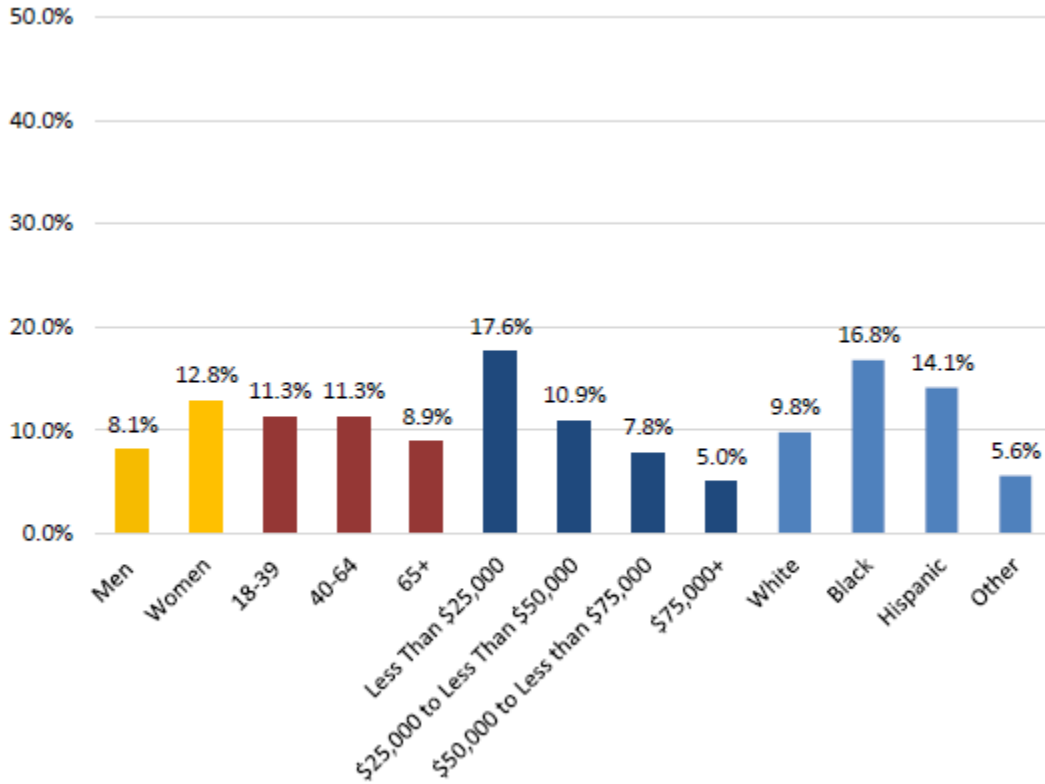
The percentage of adults in the region who have not taken their medication as prescribed because of cost in the past year is higher than the Illinois finding. The finding for Winnebago County is higher than the finding for Boone County and also higher than the Illinois finding.

**Did Not Take Medication as Prescribed Because of Cost**



Women, adults less than 65 years of age, Blacks, and Hispanics are more likely to indicate there was a time in the past year when they did not take their medication as prescribed because of cost. Those with annual household incomes of less than \$25,000 were most likely to indicate there was a time in the past year when they did not take their medication as prescribed because of cost with the percentage then decreases as annual household income increases.

**Did Not Take Medication as Prescribed Because of Cost by Demographics**



## Key Informant Surveys

### Introduction

The purpose of key informant surveys 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. Obtaining data from persons whose professional and/or organizational roles require they have knowledge about healthcare in Winnebago and Boone Counties, specific characteristics of the population being studied, as well as potential pathways and constraints for community change can be instrumental for planning purposes.

As a result of the 2014 Healthy Community Study, the Rockford Regional Health Council identified five key areas on which they would focus their efforts. The five key focus areas are access to care and health equity, behavioral health, chronic disease, maternal/prenatal/early childhood health, and oral health. A questionnaire was designed to be administered online which asked key informants to rate their awareness of efforts, regional improvement, and additional regional need in these key focus areas.

Sixty-seven individuals were identified by the Rockford Regional Health Council to receive the survey. The individual's name and email address were provided by the Rockford Regional Health Council.

The remainder of the Key Informant Interviews section of the Mercyhealth RMH CHNA is taken from the *Rockford Regional Health Council 2017 Key Informant Survey* which was published by the Rockford Regional Health Council in 2017. Mercyhealth, as the parent company of RMH, is a sponsor of the Rockford Regional Health Council.

### Methodology

A key informant survey was conducted during the summer of 2017 as part of the Rockford Regional Health Council's 2017 Healthy Community Survey. An online survey was administered to 67 key informants. The key informants were asked to assess the Council's five key focus areas of access to care and health equity, behavioral health, chronic disease, maternal/prenatal/early childhood health, and oral health on awareness of efforts, regional improvement, and additional regional needs. The full description of the methodology and findings can be found in the original document published by Rockford Regional Health Council.

On July 25, 2017, an email was sent to the 67 individuals inviting them to participate in the survey (For a copy of the survey see Appendix D. The email described the purpose of the survey, how the results will be used, the confidentiality of the responses, and the approximate time to complete the survey. The email included a unique link to the survey.

Reminder emails were sent to non-respondents on August 3, August 8, and August 15. The survey closed at midnight on August 15.

A total of 28 responses were received and 42% response rate was achieved.

## Findings

### Description of Responding Organizations

#### *County Served by Organization*

The majority (82%) of responding organizations serve both Winnebago and Boone Counties. A total of 15% of the responding organizations serve Winnebago County only and 4% serve Boone County only.

#### *Primary Services Provided by Organization*

A variety of services are provided by the responding organizations. One tenth or more of the organizations provide medical (19%), educational/training (19%), human and social (19%), public health (14%), or behavioral health (10%) services. Other services provided by the responding organizations include: public (7%), employment (4%), youth development (4%), and legal (4%).

#### *Primary Population Group Served by the Organization*

Most (68%) of the responding organizations serve all residents in the region. A total of 14% of the organizations serve only children and 7% of the organizations serve only adults. One-ninth (11%) of the organizations serve only low-income individuals or households.

### Aspects of Access to Care and Health Equity That Need Improvement

If the respondent indicated that the Rockford Regional Health Council should focus its efforts on improving access to care and health equity in the region over the next three years they were then asked which specific aspects need improvement. They were given the opportunity to list up to three specific aspects.

The aspects of access to care and health equity that the respondents report need improvement are:

- Location of healthcare services and underserved areas (39%),
- Mental health services (25%),
- Health equity among low income individuals/minorities (14%),
- Health education and literacy (14%),
- Information about navigating the healthcare system (14%),
- Information about available healthcare resources (11%),
- Cultural sensitivity and diversity (11%),
- Oral health services (7%),
- Health disparities among minority individuals (7%),
- Emergency room care (7%),
- Preventable diseases (7%),
- Affordability of healthcare services (4%),
- Healthcare services for seniors (4%), and
- Other aspects (21%).

### Aspects of Behavioral Health that Need Improvement

If the respondent indicated that the Rockford Regional Health Council should focus its efforts on improving behavioral health in the region over the next three years they were then asked which specific aspects need improvement. They were given the opportunity to list up to three specific aspects.

The aspects of behavioral health that the respondents report need improvement are:

- Access to behavioral health services (75%),
- Drug abuse (21%),
- Funding (14%),
- Community education about the nature of behavioral health (14%),
- Behavioral health screening (11%),
- Community education about behavioral health services (7%),
- Coordination of services (7%),
- Collaboration of agencies (7%), and
- Other aspects (7%).

### Aspects of Chronic Disease that Need Improvement

If the respondent indicated that the Rockford Regional Health Council should focus its efforts on improving chronic disease health in the region over the next three years they were then asked which specific aspects need improvement. They were given the opportunity to list up to three specific aspects.

The aspects of chronic disease that the respondents report need improvement are:

- Diabetes (29%),
- Cardiovascular disease (29%),
- Obesity (21%),
- Chronic disease services (19%),
- Education (14%),
- Early detection/screening (11%),
- Healthy lifestyles (11%),
- Medications (7%),
- Prevention (7%), and
- Social determinants of health (4%).

### Aspects of Maternal/Prenatal/Early Childhood Health that Need Improvement

If the respondent indicated that the Rockford Regional Health Council should focus its efforts on improving maternal/prenatal/early childhood health in the region over the next three years they were then asked which specific aspects need improvement. They were given the opportunity to list up to three specific aspects.

The aspects of maternal/prenatal/early childhood health that the respondents report need improvement are:

- Access to service (25%),
- Education (14%),
- Behavioral and social determinants (14%),
- Teenage pregnancy prevention (11%),
- Coordination of service delivery (11%), and
- Other aspects (4%)

#### Aspects of Oral Health that Need Improvement

If the respondent indicated that the Rockford Regional Health Council should focus its efforts on improving oral health in the region over the next three years they were then asked which specific aspects need improvement. They were given the opportunity to list up to three specific aspects.

The aspects of oral health that the respondents report need improvement are access to services (43%), education (18%), and early screening (11%).

#### Other Areas the Need Improvement

When asked what other health areas need improvement that the Rockford Regional Health Council should focus its efforts on over the next three years, the following areas were mentioned:

- Opiates,
- Childhood Obesity,
- Access to Healthy Foods,
- Health Education,
- Preventative Care,
- Community Violence/Gangs,
- Stress of Poverty on Mental Health,
- Impact of Trauma,
- Advocacy for Health Policies/Resources,
- Engagement with Public School System, and
- Publicize to Consumers, Governments, Agencies, Etc. Health Needs and Outcomes



## Prioritization of Health-Related Issues

RMH 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
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

All significant health needs identified above are addressed in the Implementation Plan for this CHNA, which details how RMH 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 in June 2017.

## Appendix A

MERCYHEALTH ROCKTON (ROCKFORD MEMORIAL HOSPITAL)  
COMMUNITY BENEFIT PLAN  
2017-2020 IMPLEMENTATION PLAN

Strategic Objective: Based on Winnebago County Health Department IPLAN 2020, RMH 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><b>Access:</b></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>▪ Establish FP and IM residency programs in Rockford</li> <li>▪ Support Bridge Clinic services for non- and under-insured patients who do not qualify for government programs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Roscoe expansion completed 2016; Cherry Valley Clinic opened 2016; Additional sites under evaluation</li> <li>▪ Convenient care services offered at Roscoe, Byron, Winnebago, Main, Perryville</li> <li>▪ Extended hours offered at Perryville 7AM – 11 PM 7 days/week</li> <li>▪ InQuicker implemented at Rockford facilities</li> <li>▪ Residency programs to begin summer 2019</li> <li>▪ Support Bridge Clinic offered every Saturday morning in collaboration with First Presbyterian Church/Second Congregational Church</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Continue to invest in and modernize the Rockton campus in order to serve the needs of west-side residents</li> <li>▪ Complete Riverside campus implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Multi-year plan defining campus investment developed. Implementation began in 2016               <ul style="list-style-type: none"> <li>○ Cancer center completed 2017</li> <li>○ Helicopter pad completed 2017</li> <li>○ Orthopedic Center of Excellence completed 2017</li> <li>○ Paramedic and EMS training facility expanded 2016</li> </ul> </li> <li>▪ 188 bed Adult, Women and Children’s Hospital and MOB scheduled to open 1/19</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 and immunization services to uninsured and underinsured children through the Ronald McDonald mobile unit</li> <li>▪ Develop pediatric and developmentally disabled patient hospital dentistry program to care for individuals identified in the Ronald McDonald program requiring more extensive dental work</li> </ul>	<ul style="list-style-type: none"> <li>▪ See Women and Children’s section</li> <li>▪ Coverage provided to Winnebago, Boone, Lee, Ogle and Stephenson Counties</li> <li>▪ Coverage to be expanded to Janesville and Beloit (Rock County) FY2017</li> <li>▪ 11,553 visits conducted since 2003</li> <li>▪ Program implemented 2016</li> <li>▪ Projections indicate approximately 150 cases will be completed in FY2017</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Continue to partner with A Silver Lining Foundation to provide free breast health services to un- and under-insured women</li> </ul>	<ul style="list-style-type: none"> <li>▪ More than 500 women have received free breast related services and procedures (2012-2016)</li> <li>▪ Program expanded to Bridge Clinic patients (offered one time/month at Rockton Avenue Mammography Department) in Fall 2016</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Develop a comprehensive multidisciplinary lung service designed to detect and treat lung cancer at earlier stages and reduce lung cancer mortality. Program will include 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> <li>▪ Continue to advance services around the early identification and treatment/intervention of strokes               <ul style="list-style-type: none"> <li>○ Become Joint Commission Comprehensive Stroke Center to offer 24/7 in-house interventional capabilities</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ 576 LDCTs performed from 3/15-12/16</li> <li>▪ Tobacco registry developed</li> <li>▪ High risk patient screening protocol implemented</li> <li>▪ Smoking cessation program developed and implemented</li> <li>▪ DaVinci minimally invasive thoracic surgical service targeted for development in FY2018</li> <li>▪ New cancer infusion center developed</li> <li>▪ Joint Commission Certified Primary Stroke Center (certification renewed 2016)</li> </ul>

	<ul style="list-style-type: none"> <li>○ Provide education to community to improve public awareness around early detection</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 events per year; smaller presentations at senior living centers, church groups, etc.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Continue to 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>▪ Women's Center Programs</li> <li>▪ Various educational services and screening programs offered</li> </ul>
<b>Improve behavioral health status of community members</b>	<ul style="list-style-type: none"> <li>▪ Continue to provide inpatient behavioral medicine services to area residents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Full complement of inpatient services offered</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Recruit additional psychiatrists to provide inpatient and ambulatory services</li> <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>▪ Add social worker to assist with pediatric mental health issues</li> <li>▪ Improve the behavioral health 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. <ul style="list-style-type: none"> <li>○ Continue to secure grant funding to implement Money Follows the Person Program</li> <li>○ Maintain and promote the Visiting Nurses Association home health service as a resource to individuals and family members</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Depression screening tool administered to the 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 post-partum obstetrical patients via obstetric and pediatric practices</li> <li>○ All teenagers via primary care and pediatric physician practices</li> </ul> </li> </ul>
<b>Improve the health status of individuals with chronic illnesses and promote healthy lifestyles through educational offerings</b>	<ul style="list-style-type: none"> <li>▪ Collaborate and foster engagement with patients and families through Medicare ACO and through the patient centered medical home to proactively manage and improve the chronic disease state of our patients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nine practices offered</li> <li>▪ The following registries have been established <ul style="list-style-type: none"> <li>○ Diabetes</li> <li>○ Asthma</li> <li>○ Depression</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>○ All registry patients tracked by coordinator to ensure various indicators are monitored and appropriate ambulatory interventions are provided as needed</li> <li>○ All patients seen in Emergency Department or Convenient Care Clinics identified and screened by nursing care coordinator who follows up with patient and ensures patient scheduled with primary care physician in appropriate time frame (seen within one week of discharge)</li> <li>○ After visit summary with documented care plan and health goals provided to each patient and family</li> <li>○ Implement Medicare ACO Wellness visit protocols to proactively manage health of Medicare patients</li> </ul>	<ul style="list-style-type: none"> <li>○ Hypertension</li> <li>○ Congestive Heart Failure</li> <li>○ Melanoma</li> <li>▪ The following registries have been established <ul style="list-style-type: none"> <li>○ Osteoporosis</li> <li>○ Pre-diabetes</li> <li>○ Coronary Artery Disease</li> </ul> </li> <li>▪ Protocol implemented FY2016</li> </ul>
	<ul style="list-style-type: none"> <li>▪ 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</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop Post-Acute Care team to work with designated partner nursing homes</li> <li>▪ Monitor admission and readmission rates by nursing home</li> </ul>
	<ul style="list-style-type: none"> <li>▪ 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</li> </ul>	<ul style="list-style-type: none"> <li>▪ Program established</li> </ul>
<b>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)</b>	<ul style="list-style-type: none"> <li>▪ Recognize 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: <ul style="list-style-type: none"> <li>○ Nutrition and dietary</li> <li>○ Mental health counseling via social workers</li> <li>○ WIC program</li> <li>○ WCHD Better Births Outcome Program</li> </ul> </li> </ul>	

<p><b>and ensure excellent outcomes for mothers, infants and children</b></p>		
	<ul style="list-style-type: none"> <li>▪ Establish partnership with Crusader Clinic to provide comprehensive obstetrical, perinatal, neonatal and pediatric services to their patients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Obstetrical partnership established and implementation beginning 1/1/2017</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Engage all obstetricians and midwives in plan to improve OB and NICU outcomes through excellent evidence based prenatal care/interventions</li> </ul>	<ul style="list-style-type: none"> <li>▪ All prenatal patients screened for diabetes at determined intervals based on best practice</li> <li>▪ 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 delivered</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Decrease the percent of infants with discharge weight less than the 10<sup>th</sup> percentile via implementation of ILPQ (Illinois Perinatal Quality Collaborative) Nutrition Bundle</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mercyhealth (RMH) participates in the Vermont Oxford Network (quality NICU collaborative) program to monitor outcomes against national benchmarks and to continually improve and implement evidence-based protocols</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Promote teen parenting services to reduce teenage pregnancy and develop parenting skills. Offered through Centering Program and promoted to schools, health department, etc.</li> <li>▪ Provide comprehensive midwifery program geared to indigent and teen parents with focus on education, community resource referral for special needs, birth control, pregnancy, and parenting skills</li> </ul>	<ul style="list-style-type: none"> <li>▪ Centering program with monthly group educational sessions offered to all teenage pregnancy patients</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 through collaboration with tertiary providers and recruitment of additional subspecialists               <ul style="list-style-type: none"> <li>○ Establish partnerships with Anne and Robert H. Lurie Children’s Hospital to enhance local</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Lurie partnership established with implementation of services to begin FY2019</li> </ul>
	<p>ambulatory and hospital services to children and their families</p> <ul style="list-style-type: none"> <li>○ Continue to recruit key pediatric fellowship trained subspecialists</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recruitment plan developed and ongoing recruitment occurring</li> </ul>

## Appendix B

### Copy of the Community Health Study Survey



#### Rockford Regional Health Council Household Survey



#### 2017 Healthy Community Survey

**The purpose of this study is to collect information about the health of Winnebago and Boone County residents. The study is being conducted by the Rockford Regional Health Council and the findings will be used to assess health status and as a guide for developing preventive health services.**

1. In which Illinois County do you currently live?
- Boone
  - Winnebago
  - Other (PLEASE SPECIFY) \_\_\_\_\_

2. What is the zip code where you currently live?

\_\_\_\_\_

#### HEALTH STATUS AND QUALITY OF LIFE

3. In general, is your health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
4. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- \_\_\_\_\_ number of days
- None
  - Don't know/Not sure
5. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?
- \_\_\_\_\_ number of days
- None
  - Don't know/Not sure

**IF YOU RESPONDED "NONE" TO BOTH QUESTIONS 4 AND 5, GO TO QUESTION 7. OTHERWISE ANSWER QUESTION 6.**

6. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

\_\_\_\_\_ number of days

- None
- Don't know/Not sure
7. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, aerobics, golf, gardening, or walking for exercise?
- Yes
- No
8. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
- Yes
- No
9. Do you have serious difficulty walking or climbing stairs?
- Yes
- No
10. Do you have difficulty dressing or bathing?
- Yes
- No
11. In the past 12 months, did you feel safe walking alone in your neighborhood?
- Yes
- No
- Don't know/Not sure

**HEALTH CARE ACCESS**

12. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?
- Yes [GO TO QUESTION 13]
- No [GO TO QUESTION 16]
- Don't know/Not sure [GO TO QUESTION 16]

13. Do you have Medicare? Medicare is a coverage plan for people age 65 or over and for certain disabled people.

- Yes
- No
- Don't Know/Not sure

14. What is the primary source of your health care coverage?

- A plan purchased through an employer or union (includes plans purchased through another person's employer)
- A plan that you or another family member buys on your own
- Medicare
- Medicaid or other state program
- TRICARE (formerly CHAMPUS), VA, or Military
- Alaska Native, Indian Health Service, Tribal Health Services
- Some other source (PLEASE SPECIFY) \_\_\_\_\_
- None (no coverage)
- Don't know/Not sure

15. In the past 12 months, was there any time when you did not have any health insurance or coverage?

- Yes
- No
- Don't Know/Not sure

**GO TO QUESTION 17**

16. About how long has it been since you last had health care coverage?

- 6 months or less
- More than 6 months, but not more than 1 year ago
- More than 1 year, but not more than 3 years ago
- More than 3 years
- Never
- Don't know/Not sure

17. Is there a particular person or place where you usually go when you are sick or need advice about health?

- No
- A doctor's office or private clinic
- The health department
- Crusader Clinic
- VA hospital or clinic
- Urgent immediate care
- Hospital emergency room
- Other (PLEASE SPECIFY) \_\_\_\_\_

18. Do you have one person you think of as your personal doctor or health care provider?

- Yes, only one
- More than one
- No

19. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- Yes
- No

20. Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months?

**(CHECK ALL THAT APPLY)**

- You couldn't get through on the telephone
- You couldn't get an appointment soon enough
- Once you got there, you had to wait too long to see the doctor
- The clinic/doctor's office wasn't open when you got there
- You didn't have transportation
- Other (PLEASE SPECIFY) \_\_\_\_\_
- No, I did not delay getting medical care/did not need medical care
- Don't know/Not sure



21. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- Less than 12 months ago
- 1 year but less than 2 years ago
- 2 years but less than 5 years ago
- 5 or more years ago
- Never
- Don't know/ Not sure

22. How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

\_\_\_\_\_ number of times

- None
- Don't know/Not sure

23. Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

- Yes
- No
- No medication was prescribed

#### HEALTH INFORMATION

24. How difficult is it for you to get advice or information about health or medical topics if you need it?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- I don't look for health information

25. How difficult is it for you to understand information that doctors, nurses and other health professionals tell you?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

26. You can find written information about health on the internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- I don't pay attention to written health information

#### **CHRONIC HEALTH CONDITIONS**

27. Has a doctor, nurse, or other health professional ever told you that you had a heart attack also called a myocardial infarction, angina or coronary heart disease which is plaque build-up in the arteries that supply the heart with blood, or a stroke?

- Yes
- No
- Don't know/Not sure

28. Has a doctor, nurse, or other health professional ever told you that you had asthma, chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?

- Yes
- No
- Don't know/Not sure

29. Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- Yes
- No
- Don't know/Not sure

30. Has a doctor, nurse, or other health professional ever told you that you have kidney disease? Do not include kidney stones, bladder infection or incontinence.
- Yes
  - No
  - Don't know/Not sure
31. Has a doctor, nurse, or other health professional ever told you that you have diabetes?
- Yes [GO TO QUESTION 33]
  - Yes, but only during pregnancy [GO TO QUESTION 32]
  - No [GO TO QUESTION 32]
  - No, pre-diabetes or borderline diabetes [GO TO QUESTION 32]
  - Don't know/Not sure [GO TO QUESTION 32]
32. Have you ever had a test for high blood sugar or diabetes within the past three years?
- Yes
  - No
  - Don't know/Not sure
33. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.
- Less than 12 months ago
  - 1 year but less than 2 years ago
  - 2 years but less than 5 years ago
  - 5 or more years ago
  - Don't know/Not sure
34. Was there a time in the past 12 months when you needed dental care, but could not get it?
- Yes [GO TO QUESTION 35]
  - No [GO TO QUESTION 36]

35. Why could you not get dental care?

- No dental insurance
- Could not afford co-pay
- Had to wait too long to get an appointment
- Lack of transportation
- Dentist refused to take insurance or Medicaid
- Other (PLEASE SPECIFY) \_\_\_\_\_

36. How would you describe yourself?

- Underweight
- About the right weight
- Overweight
- Obese
- Don't know/Not sure

**TOBACCO, ALCOHOL, AND DRUG USE**

37. Have you smoked at least 100 cigarettes in your entire life? 100 cigarettes is equal to 5 packs. Do not include e-cigarettes, herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

- Yes [GO TO QUESTION 38]
- No [GO TO QUESTION 39]
- Don't know/Not sure [GO TO QUESTION 39]

38. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all
- Don't know/Not sure

39. During the past 30 days, how many days per week or per month did you have at least one drink or alcoholic beverage such as beer, wine, a malt beverage or liquor?

- \_\_\_\_\_ days per week OR \_\_\_\_\_ days per month [GO TO QUESTION 40]
- None [GO TO QUESTION 41]
  - Don't know/Not sure [GO TO QUESTION 41]

40. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 drinks or more if you are a man/4 drinks or more if you are a woman on an occasion?

\_\_\_\_\_ number of times

- None
- Don't know/Not sure

41. During the past 30 days, on how many days did you use prescription narcotics? Narcotics are prescribed for chronic back pain, pain after surgery, cancer pain, and burn conditions. Examples include Actiq, Codeine, Demerol, Morphine, Vicoprofen, and Roxanol.

\_\_\_\_\_ number of days

- None
- Don't know/Not sure

42. During the past 30 days, on how many days did you use marijuana or hashish?

\_\_\_\_\_ number of days

- None
- Don't know/Not sure

43. During the past 30 days, on how many days did you use heroin?

\_\_\_\_\_ number of days

- None
- Don't know/Not sure

44. During the past 30 days, on how many days did you use methadone, a drug used to relieve severe pain or to prevent withdrawal symptoms in people addicted to drugs such as heroin?

\_\_\_\_\_ number of days

- None
- Don't know/Not sure

**PERSONAL AND HOUSEHOLD CHARACTERISTICS**

45. Are you ...?

- Male
- Female
- Other

46. What is your age? (use whole numbers only)

\_\_\_\_\_ years

47. About how much do you weigh without shoes? (use whole numbers only)

\_\_\_\_\_ pounds

Don't know/Not sure

48. About how tall are you without shoes? (use whole numbers only)

\_\_\_\_\_ feet      \_\_\_\_\_ inches

Don't know/Not sure

49. Which one of these groups best represents your race or ethnicity?

- White (non-Hispanic)
- Black or African American (non-Hispanic)
- Hispanic, Latino/a or Spanish origin
- American Indian or Alaska Native
- Asian
- Pacific Islander
- Multi-racial or bi-racial
- Other (PLEASE SPECIFY) \_\_\_\_\_
- Don't know/Not sure

50. Are you ...?

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple (civil union)

51. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more (College graduate)

52. **Not including yourself**, how many people in each of the following age groups live in your home?

\_\_\_\_\_ ages 0-12

\_\_\_\_\_ ages 13-17

\_\_\_\_\_ ages 18-29

\_\_\_\_\_ ages 30-44

\_\_\_\_\_ ages 45-64

\_\_\_\_\_ ages 65-74

\_\_\_\_\_ ages 75+

**IF YOU DO NOT HAVE ANY CHILDREN LIVING IN YOUR HOME BETWEEN THE AGES OF 0 AND 12 GO TO QUESTION 55. OTHERWISE ANSWER QUESTION 53.**

53. Do you have a child in your home who requires child care, such as day care?

- Yes [GO TO QUESTION 54]
- No [GO TO QUESTION 55]

54. In the past 12 months, have you had any trouble paying for the child care?

- Yes
- No

55. Are you currently ...?

- Employed for wages [GO TO QUESTION 56]
- Self-employed [GO TO QUESTION 56]
- Out of work for 1 year or more [GO TO QUESTION 57]
- Out of work for less than 1 year [GO TO QUESTION 56]
- A homemaker [GO TO QUESTION 57]
- A student [GO TO QUESTION 57]
- Retired [GO TO QUESTION 57]
- Unable to work [GO TO QUESTION 57]

56. What kind of work do/did you do? For example, registered nurse, janitor, cashier, auto mechanic. If you have/had more than one job, indicate what kind of work you do/did for your main job.

---

57. What is your annual household income from all sources?

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 or more
- Don't know/Not sure

**Thank you for your participation in this important study. Please return the completed survey to the Center for Governmental Studies in the postage-paid envelope provided.**



## Appendix C

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

	Percent
<u>County</u>	
Winnebago	84.8
Boone	15.2
<u>Gender</u>	
Male	48.9
Female	51.1
<u>Age</u>	
18-29	19.8
30-39	14.0
40-49	18.4
50-59	19.4
60-69	14.9
70-79	8.1
80+	5.5
<u>Race/Ethnicity</u>	
White	75.2
Black	9.8
Hispanic	10.6
Native American	.06
Asian	3.0
Pacific Islander	0.0
Multi-racial/Bi-racial	0.5
Other	0.8
<u>Marital Status</u>	
Married	58.4
Divorced	14.3
Widowed	5.1
Separated	2.7
Never Married	16.0
A Member of an Unmarried Couple	3.5

	Percent
<u>Educational Attainment</u>	
Never Attended School/Attended Kindergarten Only	0.2
Grade 1 through 8 (Elementary)	4.0
Grade 9 through 11 (Some High School)	9.4
Grade 12 or GED (High School Graduate)	33.9
College 1 Year to 3 Years (Some College or Technical School)	32.5
College 4 Years or More (College Graduate)	20.0
<u>Employment Status</u>	
Employed for Wages	50.6
Self-employed	5.1
Out of Work for 1 Year or More	3.1
Out of Work for Less Than 1 Year	3.3
A Homemaker	7.8
A Student	1.6
Retired	22.3
Unable to Work	6.2
<u>Annual Household Income</u>	
Less Than \$10,000	9.1
\$10,000 to Less Than \$15,000	5.8
\$15,000 to Less Than \$20,000	5.9
\$20,000 to Less Than \$25,000	6.9
\$25,000 to Less Than \$35,000	11.5
\$35,000 to Less Than \$50,000	16.7
\$50,000 to Less Than \$75,000	21.7
\$75,000 or More	22.4

## Appendix D

### 2017 Health Community Key Informant Questionnaire

1. Briefly describe your organization's role in serving Winnebago and Boone Counties.

Primary Services Provided: \_\_\_\_\_

Primary Population Groups Served: \_\_\_\_\_

Does your organization serve Winnebago County, Boone County, or both?

Winnebago County

Boone County

Both

As a result of the 2014 Health Community Study, the Rockford Regional Health Council identified key areas on which they would focus their efforts. The following questions ask for each of the key areas your awareness of the Rockford Regional Health Council's efforts, the impact of its efforts in the past three years, and whether the Rockford Regional Health Council should continue focusing its efforts in the area. The questions are asked for the region which includes Winnebago and Boone Counties.

#### ACCESS TO CARE AND HEALTH EQUITY

2. Are aware or unaware of the Rockford Regional Health Council's efforts in the past three years to address *access to care and health equity* in the region?

Aware

Unaware (GO TO QUESTION 4)

3. Do you think that the Rockford Regional Health Council's efforts in the past three years to address *access to care and health equity* in the region has made a minor impact, moderate impact, major impact, or no impact?

Minor Impact

Moderate Impact

Major Impact

No Impact

Don't Know/Not Sure

4. Over the next three years, do you think that the Rockford Regional Health Council should focus its efforts on improving *access to care and health equity* in the region?

Yes

No (GO TO QUESTION 10)

Don't Know/Not Sure (GO TO QUESTION 10)

5. Which specific aspects of *access to care and health equity* in the region need improvement?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. For each aspect of *access to care and health equity* indicated in Question 5, please provide the specific population groups (e.g., all residents, Hispanics, single mothers) that are in the greatest need of attention.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

7. For each aspect of *access to care and health equity* indicated in Question 5, explain the evidence of need.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

8. For each aspect of *access to care and health equity* indicated in Question 5, explain in detail the gap in service.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

9. For each aspect of *access to care and health equity* indicated in Question 5, explain in detail the specific barriers to service.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**BEHAVIORAL HEALTH**

10. Are aware or unaware of the Rockford Regional Health Council's efforts in the past three years to address *behavioral health* in the region?

- Aware
- Unaware (GO TO QUESTION 12)

11. Do you think that the Rockford Regional Health Council's efforts in the past three years to address *behavioral health* in the region has made a minor impact, moderate impact, major impact, or no impact?

- Minor Impact
- Moderate Impact
- Major Impact
- No Impact
- Don't Know/Not Sure

12. Over the next three years, do you think that the Rockford Regional Health Council should focus its efforts on improving *behavioral health* in the region?

- Yes
- No (GO TO QUESTION 18)
- Don't Know/Not Sure (GO TO QUESTION 18)

13. Which specific aspects of *behavioral health* in the region need improvement?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

14. For each aspect of *behavioral health* indicated in Question 13, please provide the specific population groups (e.g., all residents, Hispanics, single mothers) that are in the greatest need of attention.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

15. For each aspect of *behavioral health* indicated in Question 13, explain the evidence of need.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

16. For each aspect of *behavioral health* indicated in Question 13, explain in detail the gap in service.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

17. For each aspect of *behavioral health* indicated in Question 13, explain in detail the specific barriers to service.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**CHRONIC DISEASE**

18. Are aware or unaware of the Rockford Regional Health Council's efforts in the past three years to address *chronic disease* in the region?

- Aware
- Unaware (GO TO QUESTION 20)

19. Do you think that the Rockford Regional Health Council's efforts in the past three years to address *chronic disease* in the region has made a minor impact, moderate impact, major impact, or no impact?

- Minor Impact
- Moderate Impact
- Major Impact
- No Impact
- Don't Know/Not Sure

20. Over the next three years, do you think that the Rockford Regional Health Council should focus its efforts on improving *chronic disease* in the region?

- Yes
- No (GO TO QUESTION 26)
- Don't Know/Not Sure (GO TO QUESTION 26)

21. Which specific aspects of *chronic disease* in the region need improvement?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

22. For each aspect of *chronic disease* indicated in Question 21, please provide the specific population groups (e.g., all residents, Hispanics, single mothers) that are in the greatest need of attention.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

23. For each aspect of *chronic disease* indicated in Question 21, explain the evidence of need.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

24. For each aspect of *chronic disease* indicated in Question 21, explain in detail the gap in service.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

25. For each aspect of *chronic disease* indicated in Question 21, explain in detail the specific barriers to service.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**MATERNAL/PRENATAL/EARLY CHILDHOOD HEALTH**

26. Are aware or unaware of the Rockford Regional Health Council's efforts in the past three years to address *maternal/prenatal/early childhood health* in the region?

- Aware
- Unaware (GO TO QUESTION 28)

27. Do you think that the Rockford Regional Health Council's efforts in the past three years to address *maternal/prenatal/early childhood health* in the region has made a minor impact, moderate impact, major impact, or no impact?

- Minor Impact
- Moderate Impact
- Major Impact
- No Impact
- Don't Know/Not Sure

28. Over the next three years, do you think that the Rockford Regional Health Council should focus its efforts on improving *maternal/prenatal/early childhood health* in the region?

Yes

No (GO TO QUESTION 34)

Don't Know/Not Sure (GO TO QUESTION 34)

29. Which specific aspects of *maternal/prenatal/early childhood health* in the region need improvement?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

30. For each aspect of *maternal/prenatal/early childhood health* indicated in Question 29, please provide the specific population groups (e.g., all residents, Hispanics, single mothers) that are in the greatest need of attention.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

31. For each aspect of *maternal/prenatal/early childhood health* indicated in Question 29, explain the evidence of need.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

32. For each aspect of *maternal/prenatal/early childhood health* indicated in Question 29, explain in detail the gap in service.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

33. For each aspect of *maternal/prenatal/early childhood health* indicated in Question 29, explain in detail the specific barriers to service.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**ORAL HEALTH**

34. Are aware or unaware of the Rockford Regional Health Council's efforts in the past three years to address *oral health in Winnebago County*?

- Aware
- Unaware (GO TO QUESTION 36)

35. Do you think that the Rockford Regional Health Council's efforts in the past three years to address *oral health* in the region has made a minor impact, moderate impact, major impact, or no impact?

- Minor Impact
- Moderate Impact
- Major Impact
- No Impact
- Don't Know/Not Sure

36. Over the next three years, do you think that the Rockford Regional Health Council should focus its efforts on improving *oral health* in the region?

- Yes
- No (GO TO QUESTION 42)
- Don't Know/Not Sure (GO TO QUESTION 42)

37. Which specific aspects of *oral health* in the region need improvement?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

38. For each aspect of *oral health* indicated in Question 37, please provide the specific population groups (e.g., all residents, Hispanics, single mothers) that are in the greatest need of attention.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

39. For each aspect of *oral health* indicated in Question 37, explain the evidence of need.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_



40. For each aspect of *oral health* indicated in Question 37, explain in detail the gap in service.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

41. For each aspect of *oral health* indicated in Question 37, explain in detail the specific barriers to service.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- a. \_\_\_\_\_

42. What other health areas need improvement that the Rockford Regional Health Council should focus its efforts on over the next three years?

\_\_\_\_\_

43. What non-health related areas need improvement that other community agencies should focus their efforts on over the next three years?

\_\_\_\_\_

Thank you for your participation.