

Community Health Needs Assessment 2016

OSF SAINT ANTHONY MEDICAL CENTER

WINNEBAGO COUNTY

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Community Health Needs Assessment

July 2016

Collaboration for sustaining health equity

Executive Summary

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

Results from this study can be used for strategic decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by the collaborative, as well as perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publically available sources as well as private sources of data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medications and mental-health counseling. Additionally, demographic characteristics of

respondents were utilized to provide insights into why certain segments of the population responded differently.

Ultimately, the identification and prioritization of the most important health-related issues in the Winnebago County region were identified. The collaborative team considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method, the collaborative team prioritized three significant health needs:

- ***Access to health services***
- ***Mental health***
- ***Obesity***

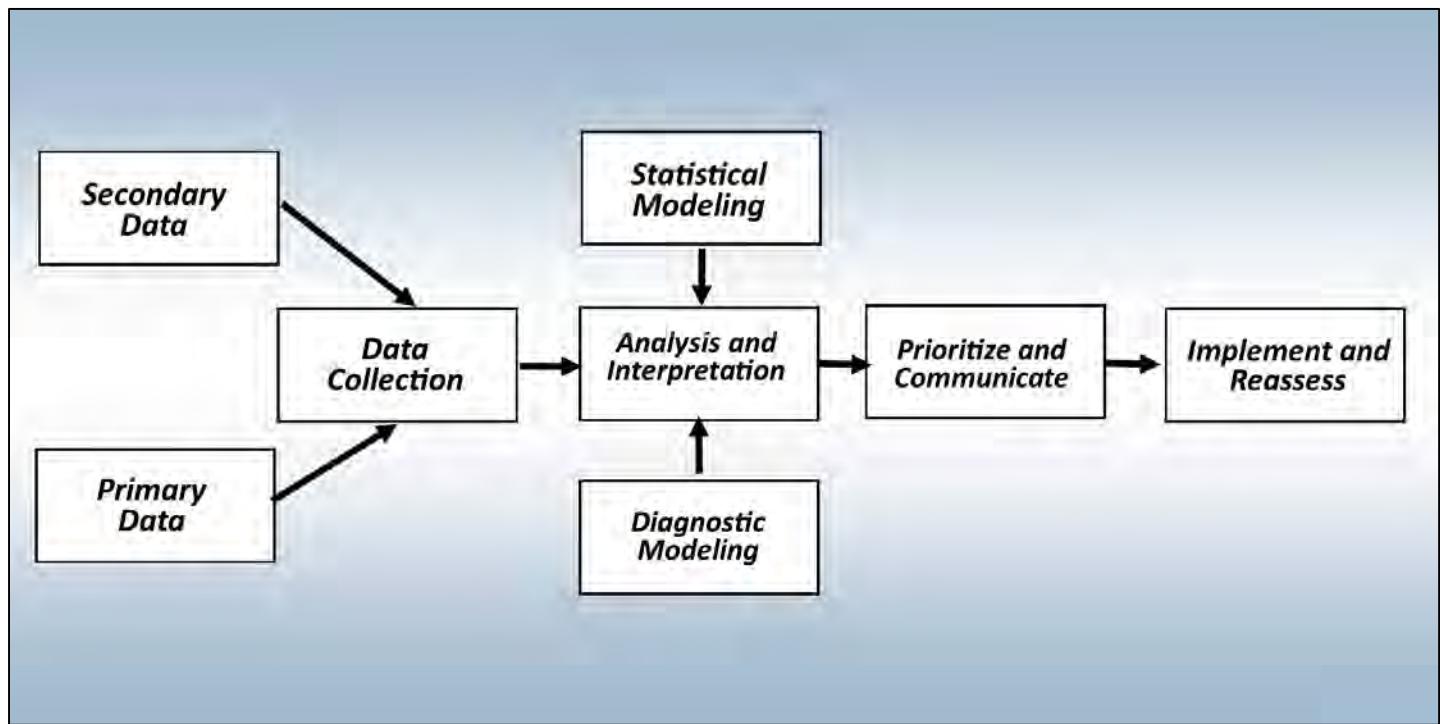
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt hospitals to conduct community health-needs assessments and to adopt implementation strategies to meet the community health needs identified through the assessments. This community health-needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by OSF Saint Anthony Medical Center including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Form 990, Schedule H–Hospitals, designated solely for tax-exempt hospitals. The fundamental areas of the community health-needs assessment are illustrated in Figure 1.

Figure 1. Community Health Needs Assessment Framework



Design of the Collaborative Team: Community Engagement, Broad Representation and Special Knowledge

In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the collaborative team

were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint Anthony Medical Center, members of the Winnebago County Health Department, and administrators from key community partner organizations. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in April and July 2015 and in the first quarter of 2016. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Specifically, members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles and expertise can be found in Appendix 1.

Definition of the Community

In order to determine the geographic boundaries for OSF Saint Anthony Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Winnebago County. Data show that Winnebago County alone represents 72.9% of all patients for the hospital.

In addition to defining the community by geographic boundaries, this study targets the at-risk population as an area of potential opportunity to improve the health of the community.

Purpose of the Community Health-Needs Assessment

In the initial meeting, the collaborative committee identified the purpose of this study. Specifically, this study has been designed to provide necessary information to health-care organizations, including hospitals, clinics and health departments, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows health-care organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, agencies and health departments will use this CHNA to improve the quality of healthcare in Winnebago County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results from the 2013 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

The 2013 CHNA was made widely available to the community to allow for feedback. Specifically, the hospital posted both a full version and a summary version of the 2013 CHNA on its website. While no written feedback was received by individuals from the community via the available mechanism, verbal feedback was provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process.

Summary of 2013 CHNA Identified Health Needs and Implementation Plans

The 2013 CHNA for Winnebago County identified 7 significant health needs. These included: access to health services, community misperceptions, healthy behaviors, mental health, obesity, sexual health and substance abuse. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in Appendix 2.

II. METHODS

To complete the comprehensive community health-needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, based on a sample of 775 survey respondents (70 respondents used a version translated into Spanish) from Winnebago County, a study was completed to examine perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to healthcare.

Secondary Data for the Community Health Needs Assessment

We first used existing secondary statistical data to develop an overall assessment of health-related issues in the community. Within each section of the report, there are definitions, importance of categories, data and interpretations. At the end of each chapter, there is a section on key takeaways.

Based on several retreats, a separate OSF Collaborative Team used COMP data to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes and infections. In order to define each disease category, we used modified definitions developed by Sg2. Sg2 specializes in consulting for healthcare organizations. Their team of experts includes MDs, PhDs, RNs and healthcare leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected. This section describes the research methods used to collect, code, verify and analyze primary survey data. Specifically, we discuss the research design used for this study: survey design, data collection and data integrity.

A. Survey Instrument Design

Initially, all publicly available health-needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health-needs data. By leveraging best practices from these surveys, we created our own pilot survey in 2012, designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire OSF collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health-needs assessment, five specific sets of items were included:

Ratings of health issues in the community – to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes and obesity. In all, there were 16 choices provided for survey respondents.

Ratings of unhealthy behaviors in the community – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking. In all, there were 13 choices provided for survey respondents.

Ratings of issues concerning well-being – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation. In all, there were 12 choices provided for survey respondents.

Accessibility to healthcare – to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental and mental-healthcare, as well as access to prescription medications.

Healthy behaviors – to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise and healthy eating habits.

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the five categories discussed above.

After the initial survey was designed, a pilot study was created to test the psychometric properties and statistical validity of the survey instrument. The pilot study was conducted at the Heartland Community Health Clinic's facilities. The Heartland Clinic was chosen as it serves the at-risk population and also has a facility that serves a large percentage of the Latino population. A total of 230 surveys were collected. Results from the pilot survey revealed specific items to be included/excluded in the final survey instrument. Item selection criteria for the final survey included validity, reliability and frequency measures based on responses from the pilot sample. A copy of the final survey is included in Appendix 3.

B. Sample Size

In order to identify our potential population, we first identified the percentage of the Winnebago County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Winnebago County was 17 percent in 2014. The population used for the calculation was 288,542, yielding a total of 49,052 residents living in poverty in the Winnebago County area.

We assumed a normal approximation to the hypergeometric distribution given the targeted sample size.

$$n = (Nz^2pq)/(E^2(N-1) + z^2 pq)$$

where:

n = the required sample size

N = the population size

pq = population proportions (set at .05)

z = the value that specified the confidence interval (use 90% CI)

E =desired accuracy of sample proportions (set at +/- .05)

For the total Winnebago County area, the minimum sample size for those living in poverty was 270. Note that for *aggregated* analyses (combination of at-risk and general populations); an additional 271 random surveys were needed from those not living in poverty in order to properly represent the views of the population in Winnebago County.

The data collection effort for this CHNA yielded a total of 775 usable responses. This met the threshold of the desired 90% confidence interval.

To provide a representative profile when assessing the aggregated population for the Winnebago County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. This provided a total usable sample of 610 respondents for analyzing the aggregate population. Sample characteristics can be seen in Appendix 4.

C. Data Collection

To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Note that versions of both the online survey and paper survey were translated into Spanish.

To specifically target the at-risk population, surveys were distributed at all homeless shelters, food pantries and soup kitchens. Since we specifically targeted the at-risk population as part of the data collection effort, this became a stratified sample, as we did not specifically target other groups based on their socio-economic status.

D. Data Integrity

Comprehensive analyses were performed to verify the integrity of the data for this research. Without proper validation of the raw data, any interpretation of results could be inaccurate and misleading if used for decision-making. Therefore, several tests were performed to ensure that the data were valid. These tests were performed before any analyses were undertaken. Data were checked for coding accuracy, using descriptive frequency statistics to verify that all data items were correct. This was followed by analyses of means and standard deviations and comparison of primary data statistics to existing secondary data.

E. Analytic Techniques

To ensure statistical validity, we used several different analytic techniques. Specifically, frequencies and descriptive statistics were used for identifying patterns in residents' ratings of various health concerns. Additionally, appropriate statistical techniques were used for identification of existing relationships between perceptions, behaviors and demographic data. Specifically, we used Pearson correlations, χ^2 tests and tetrachoric correlations when appropriate, given characteristics of the specific data being analyzed.

CHAPTER 1 OUTLINE

- 1.1 Population
- 1.2 Age, Gender and Race Distribution
- 1.3 Household/Family
- 1.4 Economic Information
- 1.5 Education
- 1.6 Key Takeaways from Chapter 1

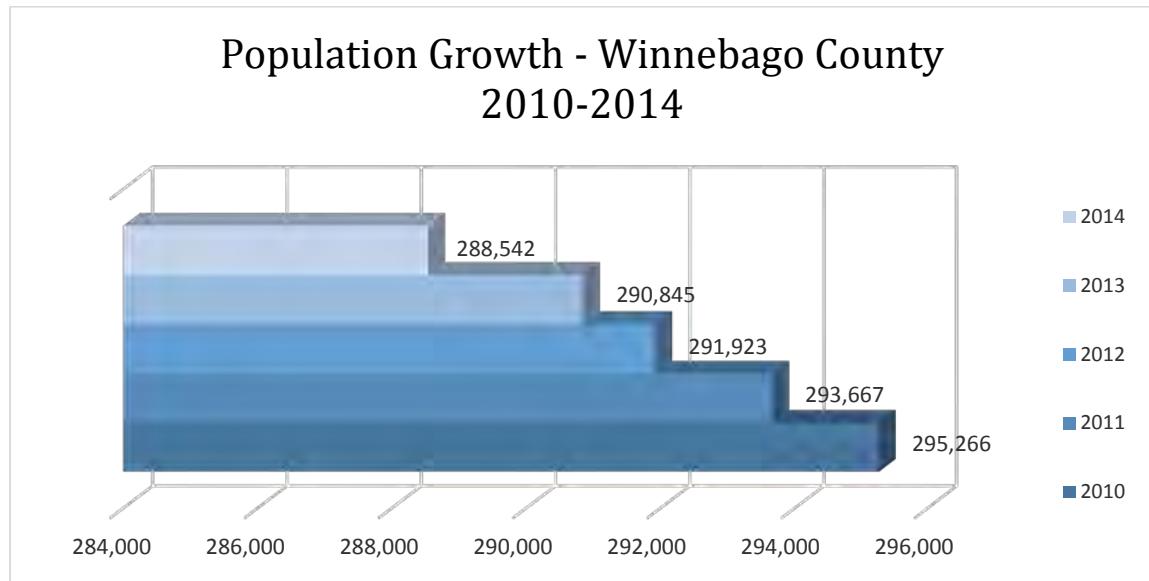
CHAPTER 1. DEMOGRAPHIC PROFILE

1.1 Population

Importance of the measure: Population data characterize individuals residing in Winnebago County. Population data provide an overview of population growth trends and build a foundation for additional analysis of data.

Population Growth

Data from the last census indicate the population of Winnebago County has decreased (2.3%) between 2010 and 2014.



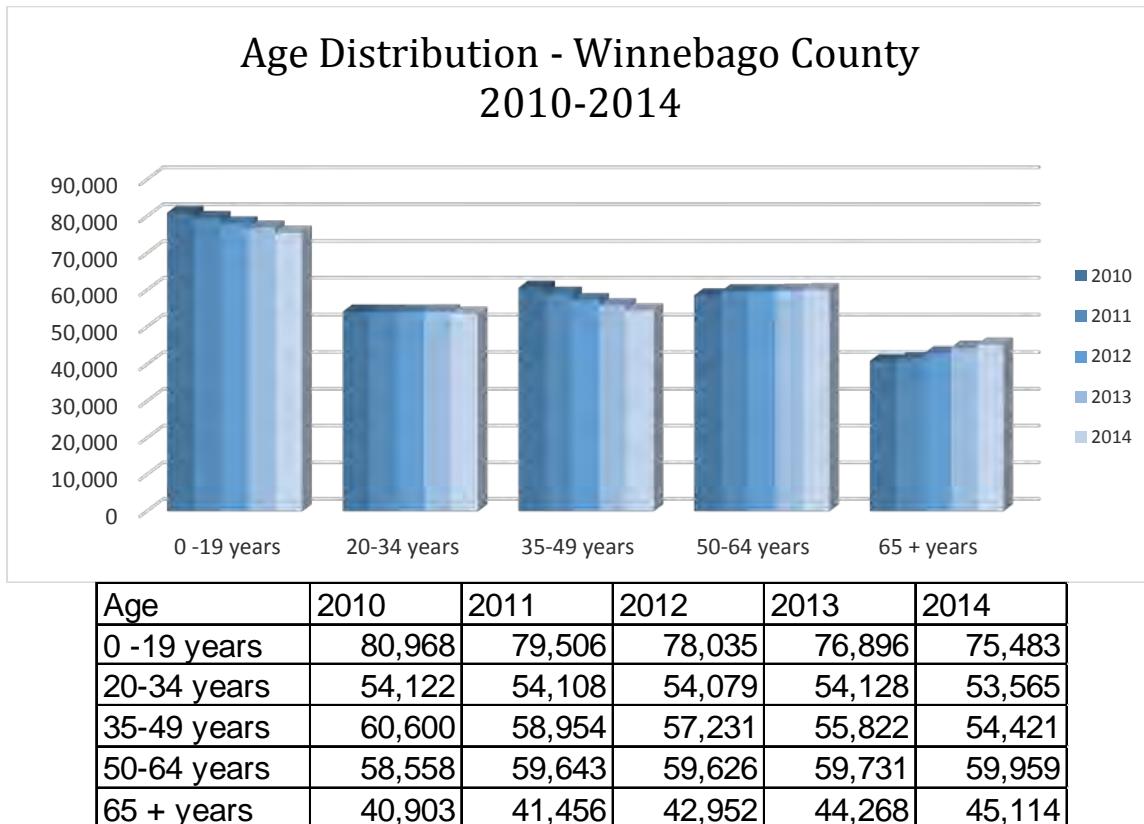
Source: US Census

1.2 Age, Gender and Race Distribution

Importance of the measure: Population data broken down by age, gender, and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth and the distribution of healthcare services. Understanding the cultural diversity of communities is essential when considering healthcare infrastructure and service delivery systems.

Age

As indicated in the graph below, the percentage of individuals in Winnebago County aged 50-64 increased slightly between 2010 and 2014, and the percentage of individuals aged 35-49 decreased from 60,600 to 54,421, or 10.2%, between 2010 and 2014. Those individuals aged 65 and older represent the largest percentage growth in the community (10.3%)

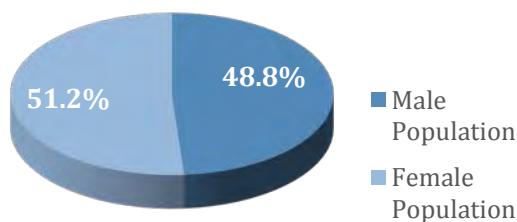


Source: US Census

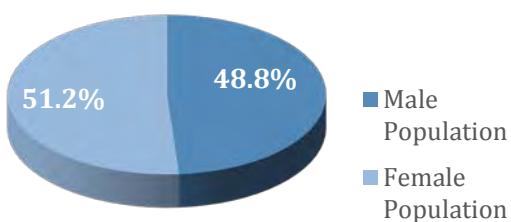
Gender

The gender distribution of Winnebago County residents has remained relatively consistent between 2010 and 2014.

Gender Distribution -
Winnebago County 2010



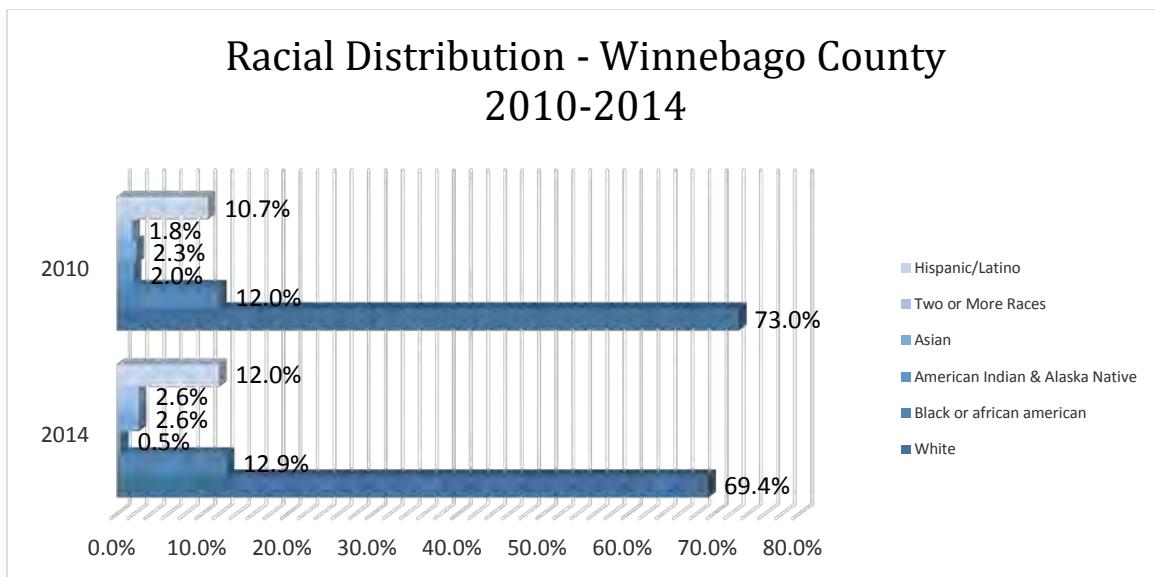
Gender Distribution -
Winnebago County 2014



Source: US Census

Race

With regard to race and ethnic background, Winnebago County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2010 suggest that White ethnicity comprises just over 70% of the population in Winnebago County. However, the non-White population of Winnebago County has been increasing (from 27% to 30.6% in 2014), with Black ethnicity comprising 12.9% of the population, Hispanic/Latino ethnicity comprising 12% of the population, and Asian ethnicity comprising 2.6% of the population.

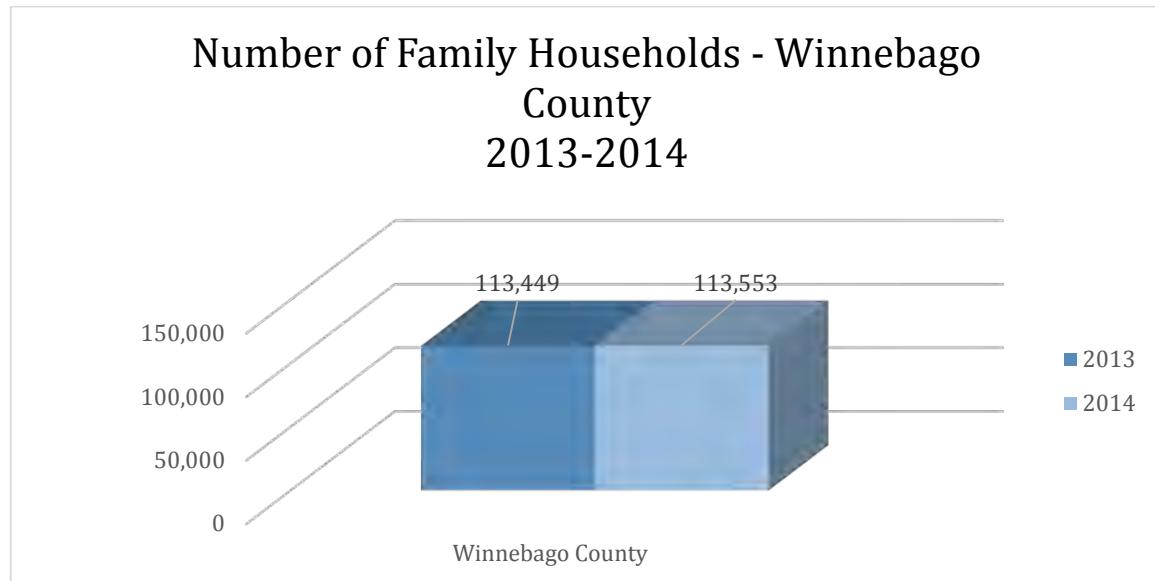


Source: US Census

1.3 Household/Family

Importance of the measure: Families are an important component of a robust society in Winnebago County, as they dramatically impact the health and development of children and provide support and well-being for older adults.

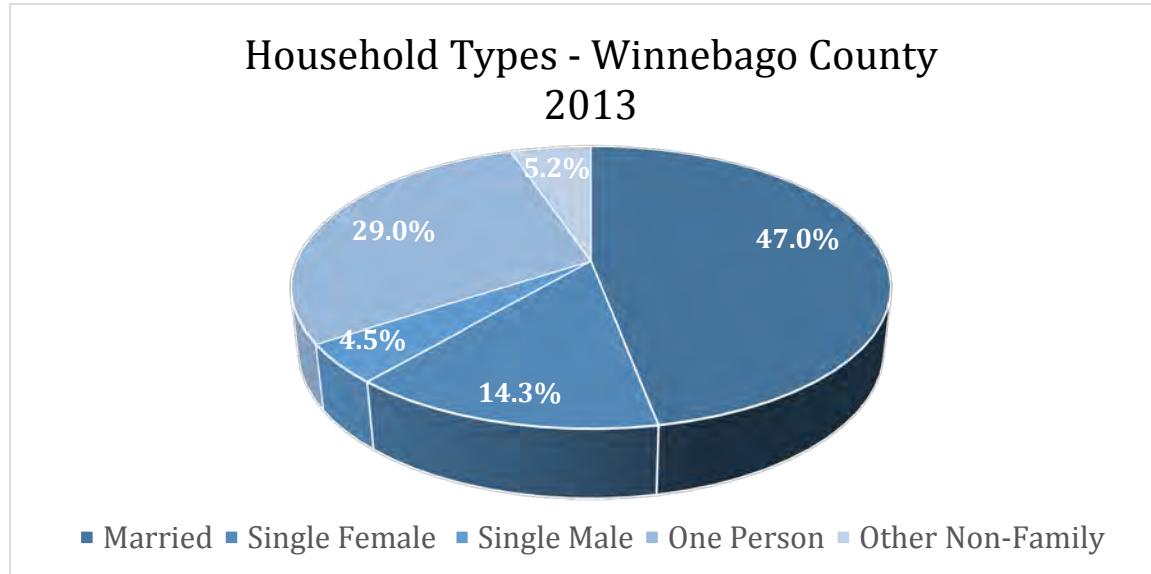
As indicated in the graph below, the number of family households in Winnebago County increased slightly.



Source: US Census

Family Composition

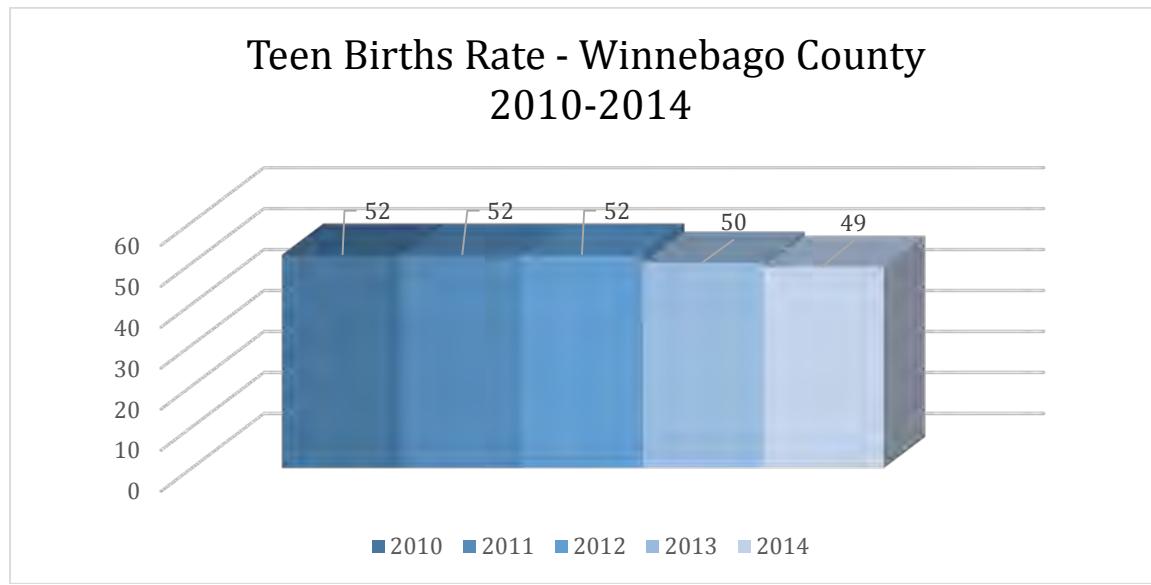
In Winnebago County, data from 2013 suggest the percentage of two-parent families in Winnebago County is under 50%. One-person households represent 29% of the county population.



Source: 2013 Statisticalatlas.com

Early Sexual Activity Leading to Births from Teenage Mothers

Winnebago County experienced a slight decrease in teenage birth rate per 100,000 women. However, teen births are significantly higher than the Illinois average of 36 per 1,000 women.



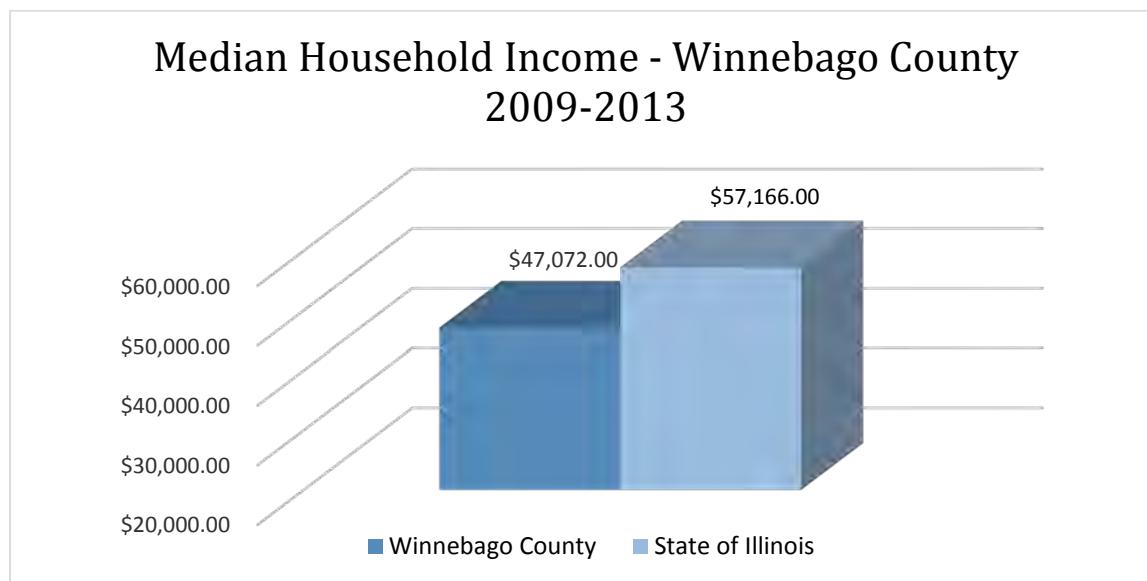
Source: Illinois Department of Public Health

1.4 Economic Information

Importance of the measure: Median income divides households into two segments with one-half of households earning more than the median income and the other half earning less. Because median income is not significantly impacted by unusually high or low-income values, it is considered a more reliable indicator than average income. To live in poverty means to lack sufficient income to meet one's basic needs. Accordingly, poverty is associated with numerous chronic social, health, education, and employment conditions.

Median Income Level

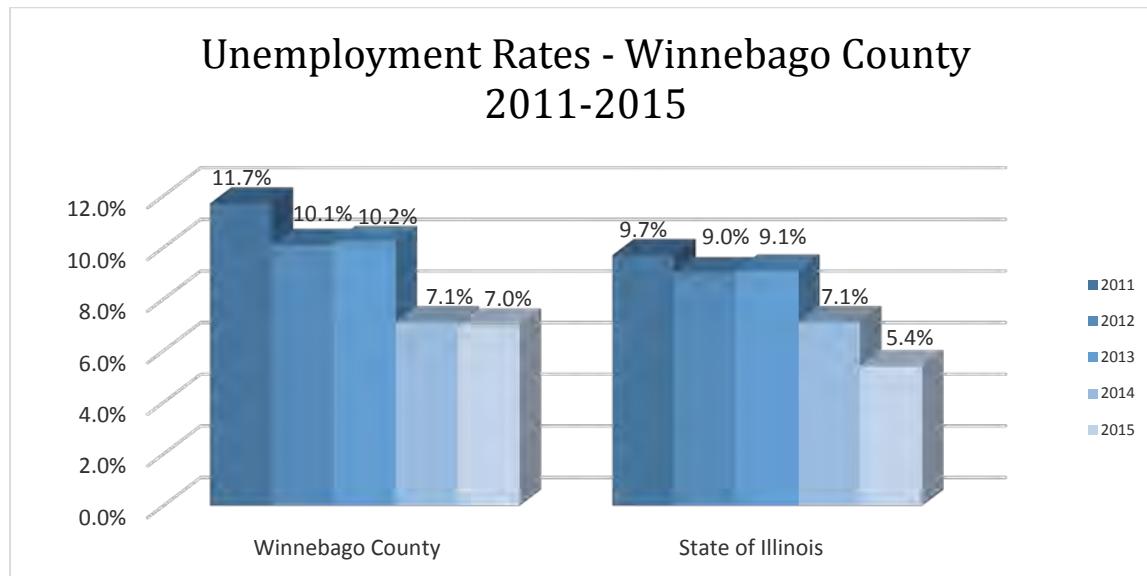
For 2009-2013, the median household income in Winnebago County was 17.7% lower than the State of Illinois.



Source: US Census

Unemployment

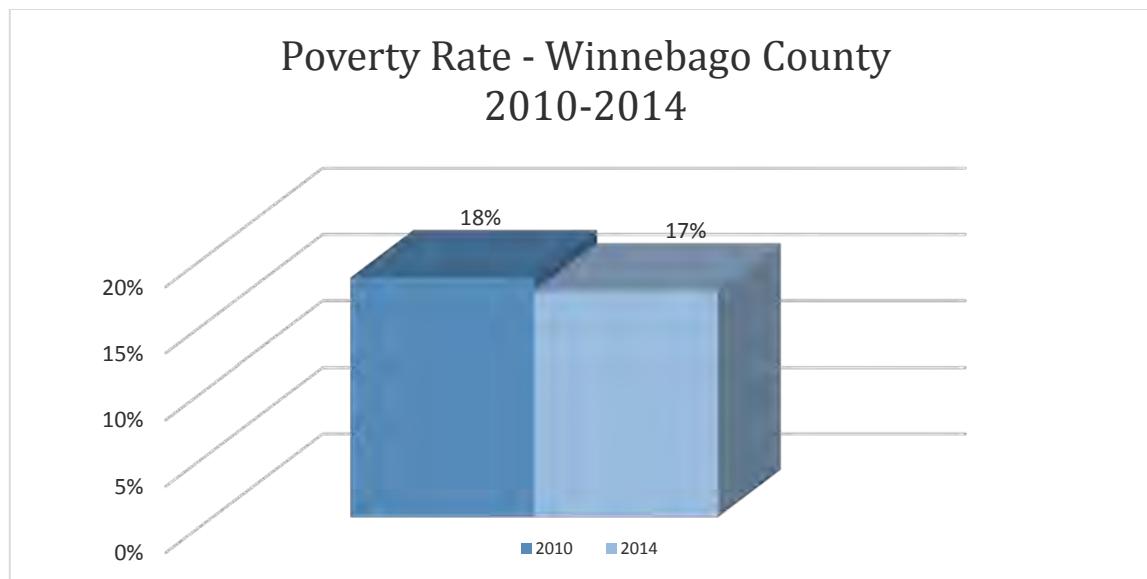
For the years 2011 to 2015, the Winnebago County unemployment rate has been higher than the State of Illinois unemployment rate. Between 2013 and 2015, unemployment decreased from 11.7% to 7%.



Source: Bureau of Labor Statistics

Families in Poverty

Poverty has a significant impact on the development of children and youth. In Winnebago County, the percentage of families living in poverty between 2010 and 2014 remained stable. In Winnebago County, the overall poverty rate is 17%, which is higher than the State of Illinois poverty rate of 14.4%.



Source: US Census

1.5 Education

Importance of the measure: According to the National Center for Educational Statistics¹, "The better educated a person is, the more likely that person is to report being in 'excellent' or 'very good' health, regardless of income." Research suggests that the higher the level of educational attainment and the more successful one is in school, the better one's health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual's propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

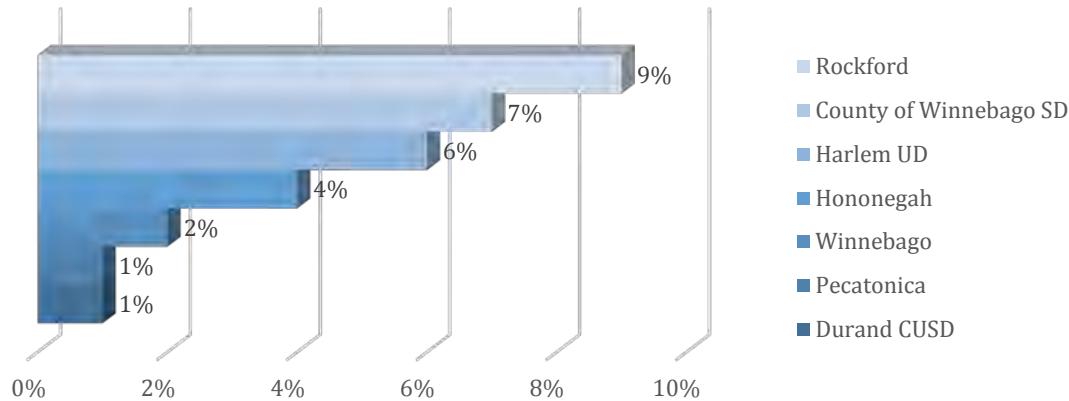
Truancy

Chronic truancy is a major challenge to the academic progress of children and young adults. The causes of truancy vary considerably for young children. Truancy of middle- and high-school students is more likely a result of the inappropriate behavior and decisions of individual students. Primary school truancy often results from decisions and actions of the parents or caregivers rather than the students themselves. The State of Illinois defines truancy as a student who is absent without valid cause for 5% or more of the previous 180 regular attendance days.

Three school districts, Rockford, County of Winnebago SD, and Harlem UD districts have a slightly larger percentage of students who were chronically truant in 2014.

¹ NCES 2005

Truancy in School Districts-Winnebago County 2014

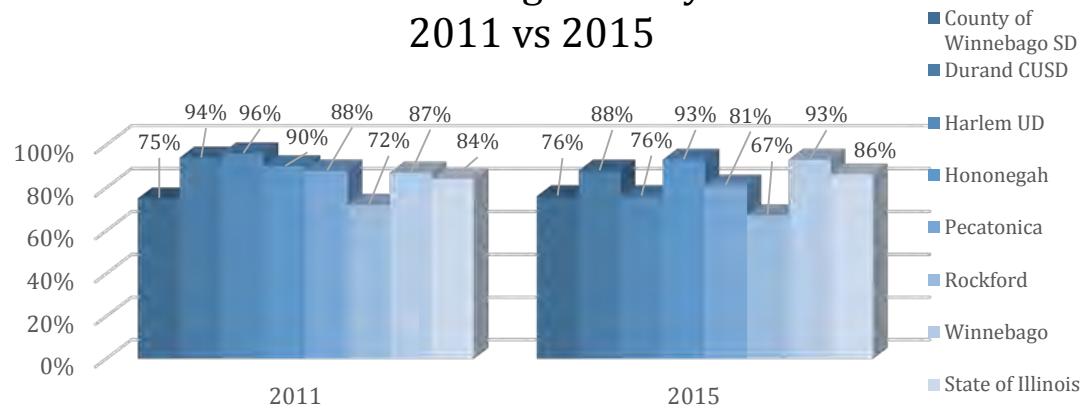


Source: Illinois Report Card

High School Graduation Rates

In 2015, four of the districts in Winnebago County (County of Winnebago SD, Harlem UD, Pecatonica, and Rockford) reported high school graduation rates that were below the State average of 86%.

4-Year High School Graduation Rates - Winnebago County 2011 vs 2015



Source: Illinois State Board of Education, School Year 2011 & 2015 District Report Card Summary

1.6 Key Takeaways from Chapter 1

- ✓ **POPULATION DECREASED OVER THE LAST 5 YEARS.**
- ✓ **POPULATION IS AGING. THE LARGEST PERCENTAGE INCREASE IS IN RESIDENTS OVER AGE 65**
- ✓ **DECREASING WHITE POPULATION, INCREASING BLACK AND LATINO POPULATION**
- ✓ **TEEN BIRTHS PER 1,000 FEMALE POPULATION, AGES 15-19 HAVE DECREASED OVER THE LAST SEVERAL YEARS BUT ARE ABOVE THE AVERAGE ACROSS THE STATE OF ILLINOIS**
- ✓ **SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 14.3% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY**
- ✓ **UNEMPLOYMENT HAS DECREASED BUT REMAINS HIGHER THAN STATE AVERAGES**
- ✓ **WINNEBAGO COUNTY SCHOOL DISTRICTS HAVE VARIABLE GRADUATION RATES COMPARED TO THE STATE AVERAGE**

CHAPTER 2 OUTLINE

- 2.1 Accessibility
- 2.2 Wellness
- 2.3 Access to Information
- 2.4 Physical Environment
- 2.5 Health Status
- 2.6 Key Takeaways from Chapter 2

CHAPTER 2. PREVENTION BEHAVIORS

2.1 Accessibility

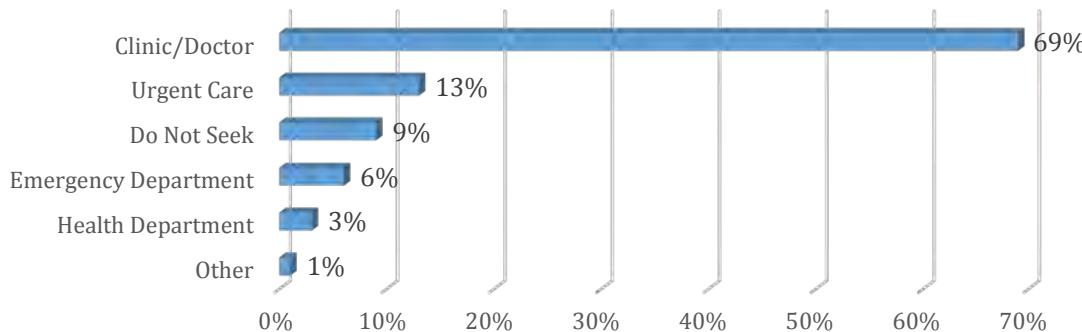
Importance of the measure: It is critical for healthcare services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment, and other. The modified sample of 610 respondents was used for general population in order to more accurately reflect the demographic characteristics for Winnebago County.

The most common response for source of medical care was clinic/doctor's office, chosen by 69% of survey respondents. This was followed by urgent care (13%), not seeking medical attention (9%), the emergency department at a hospital (6%), and the health department (3%).

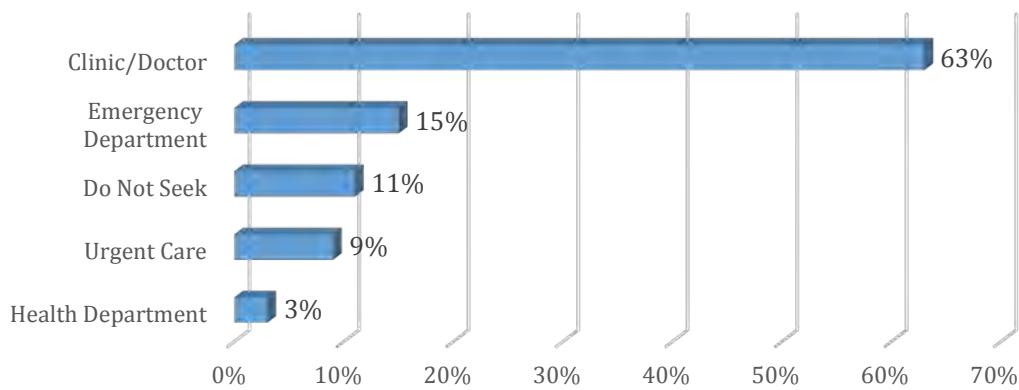
Choice of Medical Care General Population - Winnebago County 2016



Source: CHNA Survey

For the at-risk population, the most common response for choice of medical care was also clinic/doctor's office (63%). This was followed by the emergency department at a hospital (15%), not seeking medical attention (11%), urgent care facilities (9%), and the health department (3%).

Choice of Medical Care At-Risk Populations - Winnebago County 2016



Source: CHNA Survey

Demographic Factors Related to Choice of Medical Care

Several demographic characteristics show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

Clinic/Doctor's Office tends to be used more often by women, older people and those with higher education. Clinics and doctor's offices are used less often by the homeless.

Urgent Care is used more often by men, younger people, White people, and those with higher income.

Emergency Department tends to be used more often by people of Black ethnicity, and those with lower education and income. It is used less often by those with White ethnicity.

Do Not Seek Medical Care tends to be selected by men, younger people, Latino people, and those with lower education. Black people are less likely to avoid seeking medical care.

Health Department is used most often by people who are younger, Latino, and those with lower education. White individuals are less likely to seek care at the Health Department.

Comparison to 2013 CHNA Data

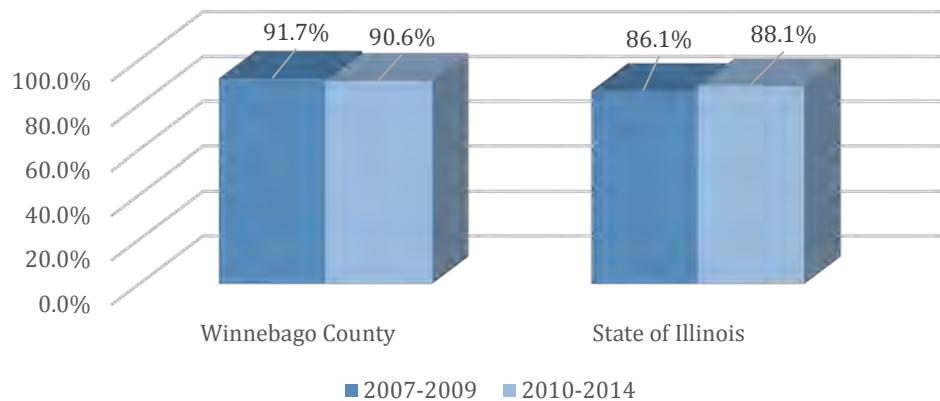
Compared to the Winnebago 2013 CHNA survey data, for the general population, there was a slight increase in use of clinic/doctor's office, from 67% to 69%, which resulted in a lower percentage of people choosing to seek care in an emergency department.

For the at-risk population, there was also a slight increase in use of clinic/doctor's office, from 62% to 63%. While there was a slight decrease in ED usage from 18% to 15%, there was also an increase in the proportion of people who did not seek medical attention when needed. Specifically, choosing not to seek care increased from 9% in 2013 to 11% in 2016 for the at-risk population.

Insurance Coverage

With regard to medical insurance coverage, data gathered from the Illinois Behavioral Risk Factor Surveillance System show that residents in Winnebago County possess healthcare coverage at a higher rate (90.6%) compared to the State of Illinois (88.1%).

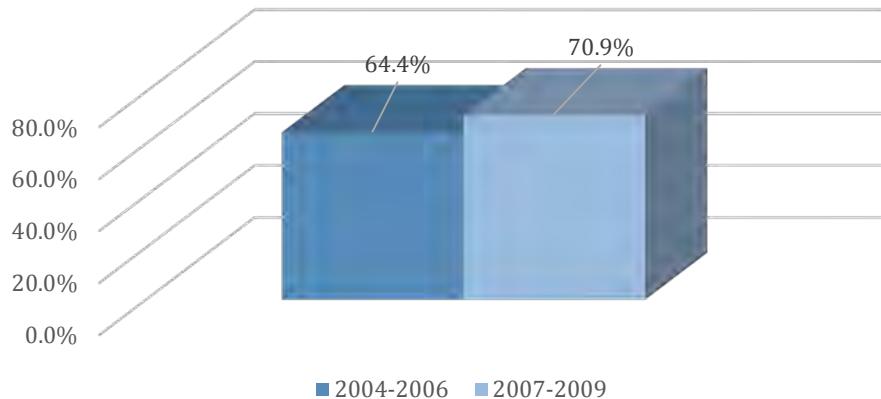
Health Care Coverage - Winnebago County 2007-2014



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to dental insurance, 70.9% of Winnebago County residents possessed dental insurance coverage in 2007-2009 compared to 64.4% of Winnebago County residents in 2004-2006. These are the most recent data, as the BRFSS has not been updated for this metric since 2009.

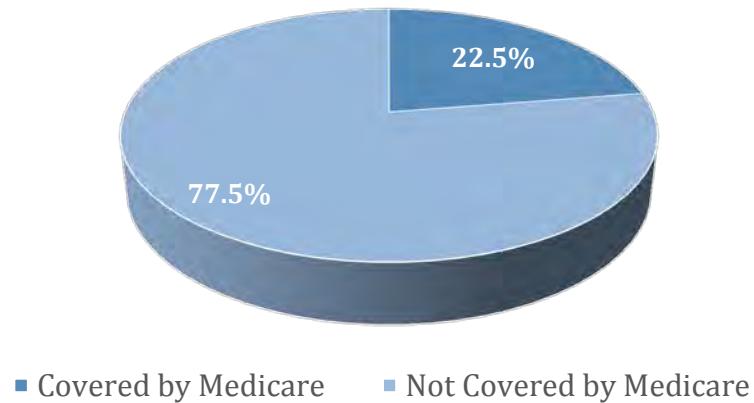
Dental Insurance - Winnebago County 2004-2009



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to Medicare Coverage, approximately 22.5% of Winnebago County residents received Medicare coverage between 2007 and 2009. These are the most recent data, as the BRFSS has not been updated for this metric since 2009.

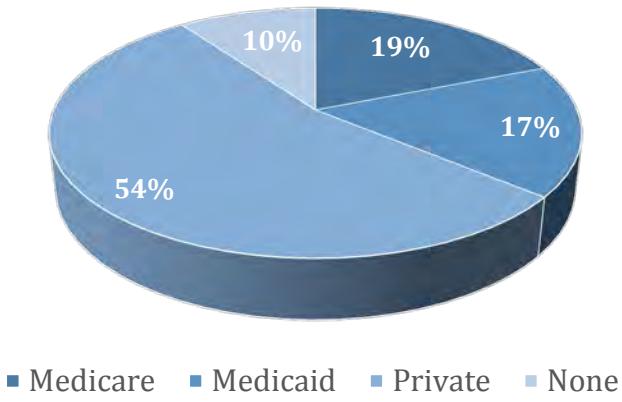
Medicare Coverage - Winnebago County 2007-2009



Source: Illinois Behavioral Risk Factor Surveillance System

A more precise analysis for insurance coverage is possible with data from the CHNA survey. According to survey data, 54% of the residents in Winnebago County are covered by private insurance.

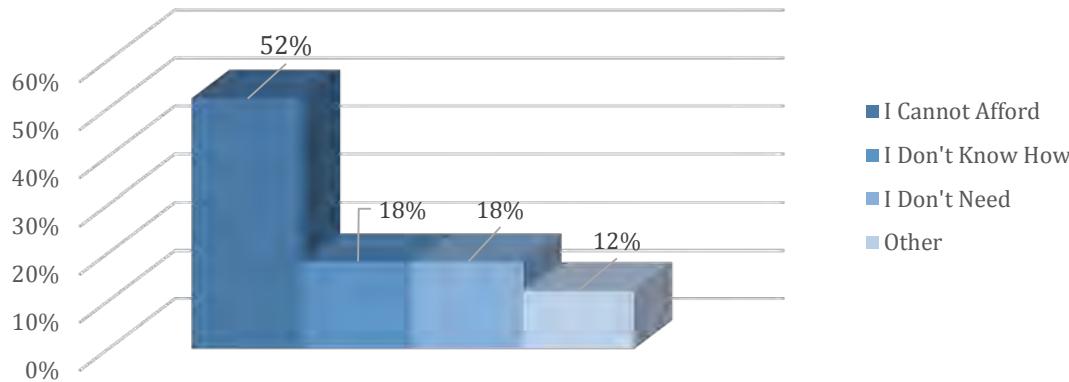
Type of Insurance - Winnebago County 2016



Source: CHNA Survey

Data from the survey show that for the 10% of individuals who do not have insurance, the most common reason was cost.

Reasons for No Insurance - Winnebago County 2016



Source: CHNA Survey

Demographic Factors Related to Type of Insurance

Several demographic characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

Medicare tends to be used more frequently by those who are older and with lower education and income.

Medicaid tends to be utilized at higher rates by younger people and lower rates by White people and those who have higher income and education levels.

Private Insurance is used more often by women, White people, and those with higher education and income. Private insurance tends to be used less often by Latino people and the homeless.

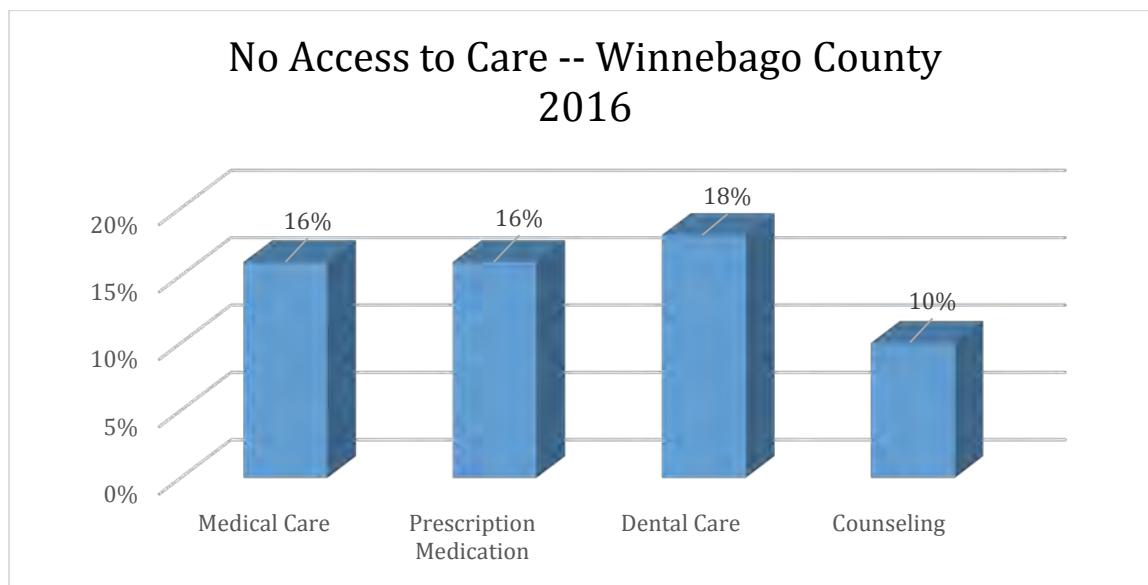
No Insurance tends to be reported more often by men, younger people, Latino people, those with lower income, and the homeless.

Comparison to 2013 CHNA Data

Compared to survey data from the 2013 CHNA, there has been an increase in the percentage of the population with private insurance (44-54%), Medicare (15-19%), and a decrease in the percentage of people with Medicaid (26-17%) in 2016. Note that at the time of data collection, ACA initiatives had not been fully implemented. There has been a marked decrease in the percentage of individuals who have no insurance, from 15% to 10%.

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medications, dental care and counseling. Survey results show that 16% of the population did not have access to medical care when needed; 16% of the population did not have access to prescription medications when needed; 18% of the population did not have access to dental care when needed; and 10% of the population did not have access to counseling when needed.



Source: CHNA Survey

Demographic Factors Related to Access to Care

Several demographic characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

Access to medical care tends to be higher for older people, White people, and those with higher education and income. Latino residents are less likely to report access to medical care.

Access to prescription medications tends to be higher for White people, and people with higher education and income. It is lower for Latino people and the homeless.

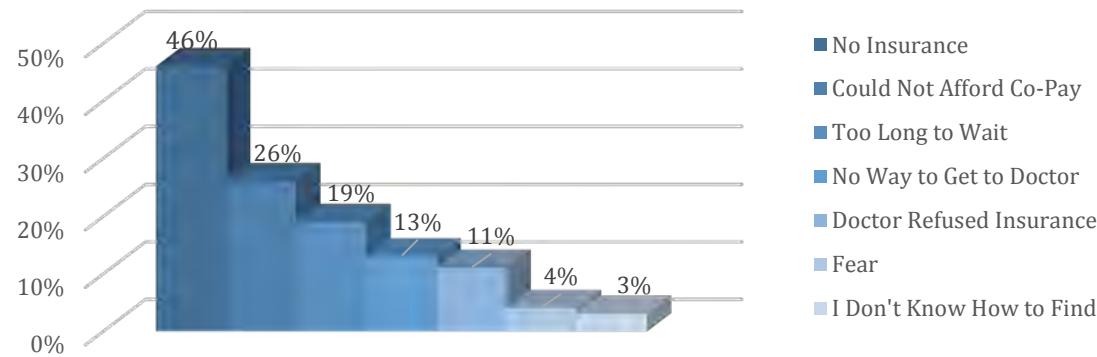
Access to dental care tends to be greater for those with higher education and higher income.

Access to counseling tends to be rated higher by people with White people and those with higher education and income, but access is reported less often by Latino individuals.

Reasons for No Access - Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were no insurance (46%), inability to afford copayments or deductibles (26%), and too long to wait (19%). This was followed by the lack of transportation (13%), refusal of insurance by physician (11%) fear (4%), and lack of knowledge (3%). Note that total percentages do not equal 100% as respondents could choose more than one answer or did not respond to the question.

Causes of Inability to Access Medical Care - Winnebago County 2016

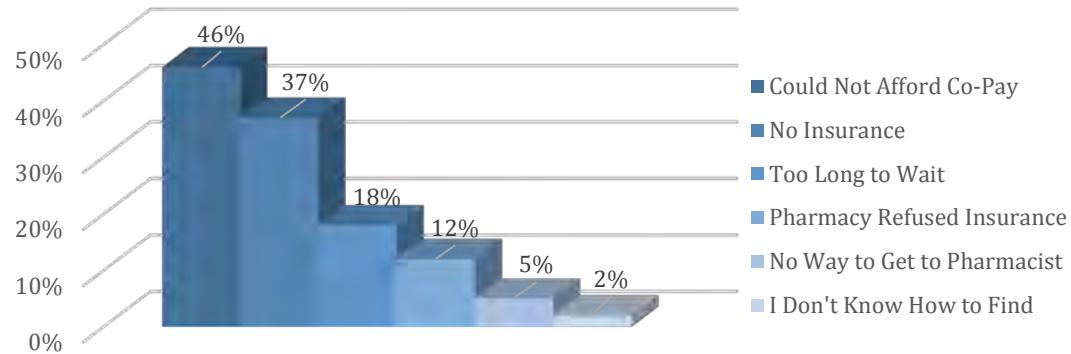


Source: CHNA Survey

Reasons for No Access - Prescription Medication

Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. In Winnebago County, the leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (46%) and no insurance (37%). Note that total percentages do not equal 100% as respondents could choose more than one answer or did not respond to the question.

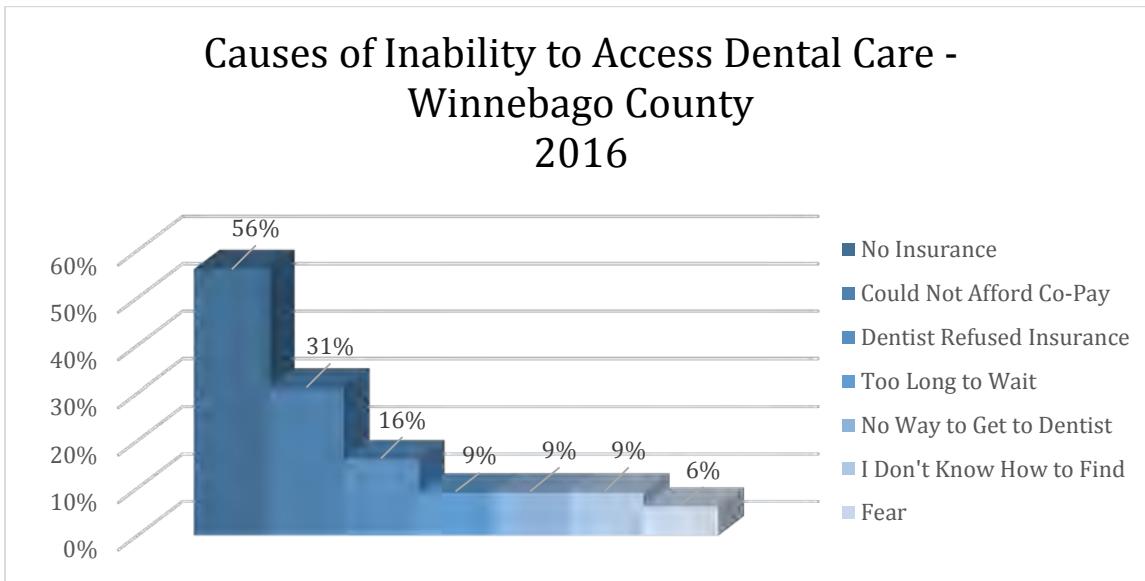
Causes of Inability to Access Prescription Medication - Winnebago County 2016



Source: CHNA Survey

Reasons for No Access - Dental Care

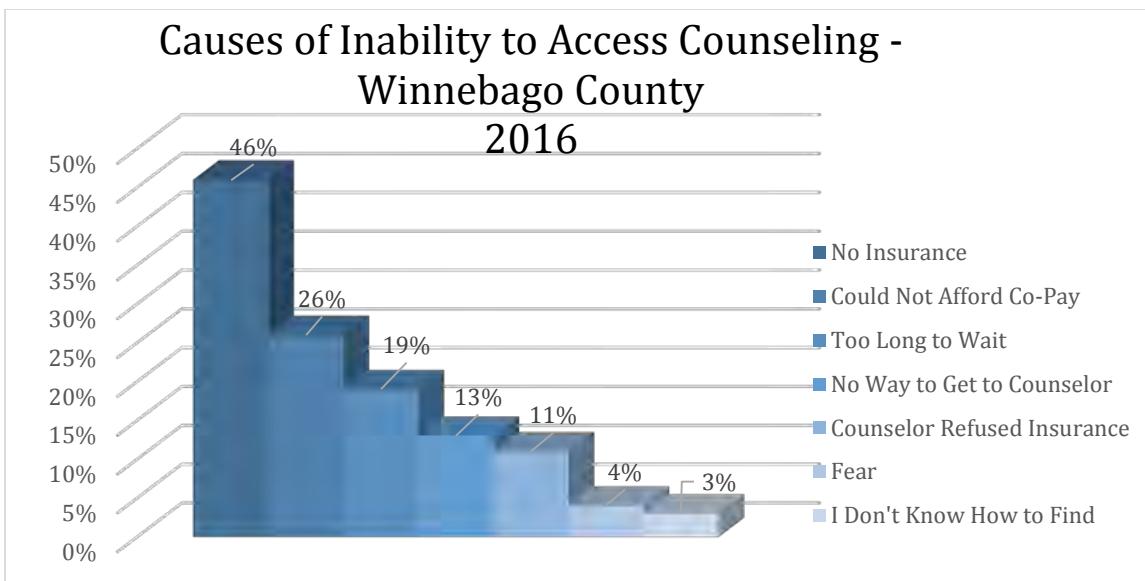
Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes of inability to gain access to dental care were no insurance (56%), and the inability to afford copayments or deductibles (31%), and refusal of insurance (16%). Too long to wait, no way to get to the dentist, and a lack of knowledge about finding care were also frequently cited causes, each at 9%. Note that total percentages do not equal 100% as respondents could choose more than one answer or did not respond to the question.



Source: CHNA Survey

Reasons for No Access - Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. In Winnebago County, the leading causes of the inability to gain access to counseling were the lack of insurance (46%), the inability to afford a co-pay (26%), too long to wait (19%), no way to get to the counselor (13%), and counselor refusing insurance (11%). Note that total percentages do not equal 100% as respondents could choose more than one answer or did not respond to the question.



Source: CHNA Survey

Comparisons to 2013 CHNA Data

Access to Medical Care – Compared to 2013, survey results show a slight increase in those that were able to get medical care when they needed it. In 2013, 78% of residents were able to get medical care when needed. In 2016, the percentage was 84%.

Access to Prescriptions Medication – Compared to 2013, survey results show an increase in those that were able to get prescription medications when they needed it. In 2013, 78% of residents were able to get prescription medications when needed. In 2016, the percentage was 84%.

Access to Dental Care – Compared to 2013, results show a slight decrease in those that were able to access dental care when needed. In 2013, 73% of residents were able to get dental care when needed. In 2016, the percentage decreased to 72%.

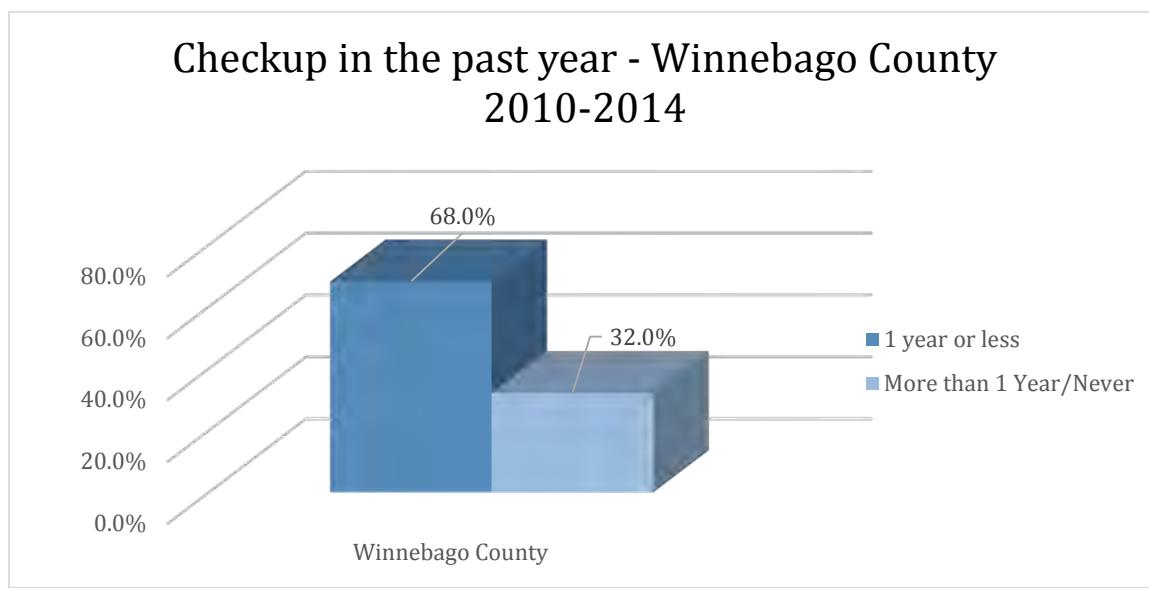
Access to Counseling – Compared to 2013, there was a slight increase in access to counseling. In 2013, 89% of respondents had access to counseling when needed. In 2016, the percentage was 90%.

2.2 Wellness

Importance of the measure: Preventative healthcare measures, including scheduling a routine well-visit, getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing healthcare costs.

Frequency of Checkup

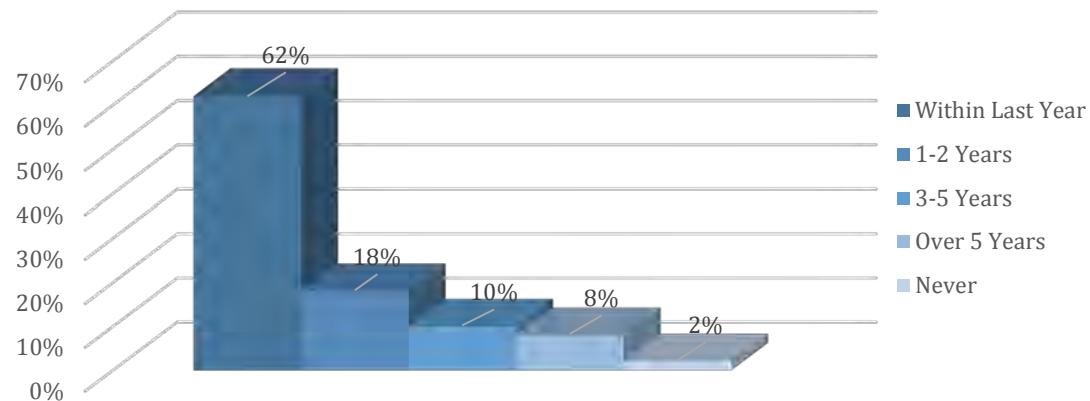
Numerous health problems can be minimized when detected early. Therefore, regularly scheduled checkups can be very important. According to the latest data from the Illinois BRFSS, 68% of residents in Winnebago County report having had a routine checkup within the last year.



Source: Illinois Behavioral Risk Factor Surveillance System

Results from the CHNA survey show slightly lower percentages of residents getting a checkup. Survey results show that 62% of Winnebago County residents have had a checkup in the last year.

Time Since Last Checkup - Winnebago County 2016



Source: CHNA Survey Data

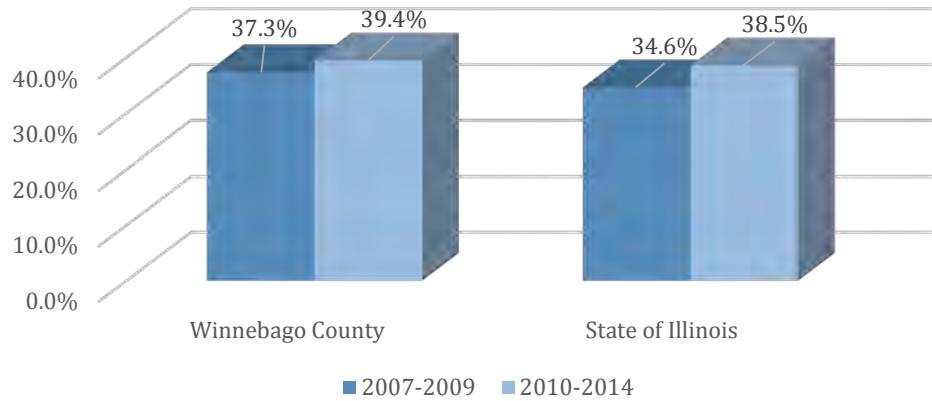
Comparison to 2013 CHNA Data

There has been a decrease in the percentage of residents who have had a checkup in the past year, from 65% in 2013 to 62% in 2016.

Frequency of Flu Shots

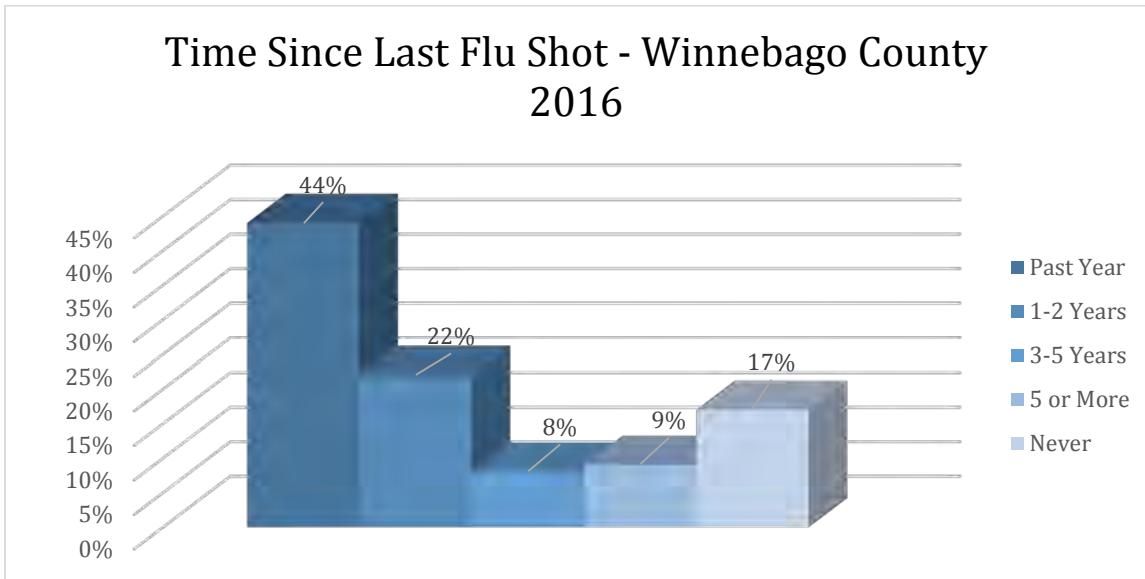
The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The chart below shows that the percentage of people who have had a flu shot in the past year is 39.4% for Winnebago County in 2010-2014 compared to 37.3% for 2007-2009. During the same timeframe, the State of Illinois also realized an increase.

Flu Shot in the Past Year - Winnebago County 2007-2014



Source: Illinois Behavioral Risk Factor Surveillance System

CHNA survey data provide additional insights into prevalence of flu shots, and a more positive result for Winnebago County.



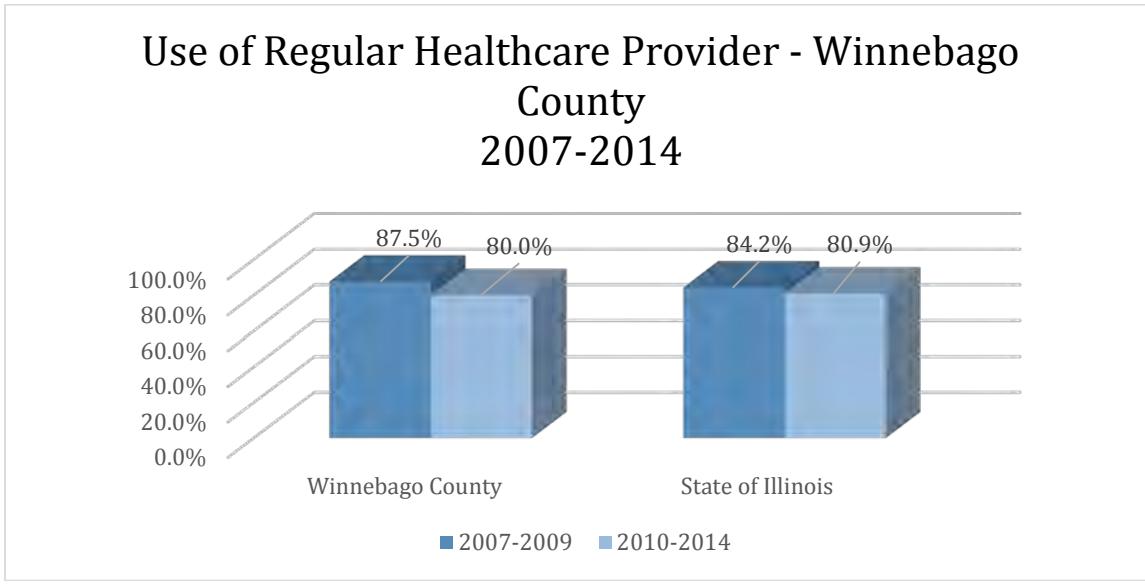
Source: CHNA Survey

Comparison to 2013 CHNA Data

There is no comparison with the 2013 CHNA, as the survey item for flu shot was added to the 2016 CHNA survey.

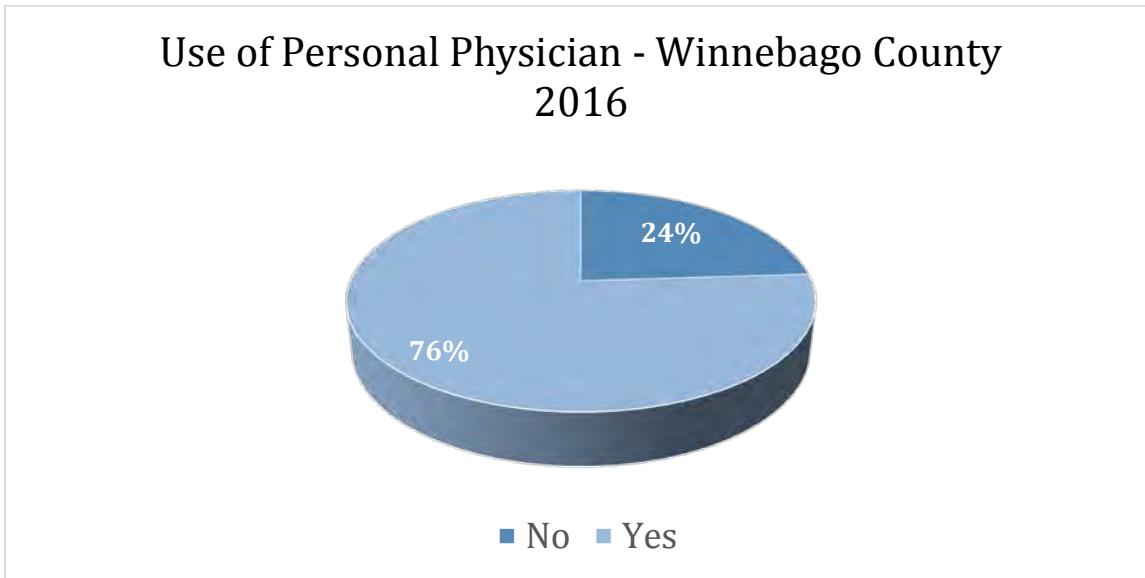
Usual Healthcare Provider

In Winnebago County, the most recent secondary data indicate 80% of residents utilize a regular healthcare provider, down significantly from 2007-2009. The percentage of residents in Winnebago County reporting a usual healthcare provider is now similar to the State of Illinois average, which fell slightly.



Source: Illinois Behavioral Risk Factor Surveillance System

Similarly, the CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 76% of residents have a personal physician.



Source: CHNA Survey

Comparison to 2013 CHNA Data

The 2016 CHNA survey results for having a personal physician are slightly higher compared to the 2013 CHNA. Specifically, 74% of residents reported a personal physician in 2013 and 76% report the same in 2016.

Demographic Factors Related to Wellness

Multiple demographic characteristics show significant relationships with wellness. The following relationships were found using correlational analyses:

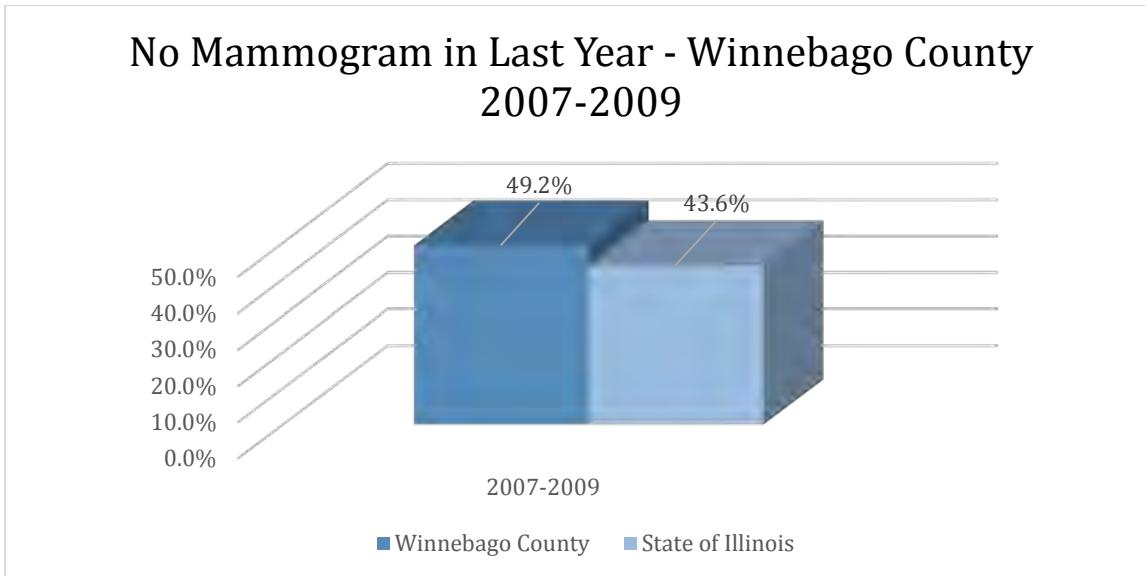
Frequency of checkup tends to be higher for women and older people, and less likely for Latino and homeless people.

Frequency of flu shot tends to be higher for women and older people, and those with higher education and income. It is less likely for Latino people.

Having a personal physician tends to be more likely for women, older people, White people, and those with higher education and income. Latino people and homeless people are less likely to report having a personal physician.

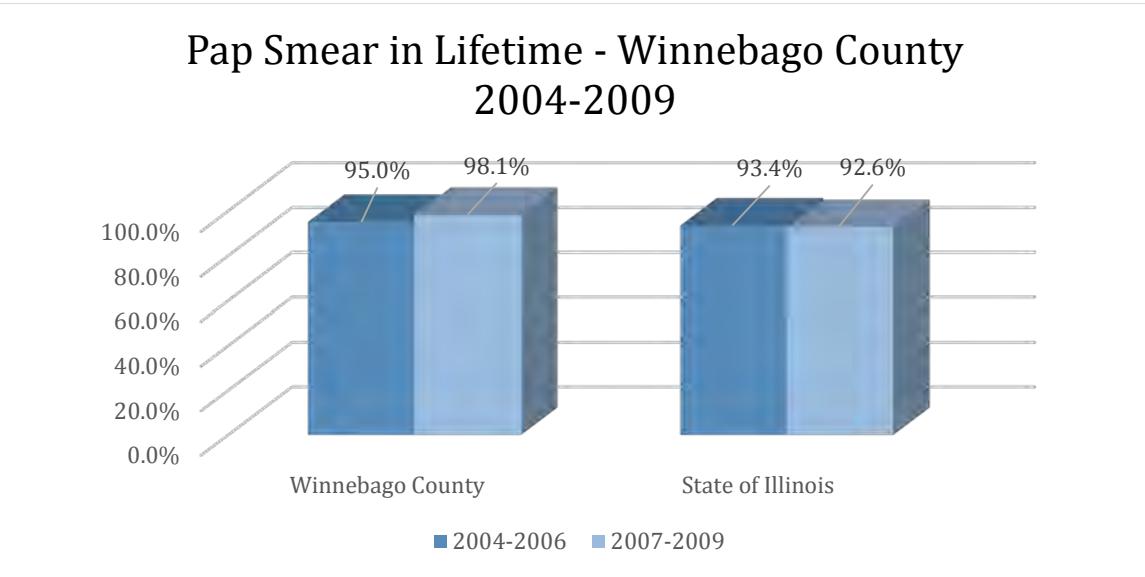
Women's Healthcare

Using the most recent available data from 2007-2009, 49.2% of residents from Winnebago County reported they had not had a mammogram within the last year.



Source: Illinois Behavioral Risk Factor Surveillance System

Research suggests pap smears are important in detecting pre-cancerous cells in the uterus and cervix. The percentages of women who have ever had a pap smear has increased between 2004-2006 and 2007-2009. Compared to the State of Illinois, Winnebago County is higher.



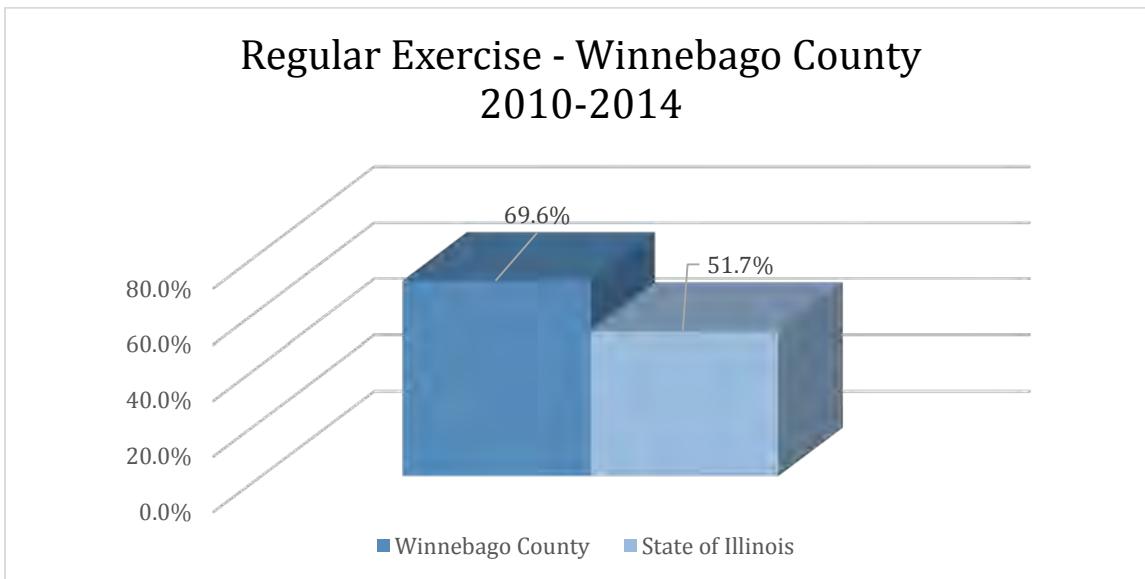
Source: Illinois Behavioral Risk Factor Surveillance System

Healthy Lifestyle

A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being.

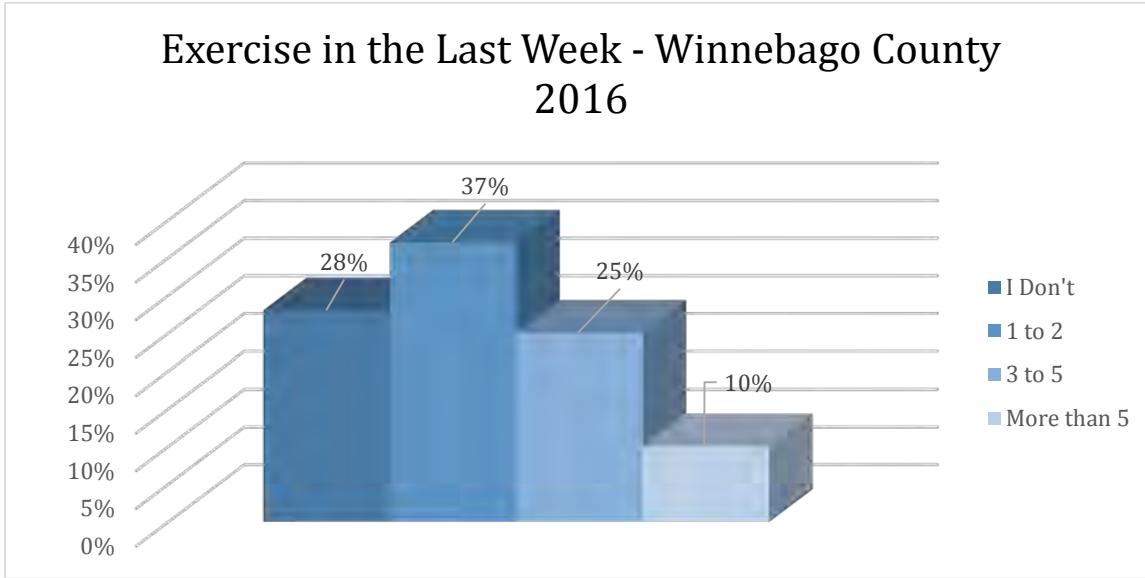
Physical Exercise

According to recent data, almost 70% of the residents in Winnebago County exercise. The percentage of individuals who exercise in Winnebago County is higher than the State of Illinois.



Source: Illinois Behavioral Risk Factor Surveillance System

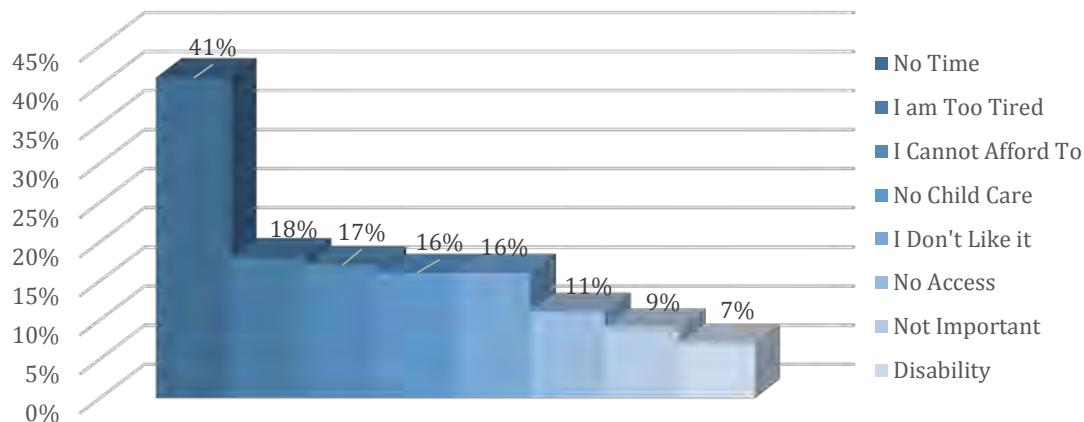
CHNA survey data allow for a more detailed assessment of exercise. Specifically, 28% of respondents indicated that they do not exercise at all, while the largest percentage of residents exercise 1-2 times per week.



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reason for not exercising is not having enough time.

Causes of Failure to Exercise - Winnebago County 2016



Source: CHNA Survey

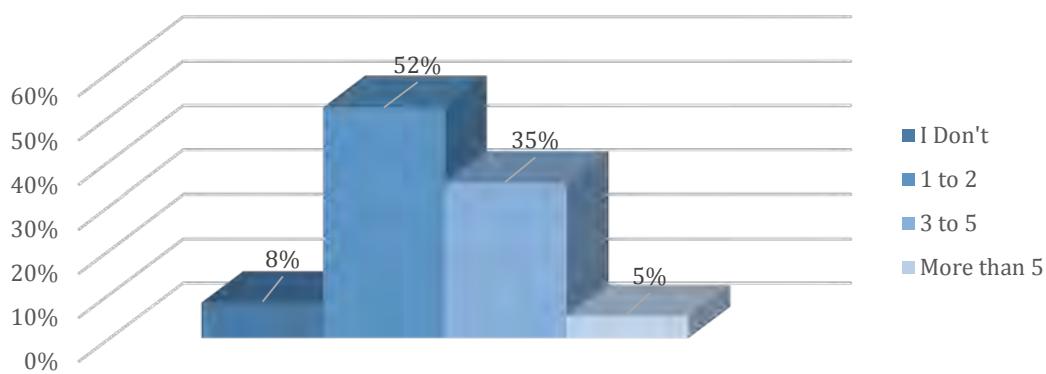
Comparison to 2013 CHNA Data

Exercise behaviors have improved; data from the 2016 CHNA survey indicate that in 2013, 38% of survey respondents did not exercise. In 2016, 28% of respondents indicated they did not exercise.

Healthy Eating

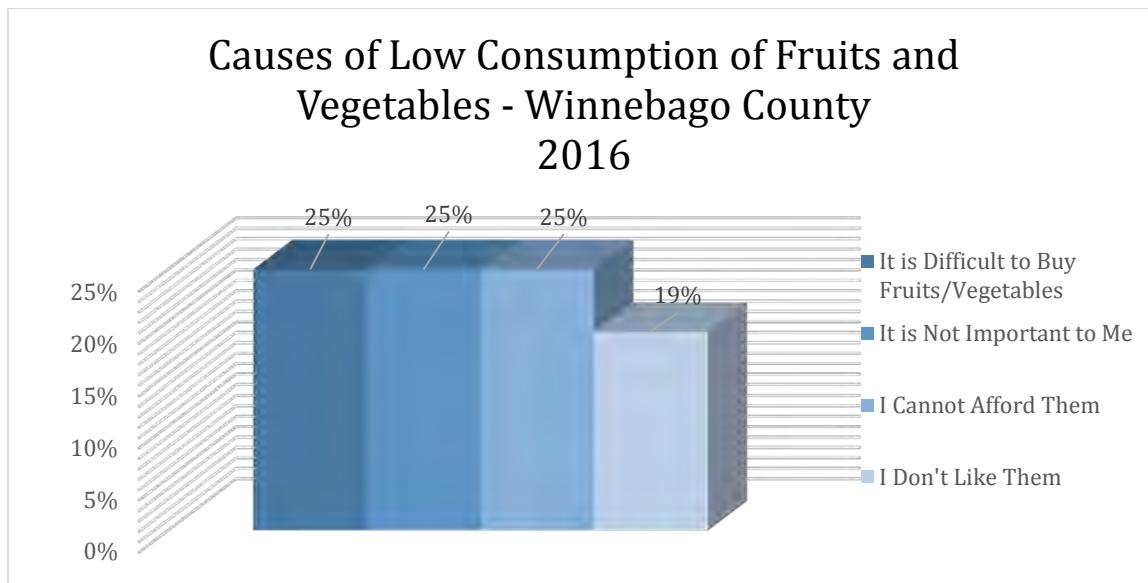
Nutrition and diet are critical to preventative care. Well over half (60%) of Winnebago County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of Winnebago County residents who consume five or more servings per day is only 5%.

Daily Consumption of Fruits and Vegetables - Winnebago County 2016



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently given for failing to eat more fruits and vegetables are the difficulty to buy fruits and vegetables (25%), a lack of importance (25%), and the expense involved (25%).



Source: CHNA Survey

Comparison to 2013 CHNA Data

Compared to the 2013 CHNA, healthy eating is improving. Specifically, in 2013, 70% of survey respondents ate two or fewer servings of fruits and vegetables per day. In 2016, 60% eat two or fewer servings of fruits and vegetables per day.

Demographic Factors Related to Healthy Lifestyle

There are multiple demographic characteristics showing significant relationships with healthy lifestyle.

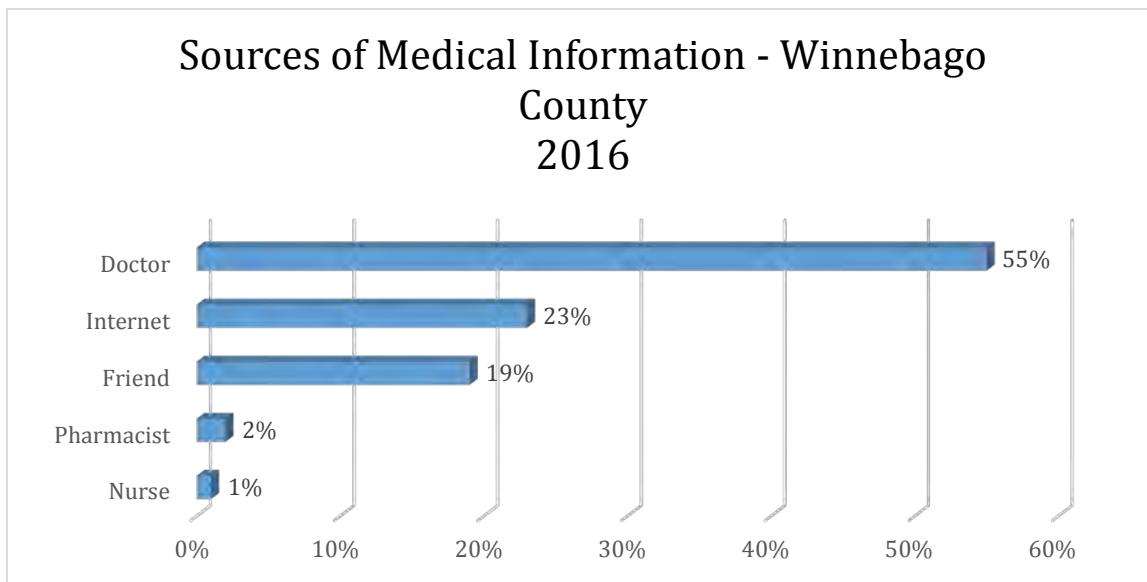
Frequency of exercise tends to be higher for people with higher education and income, and lower for homeless people.

Frequency of fruit and vegetable consumption tends to be higher for women, older people, and people with higher education and higher income. Fruit and vegetable consumption is less frequent for homeless people.

2.3 Access to Information

Importance of the measure: It is important to understand how people access medical information. The more proactive the population becomes in managing its own health, the more important access to accurate information becomes.

Respondents were asked, "Where do you get most of your medical information?" The vast majority of respondents obtained information from their doctor. While the Internet was the second most common choice, it was significantly lower than information from doctors.



Source: CHNA Survey

Demographic Factors Related to Access to Information

Several demographic characteristics show significant relationships with frequency of access to various sources of information. The following relationships were found using correlational analyses:

Access to Information from a Doctor tends to be higher for women, older people and White people.

Access to Information from a Friend tends to be higher for younger people and lower income.

Access to Information from the Internet tends to be higher for younger people and those with higher education and income.

Access to Information from a Pharmacy tends to be higher for homeless people.

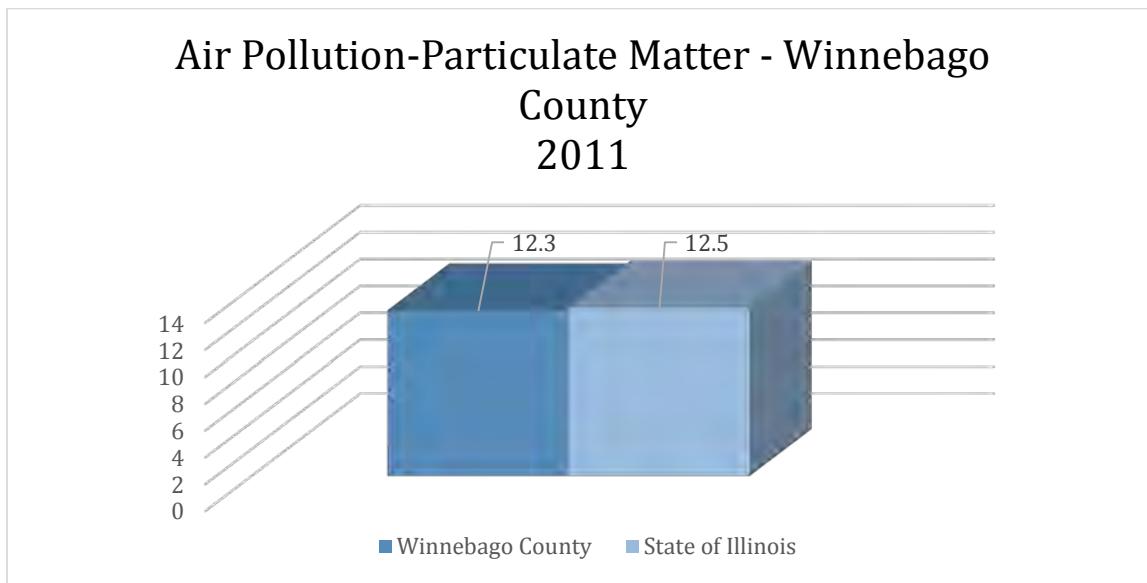
Access to Information from a Church Nurse does not show significant relationships.

2.4 Physical Environment

Importance of the measure:

According to the County Health Rankings, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles.

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. The APPM for Winnebago County (12.3%) is slightly lower than the State average of 12.5%.



Source: County Health Rankings 2011 Data

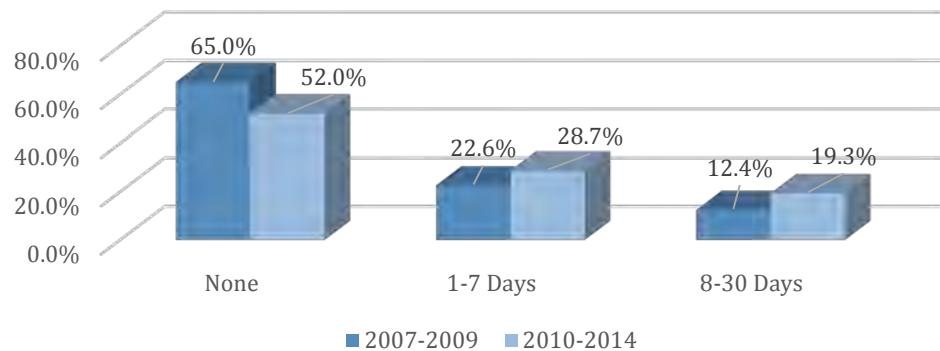
2.5 Health Status

Importance of the measure: Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

Physical Health

There was a significant increase in the percentage of Winnebago County residents reporting they felt physically unhealthy on 8 or more days per month in 2009 (12.4%) versus 2014 (19.3 %).

Days of "not good" Physical Health per Month - Winnebago County 2007-2014

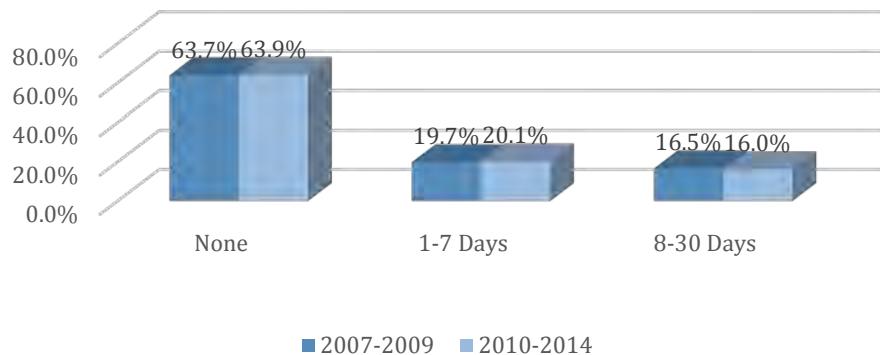


Source: Illinois Behavioral Risk Factor Surveillance System

Mental Health

For residents in Winnebago County, 19.7% reported they had experienced 1-7 days with poor mental health per month in 2007-2009, and 16.5% felt mentally unhealthy on 8 or more days per month during the same time period. In 2010-2014, there was a slight increase in the number of people who reported poor mental health for 1-7 days (20.1%) and a slight decrease of people who reported poor mental health 8 or more days per month (16.0%).

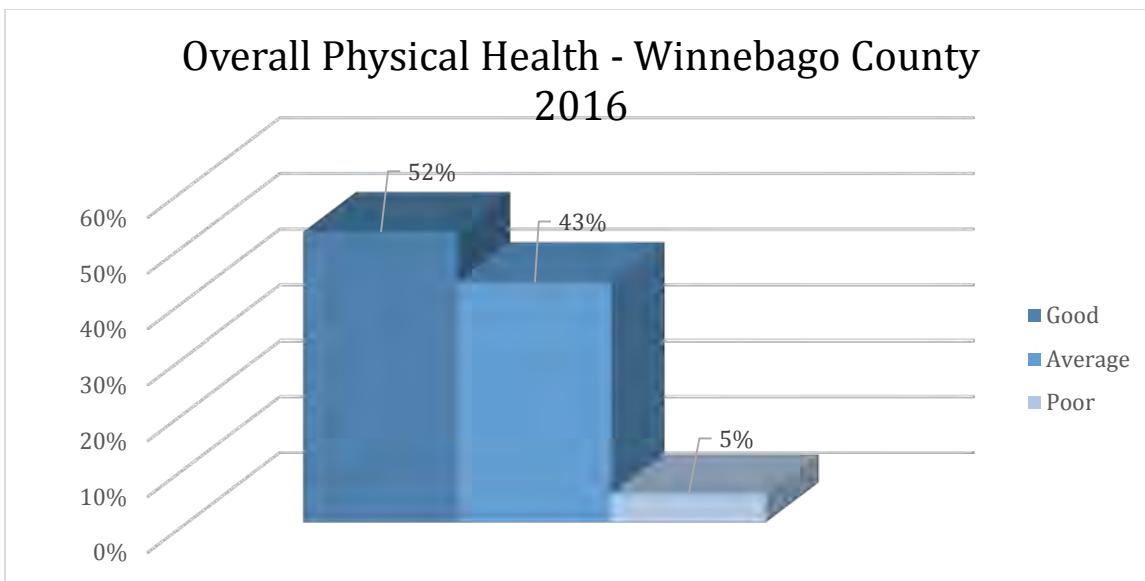
Days of "not good" Mental Health per Month - Winnebago County 2007-2014



Source: Illinois Behavioral Risk Factor Surveillance System

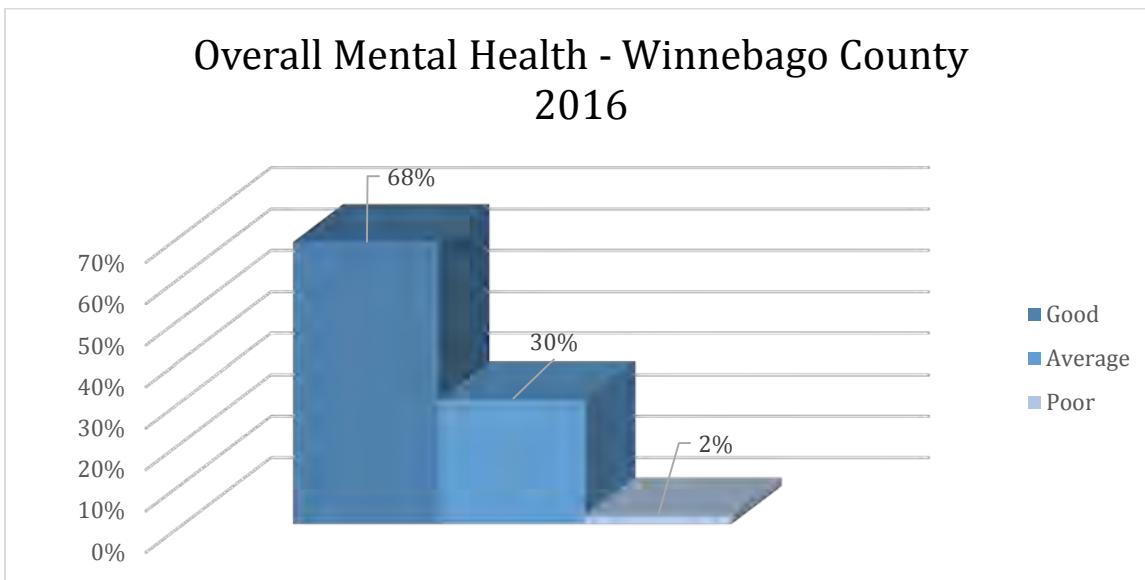
Self Perceptions of Overall Health

Just over half (52%) of Winnebago County Residents report having good overall physical health, while 5% rated themselves as having poor physical health.



Source: CHNA Survey

In regard to overall mental health, 68% of respondents stated they have good overall mental health and 2% stated it is poor.



Source: CHNA Survey

Comparison to 2013 CHNA Data

With regard to physical health, slightly more people see themselves in poor health in 2016 (6%) than 2013 (5%). With regard to mental health, results hold steady in 2016 (2%).

Demographic Factors Related to Self Perceptions of Health

Demographic characteristics show significant relationships with self-perceptions of health. The following relationships were found using correlational analyses:

Perceptions of physical and mental health tend to be higher for those with higher education and income. Perceptions of mental health are more likely to be lower for the homeless.

2.6 Key Takeaways from Chapter 2

- ✓ ED IS CHOSEN BY 15% OF THE AT-RISK POPULATION AS THE PRIMARY SOURCE OF HEALTHCARE
- ✓ FOR THE AT-RISK POPULATION, 11% CHOOSE NOT TO RECEIVE MEDICAL CARE
- ✓ ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATIONS, AND COUNSELING ALL IMPROVED FROM THE 2013 CHNA
- ✓ MORE PEOPLE REPORT “NOT GOOD” PHYSICAL HEALTH, THOUGH THE PERCENTAGE OF PEOPLE REPORTING POOR MENTAL HEALTH HAS STAYED CONSISTENT.
- ✓ WHILE IMPROVING, THE MAJORITY OF THE POPULATION EXERCISES TWO OR FEWER TIMES PER WEEK
- ✓ WHILE WINNEBAGO RESIDENTS ARE EATING MORE FRUITS AND VEGETABLES COMPARED TO THE 2013 CHNA, THE MAJORITY OF RESIDENTS STILL EAT 2 OR FEWER SERVINGS OF FRUITS AND VEGETABLES PER DAY.
- ✓ MOST RESIDENTS HAVE HIGH SELF-PERCEPTIONS OF BOTH PHYSICAL AND MENTAL HEALTH

CHAPTER 3 OUTLINE

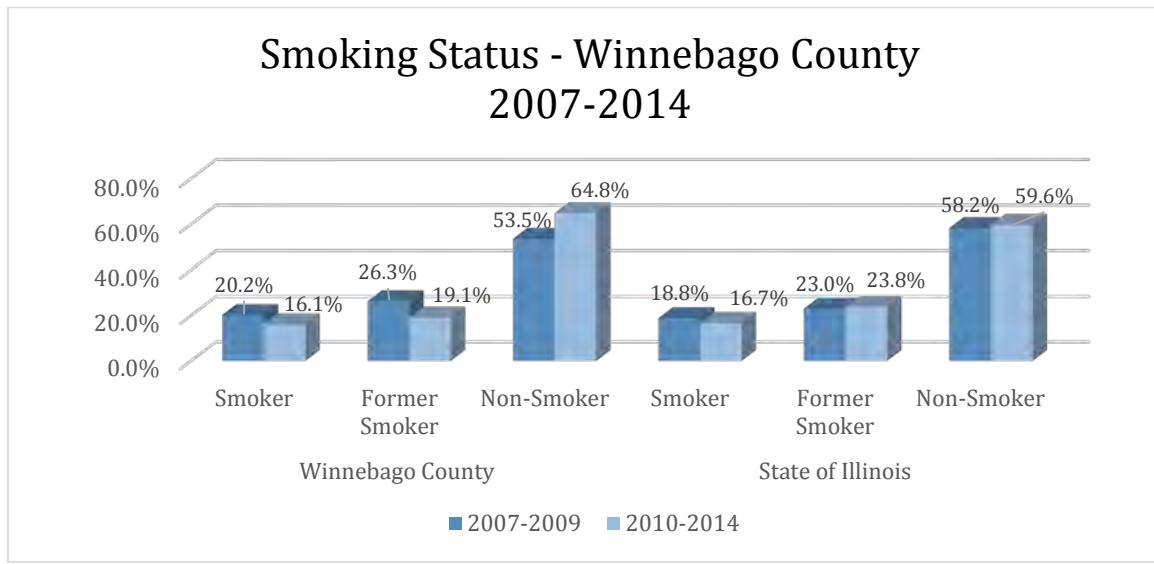
- 3.1 Tobacco Use
- 3.2 Drug and Alcohol Use
- 3.3 Overweight and Obesity
- 3.4 Predictors of Heart Disease
- 3.5 Key Takeaways from Chapter 3

CHAPTER 3. SYMPTOMS AND PREDICTORS

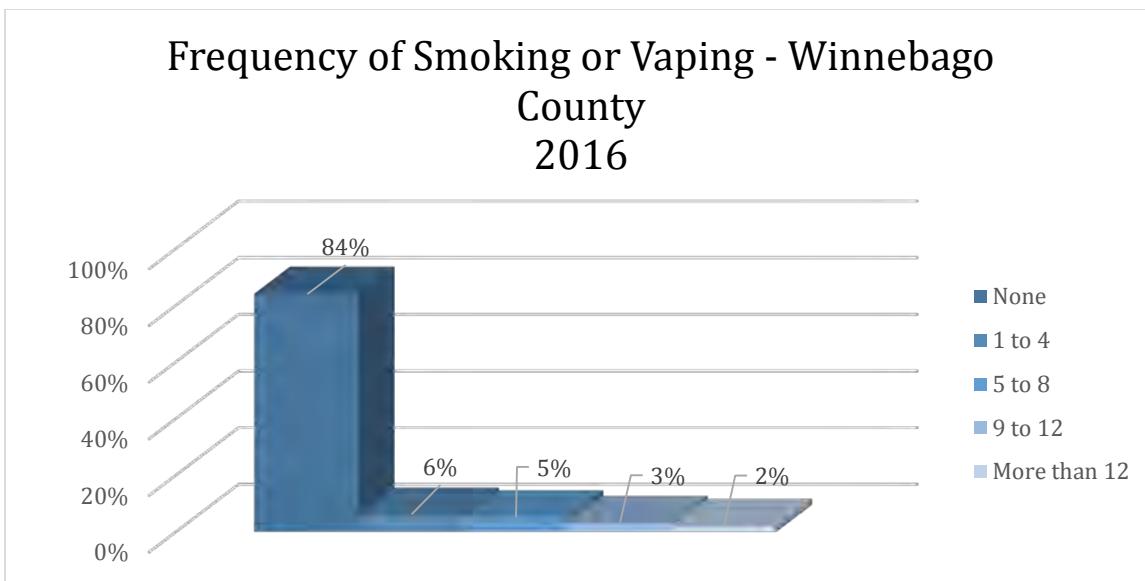
3.1 Tobacco Use

Importance of the measure: In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use facilitates a wide variety of adverse medical conditions.

Smoking rates have decreased in Winnebago County to below the State of Illinois averages. There was a decrease in the percentage of Winnebago County residents reporting they were current smokers between 2007-2009 (20.2%) and 2010-2014 (16.1%). There was an increase in the percentage of Winnebago County residents reporting they were current non-smokers between 2007-2009 (53.5%) and 2010-2014 (64.8%).



CHNA survey data show 84% of Winnebago County Respondents do not smoke and only 2% state they smoke more than 12 cigarettes (or vape) per day.



Source: CHNA Survey

Comparison to 2013 CHNA Data

Compared to data from the 2013 CHNA, the percentage of smokers has decreased. Specifically, in 2013, 76% of people indicated they didn't smoke. In 2016, 84% of people indicated they did not smoke.

Demographic Factors Related to Smoking

Several demographic characteristics show significant relationships with incidence of smoking or vaping. The following relationships were found using correlational analyses:

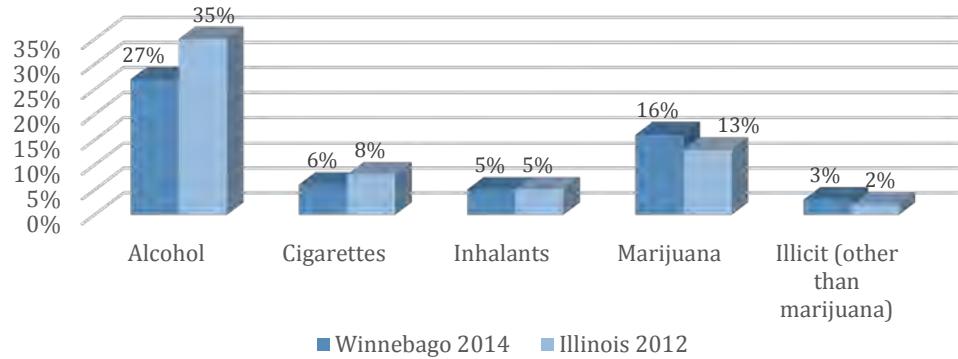
Frequency of smoking or vaping was higher among women. Latino people smoked less often.

3.2 Drug and Alcohol Abuse

Importance of the measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years.

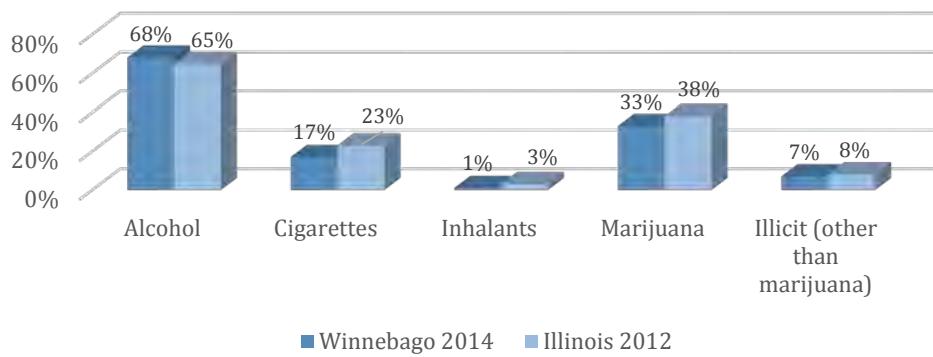
Data from the 2014 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Winnebago County is at or below State averages in all categories among 8th graders except for marijuana and illicit drugs. For 12th graders in Winnebago County, alcohol use is the only category above State of Illinois averages. Note that data are not available for Illinois in 2014; therefore, 2012 benchmarks are used.

Substance Abuse in 8th Grade - Winnebago County 2014



Source: https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2014/cnty14_winnebago.pdf

Substance Abuse in 12th Grade - Winnebago County 2014



Source: https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2014/cnty14_winnebago.pdf

3.3 Overweight and Obesity

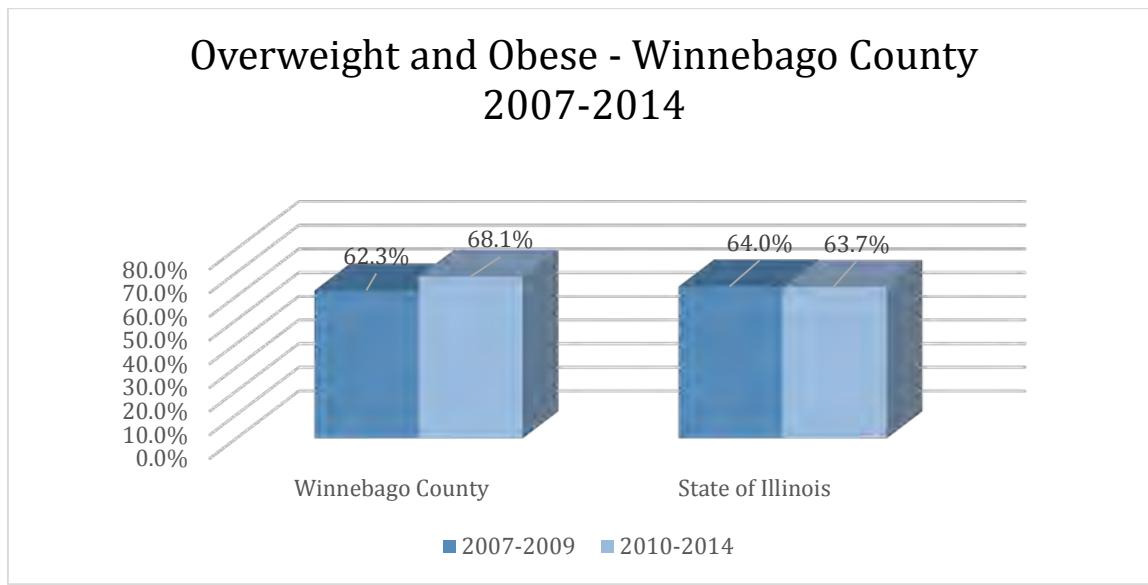
Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Winnebago County. The US Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. The financial burden of overweight and obese

individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs.

With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

In Winnebago County, the number of people diagnosed with obesity and being overweight has increased significantly over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 62.3% to 68.1%. Overweight and obesity rates in Illinois have decreased from 2009 (64.0%) to 2014 (63.7%).

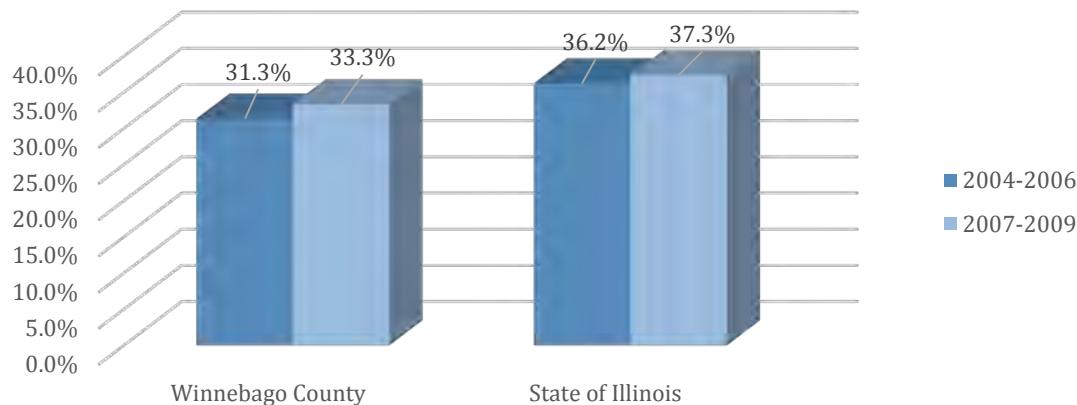


Source: Illinois Behavioral Risk Factor Surveillance System

3.4 Predictors of Heart Disease

Residents in Winnebago County report a lower than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is 33.3%, compared to the State of Illinois average of 37.3%.

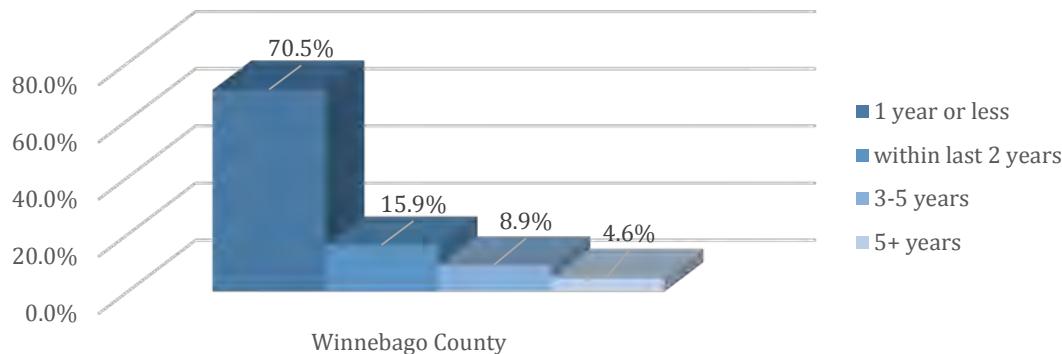
High Cholesterol - Winnebago County 2004-2009



Source: Illinois Behavioral Risk Factor Surveillance System

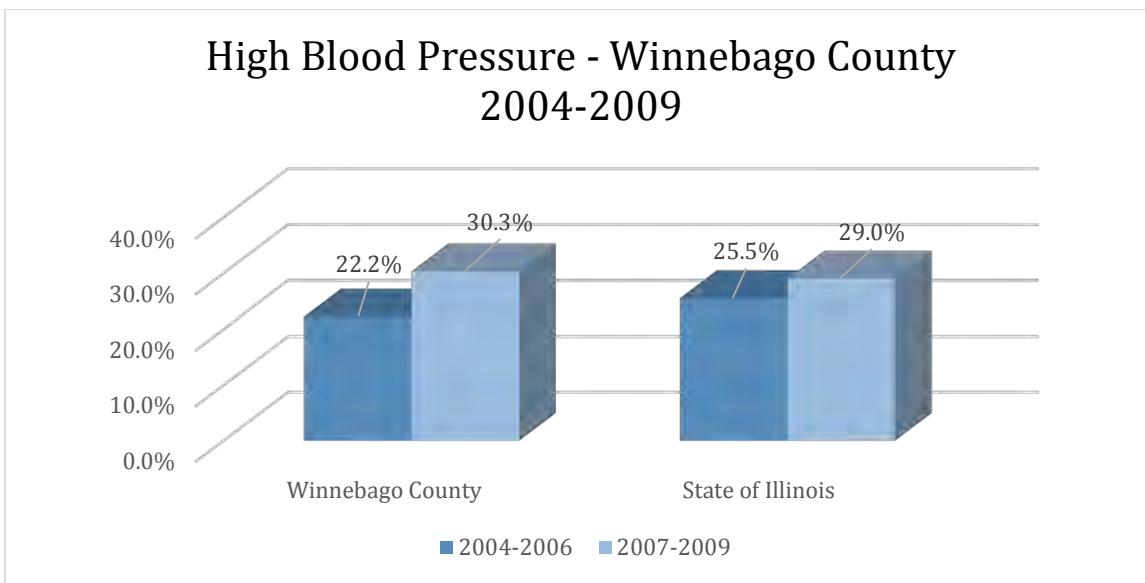
Most residents of Winnebago County report having their cholesterol checked within the past year.

Time Since Last Cholesterol Checked - Winnebago County 2010-2014



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Winnebago County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Winnebago County residents reporting they have high blood pressure in 2009 increased from 22.2% to 30.3%.



Source: *Illinois Behavioral Risk Factor Surveillance System*

3.5 Key Takeaways from Chapter 3

- ✓ TOBACCO USAGE HAS DECREASED IN WINNEBAGO COUNTY COMPARED TO THE 2013 CHNA
- ✓ SUBSTANCE USE AMONG 8TH GRADERS FOR MARIJUANA AND ILLICIT DRUGS ARE HIGHER THAN STATE AVERAGES BUT ALL CATEGORIES (EXCEPT ALCOHOL) ARE LOWER THAN STATE AVERAGES FOR 12TH GRADERS
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED SIGNIFICANTLY IN WINNEBAGO COUNTY AND IS HIGHER THAN THE STATE AVERAGE
- ✓ RISK FACTORS FOR HEART DISEASE ARE INCREASING

CHAPTER 4 OUTLINE

- 4.1 Healthy Babies
- 4.2 Cardiovascular
- 4.3. Respiratory
- 4.4 Cancer
- 4.5 Diabetes
- 4.6 Infectious Disease
- 4.7 Injuries
- 4.8 Mortality
- 4.9 Key Takeaways from Chapter 4

CHAPTER 4. MORBIDITY AND MORTALITY

Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Winnebago County hospitals using COMP data. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

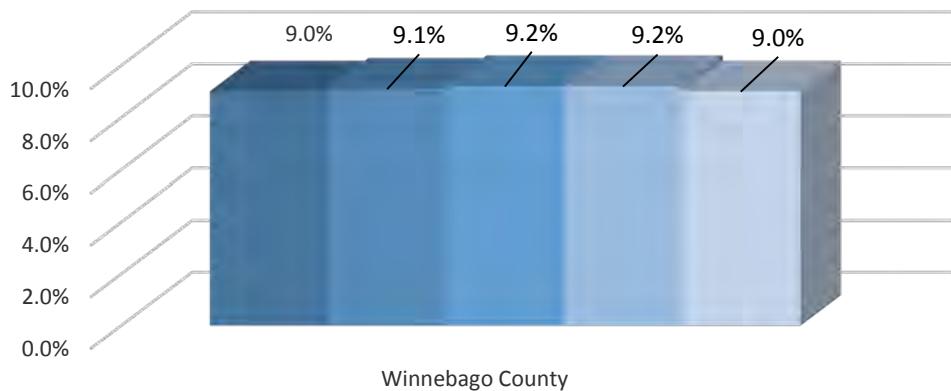
4.1 Healthy Babies

Importance of the measure: Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of prenatal care. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies. Prenatal care can provide health risk assessments for the mother and fetus, early intervention for medical conditions and education to encourage healthy habits, including nutritional and substance-free health during pregnancy.

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Winnebago County held steady from 2010 (9%) to 2014 (9%).

Low Birth Weight - Winnebago County 2010-2014



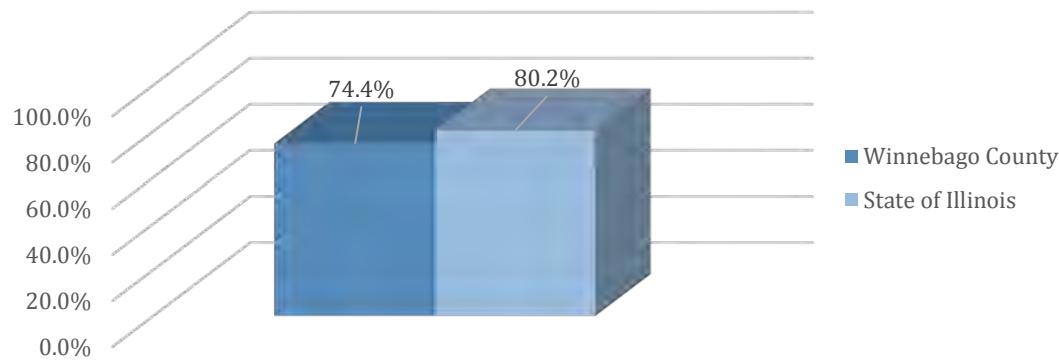
Source: <http://www.countyhealthrankings.org>

Initiation of Prenatal Care

Prenatal care is comprehensive medical care provided for the mother and fetus, which includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with adverse birth outcomes. Kotelchuck Index Scores are used to determine the quantity of prenatal visits received between initiation of services and delivery. Adequate (80%-109% of expected visits) and Adequate Plus (receiving 110% of recommended services) of received services is compared to the number of expected visits for the period when care began and the delivery date.

Of the babies born in 2009 in Winnebago County, 74.4% were born with "Adequate" or "Adequate Plus" prenatal care. This figure is lower than the State of Illinois average of 80.2% of babies born with similar prenatal care. These are the most recent data, and have not been updated since 2009.

Adequate or Adequate Plus Kotelchuck Scores - Winnebago County 2007-2009



Source: Illinois Department of Public Health

4.2 Cardiovascular Disease

Importance of the measure:

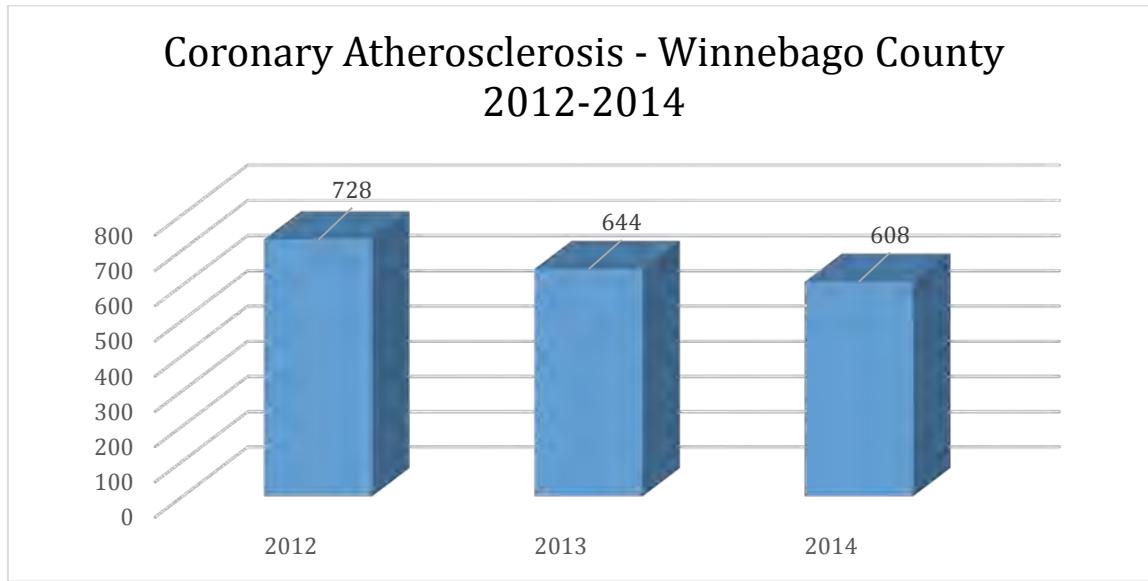
Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

Coronary Atherosclerosis

Coronary Atherosclerosis, sometimes-called hardening of the arteries, can slowly narrow and harden the arteries throughout the body. When atherosclerosis affects the arteries of the heart, it is called coronary artery disease.

Coronary artery disease is a leading cause of death for Americans. Most of these deaths are from heart attacks caused by sudden blood clots in the heart's arteries.

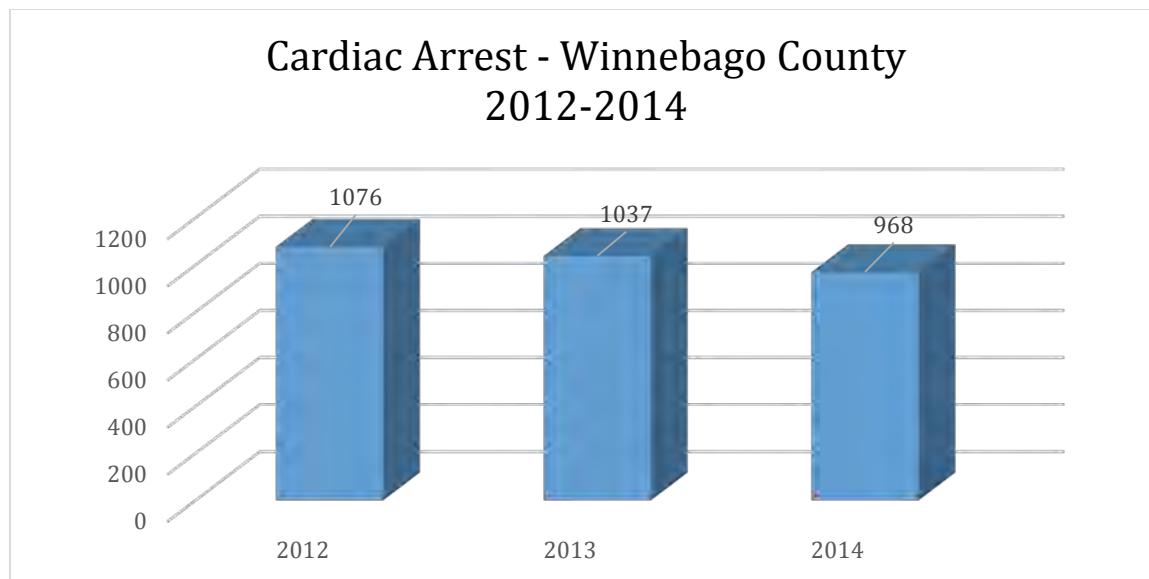
The number of cases of coronary atherosclerosis complication at Winnebago County area hospitals has decreased from 728 cases in 2012 to 608 cases in 2014. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

Cardiac Arrest

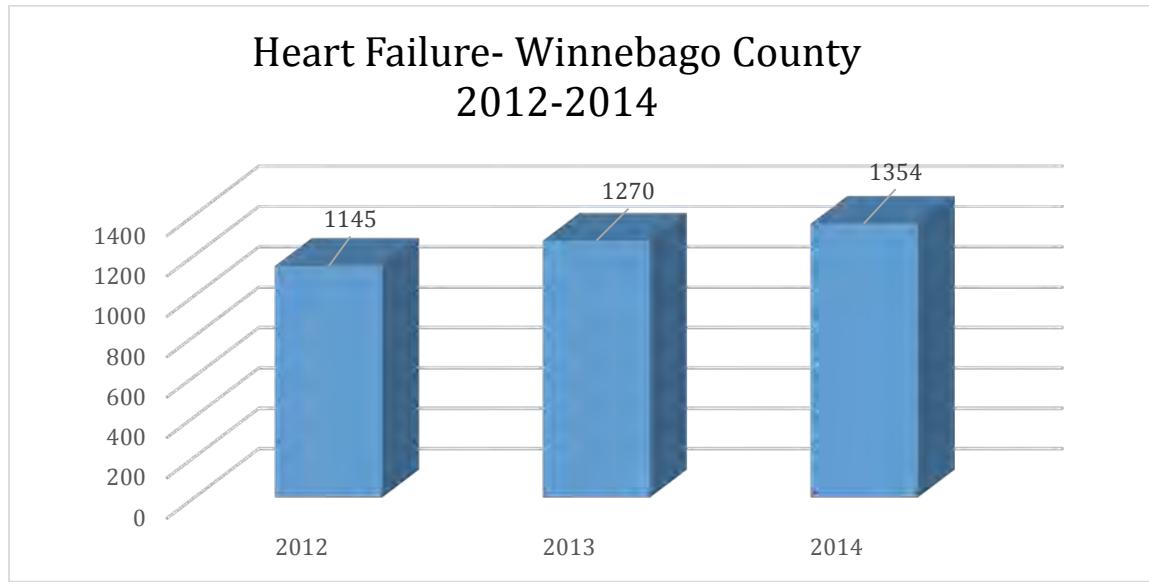
Cases of dysrhythmia and cardiac arrest at Winnebago County area hospitals has decreased by 108 cases between FY12 and FY14. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

Heart Failure

The number of treated cases of heart failure at Winnebago County area hospitals have increased significantly. In FY 2012, 1145 cases were reported, and in FY 2014, there were 1354 cases reported. Note that hospital-level data only show hospital admissions.

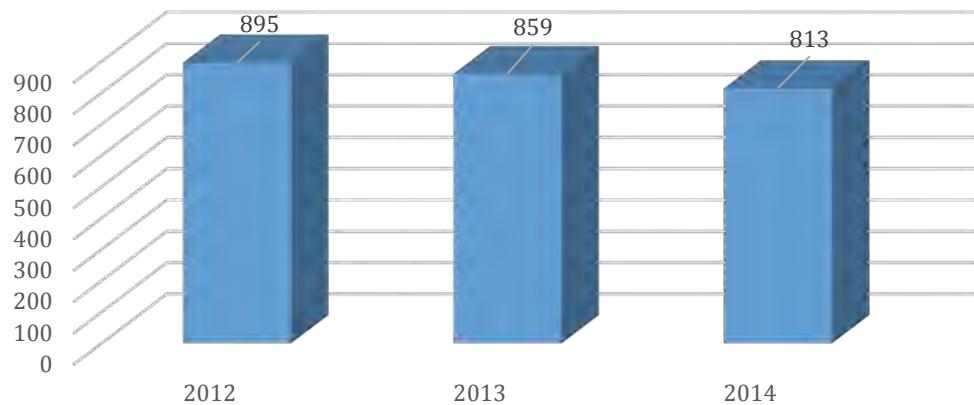


Source: COMPdata 2015

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Winnebago County have decreased from 895 in 2012 to 813 in 2014. Note that hospital-level data only show hospital admissions.

Myocardial Infarction - Winnebago County 2012-2014

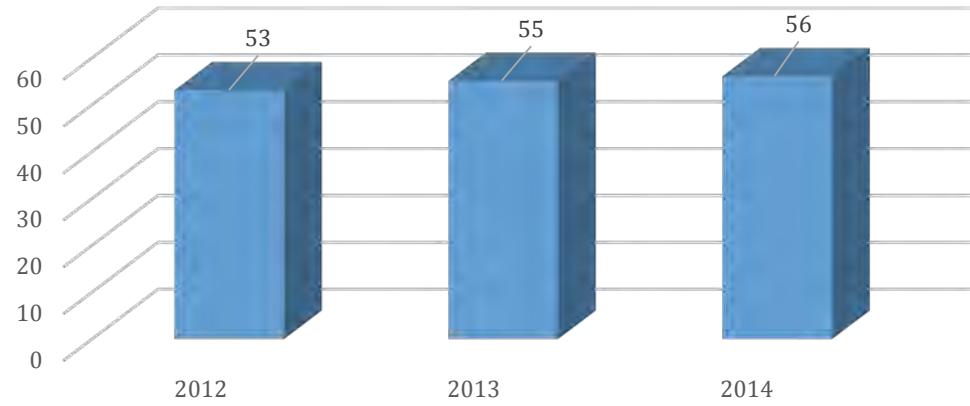


Source: COMPdata 2015

Arterial Embolism

Up slightly, 56 treated cases of arterial embolism at Winnebago County area hospitals were reported in 2014. Note that hospital-level data only show hospital admissions.

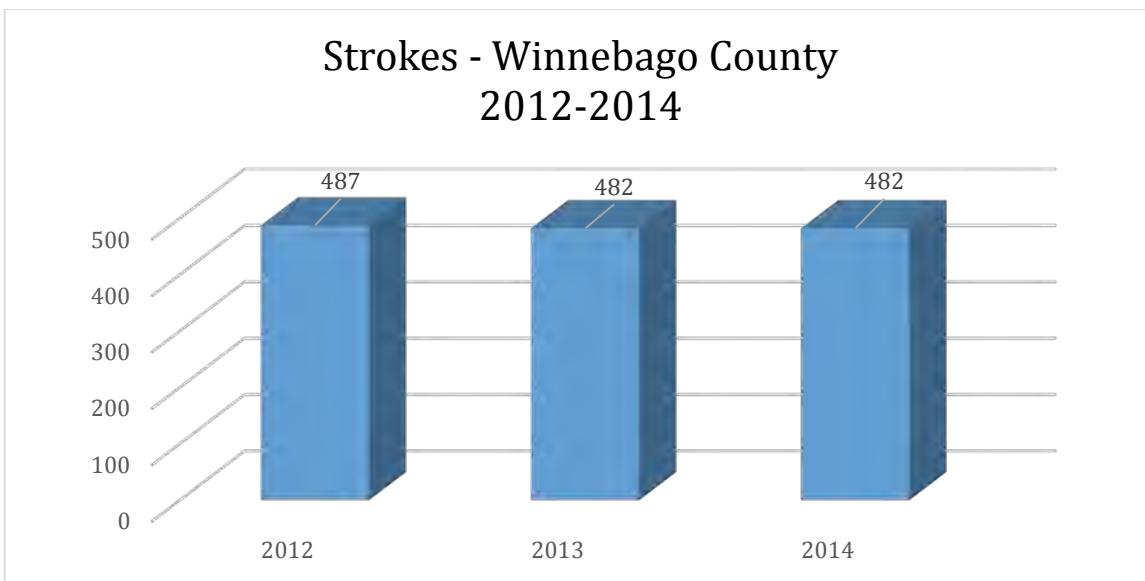
Arterial Embolism - Winnebago County 2012-2014



Source: COMPdata 2015

Strokes

The number of treated cases of stroke at Winnebago County area hospitals have decreased slightly between FY 2012 and FY 2014. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.



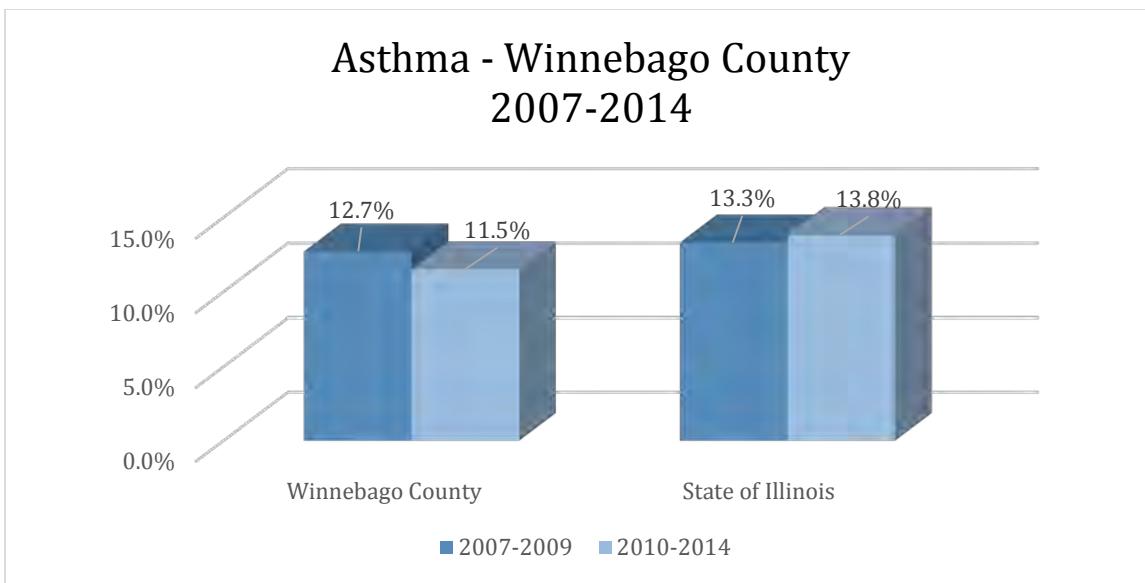
Source: COMPdata 2015

4.3 Respiratory

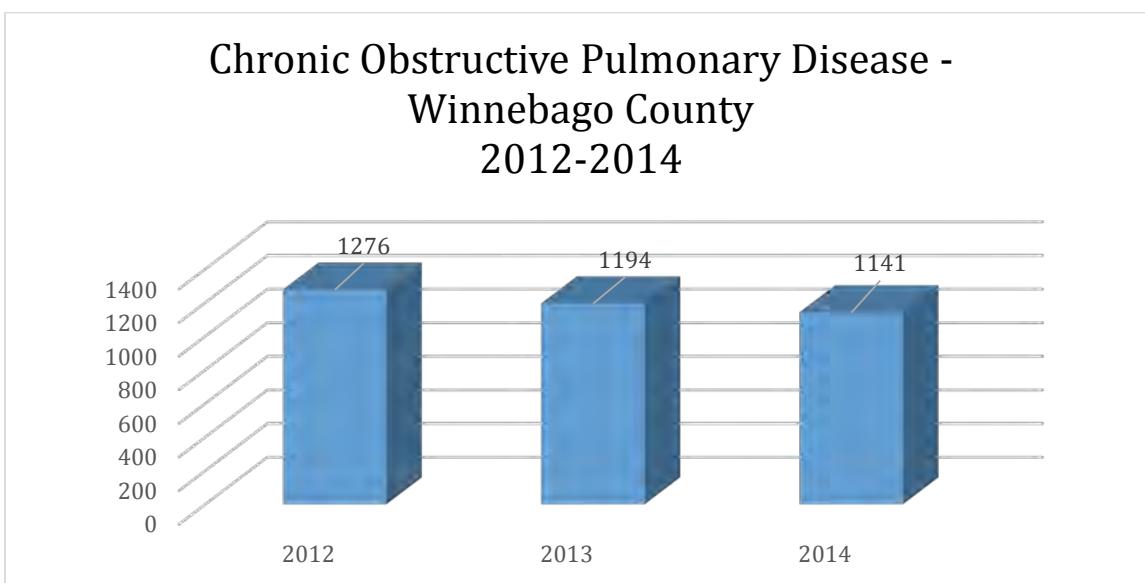
Importance of the measure: Disease of the respiratory system includes acute upper respiratory infections such as influenza, pneumonia, bronchitis, asthma, emphysema, and Chronic Obstructive Pulmonary Disease (COPD). These conditions are characterized by breathlessness, wheezing, chronic coughing, frequent respiratory infections, and chest tightness. Many respiratory conditions can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes, trips to the emergency department and absences from school and work. Hospitalization rates illustrate the worst episodes of respiratory diseases and are a proxy measure for inadequate treatment.

Asthma

The percentage of residents that have been diagnosed with asthma in Winnebago County have decreased between 2007-2009 and 2010-2014, while State averages are increasing slightly. According to the Illinois BRFSS, asthma rates in Winnebago County (11.5%) are lower than the State of Illinois (13.8%).



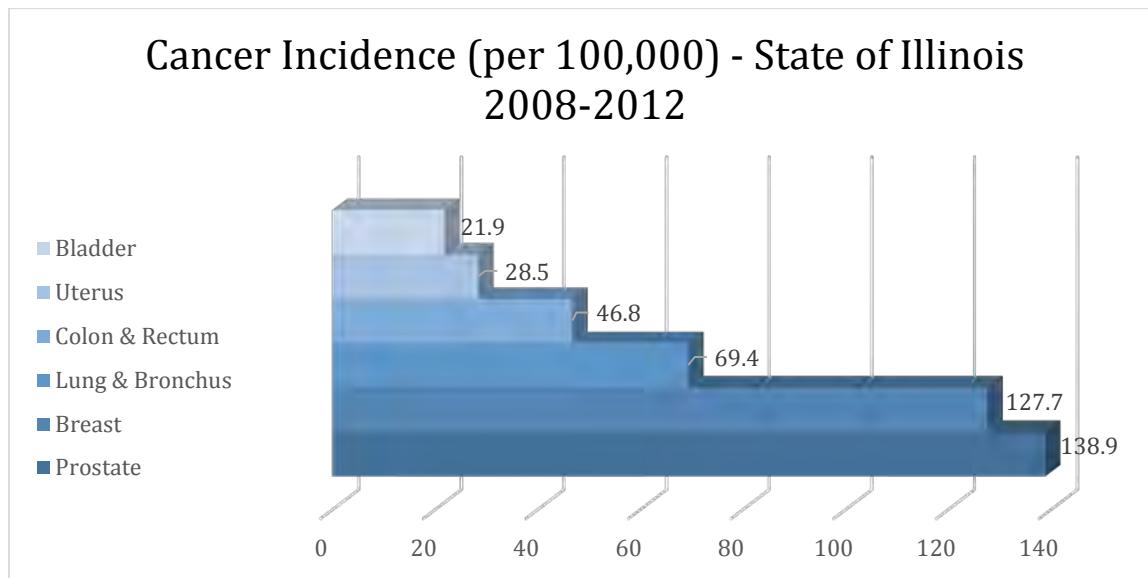
Treated cases of COPD at Winnebago County area hospitals have declined between FY 2012 and FY 2014. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



4.4 Cancer

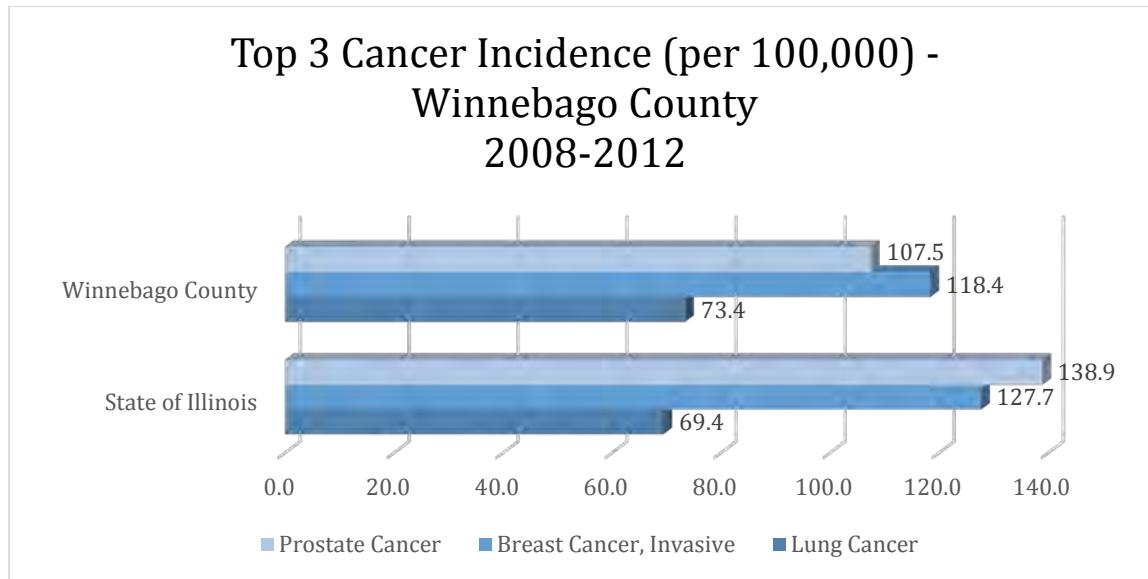
Importance of the measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in Winnebago County.

The top six cancers by treatment in the State of Illinois for 2008-2012 can be seen below. The most prevalent cancers in the State of Illinois are prostate cancer, breast cancer, and lung and bronchus cancer, respectively.



Source: <http://statecancerprofiles.cancer.gov/>

For the top three prevalent cancers in Winnebago County, comparisons can be seen below. Specifically, prostate cancer and breast cancer are lower than the State, while lung and bronchus cancer rates are higher than the State of Illinois.



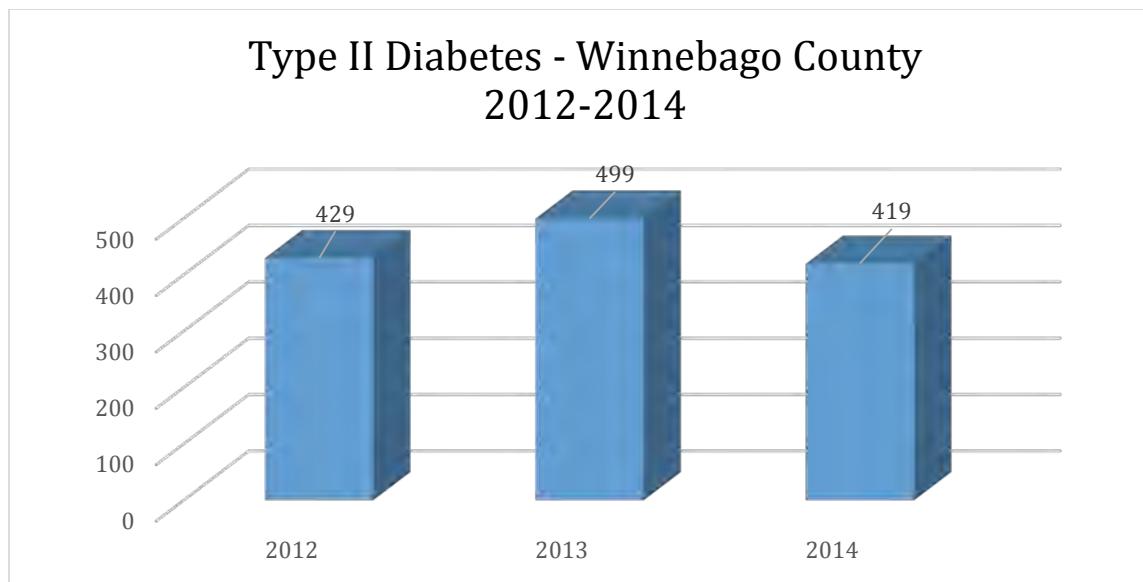
Source: Illinois Department of Public Health, Illinois State Cancer Registry

4.5 Diabetes

Importance of the measure:

Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10% of individuals with diabetes have Type I diabetes (previously known as juvenile diabetes).

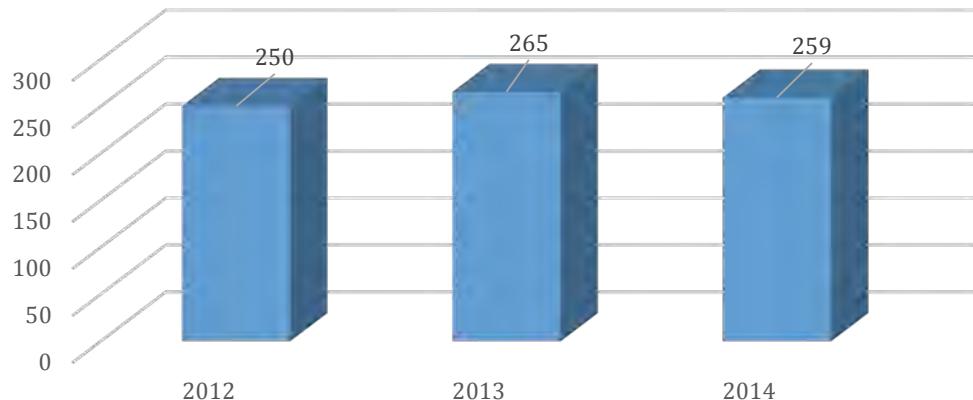
Despite a spike in FY 2013, inpatient cases of Type II diabetes from Winnebago County have slightly decreased between FY 2012 (429 cases) and FY 2014 (419 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata 2015

Inpatient cases of Type I diabetes show an increase from 2012 (250) to 2014 (259) for Winnebago County. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

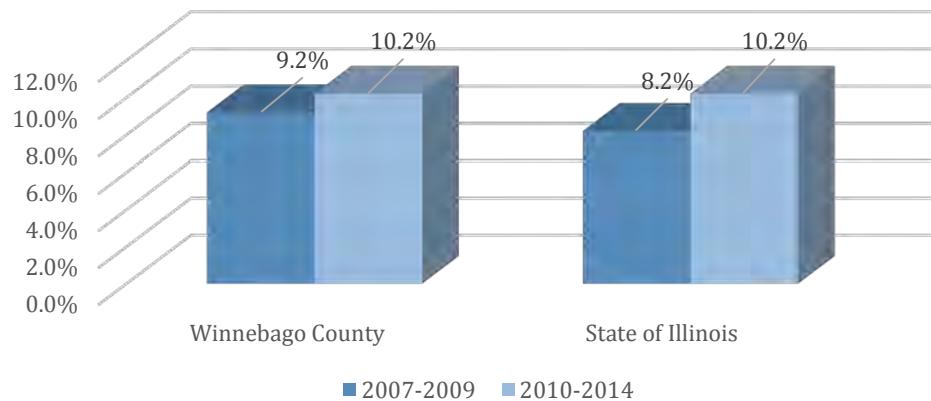
Type I Diabetes - Winnebago County 2012-2014



Source: COMPdata 2015

Data from the Illinois BRFSS indicate that 10.2% of Winnebago County residents have diabetes. Trends are concerning, as the prevalence of diabetes is increasing and equal in Winnebago County compared to data from the State of Illinois.

Diabetes - Winnebago County 2007-2014



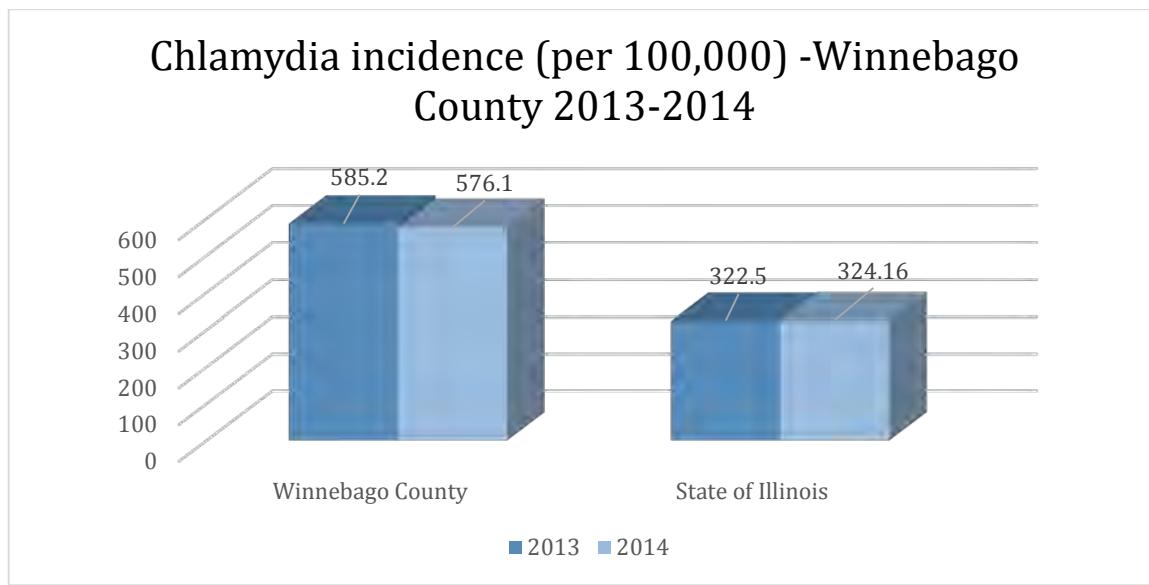
Source: Illinois Behavioral Risk Factor Surveillance System

4.6 Infectious Diseases

Importance of the measure: Infectious diseases, including sexually transmitted infections and hepatitis, are related to high-risk sexual behavior, drug and alcohol abuse, limited access to healthcare, and poverty. It would be highly cost-effective for both individuals and society if more programs focused on prevention rather than treatment of infectious diseases.

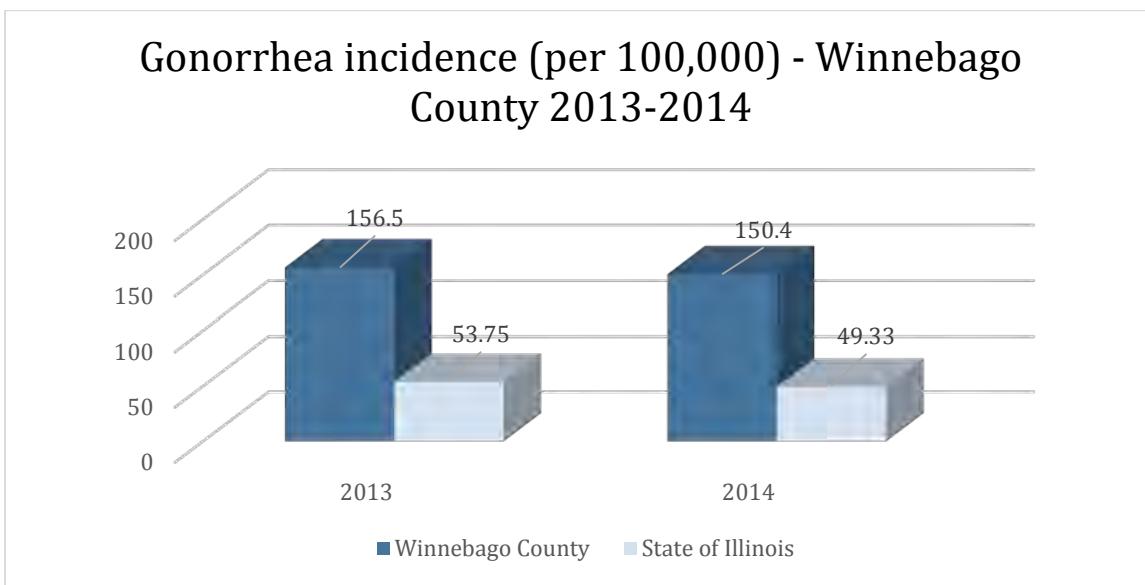
Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Winnebago County from 2013-2014 indicate a slight decrease. There is a slight increase of incidence of chlamydia across the State of Illinois. Rates of chlamydia in Winnebago County are considerably higher than State averages.



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Winnebago County indicate a significant decrease from 2013-2014, similar to the State of Illinois from 2013-2014.



Source: Illinois Department of Public Health

Vaccine preventable diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable death. According to the Illinois Public Health Department, the most common and serious vaccine-preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubella), Mumps, Rubella (German measles), Diphtheria, Hepatitis B, and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized.²

² Source: <http://www.idph.state.il.us/about/vpcd.htm>

Vaccine Preventable Diseases 2011-2014 Winnebago County Region

| Mumps | 2011 | 2012 | 2013 | 2014 |
|-------------------|------|------|------|------|
| Winnebago County | 2 | 0 | 1 | 1 |
| State of Illinois | 78 | 32 | 26 | 142 |
| Pertussis | 2011 | 2012 | 2013 | 2014 |
| Winnebago County | 30 | 21 | 53 | 19 |
| State of Illinois | 1509 | 2026 | 785 | 764 |
| Varicella | 2011 | 2012 | 2013 | 2014 |
| Winnebago County | 27 | 31 | 17 | 4 |
| State of Illinois | 881 | 898 | 731 | 598 |

Source: <http://iqquery.illinois.gov/DataQuery/Default.aspx>

Tuberculosis 2011-2014 Winnebago County Region

| Tuberculosis | 2011 | 2012 | 2013 | 2014 |
|-------------------|------|------|------|------|
| Winnebago County | 4 | 8 | 4 | 6 |
| State of Illinois | 358 | 347 | 327 | 320 |

Source: Illinois Electronic Disease Surveillance System (I-NEDSS)

4.7 Injuries

Importance of the measure:

Unintentional injuries are injuries or accidents resulting from car accidents, falls and unintentional poisonings. In many cases, these types of injuries—and the deaths resulting from them—are preventable. Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues.

Intentional – suicide

The number of suicides in Winnebago County indicate higher incidence than State of Illinois averages, as there were approximately 13.7 per 100,000 people in Winnebago County in 2012.

Suicide Deaths (per 100,000) - Winnebago County 2012

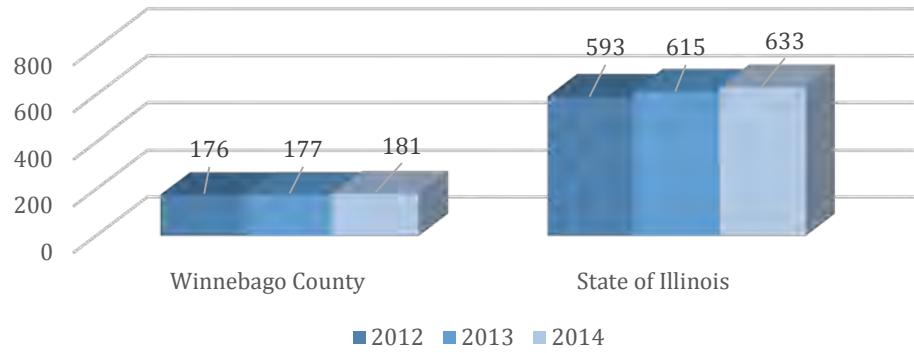


Source: Illinois Department of Public Health

Unintentional – motor vehicle

Research suggests that car accidents are a leading cause of unintentional injuries. In Winnebago County, the number of incidents between 2012 and 2014 for several types of motor vehicle collisions including vehicle overturn, railroad train, sideswipe, angle, parked motor vehicle, turning, and rear-end accidents has increased slightly but is significantly lower than State of Illinois averages.

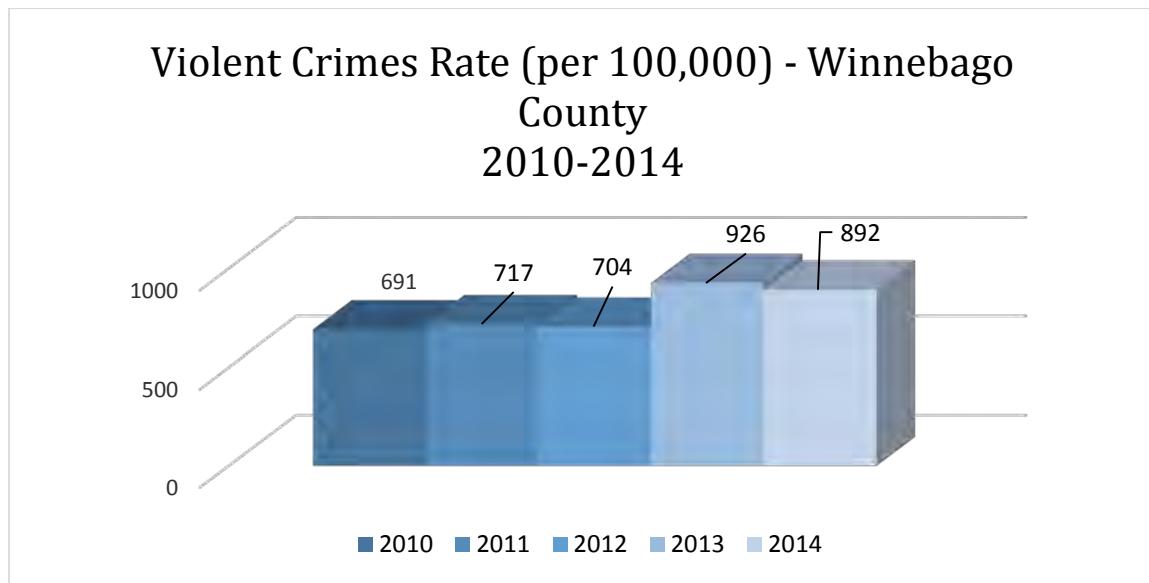
Motor Vehicle Collision Incidence (per 100,000) - Winnebago County 2012-2014



Source: Illinois Department of Transportation

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has increased significantly for 2010-2014 in Winnebago County.



Source: Illinois County Health Rankings and Roadmaps

4.8 Mortality

Importance of the measure: Presenting data that focuses on causes of mortality provides an opportunity to define and quantify which diseases are causing the most deaths.

The top two leading causes of death in the State of Illinois and Winnebago County are similar as a percentage of total deaths in 2013. Cancer is the cause of 23.3% of the deaths in Winnebago County, while Diseases of the Heart are the cause of 22% of deaths. COPD is the cause of 7% of deaths in Winnebago County.

| Top 5 Leading Causes of Death for all Races by County, 2013 | | |
|---|--|-----------------------------------|
| Rank | Winnebago County | State of Illinois |
| 1 | Malignant Neoplasm (23.3%) | Diseases of Heart |
| 2 | Diseases of Heart (22%) | Malignant Neoplasm |
| 3 | Chronic Lower Respiratory Disease (7%) | Cerebrovascular Disease |
| 4 | Accidents (6.6%) | Chronic Lower Respiratory Disease |
| 5 | Stroke (5.6%) | Accidents |

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ **LOW BIRTH WEIGHTS ARE STABLE IN WINNEBAGO COUNTY, THOUGH HIGHER THAN STATE AVERAGES**
- ✓ **MOST VARIATIONS OF CARDIAC DISEASE HAVE SEEN A DECREASE SINCE 2012 WITH THE EXCEPTION OF HEART FAILURE**
- ✓ **CANCER RATES FOR PROSTATE AND BREAST CANCER IN WINNEBAGO COUNTY ARE LOWER THAN STATE AVERAGES BUT LUNG CANCER IS HIGHER**
- ✓ **ASTHMA HAS SEEN A DECREASE IN WINNEBAGO COUNTY AND IS LOWER THAN STATE AVERAGES**
- ✓ **WHILE STATE AVERAGES HAVE ALSO SEEN A SLIGHT INCREASE, DIABETES IS TRENDING UPWARD IN WINNEBAGO COUNTY AND IS NOW EQUAL TO STATE AVERAGES**
- ✓ **STIs CONTINUE TO BE A PROBLEM IN WINNEBAGO COUNTY**
- ✓ **HEART DISEASE AND CANCER ARE THE LEADING CAUSES OF MORTALITY IN WINNEBAGO COUNTY**

CHAPTER 5 OUTLINE

- 5.1 Perceptions of Health Issues
- 5.2 Perceptions of Unhealthy Behavior
- 5.3. Perceptions of Issues with Well Being
- 5.4 Summary of Community Health Issues
- 5.5 Community Resources
- 5.6 Significant Health Needs Identified and Prioritized

CHAPTER 5. PRIORITIZATION OF HEALTH-RELATED ISSUES

In this chapter, we identify the most critical health-related needs in the community. To accomplish this, we first consider community perceptions of health issues, unhealthy behaviors and issues related to well-being. Using key takeaways from each chapter, we then identify important health-related issues in the community. Next, we complete a comprehensive inventory of community resources; and finally, we prioritize the most significant health needs in the community.

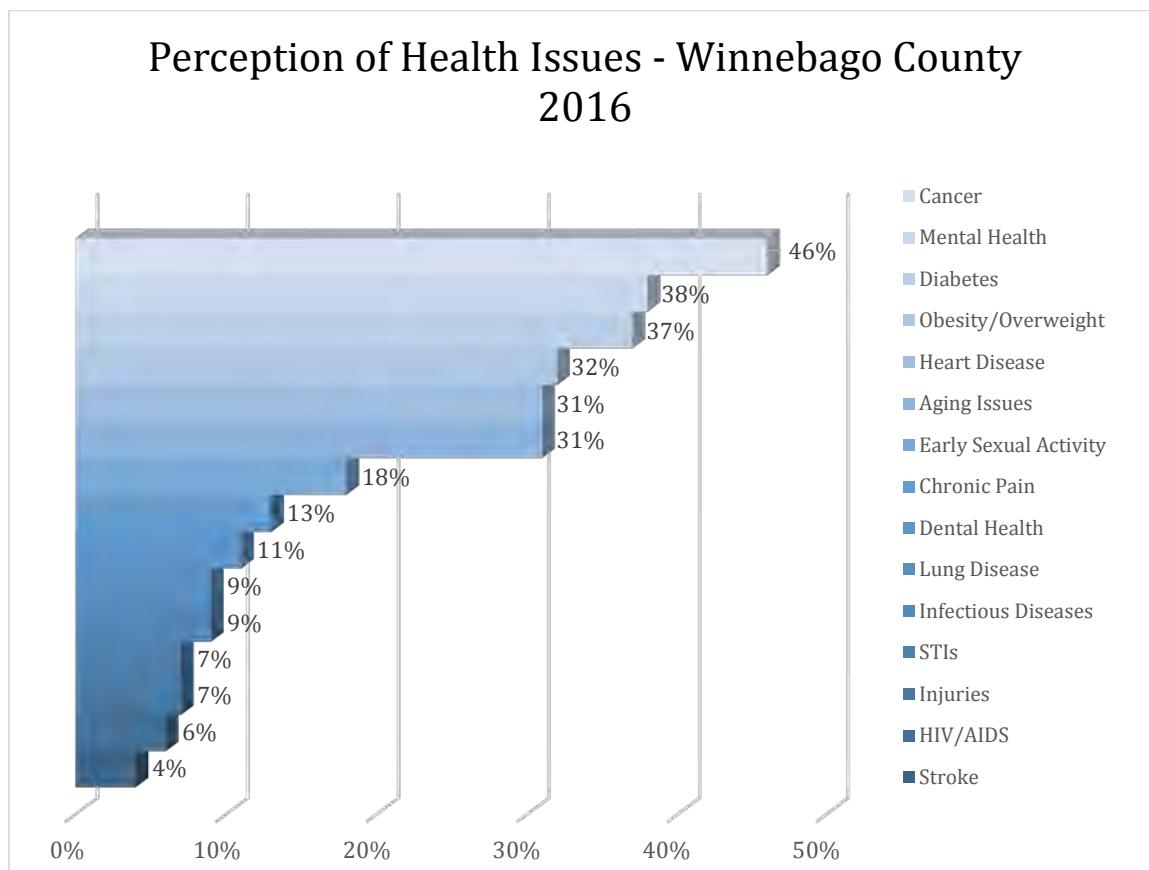
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 15 different options.

The health issue that rated highest was cancer. It was identified 46% of the time and was significantly higher than other categories based on *t*-tests between sample means. This was followed by mental health and diabetes.

Note that perceptions of the community were accurate in some cases, but inaccurate in others. For example, cancer is the second leading cause of mortality in Winnebago County, and diabetes is on the rise. Both were also rated as important issues. However, lung disease is rated relatively low, even though it is the third leading cause of mortality in Winnebago County.



Source: CHNA Survey

Demographic Factors Related to Perceptions of Health Issues

Several demographic characteristics show significant relationships with perceptions of health issues. The following relationships were found using correlational analyses:

Aging issues tend to be rated higher by older people and White people, and less concerning to Latino and homeless people.

Cancer tends to be of greater concern to older people.

Chronic Pain is of greater concern to older people, Black people, and those with lower education.

Dental health does not show significant correlations.

Diabetes is of greater concern to women and people of Latino ethnicity.

Heart disease tends to be rated higher by men and White people, and less concerning to Latino and homeless people.

HIV tends to be rated higher by younger people, those with Black and Latino ethnicity, homeless people, and those with lower education and income.

Early sexual activity tends to be rated higher by women, younger people, and the homeless.

Infectious disease does not show significant correlations.

Injury tends to be rated higher by those with lower education and income.

Lung disease tends to be rated higher by those with Latino ethnicity, and those with lower education.

Mental health tends to be rated higher by White people and lower by Black people.

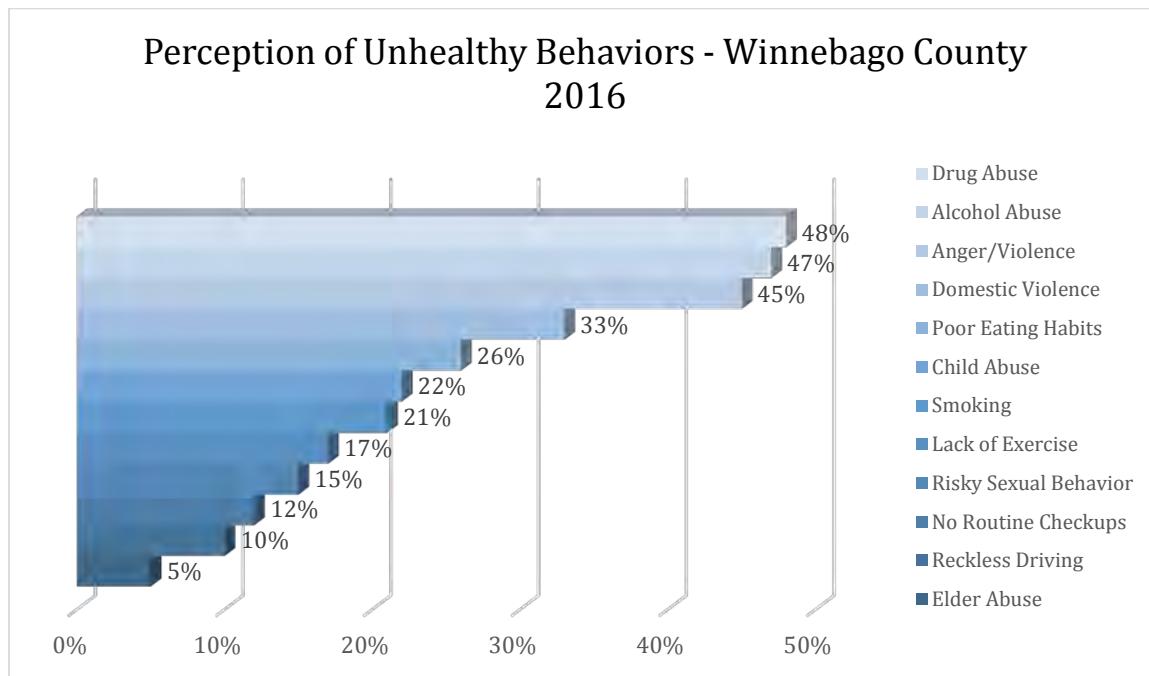
Obesity tends to be rated higher by White people, and those with higher education and income. Latino people are less likely to be concerned.

STIs tend to be rated higher by women, Latino people, and those with lower education and income.

Stroke does not show significant correlations.

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 12 choices. The three unhealthy behaviors that rated highest were drug abuse, alcohol abuse, and anger/violence.



Source: CHNA Survey

Demographic Factors Related to Perceptions of Unhealthy Issues

Several demographic characteristics show significant relationships with perceptions of unhealthy behaviors. The following relationships were found using correlational analyses:

Anger/Violence is rated higher by older people and White people.

Alcohol Abuse is rated higher by younger people, Latino people, and those with lower education and income. It is rated less important by White people.

Child abuse tends to be rated higher by women.

Domestic Violence does not show significant correlations.

Drug abuse does not show significant correlations.

Elder abuse is rated higher by older people.

Lack of exercise tends to be rated higher by those with high income, and lower by the homeless.

No check-ups does not show significant correlations.

Poor eating habits tends to be rated higher by those with high income, and lower by the homeless.

Reckless driving does not show significant correlations.

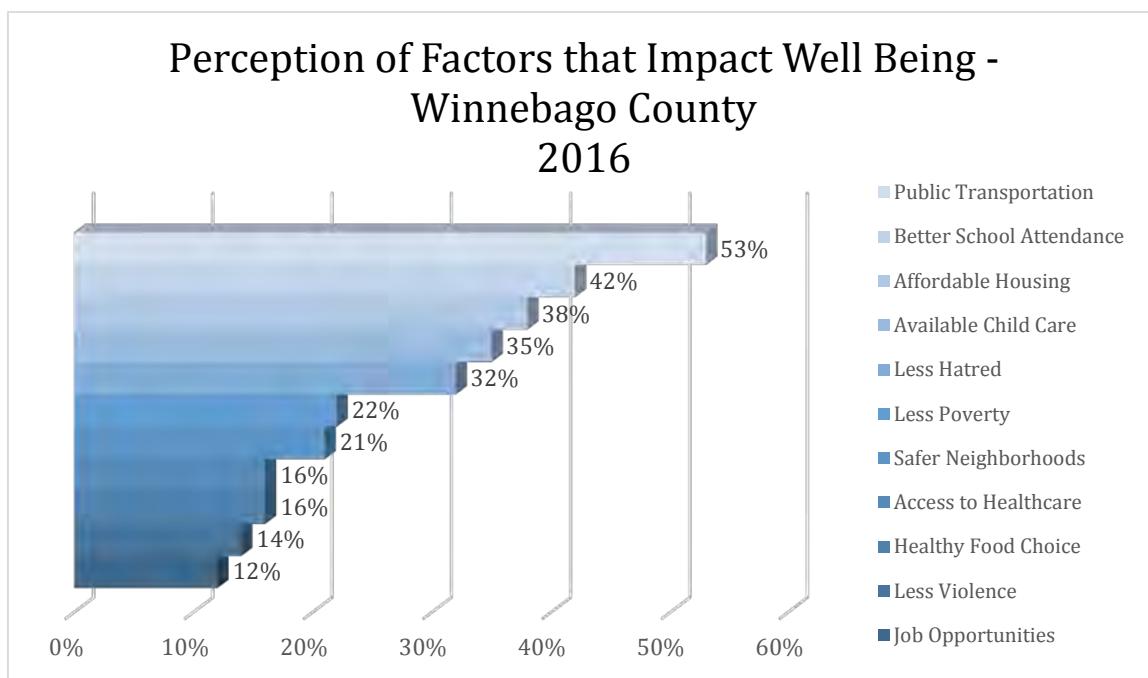
Smoking does not show significant correlations.

Risky Sex Behavior is rated higher by younger people, Latino people, those with lower incomes, and the homeless. It is rated less important by White people.

5.3 Perceptions of Issues Impacting Well Being

Respondents were asked to select the three most important issues impacting well-being in the community out of a total of 11 choices.

The issue impacting well-being that rated highest was public transportation (53%), followed by better school attendance, affordable housing, and childcare.



Demographic Factors Related to Perceptions of Well Being Issues

Several demographic characteristics show significant relationships with perceptions of well being issues. The following relationships were found using correlational analyses:

Access to health services tends to be rated higher by Latino individuals.

Affordable housing does not show significant correlations.

Availability of childcare tends to be rated higher by women and Black individuals.

Better schools tends to be rated higher by younger people, and Latino individuals, and those with lower education.

Job opportunities tends to be rated higher by younger individuals, Black and Latino people, and those with lower education.

Public transportation does not show significant correlations.

Access to healthy food is rated more important by women, White people, and those with higher education and income, while Latino people are less concerned.

Less poverty is rated higher by men.

Safer neighborhoods is rated more important by White people.

Less hatred does not show significant correlations.

Less violence does not show significant correlations.

5.4 Summary of Community Health Issues

Based on findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identification of the most important health-related issues in the community. Considerations for identifying key takeaways include magnitude in the community, strategic importance to the community, existing community resources, and potential for impact and trends and future forecasts.

Demographics (Chapter 1) – Three factors were identified as the most important areas of impact from the demographic analyses:

- Aging population
- Early sexual activity- teen births
- Families living in poverty

Prevention Behaviors (Chapter 2) – Five factors were identified as the most important areas of impact from the chapter on prevention behaviors:

- ED usage
- At-risk population that does not seek medical attention
- Access to healthcare
- Mental health
- Needed improvements in healthy behavior (exercise and healthy eating)

Symptoms and Predictors (Chapter 3) – Three factors were identified as the most important areas of impact from the chapter on symptoms and predictors:

- Drug abuse
- Alcohol abuse
- Obesity

Morbidity and Mortality (Chapter 4) – Six factors were identified as the most important areas of impact from the chapter on morbidity/mortality behaviors:

- Prenatal care
- Lung cancer
- STIs
- Diabetes
- Cancer
- Heart Disease

Identification of Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 14 potential categories. Based on similarities and duplication, the 14 potential areas considered are:

- Early sexual activity – teen pregnancy
- Use of ED as primary source of medical care
- Not seeking healthcare when needed
- Poor healthy behaviors – nutrition & exercise
- Access to health services
- Risky behaviors-substance abuse
- Mental health
- Obesity
- Prenatal Care
- Diabetes

- **Dental health**
- **Risky sexual behavior – STIs**
- **Heart disease**
- **Cancer (lung)**

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 14 health-related areas were being addressed. A resource matrix can be seen in Appendix 5 relating to the 14 health-related issues.

There are numerous forms of resources in the community. They are categorized as recreational facilities, county health departments, community agencies and area hospitals/clinics. A detailed list of community resources and descriptions appears in Appendix 6.

5.6 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in Appendix 7), the collaborative team prioritized three issues:

- ***Access to health services***
- ***Mental health***
- ***Obesity***

ACCESS TO HEALTH SERVICES

For the at-risk population, the emergency department was chosen 15% of the time as a primary source of medical care. Not seeking medical attention was chosen by 11% of the at-risk population. Emergency departments tend to be used more often by people of Black ethnicity, and those with lower education and income. Not seeking medical care is more likely chosen by men, younger people, people of Latino ethnicity, and those with lower education.

Additionally, survey results show that 16% of the population did not have access to medical care when needed; 16% of the population did not have access to prescription medications when needed; 18% of the population did not have access to dental care when needed; and 10% of the population

did not have access to counseling when needed. The leading causes of not getting access to health care when needed were no insurance or inability to afford a co-pay.

MENTAL HEALTH

For residents in Winnebago County, 19.7% reported they had experienced 1-7 days with poor mental health per month in 2007-2009, and 16.5% felt mentally unhealthy on 8 or more days per month during the same time period. In 2010-2014, there was a slight increase in the number of people who reported poor mental health for 1-7 days (20.1%) and a slight decrease of people who reported poor mental health 8 or more days per month (16.0%).

OBESITY

In Winnebago County, the number of people diagnosed with obesity and being overweight has increased significantly from 2009 to 2014. Note specifically that the percentage of obese and overweight people has increased from 62.3% to 68.1%. Overweight and obesity rates in Illinois have decreased from 2009 (64.0%) to 2014 (63.7%). Note that the State of Illinois has historically been one of the 10 worst states in the U.S. in terms of obesity rates and Winnebago County is now higher than State averages.

APPENDIX 1. MEMBERS OF COLLABORATIVE TEAM

Members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Individuals, affiliations, titles and expertise are as follows:

Harneet Bath, MD became Vice President and Chief Medicine Officer at OSF Saint Anthony Medical Center Medical Center in 2014. Prior to joining OSF, Dr. Bath worked at Emanuel Medical Center in Turlock, Calif., where he served as the regional medical director for Valley Emergency Physicians and the medical director for their hospitalist program. Dr. Bath has extensive experience working with quality initiatives and performance measures. He was also instrumental in getting approval of four residency programs at Emanuel Medical Center. He earned his Bachelor of Medicine and Surgery degree at Government Medical College in Amritsar, Punjab, India, and completed his internal medicine residency at St. Elizabeth Hospital in Youngstown, Ohio.

James W. Girardy, MD became Chief Surgical Officer of OSF Saint Anthony Medical Center in 2014. In 2012, he was named Medical Director of Surgical Services at OSF Saint Anthony Medical Center and became a member of the OSF Healthcare System ACO Governing Board. Since 1996 Dr. Girardy has served on the Board of Directors for OSF HealthCare System. Prior to his employment with OSF, he had a 32-year practice in Surgery at The Rockford Surgical Service, as well as an appointment as Clinical Associate Professor of Surgery at the University Of Illinois College Of Medicine at Rockford. A graduate with honors from John Carroll University, Dr. Girardy earned his medical degree at Wayne State University. He completed his residency at St. Joseph Mercy Hospital Medical Center in Ann Arbor, MI in affiliation with the University of Michigan. Certified with the American Board of Surgery with added qualifications in Surgical Critical Care, Dr. Girardy is a fellow of the American College of Surgeons and a member of the Fredrick A. Coller Surgical Society. He also serves on the Illinois Hospital Licensing Board.

Rebecca Cook Kendall is Executive Director of Rockford Health Council, a unique collaboration of healthcare and the community that focuses on health education and program development, while advocating for change with regard to today's health issues. In this role, Becky is responsible for providing leadership of the Healthy Community Study. This study is a systematic approach to identifying trends in the health status of our region and they can be improved. Local health systems use the Study in the compilation of their Community Health Needs Assessments. In addition, community organizations utilize the Study to support decision-making in their strategic planning and funding requests to effectively make change in the community. A graduate with honors from Cardinal Stritch University, she is continuing advanced coursework toward her master's degree. Becky has served on numerous boards, currently serving as an officer of the Winnebago County Crime and Safety Commission and Rockford Association for Minority Management, and as a board member of United Way of Rock River Valley. She also has received numerous awards, more recently the YMCA's Distinguished Community Leader Award and one of the Twenty People You Should Know in 2014.

Kris Kieper is the CEO of YWCA Rockford; a position she has held since 2006 following a four year YWCA board commitment. In addition, she is one of six elected Trustees' on the Village of Winnebago Board of Trustees; she chairs the Police Commission, is a member of the Finance Committee and

Administrative Team. Kris's experiences encompass government, for-profit, and non-profit leadership. Having begun her professional career in the U.S. Army, assigned to Washington, D.C. working in personnel management to a position of Senior Consultant at a Naperville, Illinois philanthropic consulting firm providing major gifts expertise to a wide range of non-profits and privately held foundations, to President/CEO of a national Association, she has achieved a unique look at how non-profits should be evolving to meet today's economic demands and society's needs. An inaugural member of Next Rockford, a Gen-X executives group, Kris served as the first, and thus far only, female president of the grassroots organization. She serves on multiple boards of directors in the community including the OSF Council of Advisors, Rockford Alliance Against Sexual Exploitation, YWCA USA CEO Advisory Board, and the National Association of YWCA Executives. Under Kris's leadership, YWCA Rockford was awarded the 2010 Excelsior Award by the Rockford Register Star and the 2013 YWCA USA Association of Excellence Award in Racial Justice. In addition, Kris has been recognized by the Rockford Chamber of Commerce as the 2011 Woman Business Manager of the Year, and in 2014 as one of the 20 People You Should Know. In 2011, she was honored with the NAACP Jane Adams Award for Social Justice, and in 2012, was selected as one of 40 individuals across the state of Illinois to be inducted into the Edgar Fellows Program at the University of Illinois, Institute for Government and Public Affairs. Kris has a passion for empowering women and families and strives to promote equity in her community; she believes we can create an inclusive, diverse and empowering community that embraces and values all residents by working together.

John Koehler, MD founded Physicians Immediate Care in 1987 with an unwavering commitment to quality patient care and spectacular customer service. His drive and commitment to delivering urgent care services fueled the company's growth to the current 33 clinics in Indiana, Illinois and Nebraska. They provide the care for over 300,000 patient visits annually and rank in the top ten nationwide for privately owned occupational medicine/urgent care networks. He is board certified in occupational medicine and serves as medical director, responsible for all protocols for the care of occupational medicine patients. His group wishes to join hands as strategic business partners with each client as their one stop destination for occupational medicine services. They are particularly conscientious around lost time, recordable and cost control. During his career, Dr. Koehler has continually demonstrated his passion for expanding patient access to urgent care and raising the level of the profession. He is a co-founder of the Urgent Care Association of America, the industry's trade association, and he has established several other organizations focused on urgent care medicine. In 2009, he received the Lifetime Achievement Award from the Urgent Care Association of America and was recently named as one of the top 15 influencers of this industry through 2014. Dr. Koehler completed his residency in occupational medicine at the University of California, San Francisco, and a residency in emergency medicine at Butterworth Hospital, Grand Rapids, Mich. He received his MD degree from The Pennsylvania State University College of Medicine and earned a bachelor's degree in biology from Wheaton College.

Dr. Sandra Martell is the Public Health Administrator for Winnebago County, Illinois. She received her BS in Nursing from Loyola University of Chicago and her Master's and Doctoral Degrees from the University of Illinois at Chicago with a concentrated focus on public health. Her dissertation research focused on the impact of home visiting on maternal and child health outcomes. Dr. Martell has spent the majority of her career focused on public health and most recently worked for 27 years at the Cook County Department of Public Health in Illinois progressing from the position of public health nurse to interim

Chief Operating Officer. Dr. Martell has served as adjunct faculty at both Loyola University and University of Illinois. She has been the recipient of the March of Dimes Perinatal Nurse Recognition and the Cook County Distinguished Service awards and has been acknowledged as an emerging public health leader through a fellowship from the National Association of City and County Health Officers/Robert Woods Johnson and De Beaumont Foundations. Dr. Martell is a member of the Alpha Sigma Nu – National Jesuit Honor Society; Sigma Theta Tau – National Nurses Honor Society; the American Public Health Association, the Illinois Public Health Association, and the Northern Illinois Public Health Consortium. She currently is an Executive Officer of the Northern Illinois Public Health Consortium which represents the most populated areas of the state of Illinois. Dr. Martell is active in the Girl Scouts of America and co-leads a Girl Scout Troop in Northern Illinois. She makes her home in Loves Park, Illinois.

Grant Nyhammer is the Executive Director & General Counsel of Northwestern Illinois Area Agency on Aging where he has worked the past seven years. Grant's prior experience includes being Assistant General Counsel for American Academy of Orthopedic Surgeons, General Counsel for a medical device manufacturer, Executive Director for Alpine Legal Services, Staff Attorney for Prairie State Legal Services, and an Assistant State's Attorney in Winnebago County. Grant has a BA from Macalester College, a MBA from Loyola University of Chicago, and a JD from the John Marshall Law School.

Luz M. Ramirez, Vice President of YWCA La Voz Latina, oversees the day to day functions La Voz Latina programs by ensuring that services and programs are made available to high needs families and the Latino community to help them progress and become self-sufficient. Prior to working with YWCA and La Voz Latina, she was employed by Rockford Public Schools for 16 years, holding various positions within the district. She is a Rockford native and Jefferson High School Graduate. She holds a Bachelor's Degree in Business Administration and a Masters in Administration and Supervision. She tries to remain an active member in the community and sits on various Boards and committees. In 2010 she was awarded the Latinos of Distinction award by La Voz Latina (prior to being employed by the organization), was recognized in 2014 by the late Comptroller Judy Baar Topinka as a Leader in Education, and in 2015 was recognized by the Rockford Chamber of Commerce as one of the 20 People You Should Know.

Samuel J. Schmitz has served as the President of Goodwill Industries of Northern Illinois Wisconsin Stateline Area, Inc. since January 7, 2008. The agency annually assists over 7,000 persons with barriers and has grown to over 500 employees with revenues of \$13+ million. A large portion of the revenue comes from eleven (11) retail stores located throughout the 18 county region in which the agency runs its operations. Goodwill Industries International authored a "white paper" entitled, "That was Then, This is Now" on the turn-around that the agency experienced over the past few years. Mr. Schmitz serves on the board of directors for Access Services of Northern Illinois; Rockford Local Development Corporation; Northern Illinois Workforce Alliance; Chairperson for Human and Public Services Council, Rockford District #205 and is currently, Co-chair of the Process and Analysis Team for Transform Rockford. In 2011, Mr. Schmitz was named as "Twenty-one People You Should Know" by the Rockford Chamber of Commerce. Prior to the Goodwill position Mr. Schmitz was the Executive Director of the Employers' Coalition on Health, Rockford, Illinois for nearly ten years. Prior employment also included the City of Rockford, Personnel Director in 1986 and City Administrator from 1991-1998. Mr. Schmitz has a BS in Secondary Education from Northwest Missouri State and a Masters Degree in Geography from Western Illinois University. He is married to Susan and has three grandsons who reside in Milwaukee with son, Anthony and daughter-in-law Katherine.

Wendy Slick, BSN, RN has been a nurse for 30 years. She worked at RHS on a Neuro- step down unit for 2 years. She then joined OSF SAMC to work in the Neuro Intensive Care Unit. She helped start the Parish Nurse Program in 1991 and has been a parish nurse for the past 25 years. She is currently working on her Master's Degree in Nursing, to obtain her Family Nurse Practitioner, with a graduation date of May, 2016. When she is not working she enjoys spending time with her daughter Hunter, at a beach anywhere.

Susan Urso, RN MS MBA currently serves as Interim Vice President of Patient Care Services at OSF Saint Anthony Medical Center Medical Center. Previous positons at the Medical Center included acting as a Project Consultant and Director of Quality and Risk Management. Prior to joining OSF, she served as Administrator and Chief Executive Officer at Mendota Community Hospital. Ms. Urso attended the University of Saint Francis, Joliet, Illinois completing a Master of Science, Health Services Administration and a Master of Business Administration.

Don Vayr is the Director of Strategic Planning and Decision Support at OSF Saint Anthony Medical Center with responsibility for health services planning, analysis, reimbursement and government compliance. His career began at OSF where he completed his Medical Technology internship and transitioned from student to Medical Technologist to laboratory supervisor. In 1988 he obtained his Master's in hospital administration and moved from direct clinical care to health care operations. Don's leadership career progressed through a variety of clinical and non-clinical operational responsibilities which afford him a strong multi-disciplinary foundation for his current role within the medical center finance division.

In addition to collaborative team members, the following **facilitators** managed the process and prepared the Community Health Needs Assessment. Their qualifications and expertise are as follows:

Michelle A. Carrothers (Coordinator) is currently the Vice President of Strategic Reimbursement for OSF Healthcare System, a position she has served in since 2014. She serves as a Business Leader for the Ministry Community Health Needs Assessment process. Michelle has over 32 years of health care experience. Michelle obtained both a Bachelor of Science Degree and Masters of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and has earned her Fellow of the Healthcare Financial Management Association Certification in 2011. Currently she serves on the National Board of Examiners for HFMA. Michelle serves on various Peoria Community Board of Directors and Illinois Hospital Association committees.

Dawn Irion (Coordinator) is a Strategic Reimbursement Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and has acted as the coordinator for 11 Hospital Community Health Need Assessments. In addition, she has coordinated the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. **Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over ten years.** Dawn will assume the responsibilities of President-Elect on the board of the McMahon-Illini HFMA Chapter starting in June of 2016.

Dr. Laurence G. Weinzimmer, Ph.D. (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management in the Foster College of Business at Bradley University in Peoria, IL. An internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous *Fortune 100* companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national best sellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principle investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2. ACTIVITIES RELATED TO 2013 CHNA PRIORITIZED NEEDS

Seven needs were identified in the Winnebago County 2013 CHNA. Below are examples of activities implemented during the last three years to address these needs:

Access to Health Services: Identified as Prioritized Health Need

- Educated patients and staff on the benefits and the use of the MyHealth application. Provided on-going media communications addressing access to health services. On-Going Rural Medical Program with the University of IL School of Medicine and Students on Clinical Rotation at Saint Anthony Medical Center. Enrolled the largest number of people in Winnebago County for state insurance plans under the ACA program.

Community Misperception: Identified as Prioritized Health Need

- Provided ongoing community health screening events. Participated in numerous community health educational seminars. Provided early screening for pulmonary rehabilitation participants.

Healthy Behaviors: Identified as Prioritized Health Need

- Screened community members for skin cancer as several local events. Provided education to patients on outpatient cardiac rehabilitation services. Participated in the child and teen CATCH program.

Mental Health: Identified as Prioritized Health Need

- Local mental health resources utilized in the emergency department for case management of mental health issues. Provided support groups on mental health issues. Provided grief counseling and depression screening.

Obesity: Identified as Prioritized Health Need

- Provided basic health screening for local events. Utilized social media for communication on campaigns addressing weight loss, dieting and exercise. Provided nutritional consults to patients and community members.

Sexual Health: Identified as Prioritized Health Need

- Collaboration with local agencies. Expanded obstetrician's services in the local area.

Substance abuse: Identified as Prioritized Health Need

- Utilized local mental health resources in the emergency department for case management of mental health issues. Developing partnerships with local school to provide assistance.

APPENDIX 3. SURVEY

COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, so we are inviting you to participate in a research study for community health-needs. Your opinions are important. This questionnaire will take approximately 10 minutes to complete. All of your individual responses are confidential. We will use results of the surveys to improve our understanding of health needs in the community.

Please read each question and mark the response that best represents your views of community needs.

I. IMPORTANT HEALTH ISSUES IN OUR COMMUNITY

Please identify the three **(3) most important health issues** in our community.

- | | |
|--|--|
| <input type="checkbox"/> Aging issues, such as Alzheimer's disease, hearing loss, memory loss or arthritis | <input type="checkbox"/> Infectious/contagious diseases such as flu, pneumonia, food poisoning |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Lung disease (asthma, COPD) |
| <input type="checkbox"/> Dental health (including tooth pain) | <input type="checkbox"/> Mental health issues such as depression, hopelessness, anger, etc |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Early sexual activity | <input type="checkbox"/> Sexually transmitted infections |
| <input type="checkbox"/> Heart disease/heart attack | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other _____ |

II. UNHEALTHY BEHAVIORS

Please identify the three **(3) most important unhealthy behaviors** in our community.

- | | |
|---|--|
| <input type="checkbox"/> Angry behavior/violence | <input type="checkbox"/> Not able to get a routine checkup |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Reckless driving |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Risky sexual behavior |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Elder abuse (physical, emotional, financial, sexual) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lack of exercise | |

III. ISSUES WITH YOUR WELL BEING

Please identify the three **(3) most important factors that impact your well being** in our community.

- | | |
|---|---|
| <input type="checkbox"/> Access to health services | <input type="checkbox"/> Healthy food choices |
| <input type="checkbox"/> Affordable clean housing | <input type="checkbox"/> Less hatred & more social acceptance |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Less poverty |
| <input type="checkbox"/> Better school attendance | <input type="checkbox"/> Less violence |
| <input type="checkbox"/> Job opportunities | <input type="checkbox"/> Safer neighborhoods/schools |
| <input type="checkbox"/> Good public transportation | <input type="checkbox"/> Other _____ |

IV. ACCESS TO HEALTH CARE

The following questions ask about your own personal health and health choices. Remember, this survey will not be linked to you in any way.

1. When you get sick, where do you go? Please choose only one.

- | | | |
|---|---|---|
| <input type="checkbox"/> Clinic/Doctor's office | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> I don't seek medical attention |
| <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> Health Department | <input type="checkbox"/> Other _____ |

2. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Within the last year | <input type="checkbox"/> 1-2 years ago | <input type="checkbox"/> 3-5 years ago |
| <input type="checkbox"/> 5 or more years ago | <input type="checkbox"/> I have never been to a doctor for a checkup. | |

3. In the last year, was there a time when you needed medical care but were not able to get it?

- | | |
|---|---|
| <input type="checkbox"/> No (please go to question 5) | <input type="checkbox"/> Yes (please go to the next question) |
|---|---|

4. If you just answered "yes" to question 3, why weren't you able to get medical care? Choose all that apply.

- | | |
|--|---|
| <input type="checkbox"/> I didn't have health insurance. | <input type="checkbox"/> The doctor or clinic refused to take my insurance or Medicaid. |
| <input type="checkbox"/> I couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> I didn't know how to find a doctor. |
| <input type="checkbox"/> I didn't have any way to get to the doctor. | <input type="checkbox"/> Too long to wait for appointment. |
| <input type="checkbox"/> Fear | |
| <input type="checkbox"/> Other _____ | |

5. In the last year, was there a time when you needed prescription medicine but were not able to get it?

- | | |
|---|---|
| <input type="checkbox"/> No (please go to question 7) | <input type="checkbox"/> Yes (please go to the next question) |
|---|---|

6. If you just answered "yes" to question 5, why weren't you able to get prescription medication? Choose all that apply.

- | | |
|--|---|
| <input type="checkbox"/> I didn't have health insurance. | <input type="checkbox"/> The pharmacy refused to take my insurance or Medicaid. |
| <input type="checkbox"/> I couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> I didn't have any way to get to the pharmacy. |
| <input type="checkbox"/> I didn't know how to find a pharmacy. | <input type="checkbox"/> Other _____ |

7. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?

- | | | |
|---|--|--|
| <input type="checkbox"/> Within the last year | <input type="checkbox"/> 1-2 years ago | <input type="checkbox"/> 3-5 years ago |
| <input type="checkbox"/> 5 or more years ago | <input type="checkbox"/> I have never been to a dentist for a checkup. | |

8. In the last year, was there a time when you needed dental care but could not get it?

- | | |
|--|---|
| <input type="checkbox"/> No (please go to question 10) | <input type="checkbox"/> Yes (please go to the next question) |
|--|---|

9. If you just answered "yes" to question 8, why weren't you able to get dental care? Choose all that apply.

- | | |
|--|--|
| <input type="checkbox"/> I didn't have dental insurance. | <input type="checkbox"/> The dentist refused to take my insurance or Medicaid. |
| <input type="checkbox"/> I couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> I didn't know how to find a dentist. |
| <input type="checkbox"/> I didn't have any way to get to the dentist. | <input type="checkbox"/> Too long to wait for appointment. |
| <input type="checkbox"/> Fear. | |
| <input type="checkbox"/> Other _____ | |

10. In the last year, was there a time when you needed mental-health counseling but could not get it?
 No (please go to question 12) Yes (please go to the next question)

11. If you just answered "yes" to question 10, why weren't you able to get mental-health counseling? Choose all that apply.

- I didn't have insurance. The counselor refused to take my insurance or Medicaid.
 I couldn't afford to pay my co-pay or deductible. I didn't know how to find a counselor.
 I didn't have any way to get to a counselor. Too long to wait for appointment.
 Fear. Other _____
 Embarrassment.

12. In the last week how many times did you participate in deliberate exercise, (such as jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes or more?

- None (please go to next question) 1 - 2 3 - 5 More than 5

13. If you answered "none" to the last question, why **didn't** you exercise in the past week? Choose all that apply.

- I don't have any time to exercise. I don't like to exercise.
 It is not important to me. I can't afford the fees to exercise.
 I don't have access to an exercise facility. I am too tired.
 I don't have child care while I exercise. I have a physical disability.
 Other _____

14. On a typical day, how many servings of fruits and/or vegetables do you have?

- None (please go to next question) 1 - 2 3 - 5 More than 5

15. If you answered "none" to the last question, why **didn't** you eat fruits/vegetables? Choose all that apply.

- It is difficult to buy fruits and/or vegetables I don't like fruits/vegetables
 It is not important to me. I can't afford fruits/vegetables.
 Other _____

16. On a typical day, how many cigarettes do you smoke (either actual or electronic/vapor)?

- None 1 - 4 5 - 8 9 - 12 More than 12

17. Where do you get most of your medical information (*check only one*)

- Doctor Friends/family Internet Pharmacy Nurse at my church

18. Do you have a personal physician? No Yes

19. Overall, my physical health is: Good Average Poor

20. Overall, my mental health is: Good Average Poor

21. How long has it been since you have had a flu shot?

- Within the last year 1-2 years ago 3-5 years ago
 5 or more years ago I have never had a flu shot

V. BACKGROUND INFORMATION

What county do you live in?

 Winnebago Other _____

What type of insurance do you have?

 Medicare Medicaid Private/commercial NoneIf you answered "none" to the last question, why **don't** you have insurance? Choose all that apply. I cannot afford insurance I don't need insurance
 I don't know how to get insurance Other _____What is your gender? Male Female

What is your age?

 Under 20 21-30 31-40 41-50 51-60 61-70 71 or older

What is your race?

 White Black/African American
 Hispanic/Latino Native American/American Indian/Alaska Native
 Asian (Indian, Pakistani, Japanese, Chinese, Korean, Vietnamese, Filipino)
 Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)
 Other race not listed here: _____

What is your highest level of education?

 Less than high school Some high school High school degree (or GED/equivalent)
 Some college (no degree) Associate's degree Bachelor's degree
 Graduate or professional degree Other: _____

What was your total income last year, before taxes?

 Less than \$20,000 \$20,001 to \$40,000 \$40,001 to \$60,000
 \$60,001 to \$80,000 \$80,001 to \$100,000 over \$100,000Do you: Rent Own Other

How many people live in your home? _____

What is your job status?

 Full-time Part-time Unemployed Homemaker
 Retired Disabled Student Armed Forces

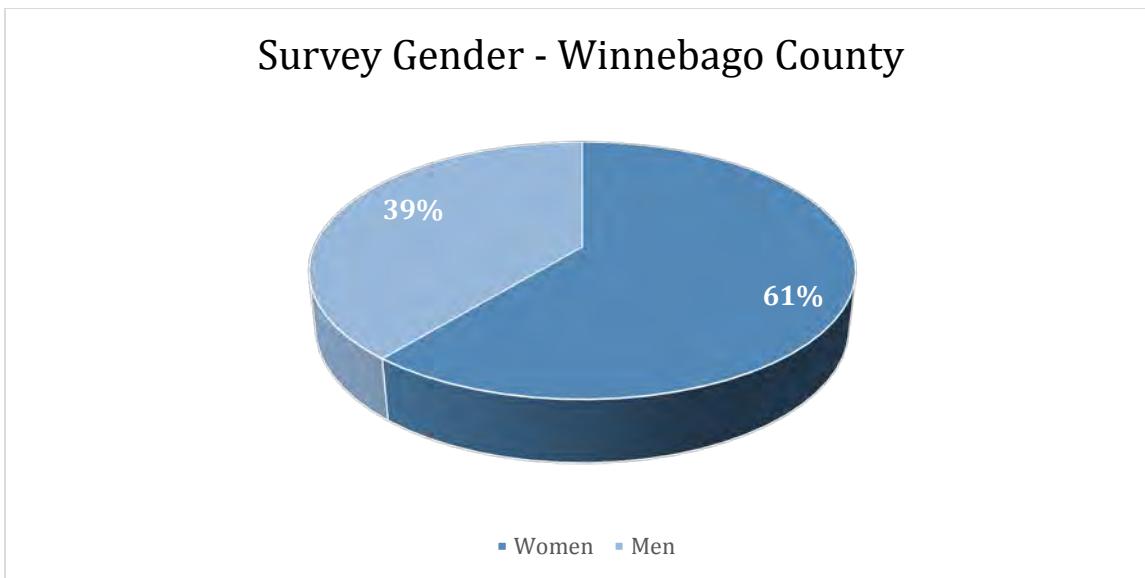
Is there anything else you would like to tell us about community concerns, health problems or services in the community?

Thank you very much for sharing your views with us!

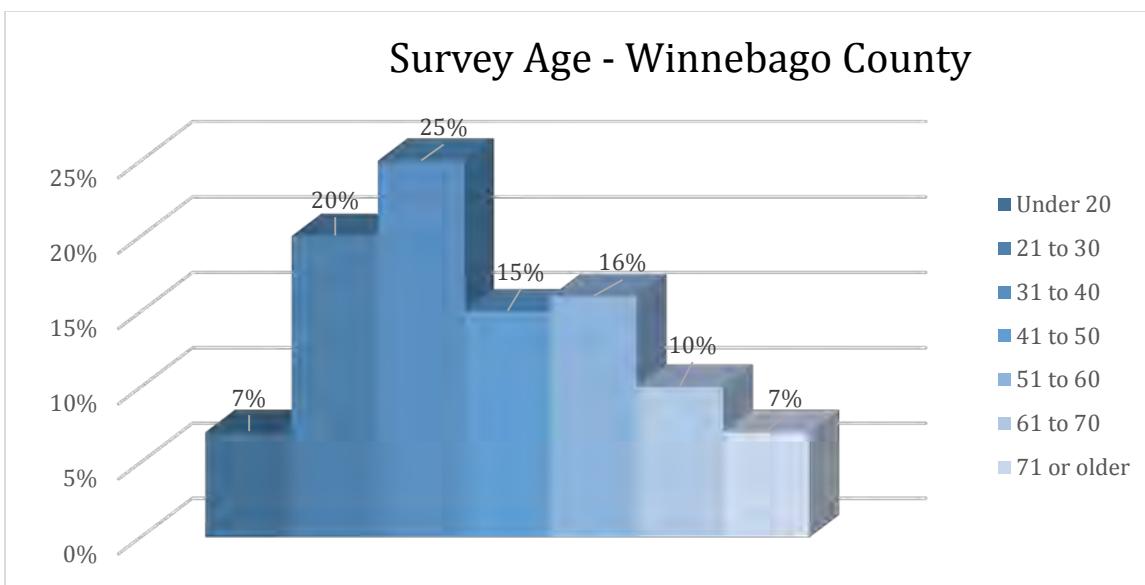
This survey instrument was reviewed by the Committee on the Use of Human Subjects and Research (CUSHR), Bradley University Institutional Review Board (IRB) in May, 2015

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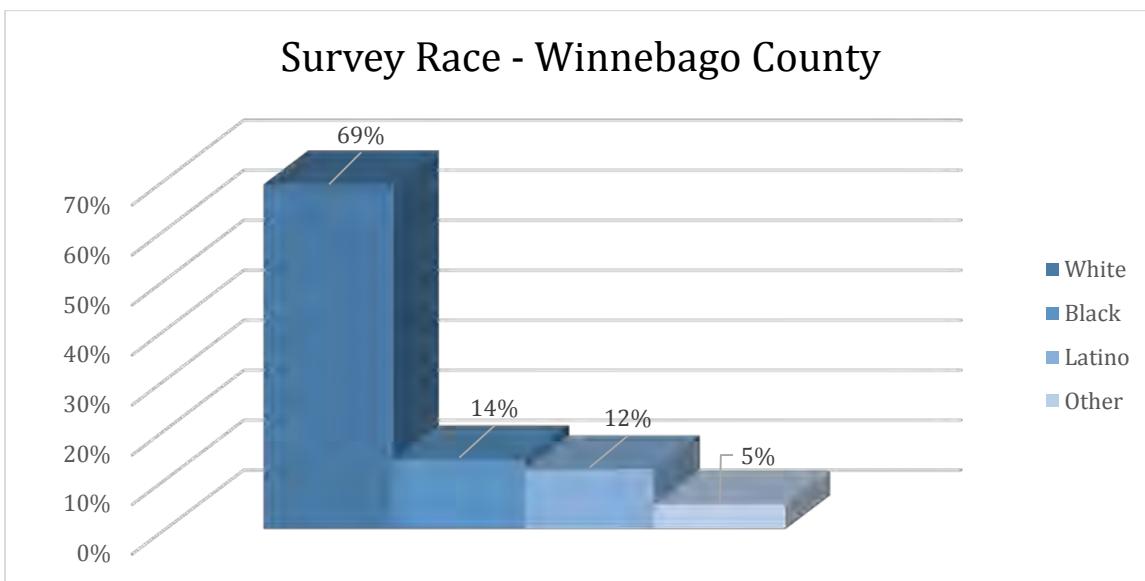
APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS FOR GENERAL SAMPLE



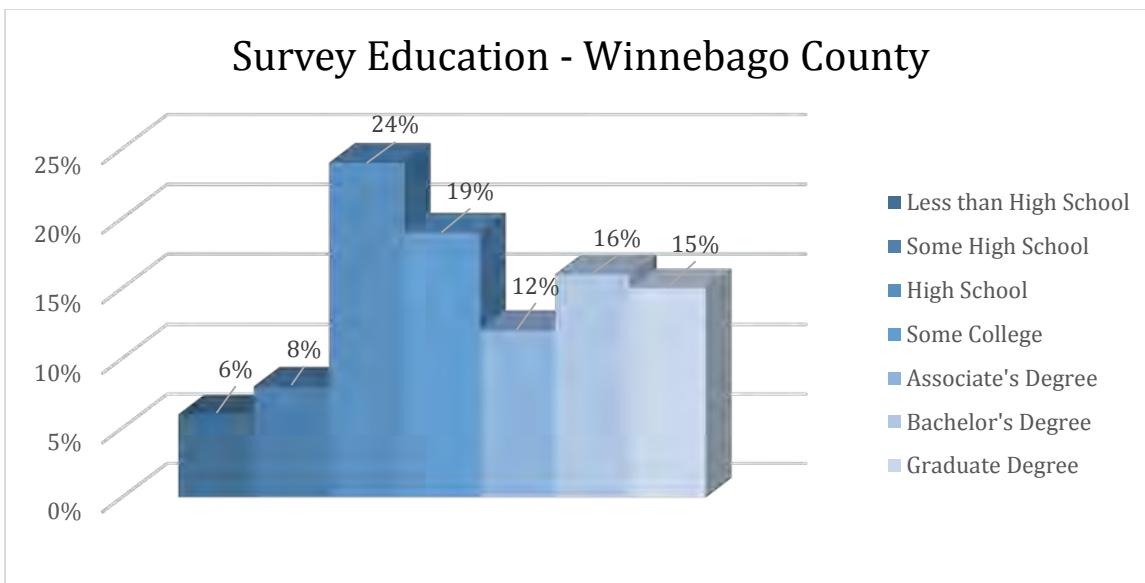
Source: CHNA Survey



Source: CHNA Survey



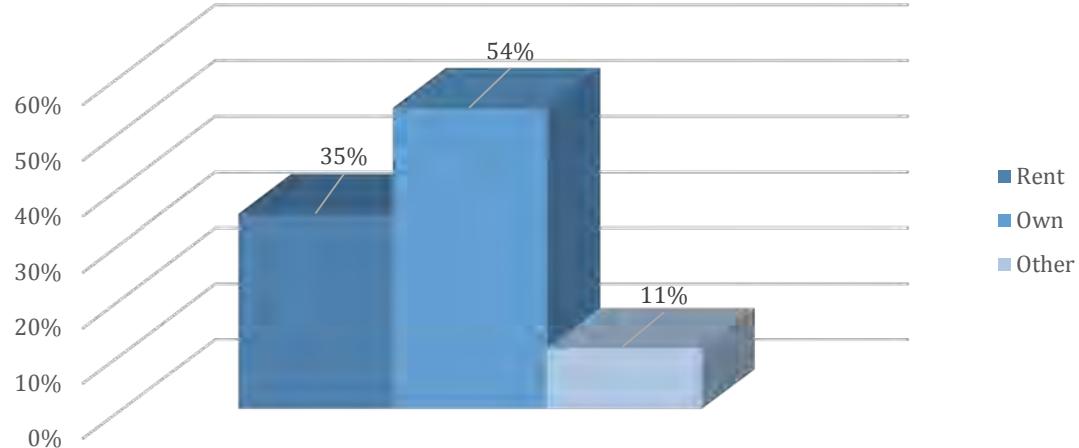
Source: CHNA Survey



Source: CHNA Survey

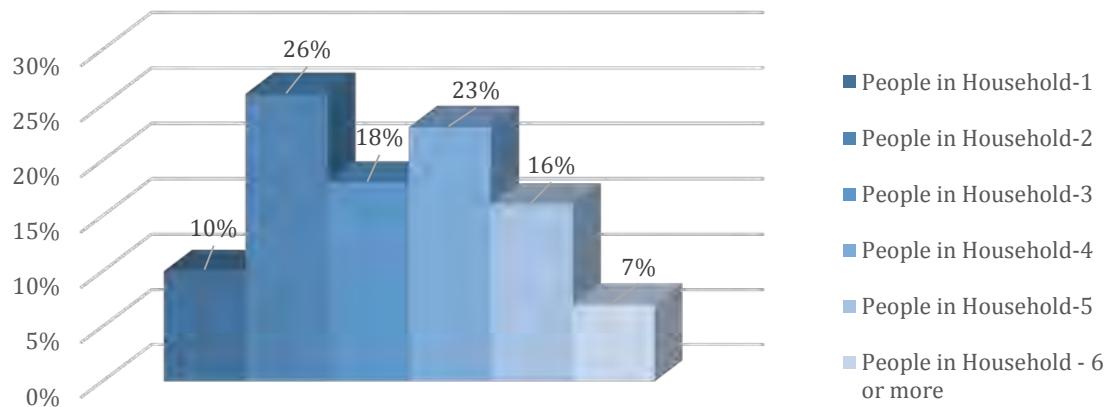
Income: Mean income for sample was \$48,019

Survey Living Arrangements - Winnebago County



Source: CHNA Survey

Number of People in Household - Winnebago County



Source: CHNA Survey

APPENDIX 5. RESOURCE MATRIX

| | Organization name | Access to Service | Cancer (lung) | Cardiovascular Disease | Dental | Diabetes | Early Sexual Activity | Emergency Dept. Misuse | Healthy Behaviors/ Nutrition & Exercise | Mental Health | Not Seeking Medical Care | Obesity | Prenatal Care | Risky sexual behavior STIs | Substance Abuse | Woman's Health |
|--------------------------------|--|-------------------|---------------|------------------------|--------|----------|-----------------------|------------------------|---|---------------|--------------------------|---------|---------------|----------------------------|-----------------|----------------|
| Recreational Facilities | Booker T. Washington Community Center | | | | | | | | | | | X | | | | |
| | Boys and Girls Club of Rockford | | | | | | | | | | | X | | | | |
| | Harlem Community Center | | | | | | | | | | | X | | | | |
| | Ken-Rock Community Center, Inc. | | | | | | | | | | | X | | | | |
| | Northwest Community Center | | | | | | | | | X | | X | | | | |
| | Rockford Park District | | | | | | | | | | | X | | | | |
| | YMCA of Rock River Valley | X | | | | | | | | | | X | X | | | |
| | YWCA of Rockford | X | | | | | | X | | | | X | X | | | |
| Health Departments (1) | Winnebago County Health Department | X | | | | | X | X | X | | X | | X | X | | X |
| Community Agencies | Access Service of Northern IL (ASNI) | X | | | | | | | | | X | | | | | |
| | Alzheimer's Association - Greater IL Chapter | X | | | | | | | | | | X | | | | |
| | American Cancer Society - Rockford Chapter | | X | | | | | | | | | | | | | |
| | American Red Cross, Rock River Chapter | X | | | | | | | | | | X | | | | |
| | ARC of Winnebago, Boone and Ogle Counties | X | | | | | | | | | X | X | | | | |
| | Barbara Olson School of Hope | | | | | | | | | | | X | | | | |
| | Black Health Care Initiative Coalition | X | X | | | | | X | | | | X | | | | |
| | Carpenter's Place | X | | | | | | | | | X | X | | | | |
| | Catholic Charities - Diocese of Rockford | X | | | | | | | | | X | X | | | | X |
| | Center for Community Re-Entry | X | | | | | | | | | X | X | | | | X |
| | Children's Advocacy Center (CAC) | | | | | | X | | X | | | | | X | | |
| | Children's Home + Aid - Motherhouse Crisis Nursery | X | | | | | X | | | | X | | | X | | X |
| | Circle of Learning | | | | | | | | | X | X | | X | | | |
| | City of Rockford Human Services Department | X | | | | | | | | X | | X | | | | |
| | Comprehensive Community Solutions Inc (Youth Build Rockford) | | | | | | | | | | X | | | | | X |
| | Comucopia Food Pantry | | | | | X | | | X | | | X | | | | |
| | Court Appointed Special Advocates | X | | | | X | | | | X | | X | | | X | |
| | Department of Children and Family Services | | | | | X | | | | | | | | X | | X |
| | Easter Seals Children's Development Center | | | | X | | | | | | X | | | | | |
| | Family Counseling Services of Northern IL | | | | | | | | | | X | | | | | |
| | Family Matters - PACT | | | | | | | | | | X | | | | | |
| | God's Glory Food Pantry | | | | | X | | | X | | | | X | | | |
| | Goodwill Industries of Northern IL | X | | | | | | | | X | X | X | | | | |
| | Grounds For Life Soup Kitchen | | | | | X | | | X | | | | X | | | |
| | Group Hope- Depression and Bipolar Support | X | | | | | | | | | X | X | | | | |
| | Haven Network | | | | | | | | | | | | | | | X |
| | Healing Pathways Cancer Resource Center | | X | | | | | | | X | X | | X | | | |
| | Illinois Crisis Prevention Network | | | | | | | | | | X | | | | | |
| | La Voz Latina | X | | | | | | X | | | | X | | | | |

APPENDIX 5. RESOURCE MATRIX (CONTINUED)

| | Organization name | Access to Service | Cancer (lung) | Cardiovascular Disease | Dental | Diabetes | Early Sexual Activity | Emergency Dept. Misuse | Healthy Behaviors/ Nutrition & Exercise | Mental Health | Not Seeking Medical Care | Obesity | Prenatal Care | Risky sexual behavior STIs | Substance Abuse | Woman's Health |
|----------------------------|--|-------------------|---------------|------------------------|--------|----------|-----------------------|------------------------|---|---------------|--------------------------|---------|---------------|----------------------------|-----------------|----------------|
| | Lifescape Community Services, Inc. | X | | | | | | | X | | X | X | | | | |
| | Love Inc., of Greater Rockford | X | | | | | | | X | | X | X | | | | |
| | Iutheran Social Services | | | | | | | | | X | | | | | X | |
| | Lydia Home Association | | | | | | | | | X | | | | | | |
| | MERITT (Medical Evaluation Response Initiative Team) University of Illinois College of Medicine at Rockford | X | | | | | X | | | | X | | | X | | |
| | Milestone Inc. | X | | | X | | | | | | | X | | | | |
| | NAMI Northern IL | | | | | | | | | X | | | | | | |
| | Northern IL Diabetes Coalition | X | | | | X | | | | | X | | | | | |
| | Northern IL HIV/AIDS Network | X | | | | | X | | | | X | | | X | | |
| | Northern IL Food Bank | | | | | X | | | X | | | | X | | | |
| | Northern IL Hospice and Grief Network | X | | | | | | X | | X | X | X | | | | |
| | Northwestern IL Area Agency of Aging | X | | | | | | | | | X | | | | | |
| | Optimal Care Advocates | X | | | | | | | | | X | | | | | |
| | Patriot's Gateway Community Center | X | | | | | | | | | X | | | | | |
| | Regional Access Care Mobilization Project (RAMP) | X | | | | | | | | X | | | | | X | |
| | Remedies Renewing Lives | | | | | | | | | X | | | | | X | |
| | Rock Valley College | X | | | X | | | | | | X | | | | | |
| | Rockford Area Pregnancy Care Centers | X | | | | | X | | | | X | X | X | | X | |
| | Rockford Housing Authority | X | | | X | | | | | | X | | | | | |
| | Rockford MELD | X | | | | | | | | | X | | X | | | X |
| | Rockford Rescue Mission Ministries, Inc. | X | | | | | | X | | X | X | X | X | | X | |
| | Rockford Sexual Assault Counseling | | | | | | | | | X | | | | | X | |
| | Rockford Township - General Assistance Office | X | | | | | | | | | X | | X | X | | X |
| | Rockford Vet Center | X | | | | | | | X | | X | X | | | | X |
| | Rosecrance Health Network | X | | | | | | | | | X | X | | | | X |
| | Salvation Army of Winnebago County | X | | | | | | | | | X | X | | | | X |
| | Shelter Care Ministries | X | | | | | | | | | X | X | | | | |
| | St. Elizabeth Catholic Community Center | X | | | | | | | X | | X | X | | | | |
| | Stepping Stones of Rockford, Inc. | | | | | | | | | | X | | | | | |
| | TASC Inc. Northwest IL | X | | | | | | | | | X | X | | | X | |
| | Youth Service Bureau of IL Valley - Rockford Office | | | | | | | | | | X | | | | | |
| | Youth Services Network | | | | | | | | | | X | | | | | |
| Hospitals / Clinics | Center for Sight and Hearing | X | | | | | | | | | | X | | | | |
| | Crusader Community Health | X | X | X | X | X | X | X | X | X | X | X | X | X | | X |
| | OSF Saint Anthony Medical Center | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| | Rockford Health System | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| | SwedishAmerican Health System | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| | The Bridge Clinic | X | X | | | | | | | | X | X | X | X | | |
| | University Psychiatric Services UICOM at Rockford | | | | | | | | | | X | X | | | | |

APPENDIX 6. DESCRIPTION OF COMMUNITY RESOURCES

Recreational Facilities (8)

Booker Washington Community Center

Healthy Behaviors, Obesity

The Booker Washington Community Center is home to the Willie Ashford YMCA.

Boys and Girls Club of Rockford

Healthy Behaviors, Obesity

Children have the opportunity to participate in sports, fitness, or recreational activities at the Boys & Girls Club of Rockford. Programs develop fitness, positive use of leisure time, skills for stress management, appreciation for the environment and social skills.

Harlem Community Center

Healthy Behaviors, Obesity

The Harlem Community Center offers a variety of summer sports and recreation programs.

Ken-Rock Community Center

Healthy Behaviors, Obesity

The Ken-Rock Community Center offers a variety of summer sports and recreation programs.

Northwest Community Center

Healthy Behaviors, Obesity

The Northwest Community Center offers a summer camp for at-risk youth while their parents are at work or in school. Nourishing lunches and snacks are provided daily during camp.

Rockford Park District

Healthy Behaviors, Obesity

The Rockford Park District offers recreational opportunities including 180 neighborhood parks, affordable golf courses, ice-skating, recreation paths, softball and soccer fields.

YMCA of Rock River Valley

Access to Health Services, Community Health Misperceptions, Healthy Behaviors, Obesity

The YMCA of Rock River Valley is a community based service organization dedicated to building the mind, body and spirit for members of the Winnebago County community. By offering value-based programs emphasizing education, health and recreation for individuals regardless of sex, race or socio-economic status the YMCA is increasing the quality of life in the Rock River Valley.

YWCA of Rockford

Access to Health Services, Community Health Misperceptions, Healthy Behaviors, Obesity

The YWCA of Rockford provides a full range of aquatics and other fitness, child care, adult literacy, health and leisure, and community service programs.

Health Departments (1)

Winnebago County Health Department

Access to Health Services, Community Health Misperceptions, Healthy Behavior, Sexual Health, Women's Health

The goal of the Winnebago County Health Department is to protect and promote health and prevent disease, illness and injury. Public health interventions range from preventing diseases to promoting healthy lifestyles and from providing sanitary conditions to ensuring safe food and water.

Community Agencies/Private Practices (60)

Access Services of Northern Illinois (ASNI)

Access to Services, Community Health Misperceptions

Access Services of Northern Illinois (ASNI) is a not-for-profit charitable organization that serves the thirteen counties of northwest Illinois. Its mission is to empower and assist individuals with developmental disabilities to participate as full citizens in their community by coordinating and advocating for community services and supports of their choice.

Alzheimer's Association - Greater Illinois Chapter

Access to Services, Community Health Misperceptions

The Alzheimer's Association, Greater Illinois Chapter serves 68 counties in Illinois with offices in Bloomington, Carbondale, Chicago, Joliet, Rockford and Springfield. Since 1980, the Chapter has provided reliable information and care consultation; created supportive services for families; increased funding for dementia research; and influenced public policy changes. Today, the Greater Illinois Chapter serves the more than a half million Illinois residents affected by Alzheimer's disease throughout our chapter area, including 210,000 people with the disease.

American Cancer Society

Access to Services, Community Health Misperceptions, Cancer

The American Cancer Society is dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

ARC of Winnebago, Boone and Ogle Counties

Access to Services, Community Health Misperceptions, Mental Health

The Arc of Winnebago, Boone and Ogle Counties serves over 200 adults and children with intellectual and developmental disabilities and their families each month through a wide variety of programs, services and activities.

Barbara Olson Center of Hope

Access to Services, Community Health Misperceptions, Mental Health

The Barbara Olson Center of Hope helps individuals with developmental disabilities reach personal goals through individualized skill development, vocational opportunities and community service.

Black Health Care Initiative Coalition*Access to Health Services, Community Health Misperceptions*

The Black Health Care Initiative Coalition seeks to improve the access of African Americans to the medical system.

Carpenter's Place*Access to Services, Community Health Misperceptions, Mental Health*

The Carpenter's Place (CP) has become recognized and respected as an innovative and aggressive leader in development of efficient and effective methods for reaching and addressing the core life issues of the chronically homeless. CP sponsors the Homeless Mental Health Access Project.

Catholic Charities, Diocese of Rockford*Access to Services, Community Health Misperceptions, Mental Health, Substance Abuse*

Catholic Charities offers counseling, emergency assistance, and adolescent outreach in addition to a variety of other services.

Center for Community Re-Entry*Access to Services, Community Health Misperceptions, Mental Health, Substance Abuse*

The Center for Community Re-entry provides parolees (assigned) job readiness; job training; education; drug treatment; mental health services; housing assistance; ID; family re-unification; cognitive behavior therapy.

Children's Advocacy Center (CAC)*Mental Health, Sexual Health*

The Children's Advocacy Center (CAC) is a non-profit organization that provides training, prevention, and treatment services to fight child abuse and neglect.

Children's Home + Aid MotherHouse Crisis Nursery*Access to Health Services, Community Health Misperceptions, Sexual Health, Women's Health*

The Children's Home + Aid MotherHouse Crisis Nursery can lend support to families when they are faced with a crisis such as homelessness, domestic violence, medical emergencies, joblessness or drug addiction

Circles of Learning*Healthy Behaviors, Mental Health, Obesity*

Circles of Learning offers pre-school educational services, infant/toddler care, before and afterschool child care, school-age summer and holiday care, nutritional services, and a comprehensive family support system.

City of Rockford Human Services Department*Access to Health Services, Community Health Misperceptions, Healthy Behavior, Women's Health*

As a Community Action Agency, the Human Services Department provides services to individuals, families and neighborhoods in Rockford as well as in greater Winnebago and Boone Counties. This is accomplished by addressing systemic, community and individual factors. Key strategies include provision of direct services, partnering, collaborations and advocacy. Services are administered under two Divisions with input from a Community Action Board and the Head Start Policy Council.

Comprehensive Community Solutions, Inc. (YouthBuild Rockford)*Access to Services, Mental Health*

YouthBuild is a unique program serving out of school youth ages 16-24 who are from low income communities, have dropped out of school and are unemployed. It provides academic education, vocational skills training, personal counseling, positive peer support, leadership development, job placement and follow-up support.

Cornucopia Food Pantry*Diabetes, Healthy Behaviors, Obesity*

Cornucopia provides a food pantry on Tuesdays, Thursdays, and the 3rd Saturdays from 9-11am.

Department of Children and Family Services*Sexual Health, Women's Health*

DCFS offers training/educational programs including "Promoting Healthy Sexual Development and Pregnancy Prevention of Youth in Foster Care".

Easter Seals Children's Development Center*Access to Services, Mental Health, Dental, Healthy Behaviors, Obesity*

Easter Seals Children's Development Center maximizes independence and creates opportunities for people with disabilities and other special needs to live, learn, work and play in their communities by providing a lifespan of premier services. Specific services include dental screenings and follow-up services to people with developmental disabilities.

Family Counseling Services of Northern Illinois*Access to Services, Mental Health*

Family Counseling Services provides professional counseling for a broad spectrum of challenges and concerns.

Family Matters – PACT*Access to Services, Mental Health*

Family Matters – PACT provides a continuum of quality social, educational and mental health services to strengthen individuals, families and communities.

God's Glory Food Pantry*Diabetes, Healthy Behaviors, Obesity*

God's Glory provides a food pantry on the 3rd Saturday of each month from noon-3pm.

Goodwill Industries*Access to Services, Healthy Behaviors*

Goodwill serves those with barriers to employment. This includes individuals with disabilities, people with limited work history, those who have experienced corporate downsizing and recipients of government support programs. Goodwill's services are designed to meet the training and placement needs of the individual.

Grounds for Life Soup Kitchen*Diabetes, Healthy Behaviors, Obesity*

Grounds for Life provides a food pantry Monday-Sunday with doors opening at 6am for meal service 7:30-8:30am.

Group Hope - Depression and Bipolar Support*Access to Health Services, Mental Health*

Group Hope welcomes those who need a place to feel safe in discussing their feelings of sadness, hopelessness, confusion, and grief. Meetings, which are completely free of charge, are held in Rockford, Belvidere, DeKalb, Dixon, Oregon, and Rochelle, Illinois.

Haven Network*Access to Services, Women's Health*

The Haven Network, Northern Illinois' perinatal hospice and bereavement center, provides companionship on the grief journey to families who are facing a terminal diagnosis of their preborn or newborn baby. The Haven Network also supports those families who have lost a baby through miscarriage, stillbirth, ectopic pregnancy, SIDS and early infant death.

Healing Pathways Cancer Resource Center*Access to Services, Cancer, Healthy Behaviors, Mental Health, Obesity*

Healing Pathways-Cancer Resource Center is an independent organization offering free supportive services to cancer patients, survivors and their loved ones. Our programs, classes and educational resources help ease the emotional and physical side effects of cancer and its treatment. In addition, they offer guidance in choosing healthy lifestyles that promote optimal health into survivorship. Core programs focusing on Optimal Nutrition, Stress Management, Gentle Exercise, and Connection with Others are all complementary to medical treatment.

Illinois Crisis Prevention Network*Access to Services, Mental Health*

The Illinois Crisis Prevention Network consists of highly trained professionals with extensive experience in the social service community. These professionals originate from two of the largest and most respected agencies in the state of Illinois serving the intellectually disabled population. The teams are made up of skilled clinicians who work with individuals with severe behaviors and are struggling to maintain in their current home or placement. These behaviors can be difficult for families or staff to work with, disrupt their environment and can take an emotional toll on everyone living or working there. Team members can provide strategies to reduce or eliminate these behaviors, training for staff or caregivers to cope and work effectively with the clients and help locate resources in the community.

La Voz Latina*Access to Services, Community Health Misperceptions*

La Voz Latina maintains a strong focus on education through English and citizenship classes, programs for youth, health and family education, and community awareness.

Lifescapes Community Services

Access to Services, Community Health Misperceptions, Healthy Behavior/Nutrition, Obesity

Lifescapes promotes independent living and enhances the quality of life for individuals by providing affordable nutrition and other services, with an emphasis on the aging population.

Love INC

Access to Services, Community Health Misperceptions, Healthy Behavior/Nutrition, Obesity

Love INC brings Christian churches together to help the poor by meeting immediate needs such as food and clothing, to longer-term responses through relational ministries such as life skills training and transitional housing.

Lutheran Social Services of Illinois

Access to Services, Mental Health, Substance Abuse

Lutheran Social Services provides behavioral health services (counseling, substance abuse, mental health and developmental disabilities), children's community services (adoption, foster care, pregnancy counseling, residential services and Head Start), nursing and community services (long-term care and rehabilitation, home care services, adult day services, respite services for caregivers and retirement communities), prisoner and family ministry (support for children of incarcerated parents and their caregivers, re-entry programs, on-site prison programs, and justice education), and senior housing services (affordable housing for low-income seniors and people with disabilities).

Lydia Home Association

Access to Services, Mental Health

LYDIA is a national, Christ-honoring organization whose mission is to strengthen families to care for children and care for children when families cannot.

MERIT (Medical Evaluation Response Initiative Team) - University of Illinois College of Medicine at Rockford

Access to Health Services, Sexual Health

The Medical Evaluation Response Initiative Team (MERIT) is a new, innovative program developed by the healthcare providers in collaboration with the University of Illinois College Of Medicine at Rockford, the Department of Child and Family Services (DCFS) and the Carrie Lynn Children's Center. The mission of MERIT is to provide all children suspected of physical abuse, sexual abuse or neglect with timely expert medical evaluations and treatment, as well as serving the community as a resource for prevention, research and education.

Milestone, Inc.

Access to Health Services, Community Health Misperceptions, Dental

Milestone has grown to become Winnebago and Boone Counties' largest provider of residential, developmental, vocational, and social support services for adults and children with mental retardation, autism, epilepsy, and cerebral palsy.

National Alliance on Mental Illness*Access to Services, Mental Health*

The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

Northern Illinois Diabetes Coalition*Access to Health Services, Community Health Misperceptions, Diabetes*

NIDC's mission is to improve the quality of care provided to persons with diabetes and the metabolic syndrome.

Northern Illinois HIV-AIDS Network*Access to Health Services, Community Health Misperceptions, Sexual Health*

The Northern Illinois HIV-AIDS Network offers services for individuals impacted by HIV and AIDS.

Northern Illinois Food Bank*Diabetes, Healthy Behaviors, Obesity*

The Northern Illinois Food Bank seeks to lead the northern Illinois community in solving hunger by providing nutritious meals to those in need through innovative programs and partnerships.

Northern Illinois Hospice and Grief Center*Access to Health Services, Mental Health*

Northern Illinois Hospice and Grief Center has provided grief counseling and support to thousands of individuals and families in the community. Licensed professionals teach coping skills and provide support to help create a bridge between the past and future. Grief Center services are provided on a sliding fee scale.

Northwestern Illinois Area Agency on Aging*Access to Health Services, Community Health Misperceptions*

Northwestern Illinois Area Agency on Aging (NIAAA) is a non-profit organization serving older persons and caregivers in northwestern Illinois. There is no charge for NIAAA services.

Optimal Care Advocates*Access to Health Services*

Optimal Care Advocates are independent professionals serving seniors, individuals with disabilities and their families in Northern Illinois.

Regional Access Mobilization Project (RAMP)*Access to Health Services, Community Health Misperceptions*

RAMP is a passionate partner for people with disabilities desiring to live a useful and rewarding life. RAMP empowers people with disabilities to realize there are no limits to what they can do by assisting them to live independently, make changes in their own lives, seek peer support, obtain resources and remove barriers that threaten their dreams of independence.

Remedies Renewing Lives

Access to Services, Mental Health, Substance Abuse

Remedies is a health and human services agency that helps adults and their children deal with problems arising from substance abuse or domestic violence.

Rock Valley College

Access to Services, Dental

Rock Valley College's Dental Hygiene program solicits patients that have not received regular routine dental hygiene care (cleanings) for at least 3 years. The clinic offers low-cost dental hygiene preventative dental services. The clinic serves insured and uninsured populations, at nominal fees.

Rockford Area Pregnancy Care Centers

Access to Services, Community Health Misperceptions, Sexual Health, Women's Health

The Rockford Area Pregnancy Care Centers (RAPCC) helps women facing crisis or unplanned pregnancies. Programs and services include ultrasound services, a "baby boutique", the Maternity Home for pregnant, homeless women, and Positive Choices program to educate parents and their children about sexual risk avoidance.

Rockford Housing Authority

Access to Health Services, Dental

The Rockford Housing Authority provides a school based health center providing physicals, immunizations, prescriptions, counseling, treatment for chronic illnesses and minor injuries or illnesses for school aged children 18 and younger. In addition, three annual visits by the Ronald McDonald care-mobile for dental care services are made to the RHA for the community at large.

Rockford MELD

Access to Health Services, Sexual Health, Women's Health

MELD is a non-profit social service agency started in 1981. Through programs and services, MELD offers emergency shelter and housing, parenting information, life and job skills training, support and resources and prevention education.

Rockford Rescue Mission

Access to Health Services, Community Health Misperceptions, Mental Health, Substance Abuse, Obesity, Healthy Behaviors/Nutrition

Rockford Rescue Mission shares hope and help in Jesus' name to move people from homelessness and despair toward personal and spiritual wholeness.

Rockford Sexual Assault Counseling

Access to Services, Mental Health, Sexual Health, Women's Health

Rockford Sexual Assault Counseling (RSAC) provides 24-hour crisis intervention, counseling services and advocacy support for survivors of sexual assault and sexual abuse, ages 3-adult, and their significant others in Winnebago, Boone and Ogle Counties.

Rockford Township – General Assistance Office*Access to Health Services, Community Health Misperceptions*

The General Assistance Office sponsors a financial aid program for individuals who are not qualified for categorical assistance (state or federally funded aid).

Rockford Vet Center*Access to Health Services, Community Health Misperceptions, Mental Health, Sexual Health, Substance Abuse, Women's Health*

The Rockford Vet Center offer individual readjustment counseling, referral for benefit assistance, group readjustment counseling, marital and family counseling, substance abuse information and referral, sexual trauma counseling and community education that is free of charge to combat veterans and their families.

Rosecrans Health Network*Access to Health Services, Mental Health, Substance Abuse*

Rosecrans offers comprehensive addiction services for adolescents and adults, including prevention, intervention, detoxification, inpatient and outpatient treatment, experiential therapies, dual-diagnosis care and family education. Rosecrans also offers high-quality, efficient and effective outpatient mental health services for children, adults and families through a variety of programs.

Salvation Army – Winnebago County*Access to Health Services, Mental Health*

The Salvation Army provides individual and family trauma counseling and emotional support.

Shelter Care Ministries*Access to Health Services, Community Health Misperceptions, Mental Health*

The mission of Shelter Care Ministries is to provide shelter, awaken hope and honor dignity in every person who seeks comfort, support or assistance. The focus if Shelter Care Ministries is on individuals with a chronic mental illness and families who are homeless in the Winnebago/Boone county area.

St. Elizabeth Catholic Community Center*Access to Health Services, Mental Health*

The St. Elizabeth Catholic Community Center offers counseling and advocacy services at no cost for at-risk youth ages 9-17.

Stepping Stones of Rockford*Access to Services, Mental Health*

Stepping Stones of Rockford, Inc. is a private, not-for-profit organization which provides housing and rehabilitation services to adults with serious mental illness in the greater Rockford area.

TASC, Inc. – Northwest Illinois*Access to Health Services, Community Health Misperceptions, Mental Health, Substance Abuse*

TASC advocates for people in courts, jails, prisons, and child welfare systems who need treatment for alcohol/drug and mental health problems.

Youth Service Bureau of Illinois Valley*Access to Services, Mental Health*

As a community-based agency, YSB responds to the needs of children and youth through a variety of programs with the purpose of enhancing the quality of life for all children, youth and families.

Youth Services Network, Inc. (YSN)*Access to Services, Mental Health*

Youth Services Network, Inc. (YSN) offers unique services to the youth and their families in Winnebago and Boone Counties including trauma-informed, holistic, and community based services.

Center for Sight and Hearing*Access to Health Services*

The Center for Sight and Hearing helps individuals with a vision and/or hearing loss enhance their quality of life and live independently.

Hospitals/Clinics (7)**Crusader Community Health***Access to Health Services, Cancer, Cardiovascular Disease, Community Health Misperceptions, Dental, Diabetes, Healthy Behaviors, Mental Health, Obesity, Respiratory Issues, Sexual Health, Women's Health*

Crusader Community Health is a community based, non-profit community health center founded in 1972 to serve the Rock River Valley area with quality primary health care for all people in need. Crusader provides healthcare for all, regardless of their ability to pay, as they eliminate disparities in healthcare.

OSF Saint Anthony Medical Center Medical Center*Access to Health Services, Cancer, Cardiovascular Disease, Diabetes, Healthy Behavior, Mental Health, Obesity, Respiratory Issues, Sexual Health, Substance Abuse, Women's Health*

OSF Saint Anthony Medical Center Medical Center is a 254-bed tertiary care facility located on a 100-acre campus near Interstate 90 and US Business 20 in Rockford, Illinois. OSF Saint Anthony Medical Center is a regional medical center known for providing pioneering care in its Level I Trauma Center, Cardiovascular Services, Center for Cancer Care, Illinois Neurological Institute and Women's Center.

Mercy Rockford Health System*Access to Health Services, Cancer, Cardiovascular Disease, Diabetes, Healthy Behavior, Mental Health, Obesity, Respiratory Issues, Sexual Health, Substance Abuse, Women's Health*

Mercy Rockford Health System, the largest health system serving northern Illinois and southern Wisconsin, has a long tradition of care, built on a commitment to clinical excellence, cutting-edge technology, and meeting the health care needs of the region. Rockford Health System includes: Rockford Memorial Hospital, a 396-bed tertiary care hospital; Rockford Health Physicians, outpatient clinics with locations throughout the region; Van Matre HealthSouth Rehabilitation Hospital, a 40-bed inpatient hospital offering a full range of rehabilitation services; and the Visiting Nurses Association, providing a variety of home health care services to people of all ages.

SwedishAmerican Health System

Access to Health Services, Cancer, Cardiovascular Disease, Diabetes, Healthy Behavior, Mental Health, Obesity, Respiratory Issues, Sexual Health, Substance Abuse, Women's Health

SwedishAmerican is a division of UW Health System dedicated to providing excellence in healthcare and compassionate care to the Greater Rockford community. Services include a major acute care hospital, a medical center in Belvidere, a network of 30 primary care and multi-specialty clinics, the region's largest home healthcare agency, and a full spectrum of outpatient, wellness and education programs.

The Bridge Clinic

Access to Health Services

The Bridge Clinic offers free basic health care for uninsured adults over age 18 every Saturday at the Second Congregational - First Presbyterian Church.

University Psychiatric Services

Access to Health Services, Mental Health

University Psychiatric Services provides patients with confidential therapy and counseling and is associated with the University of Illinois College of Medicine at Rockford. Faculty professionals are highly skilled and caring specialists in child, adolescent, adult and geriatric counseling.

APPENDIX 7. PRIORITIZATION METHODOLOGY

5-STEP PRIORITIZATION OF COMMUNITY HEALTH ISSUES

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

Step 3. Apply “PEARL” Test from Hanlon Method³

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

Economics – Does it make economic sense to address the problem?

Acceptability – Will a community accept the program? Is it wanted?

Resources – Is funding available for a program?

Legality – Do current laws allow program activities to be implemented?

Step 4. Use Voting Technique to Narrow Potential Issues

Step 5. Prioritize Issues. Use a weighted-scale approach (1-5 scale) to rate remaining issues based on:

1. Magnitude – size of the issue in the community. Considerations include, but are not limited to:

- *Percentage of general population impacted*
- *Prevalence of issue in low-income communities*
- *Trends and future forecasts*

2. Severity – importance of issue in terms of relationships with morbidities, comorbidities and mortality. Considerations include, but are not limited to:

- *Does an issue lead to serious diseases/death*
- *Urgency of issue to improve population health*

3. Potential for impact through collaboration – can management of the issue make a difference in the community?

Considerations include, but are not limited to:

- *Availability and efficacy of solutions*
- *Feasibility of success*

³ “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)