

2022

COMMUNITY HEALTH
NEEDS ASSESSMENT

OSF Saint Anthony
Medical Center

Winnebago County

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Community Health Needs Assessment

2022

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 the Winnebago County region. Several themes are prevalent in this health-needs assessment – the demographic composition of the Winnebago County region, 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 publicly 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 medication 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, two significant health needs were identified and determined to have equal priority:

- **Access to Care** – *including primary source of healthcare, access medical care, prescription medications, dental care and mental-health counseling*
- **Behavioral Health** – *including mental health and substance abuse*

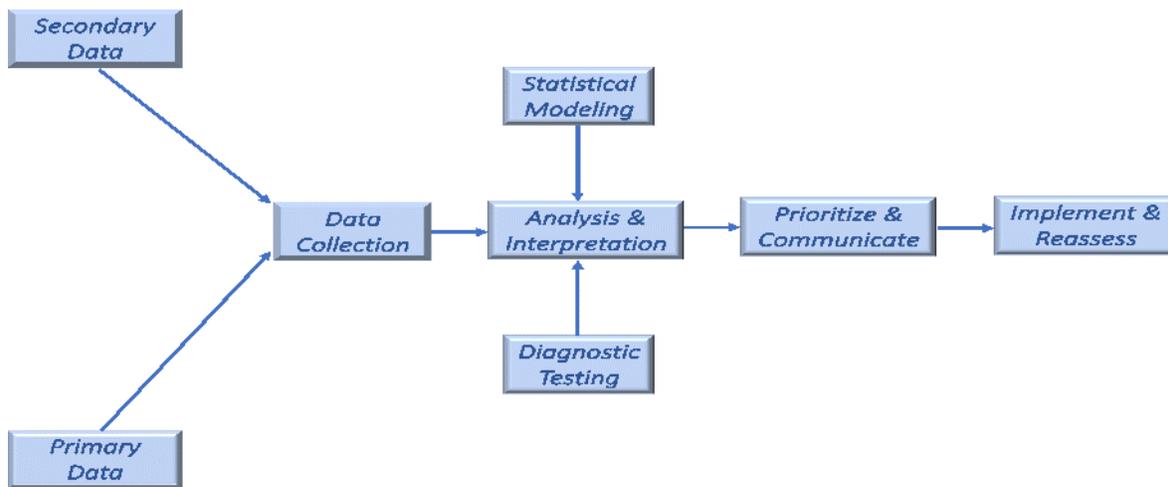
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt charitable hospital organizations 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. This CHNA Report was approved by the OSF HealthCare System's Board of Directors on July 25, 2022.

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 charitable hospital organizations. The fundamental areas of the community health needs assessment are illustrated in Figure 1.

Figure 1



Collaborative Team and Community Engagement

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 the first and second quarter of 2022. 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: MEMBERS OF COLLABORATIVE TEAM.

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 represent 72% 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. Note that the at-risk population was defined as those individuals who were eligible to receive Medicaid based on the State of Illinois guidelines using household size and income level.

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 2019 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

The 2019 CHNA and implementation plan were made widely available to the community to allow for feedback. Specifically, the hospital posted both a full version and a summary version of the 2019 CHNA on its website. In order to encourage written feedback, the hospital specifically included a section labeled **Share Your Feedback** and provided instructions regarding how individuals from the community could provide comments to the CHNA. While no written feedback was received by individuals from the community via the available mechanism for the CHNA or implementation plan, verbal feedback was provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process.

2019 CHNA Health Needs and Implementation Plans

The 2019 CHNA for Winnebago County identified three significant health needs These included: healthy behaviors, defined as active living and healthy eating, and their impact on obesity; behavioral health, including mental health and substance abuse; and lung cancer. 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: ACTIVITIES RELATED TO 2019 CHNA PRIORITIZED NEEDS. Note that numerous challenges associated with the COVID-19 pandemic had significant impact on the activities discussed in appendix 2.

Social Determinants of Health

This CHNA incorporates important factors associated with Social Determinants of Health (SDOH). SDOH are important environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. According to research conducted by the U.S. Department of Health and Human Services, *Healthy People 2030* has identified five SDOH that should be included in assessing community health (Figure 2).

Figure 2



Social Determinants of Health
Copyright-free

Healthy People 2030

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved January 15, 2022, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Assessment of SDOH is included in the CHNA, as social determinants help contribute to health inequities and disparities. Simply creating interventions without incorporating SDOH will have limited impact on improving community health for people living in underserved or at-risk areas.

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, a study was completed to examine perceptions of the community health-related issues, healthy behaviors, behavioral health, food security, social determinants of health and access to healthcare.

Secondary Data Collection

Existing secondary statistical data were first used 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 COMPdata Informatics (affiliated with Illinois Health and Hospital Association (IHA)) to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes and infections. In order to define each disease category, modified definitions developed by Sg2 were used. Sg2 specializes in consulting for health-care organizations. Their team of experts includes MDs, PhDs, RNs and health-care 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, the research design used for this study: survey design, data collection and data integrity.

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, a new survey in 2021 was designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire 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, eight 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.
- **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.
- **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.
- **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 medication.
- **Healthy behaviors** – to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits and cancer

screenings.

- **Behavioral health** – to assess community issues related to areas such as anxiety and depression.
- **Food security** – to assess access to healthy food alternatives.
- **Social determinants of health** – to assess the impact that social determinants may have on the above-mentioned areas.

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the eight categories discussed above. A copy of the final survey is included in APPENDIX 3: SURVEY.

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 is 14.6 percent. The population used for the calculation was 280,456 yielding a total of 40,947 residents living in poverty in the Winnebago County area.

A normal approximation to the hypergeometric distribution was assumed 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

z = the value that specified the confidence interval (use 95% CI)

pq = population proportions (set at .05)

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

For the total Winnebago County area, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 384. The data collection effort for this CHNA yielded a total of 506 usable responses. This exceeded the threshold of the desired 95% 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. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. This provided a total usable sample of 453 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

Survey data were collected in the 3rd and 4th quarter of 2021. 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 homeless shelters, food pantries and soup kitchens. Since the at-risk population was specifically targeted as part of the data collection effort, this became a stratified sample, as other groups were not specifically targeted based on their socio-economic status.

Note that use of electronic surveys to collect community-level data may create a potential for bias from convenience sampling error. To recognize for potential bias in the community sample, a second control sample of data was collected. Specifically, the control sample consisted of random patients surveyed at the hospital, assuming that patients receiving care represent an unbiased representation of the community. All questions on the patient version of the survey pertaining to access to healthcare were removed, as these questions were not relevant to current patients. Data from the community sample and the control sample were compared using t-tests and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significance patterns of bias. If specific relationships exhibited a potential for bias between the community sample and the control sample, they are identified in the social-determinants sections of the analyses within each chapter.

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.

Analytic Techniques

To ensure statistical validity, several different analytic techniques were used. 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, Pearson correlations, X^2 tests and tetrachoric correlations were used 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
- 1.6 Education
- 1.7 Internet Accessibility
- 1.8 Key Takeaways from Chapter 1

CHAPTER 1: DEMOGRAPHY AND SOCIAL DETERMINANTS

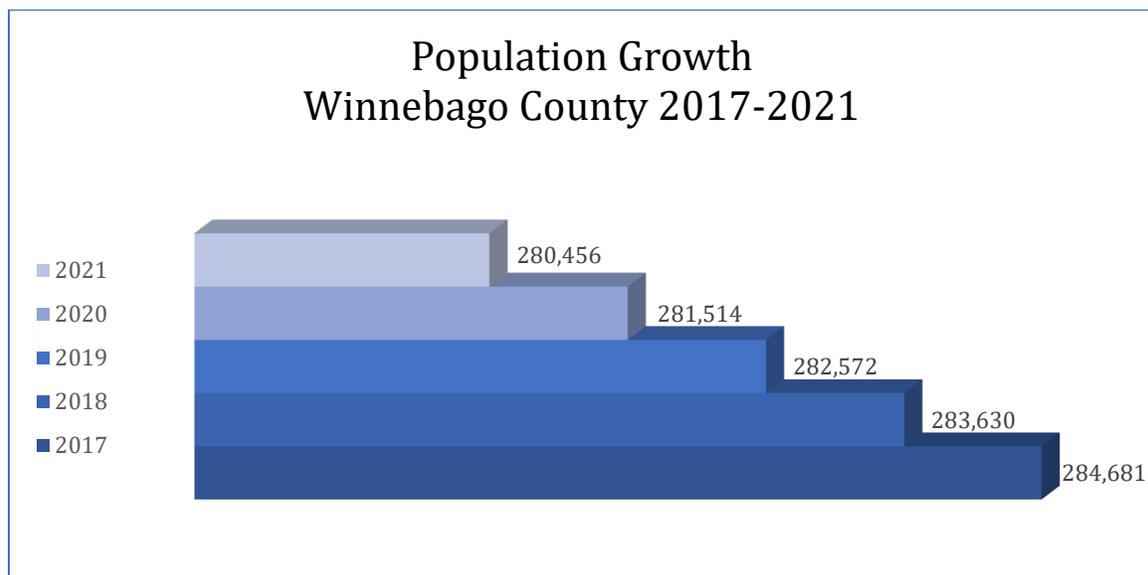
1.1 Population

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 slightly decreased (1.5%) between 2017 and 2021 (Figure 3).

Figure 3



Source: US Census

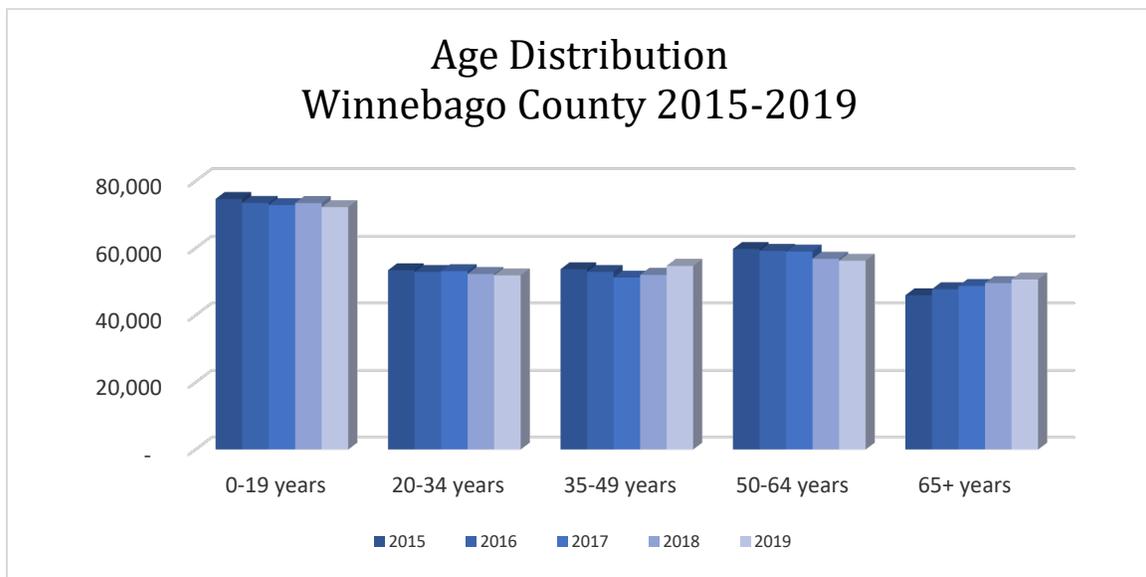
1.2 Age, Gender and Race Distribution

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 health-care infrastructure and service delivery systems.

Age

Figure 4 illustrates the percentage of individuals in Winnebago County in each age group. Of note, the elderly population (residents aged 65+ years) increased 10.2% between 2015 and 2019.

Figure 4

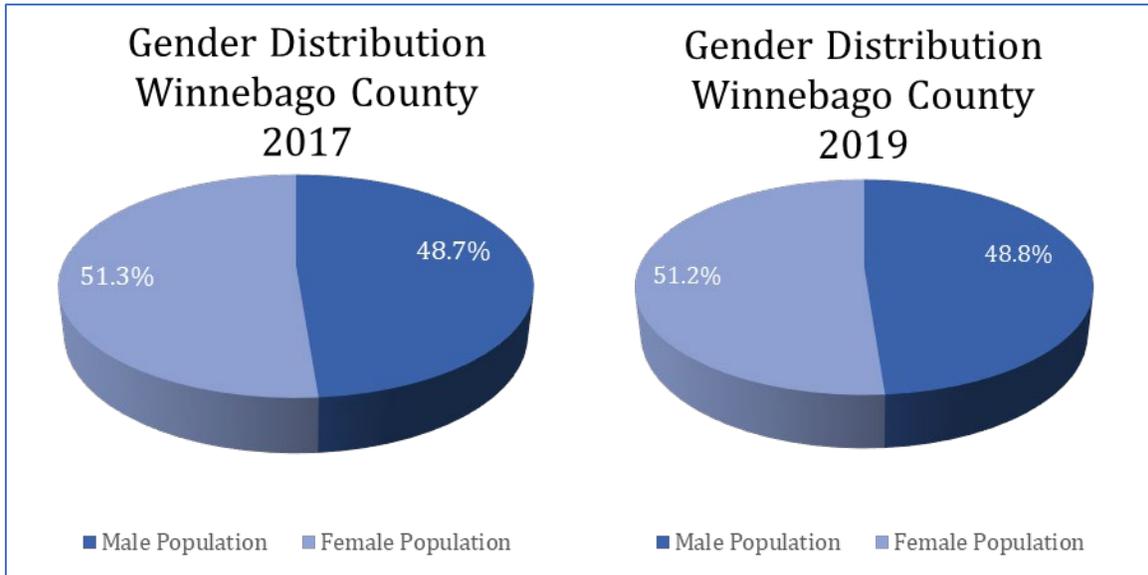


Source: US Census

Gender

The gender distribution of Winnebago County (Figure 5) residents has remained relatively consistent between 2017 and 2019.

Figure 5

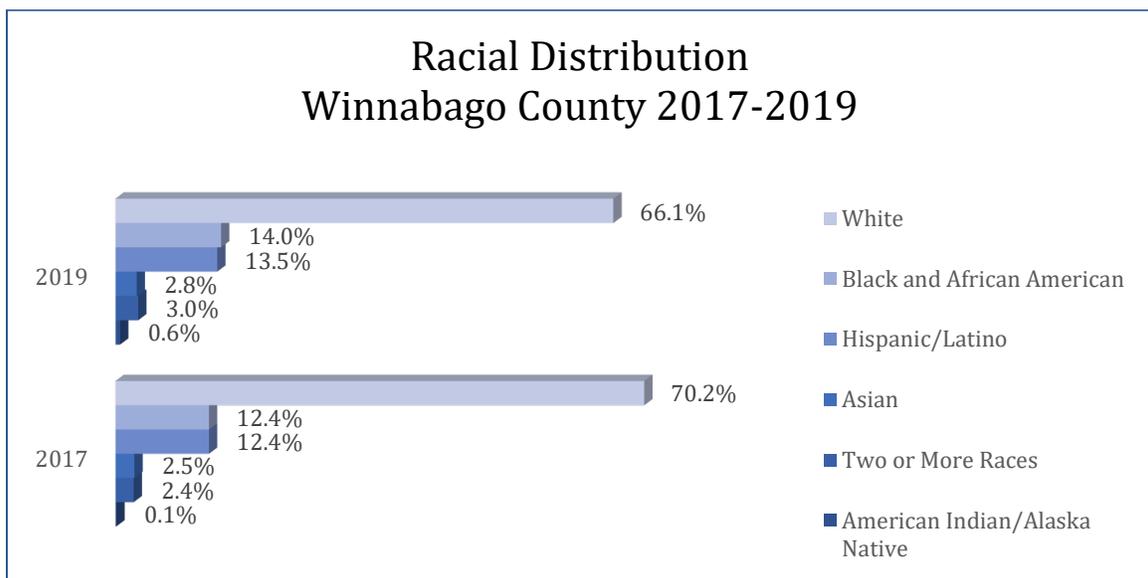


Source: US Census

Race

With regard to race and ethnic background, Winnebago County is moderately homogenous, yet in recent years, the county is becoming more diverse. Data from 2019 suggest that White ethnicity comprises 66.1% of the population in Winnebago County. However, the non-White population of Winnebago County is increasing (from 29.8% in 2017 to 33.9% in 2019), with Black ethnicity comprising 14% of the population, multi-racial ethnicity comprising 3% of the population, and Hispanic/Latino (LatinX) ethnicity comprising 13.5% of the population (Figure 6).

Figure 6



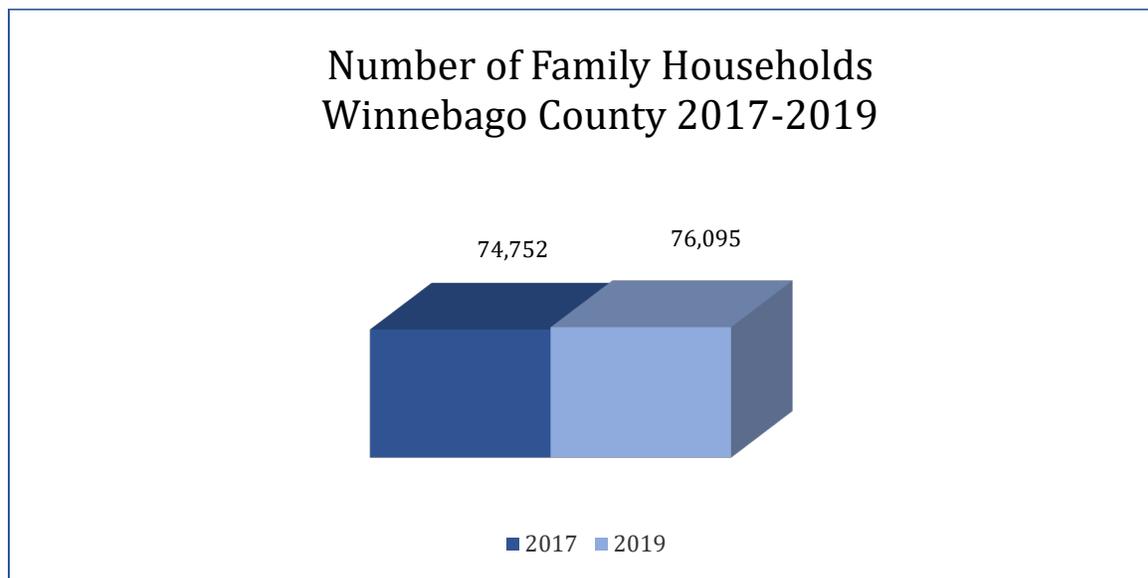
Source: US Census

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 Figure 7, the number of family households in Winnebago County increased from 2017 to 2019.

Figure 7

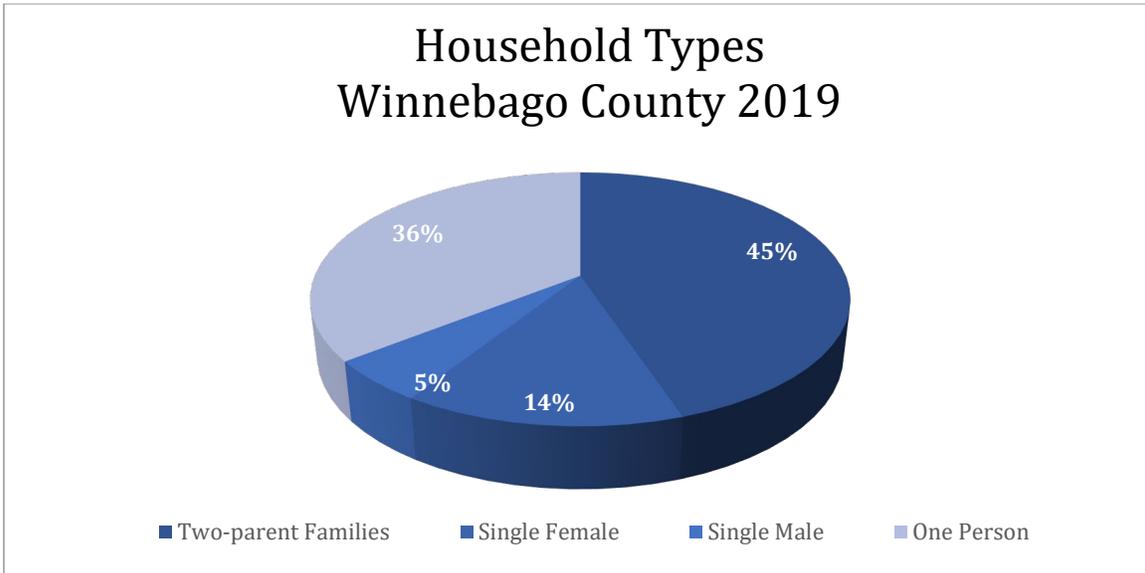


Source: US Census

Family Composition

In Winnebago County, data from 2019 suggest the percentage of two-parent families in Winnebago County is 45%. One-person households represent 36% of the county population and single-female households represent 14% and single-male households represent 5% (Figure 8).

Figure 8

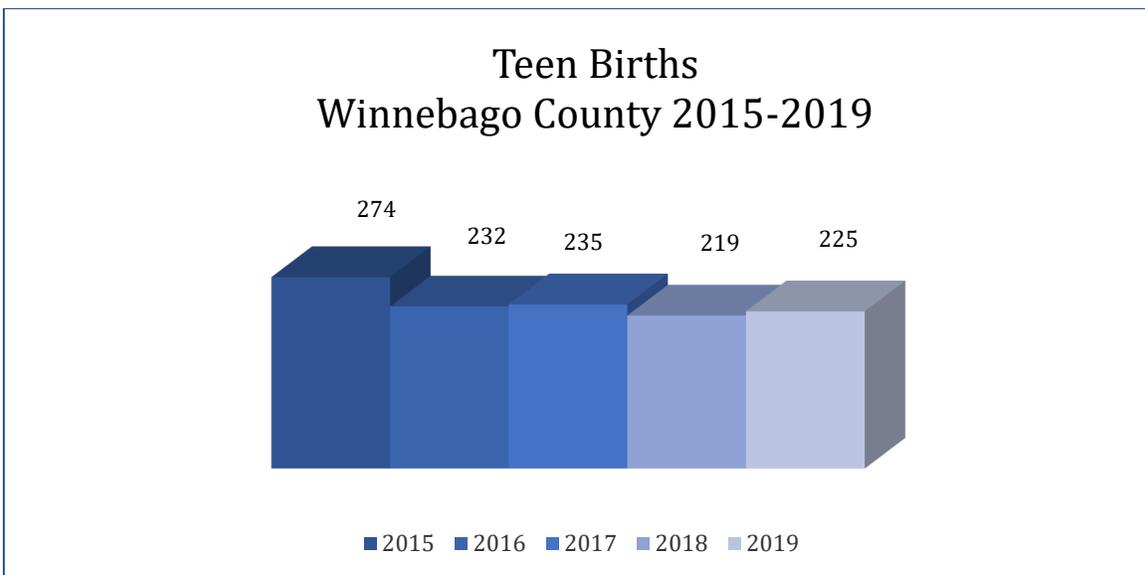


Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

Winnebago County has experienced a decline in teenage birth count. The teen birth count has been flat since 2016 with 2018 having the fewest births at 219 (Figure 9).

Figure 9



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.

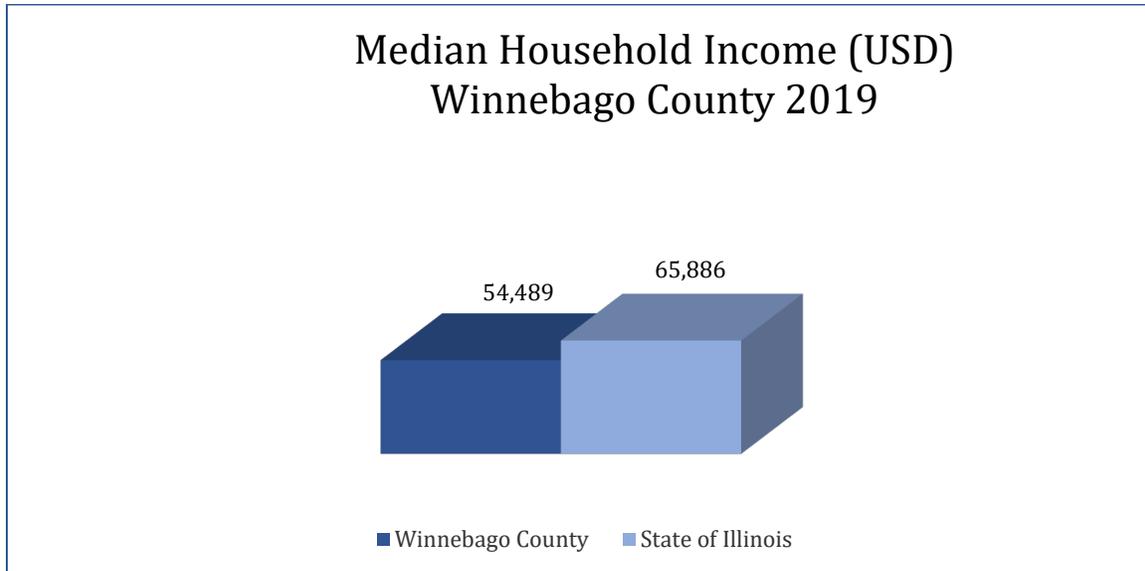
Economic Climate

Economic climate is a measure of a community’s financial resources and resiliency. Key risk influencers include income, cost of living and opportunity. For Winnebago County, 32% of the population is at elevated risk for economic climate. This is lower than the State of Illinois average of 35% (SocialScape® powered by SociallyDetermined®, 2022).

Median Income Level

For 2019, the median household income in Winnebago County was lower than the State of Illinois (Figure 10).

Figure 10

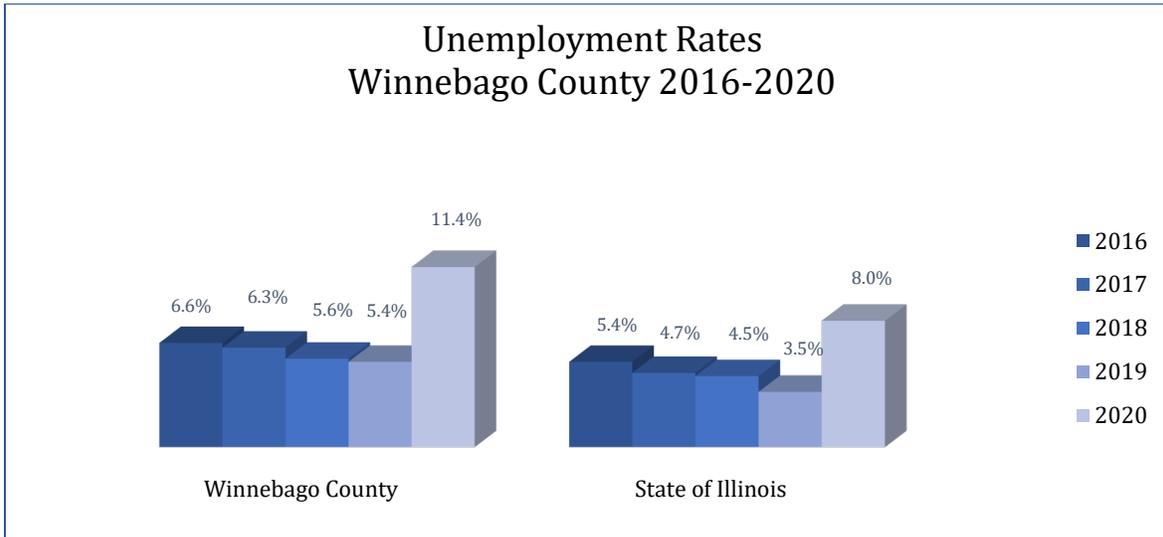


Source: US Census

Unemployment

For the years 2016 to 2020, the Winnebago County unemployment rate was higher than the State of Illinois unemployment rate. However, in 2020 the rate significantly increased and did remain higher than State of Illinois. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (Figure 11).

Figure 11

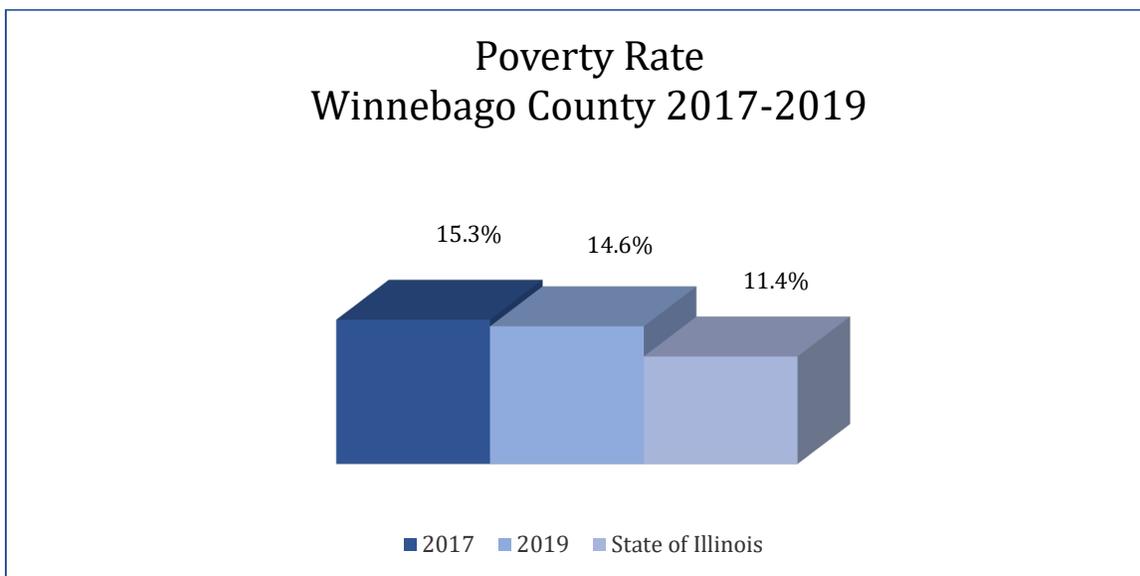


Source: Bureau of Labor Statistics

Individuals in Poverty

In Winnebago County, the percentage of individuals living in poverty between 2017 and 2019 decreased <1%. Poverty has a significant impact on the development of children and youth. The poverty rate for individuals is 14.6%, which is higher than the State of Illinois individual poverty rate of 11.4% (Figure 12).

Figure 12



Source: US Census

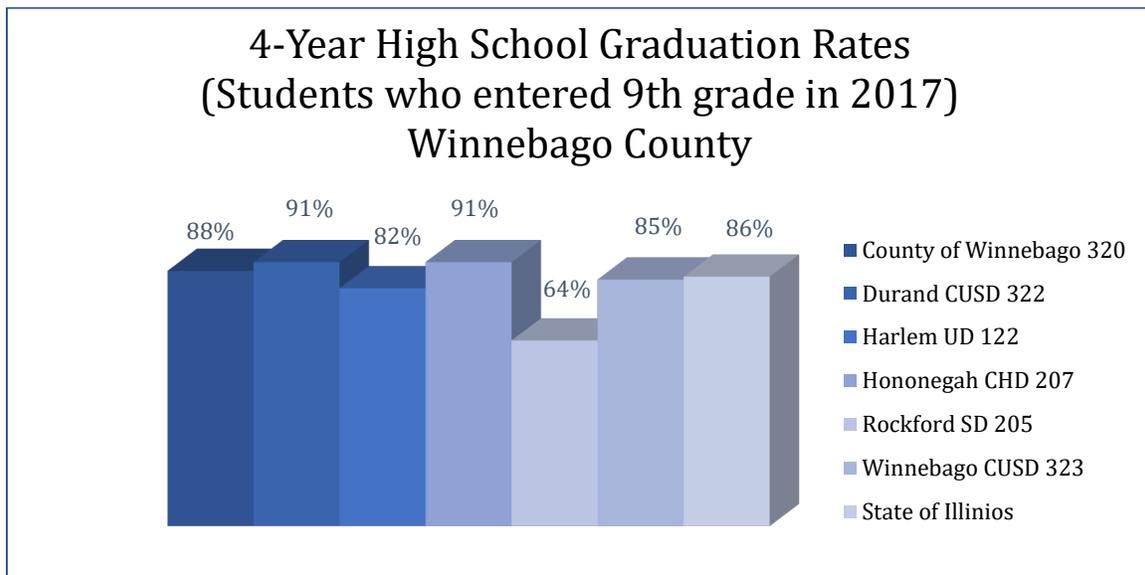
1.5 Education

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.

High School Graduation Rates

Students who entered 9th grade in 2017 in Winnebago County school districts, except Rockford SD205, reported high school graduation rates that were comparable to the State average of 86%. Rockford SD205 reported lower than state averages at 64% (Figure 13).

Figure 13



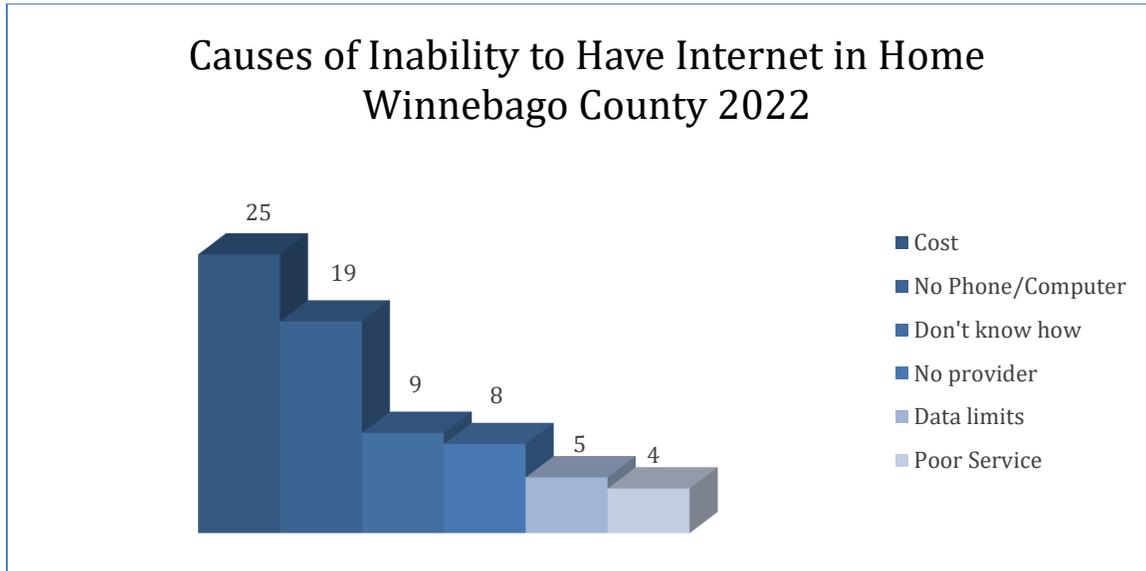
Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 88% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason (Figure 14). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

¹ NCES 2005

Figure 14



Source: CHNA Survey

Digital Landscape

Digital landscape is a community's access to digital tools and the digital literacy to use them. Key risk influencers include affordability, accessibility and digital literacy. For Winnebago County, 29% of the population is at elevated risk for digital landscape. This is higher than the State of Illinois average of 9% (SocialScape® powered by SociallyDetermined®, 2022).

Social Determinants Related to Internet Access

Several factors show significant relationships with an individual's Internet access. The following relationships were found using correlational analyses:

- **Access to Internet** tends to be higher for those with higher education and those with higher income. Internet access tends to be lower for people in an unstable (e.g., homeless) housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 14% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.
- ✓ ELEVATED RISK FOR INTERNET.

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

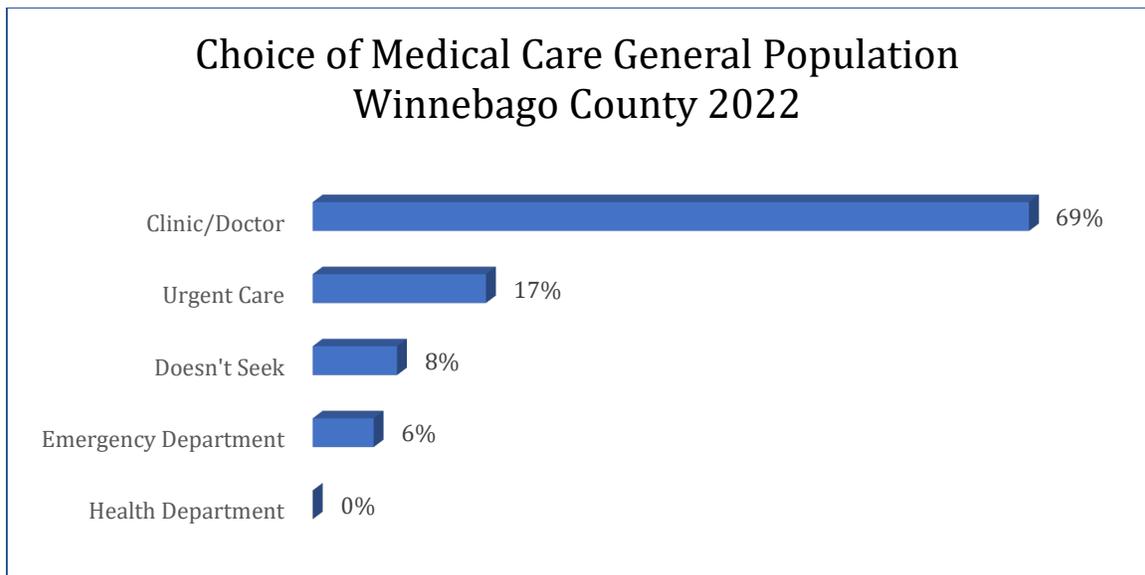
2.1 Accessibility

Importance of the measure: It is critical for health-care 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 health-care 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 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 (17%), not seeking medical attention (8%), the emergency department (6%), and the health department (1%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2019 CHNA

Results for choice of medical care were similar (within 1% for all categories), with the exception of choosing not to seek care, which increased by 3%.



Social Determinants Related to Choice of Medical Care

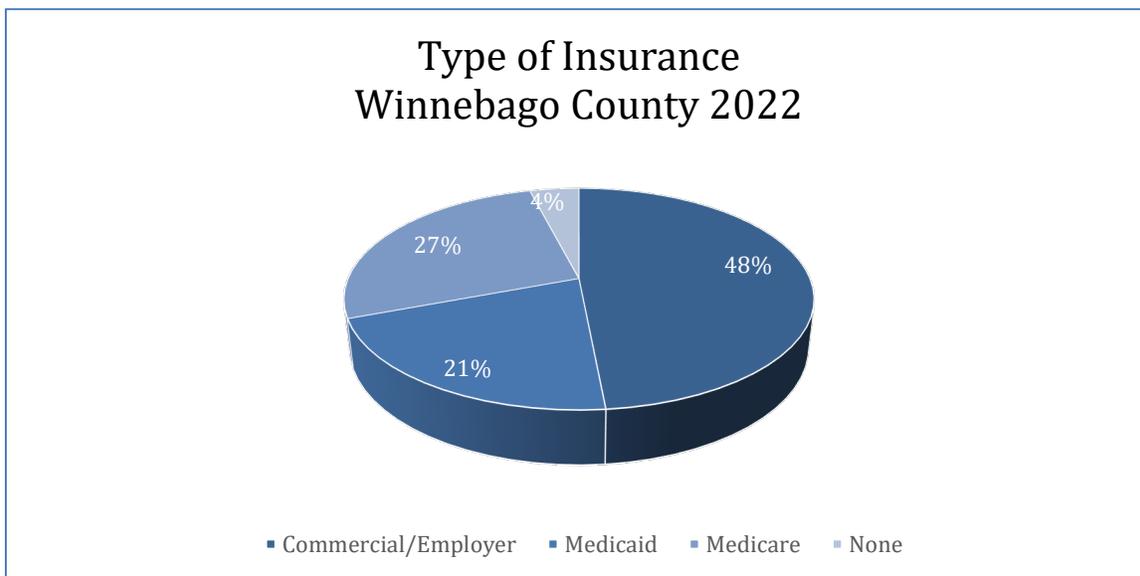
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by older people, White people, those with higher education and those with higher income. Clinic/Doctor's office is used less often by Black people, LatinX people, and people in an unstable (e.g., homeless) housing environment.
- **Urgent Care** tends to be used more by LatinX people and less by Black people.
- **Emergency Department** tends to be used more often by Black people, less educated people, those with lower incomes and people with an unstable (e.g., homeless) housing environment. Emergency departments tend to be used less by White people as a primary source of healthcare.
- **Do Not Seek Medical Care** tends to be used more often by younger people, Black people, less educated people, those with lower incomes and people with an unstable (e.g., homeless) housing environment.
- **Health Department** tends to be used more by LatinX people.

Insurance Coverage

According to survey data, 48% of the residents are covered by commercial/employer insurance, followed by Medicare (27%) and Medicaid (21%). Only 4% of respondents indicated they did not have any health insurance (Figure 16).

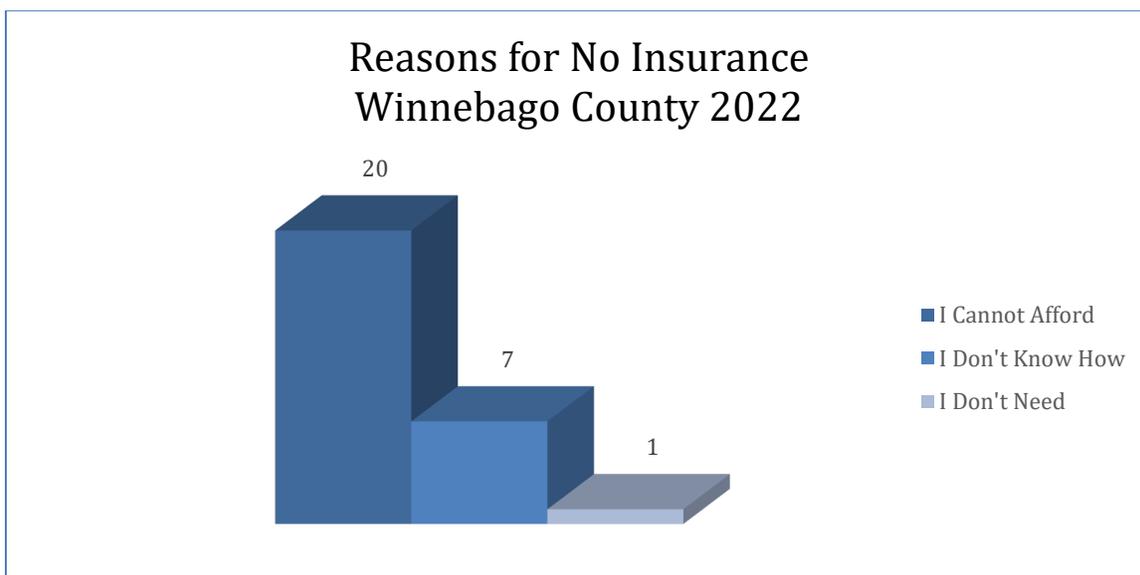
Figure 16



Source: CHNA Survey

Data from the survey show that for the 4% individuals who do not have insurance, the most prevalent reason was cost (Figure 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 17



Source: CHNA Survey

Comparison to 2019 CHNA

There has been 5% shift from commercial/employer insurance to Medicaid. This may be due, in part, to increased unemployment during the COVID-19 pandemic. Note that individuals who have no insurance decreased by 1%.



Social Determinants Related to Type of Insurance

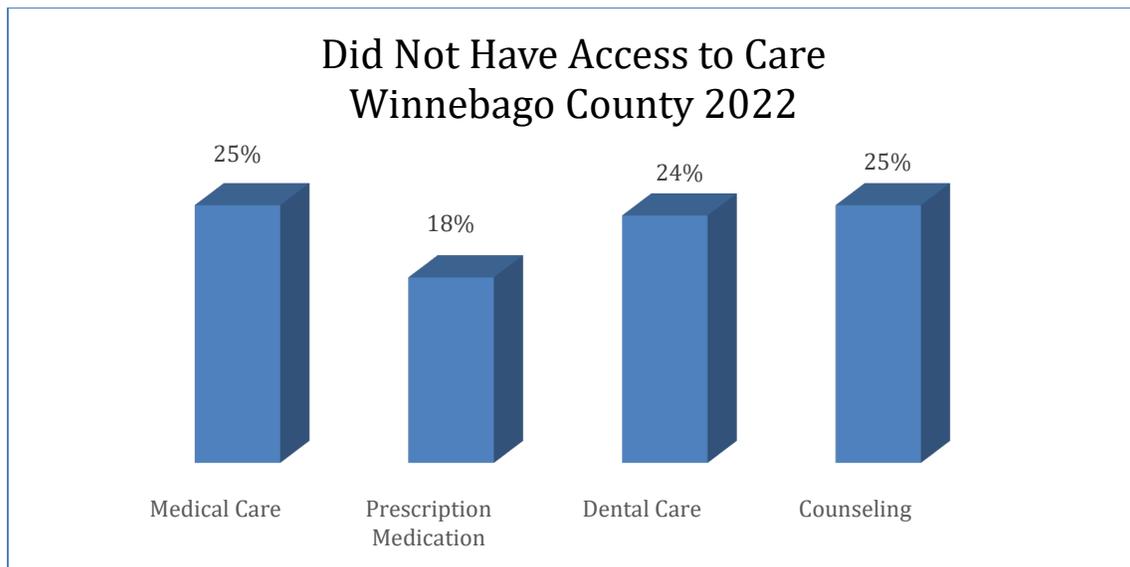
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by men, older people, and White people. Medicare is used less often by Latino (LatinX) people.
- **Medicaid** tends to be used more frequently by younger people, Black people, Latino people, those with lower education, those with lower income, and people with an unstable (e.g., homeless) housing environment. Medicaid is used less by White people.
- **Commercial/employer insurance** is used more often by younger people, White people, those with higher education and those with higher income. Commercial/employer insurance is used less by Black people and people with an unstable (e.g., homeless) housing environment.
- **No Insurance** tends to be chosen more frequently by younger people, Black people, those with lower education, those with lower income, and people with an unstable (e.g., homeless) housing environment. No insurance is chosen less by White people.

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 medication, dental care and counseling. Survey results show that 25% of the population did not have access to medical care when needed; 18% of the population did not have access to prescription medication when needed; 24% of the population did not have access to dental care when needed; and 25% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey



Social Determinants Related to Access to Care

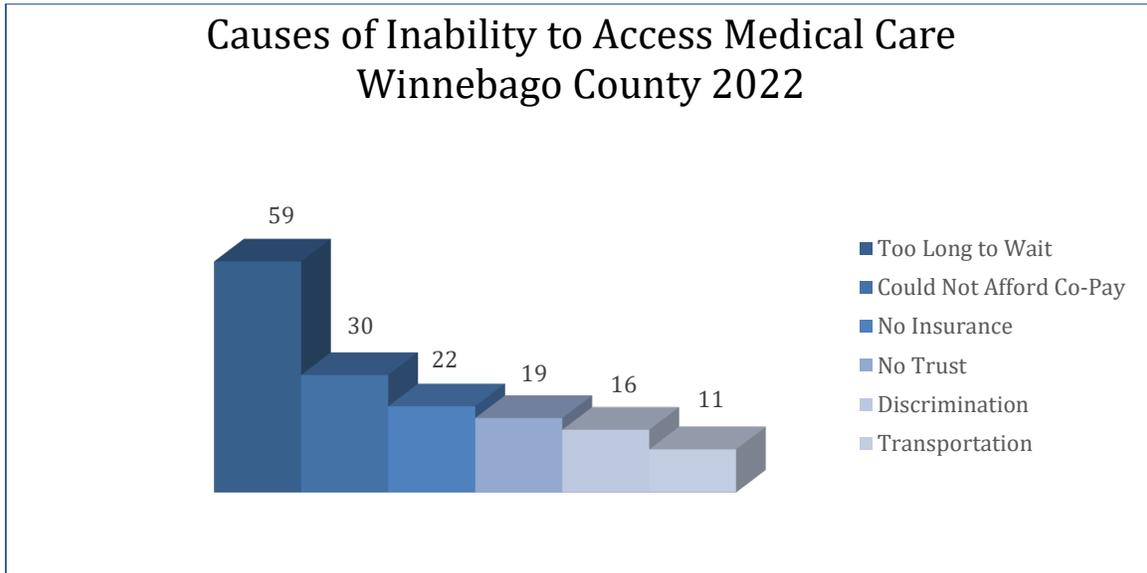
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be higher for older people, White people, those with higher education and those with higher income. Access to medical care tends to be lower for Black people and people with an unstable (e.g., homeless) housing environment.
- **Access to prescription medications** tends to be higher for older people, White people, LatinX people, those with higher education, and those with higher income. Access to prescription medication tends to be lower for Black people and people with an unstable (e.g., homeless) housing environment.
- **Access to dental care** tends to be higher for older people, White people, those with higher education, and those with higher income. Access to prescription medication tends to be lower for Black people and people with an unstable (e.g., homeless) housing environment.
- **Access to counseling** tends to be higher for older people, White people and those with higher income. Access to counseling tends to be lower for LatinX people.

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 cause of the inability to gain access to medical care was too long to wait for an appointment (59) (Figure 19). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 19

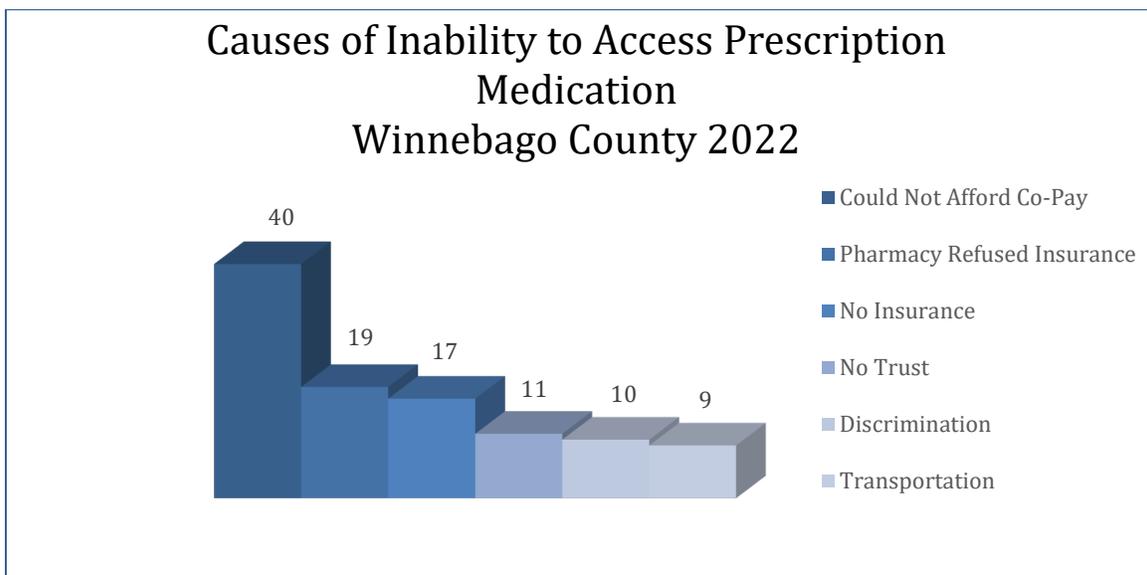


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (40) (Figure 20).

Figure 20

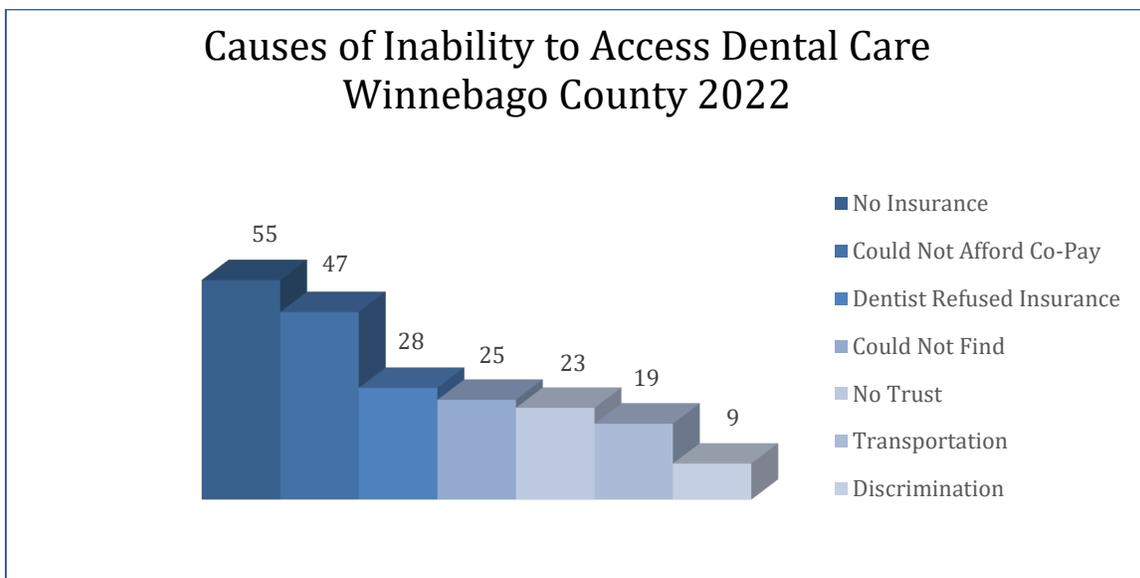


Source: CHNA Survey

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 cause were no insurance (55) and inability to afford copay or deductible (47) (Figure 21). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 21

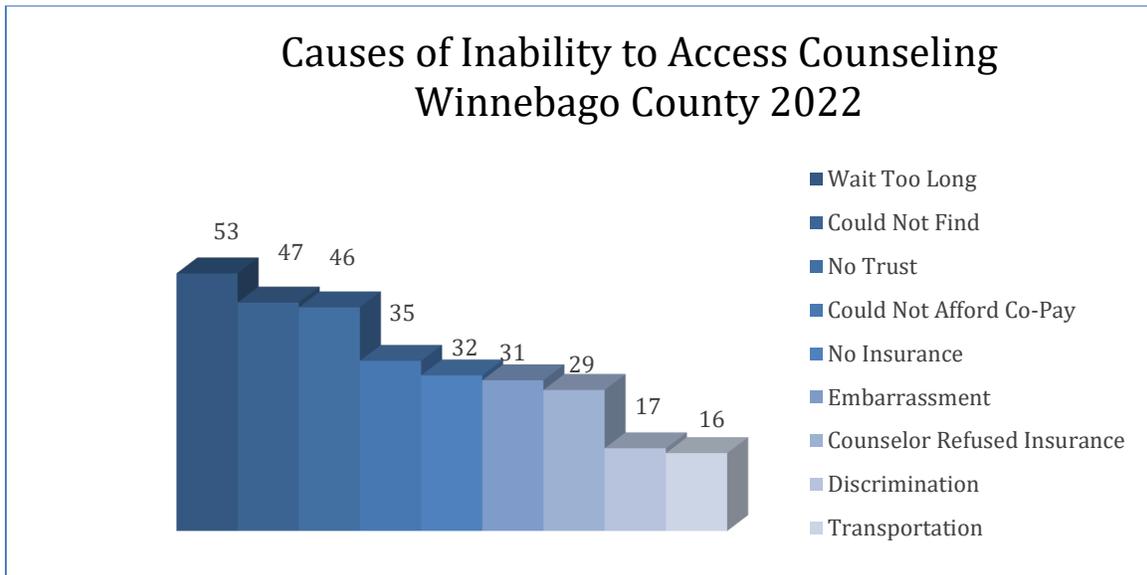


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were the wait was too long (53), could not find a counselor (47) and lack of trust (46) (Figure 22). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 22



Source: CHNA Survey

Comparison to 2019 CHNA

Access to Medical Care – results show a decrease (9%) in those who were able to get medical care when needed.

Access to Prescription Medication – results show a decrease (3%) in those that were able to get dental care when needed.

Access to Dental Care – results show a decrease (4%) in those that were able to get dental care when needed.

Access to Counseling – results show a decrease (13%) in those that were able to get counseling when needed.

Transportation Network

Transportation network is a measure of the adequacy of the transportation network to facilitate access to care. Key risk influencers include access and proximity to resources. While survey data indicate transportation was not a leading cause of inaccessibility, for Winnebago County, 8% of the population is at elevated risk for transportation network. This is similar to the State of Illinois average of 6% (SocialScape® powered by SociallyDetermined®, 2022).

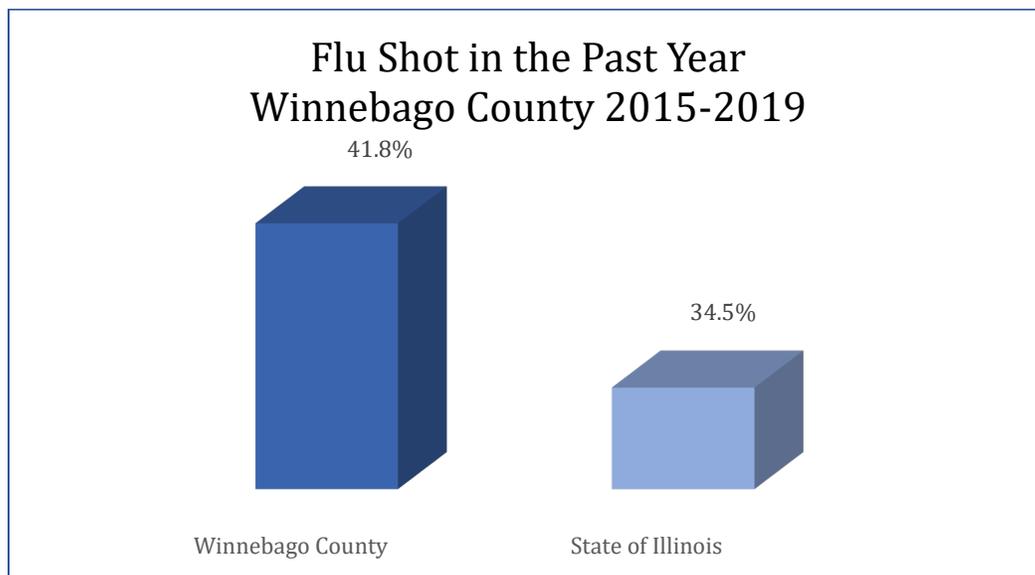
2.2 Wellness

Importance of the measure: Preventative health-care measures, including getting a flu shot, engaging in a healthy lifestyle and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing health-care costs. The overall health of a community is impacted by preventative measures including immunizations and vaccinations.

Frequency of Flu Shots

Figure 23 shows that the percentage of people who have had a flu shot in the past year is 41.8% for Winnebago County, compared to the State of Illinois average (34.5%). Note that data have not been updated by the Illinois Department of Public Health.

Figure 23

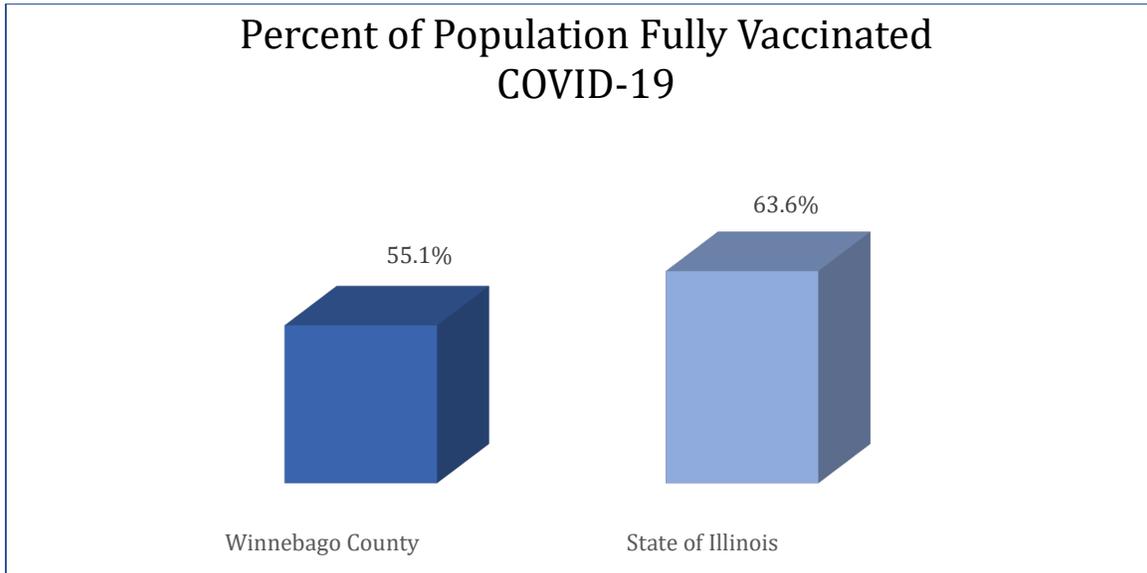


Source: CHNA Survey

COVID-19 Vaccinations

Figure 24 shows that the percentage of people who have been fully vaccinated from the COVID-19 virus. Although Winnebago County remains above half at 55.1%, they remain under the rate for the State of Illinois at 63.6%. Additionally, given the recency of the COVID-19 virus, no historical comparisons are made at this time.

Figure 24

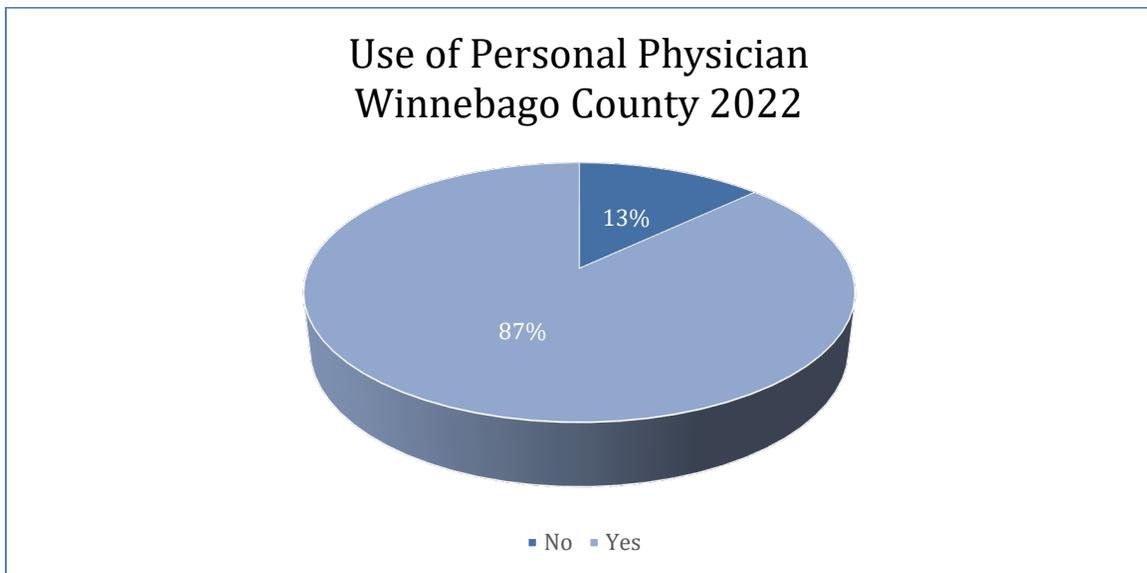


Source: Illinois Department of Public Health (02-27-22)

Personal Physician

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, 87% of residents have a personal physician (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2019 CHNA

Results for having a personal physician are higher compared to the 2019 CHNA. Specifically, 83% of residents reported a personal physician in 2019 and 87% report the same in 2022.

Social Determinants Related to Having a Personal Physician

The following characteristics show significant relationships with having a personal physician. The following relationships were found using correlational analyses:

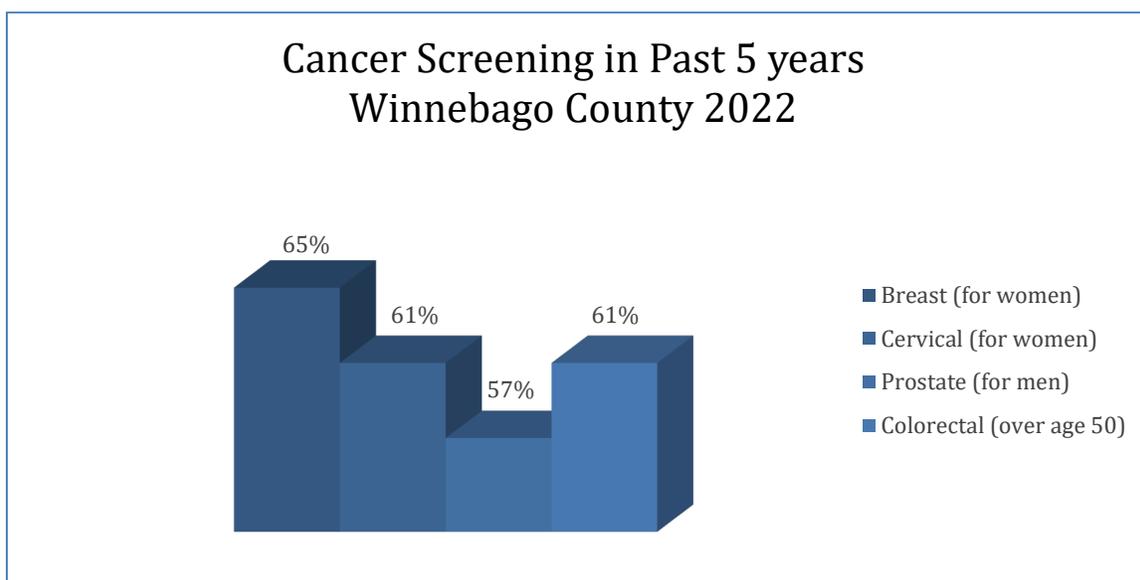
- **Having a personal physician** tends to be higher for older people, White people, those with higher education and those with higher income. Having a personal physician tends to be lower for Black people and people with an unstable (e.g., homeless) housing environment.

Cancer Screening

Early detection of cancer may greatly improve the probability of successful treatment. In the case of colorectal cancer, early detection of precancerous polyps can prevent cancer. Specifically, four types of cancer screening were measured: breast, cervical, prostate and colorectal.

Results from the CHNA survey show that 65% of women had a breast screening in the past five years and 61% of women had a cervical screening. For men, 57% had a prostate screening in the past five years. For women and men over the age of 50, 61% had a colorectal screening in the last five years (Figure 26).

Figure 26



Source: CHNA Survey

Comparison to 2019 CHNA

Cancer screening increased from 2019 to 2022. Specifically, in 2019, 64% of women had a breast screening in the past five years compared to 65% in 2022. For men, in 2019 40% reported they had a prostate screening in the past five years compared to 57% in 2022. For women and men over the age of 50, 61% had a colorectal screening in the last five years in 2019, and this remained the same at 61% in 2022. Note this was the first year that cervical screening was measured, so there is no comparison to 2019.



Social Determinants Related to Cancer Screenings

Multiple characteristics show significant relationships with cancer screening. The following relationships were found using correlational analyses:

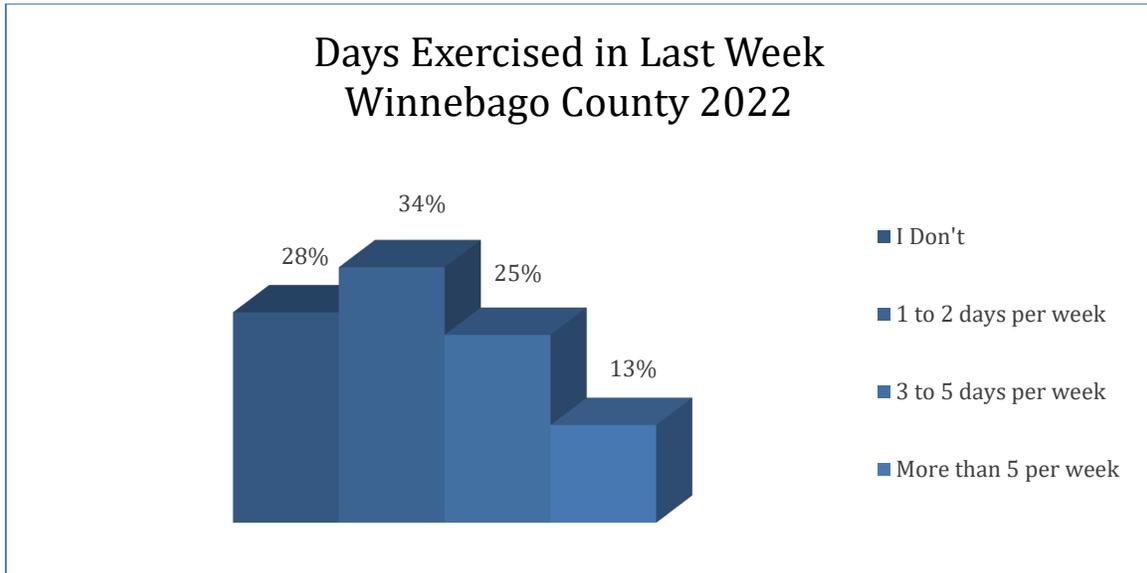
- **Breast screening** tends to be more likely for older women, White women, those with a higher level of education and higher income. Black women and those in an unstable (e.g., homeless) housing environment is less likely to have a breast screening.
- **Cervical screening** tends to be more likely for women, White women, those with a higher level of education and higher income. Black women and those in an unstable (e.g., homeless) housing environment are less likely to have a cervical screening.
- **Prostate screening** tends to be more likely for older men, White men, those with a higher level of education and higher income.
- **Colorectal screening** tends to be more likely for older people, White people, those with a higher level of education and higher income. Black people and LatinX people are less likely to have a cervical screening.

Physical Exercise

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

Specifically, 28% of respondents indicated that they do not exercise at all, while the majority (59%) of residents exercise 1-5 times per week (Figure 27).

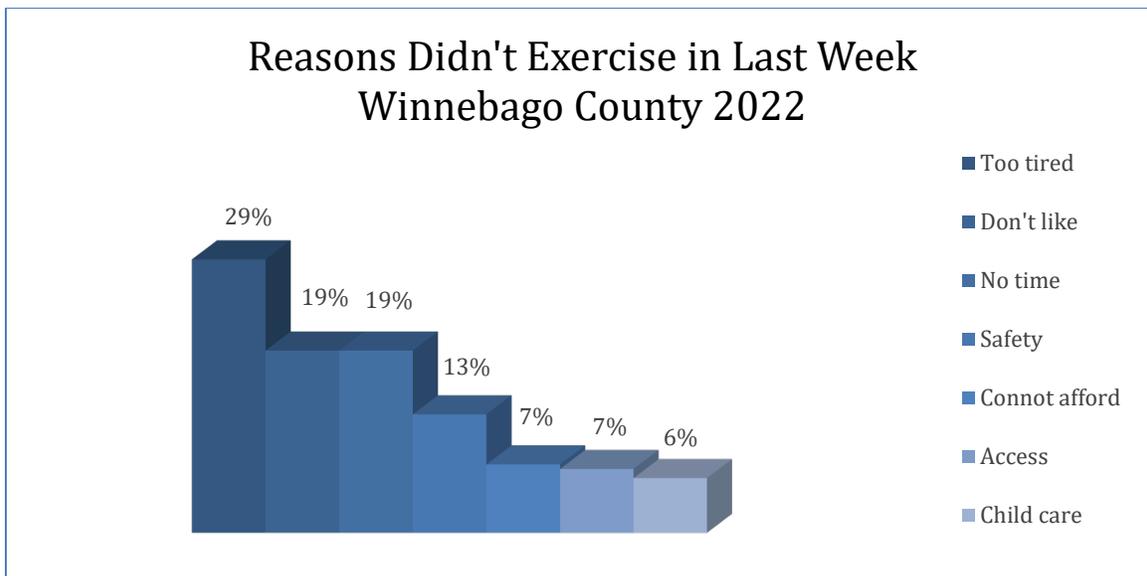
Figure 27



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reasons for not exercising are too tired (29%), dislike of exercise (19%) and not having enough time (19%) (Figure 28).

Figure 28



Source: CHNA Survey

Comparison to 2019 CHNA

Exercise behaviors have decreased. Data from the 2019 CHNA survey indicated 23% of survey respondents did not exercise. In 2022, 29% of respondents indicated they did not exercise.

Social Determinants Related to Exercise

One characteristic shows a significant relationship with frequency of exercise. The following relationships were found using correlational analyses:

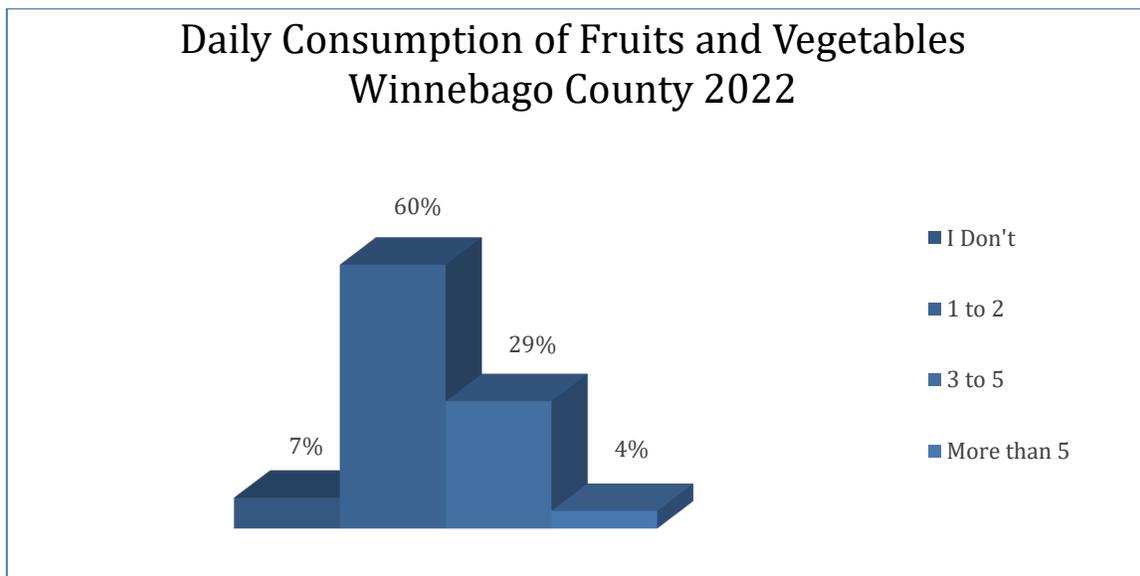
- **Frequency of exercise** tends to be more likely for those with higher education.

Healthy Eating

A healthy lifestyle, comprised of a proper diet, has been shown to increase physical, mental and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

Almost two-thirds (67%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 4% (Figure 29).

Figure 29

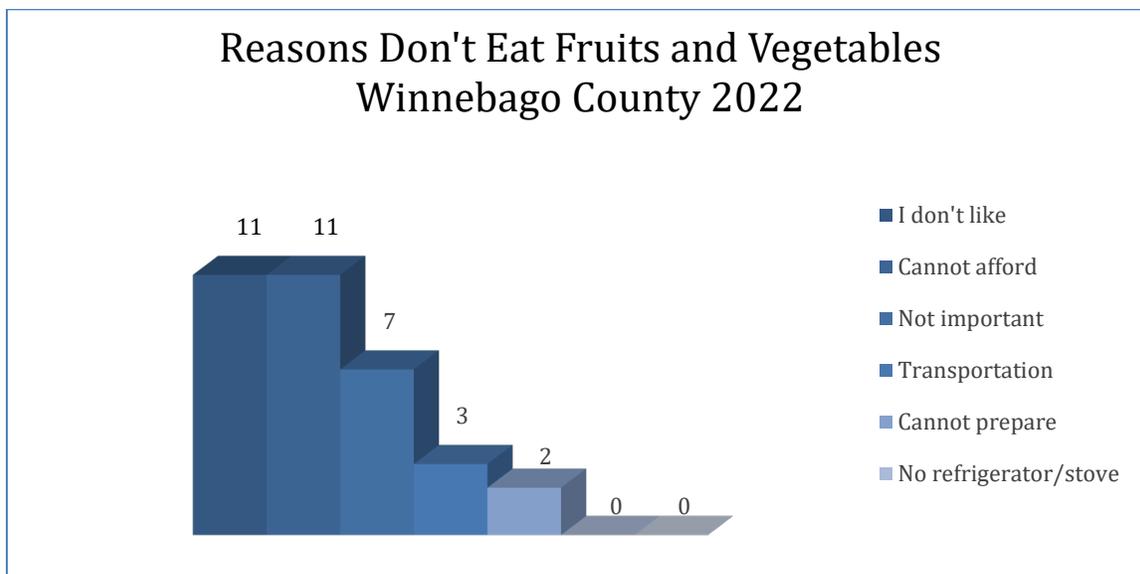


Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently cited reasons for failing to eat more fruits and vegetables are don't like (11) and

affordability (11) (Figure 30). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 30



Source: CHNA Survey

Comparison to 2019 CHNA

Daily consumption of fruits and vegetables has increased. Results from 2019 indicated that 57% of the population had 2 or fewer servings of fruits and vegetables per day, compared to 2022, where 67% of the population had 2 or fewer servings of fruits and vegetables per day.

Social Determinants Related to Healthy Eating

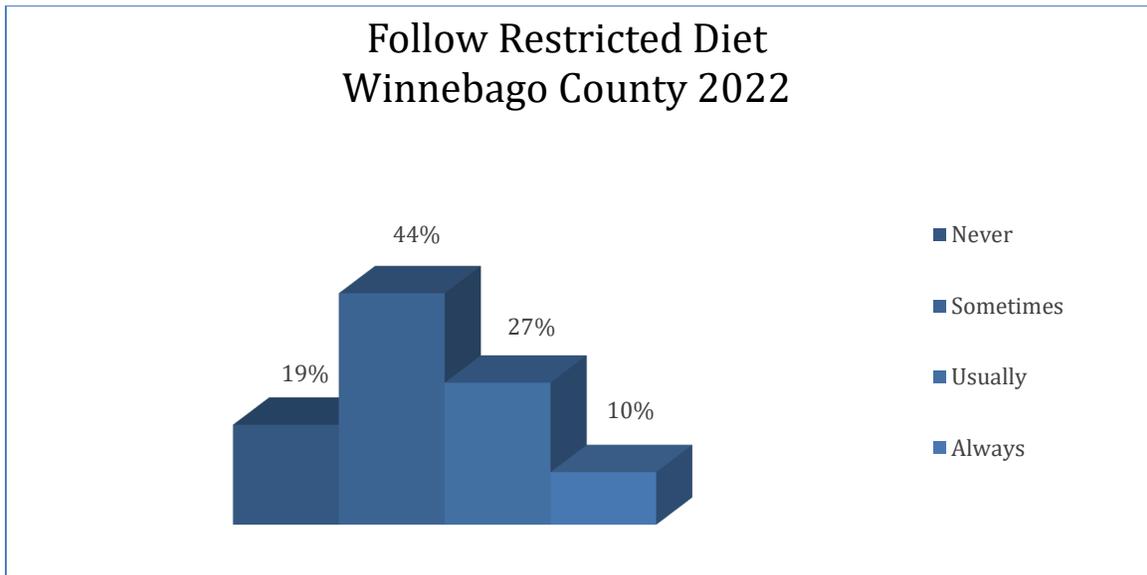
Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

- **Consumption of fruits and vegetables** tends to be more likely for White people, those with a higher level of education and higher income. Black people are less likely to consume fruits and vegetables.

Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 37% usually or always follow a restricted diet (Figure 31).

Figure 31



Source: CHNA Survey

Comparison to 2019 CHNA

Following a restricted diet has decreased. Results from 2019 indicated that 50% of the population followed a restricted diet when diagnosed with a morbidity, compared to 2022, where 37% of the population followed a restricted diet.

Health Literacy

Health literacy is a measure of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For Winnebago County, 41% of the population is at elevated risk for health literacy. This is higher than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022).

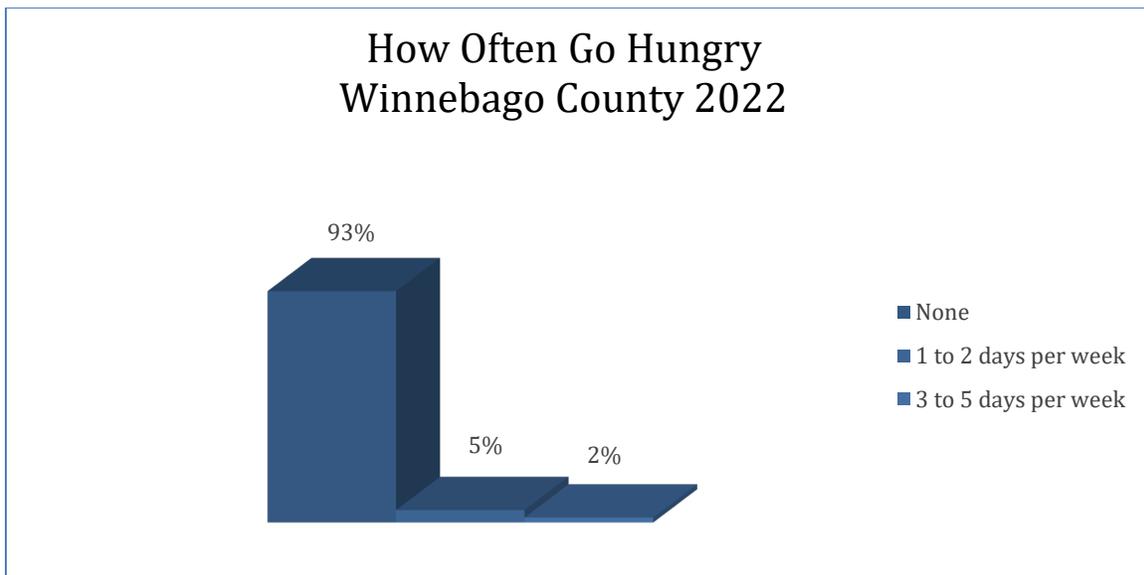
2.3 Understanding Food Insecurity

Importance of the measure: It is essential that everyone has access to food and drink necessary for living healthy lives. Food insecurity exists when people don't have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs for a healthy life.

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry (93%); however, 7% indicate they go hungry between 1-5 days per week (Figure 32).

Figure 32



Source: CHNA Survey

Comparison to 2019

In 2019, 9% of people were hungry, and it improved by 2% as only 7 % of people went hungry in 2022.



Social Determinants Related to Prevalence of Hunger

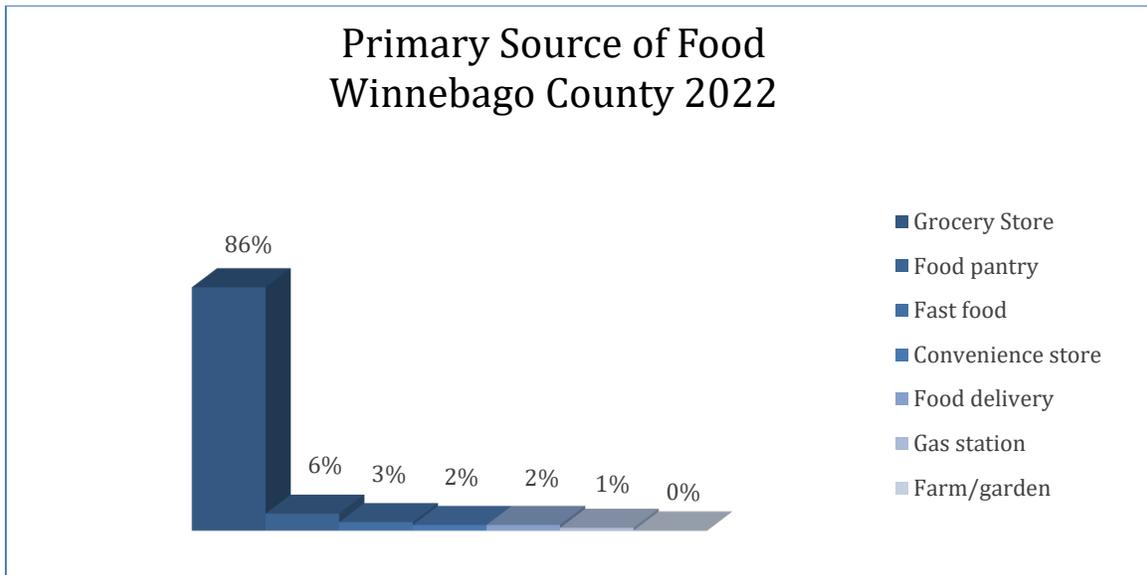
Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

- **Prevalence of Hunger** tends to be more likely for Black people, those with less education, less income and those in an unstable (e.g., homeless) housing environment. White people are less likely to go hungry.

Primary Source of Food

Respondents were asked to identify their primary source of food. It can be seen that the majority (86%) identified a grocery store (Figure 33).

Figure 33



Source: CHNA Survey

Food Landscape

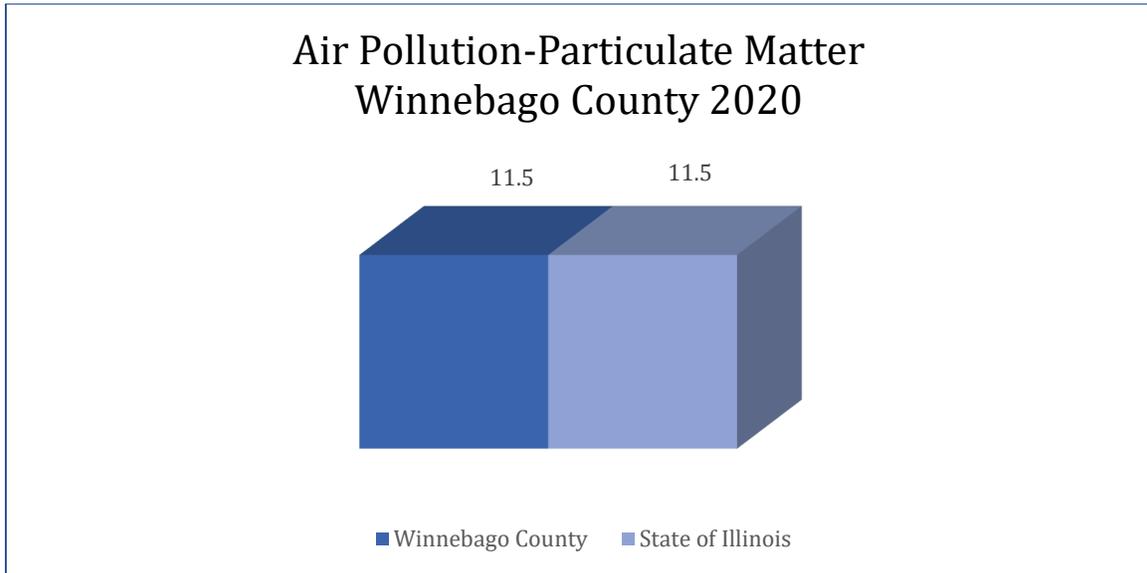
Food landscape is a measure of the conditions that affect the ability of residents to access health, affordable nutrition. Key risk influencers include accessibility, affordability and literacy. For Winnebago County, 19% of the population is at elevated risk for food landscape. This is higher than the State of Illinois average of 25%. (SocialScape® powered by SociallyDetermined®, 2022).

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 (11.5) is equal to the State average of 11.5 (Figure 34).

Figure 34



Source: County Health Rankings 2021

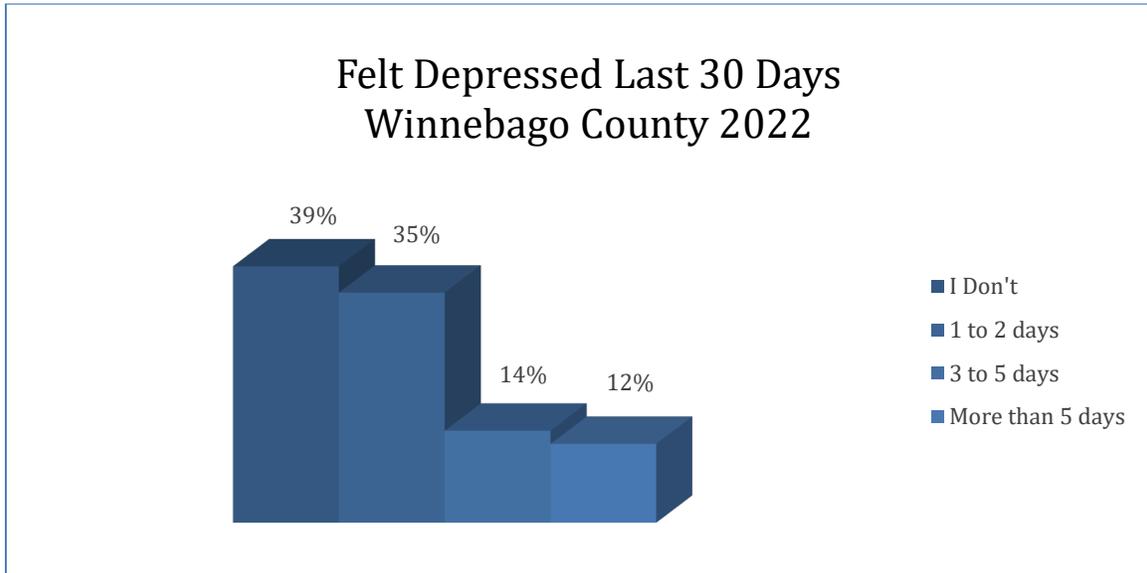
2.5 Health Status

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.

Mental Health

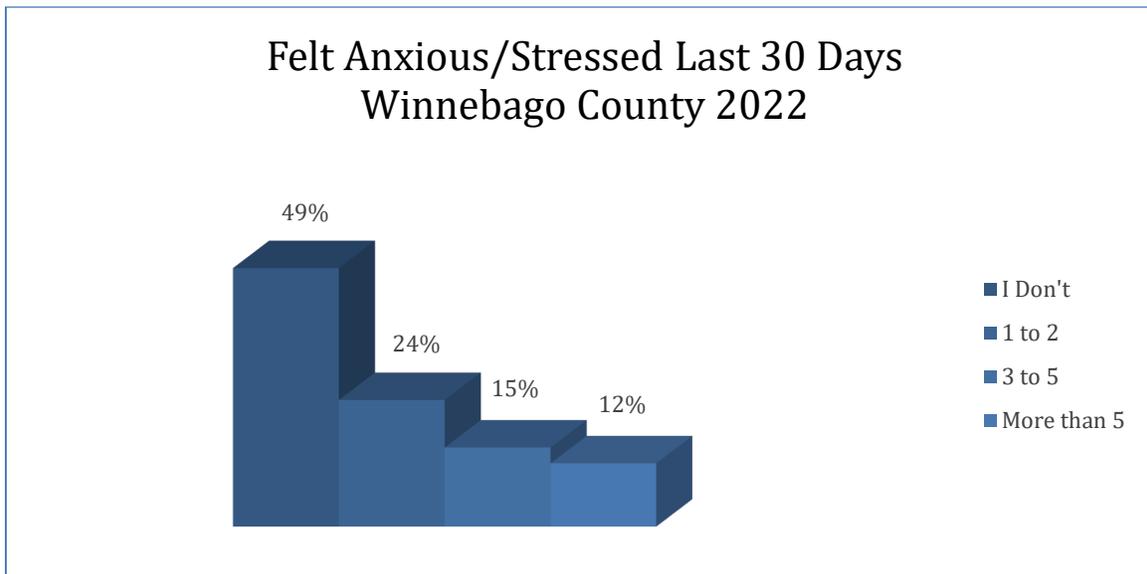
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 39% indicated they did not feel depressed in the last 30 days (Figure 35) and 51% indicated they did not feel anxious or stressed (Figure 36).

Figure 35



Source: CHNA Survey

Figure 36



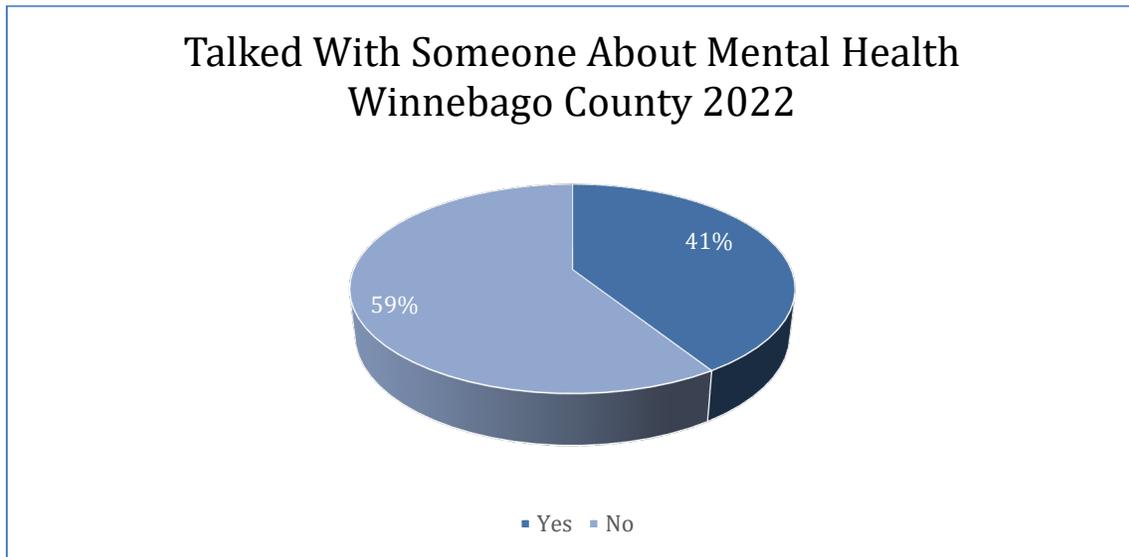
Source: CHNA Survey

Comparison to 2019 CHNA

There was a 14% increase in those that have experienced depression in the last 30 days compared to 2019. Similarly, there was an 11% increase in those that have experienced anxiety or stress in the last 30 days compared to 2019.

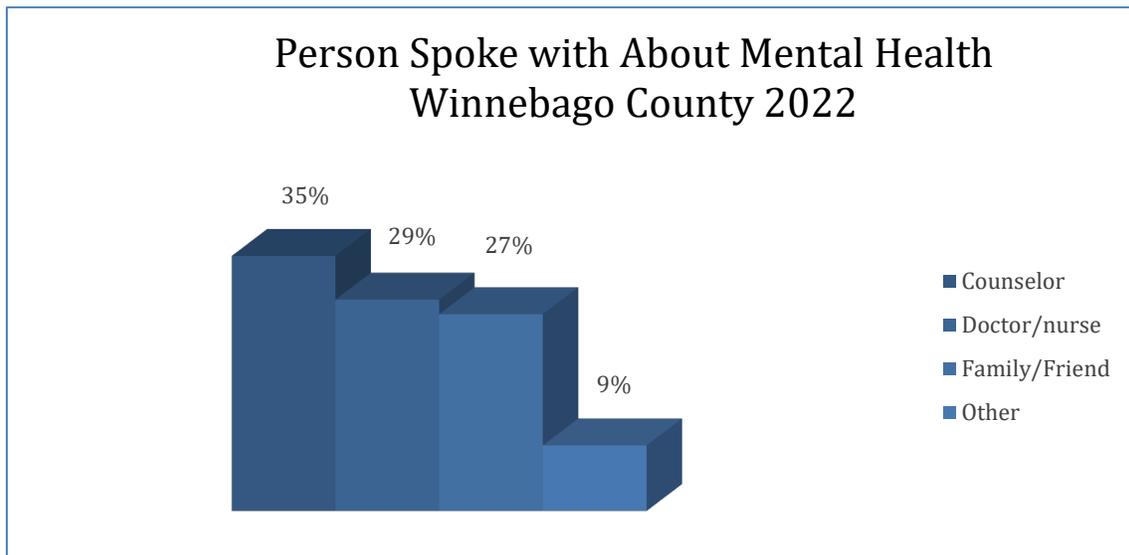
Respondents were asked if they spoke with anyone about their mental health in the past year. Of respondents, 41% indicated that they spoke to someone (Figure 37), the most common response was a Counselor (35%) (Figure 38).

Figure 37



Source: CHNA Survey

Figure 38



Source: CHNA Survey



Social Determinants Related to Behavioral Health

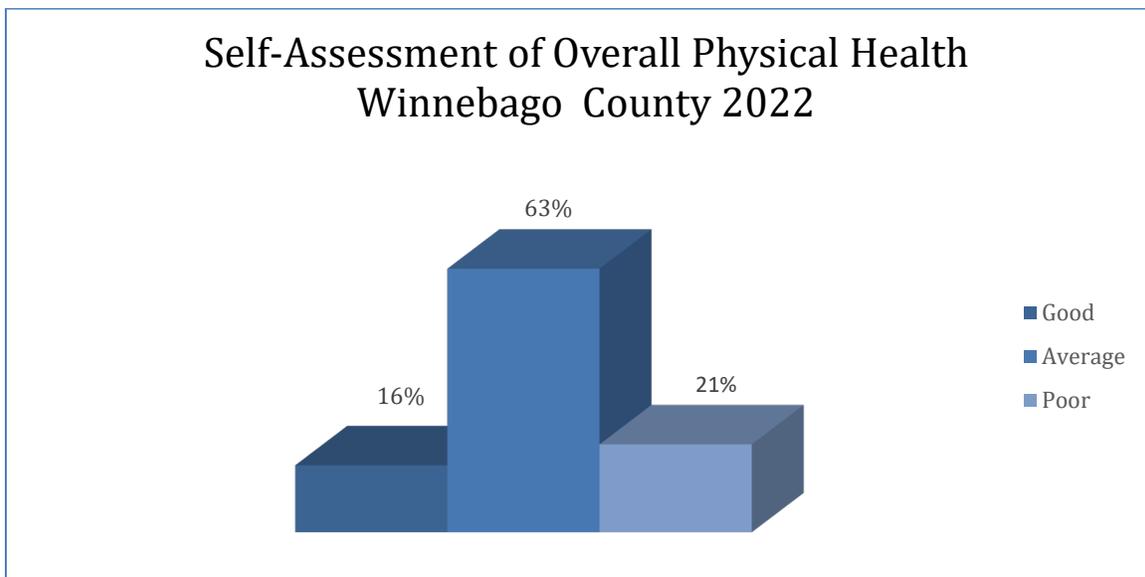
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for young people, women, those with lower education and those lower income.
- **Stress and anxiety** tends to be rated higher for young people, women, those with lower education and those with lower income.

Self-Perceptions of Overall Health

Over half (63%) of Winnebago County Residents report having average overall physical health, while 21% rated themselves as having poor physical health. (Figure 39).

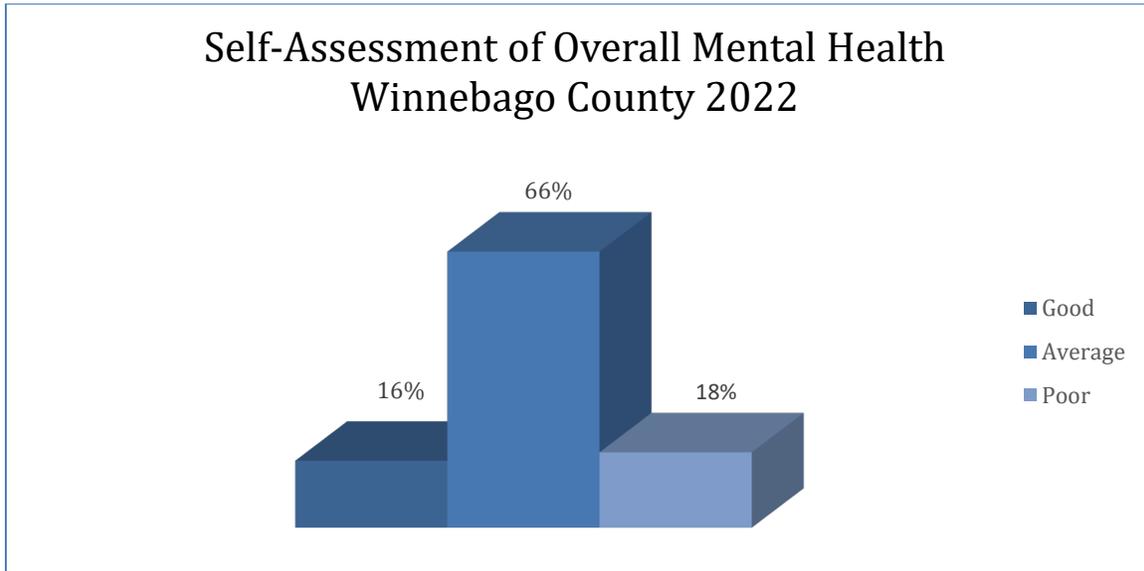
Figure 39



Source: CHNA Survey

In regard to self-assessment of overall mental health, 66% of respondents stated they have average overall mental health and 18% stated it is poor (Figure 40).

Figure 40



Source: CHNA Survey

Comparison to 2019 CHNA

With regard to physical health more people see themselves in poor health in 2022 (21%) than 2019 (20%). With regard to mental health, fewer people see themselves in poor health in 2022 (18%) than 2019 (29%). Note that respondents' self-perceptions of mental health contradict the increase in depression and anxiety over the last three years.



Social Determinants Related to Self-Perceptions of Health

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

- **Perceptions of physical health** tend to be higher for those with higher education and income.
- **Perceptions of mental health** tend to be higher for men, older people and those with higher education and income. Perceptions of mental health tend to be lower for people living in an unstable (e.g., homeless) housing environment.

2.6 Key Takeaways from Chapter 2

- ✓ INCREASED RATE OF PEOPLE WHO DO NOT HAVE ACCESS TO ALL FORMS OF HEALTHCARE, MOST NOTABLY MEDICAL CARE AND COUNSELING.
- ✓ COVID-19 VACCINATION RATES.
- ✓ ELEVATED RISK OF HEALTH LITERACY.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY. BOTH EXERCISE AND HEALTHY EATING ARE TRENDING NEGATIVELY.
- ✓ OVER HALF OF RESPONDENTS EXPERIENCED DEPRESSION AND/OR STRESS IN THE LAST 30 DAYS. NOTE THAT WHILE DEPRESSION AND ANXIETY HAVE INCREASED IN THE LAST THREE YEARS, RESPONDENTS' SELF-PERCEPTIONS OF MENTAL HEALTH INCREASED.

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

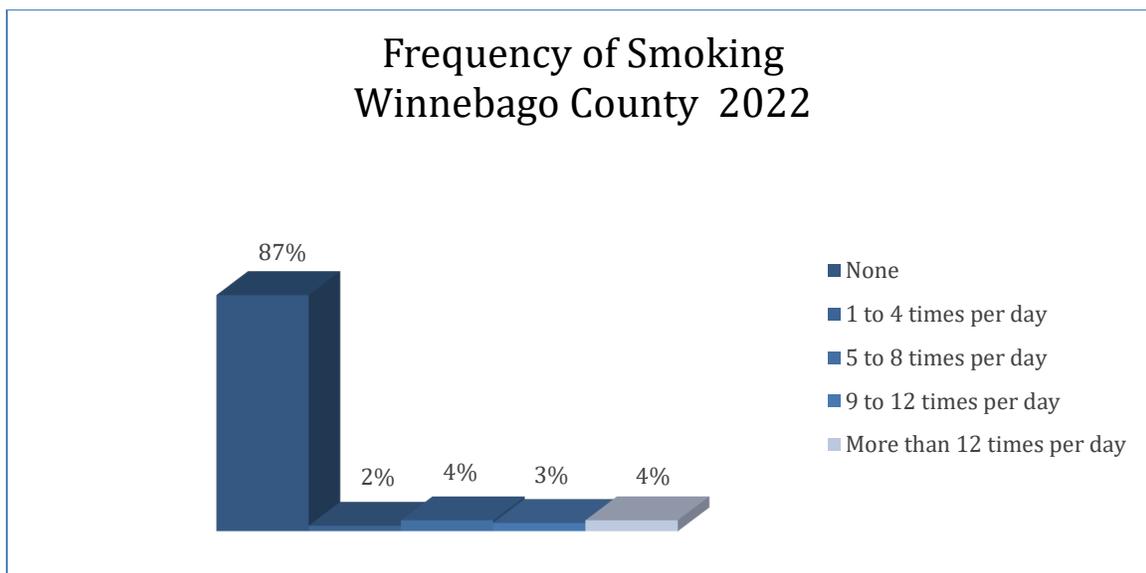
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

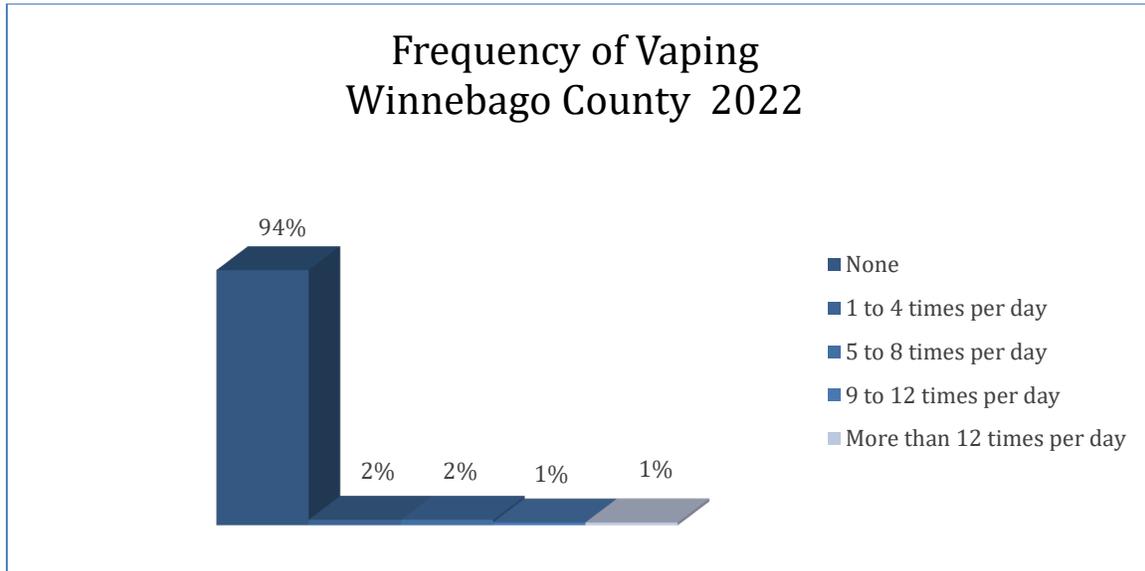
CHNA survey data show 87% of respondents do not smoke (Figure 41) and 94% of respondents do not vape (Figure 42).

Figure 41



Source: CHNA Survey

Figure 42



Source: CHNA Survey

Comparison to 2019 CHNA

Results show a 2% reduction in people that smoke compared to 2019.



Social Determinants Related to Smoking or Vaping

Multiple characteristics show significant relationships with smoking or vaping. The following relationships were found using correlational analyses:

- **Smoking** tends to be rated higher by men, Black people, those with less education and a lower income, and those in an unstable (e.g., homeless) housing environment. Smoking tends to be rated lower by LatinX people and White people.
- **Vaping** tends to be rated higher by younger people, those with less education and a lower income, and those in an unstable (e.g., homeless) housing environment.

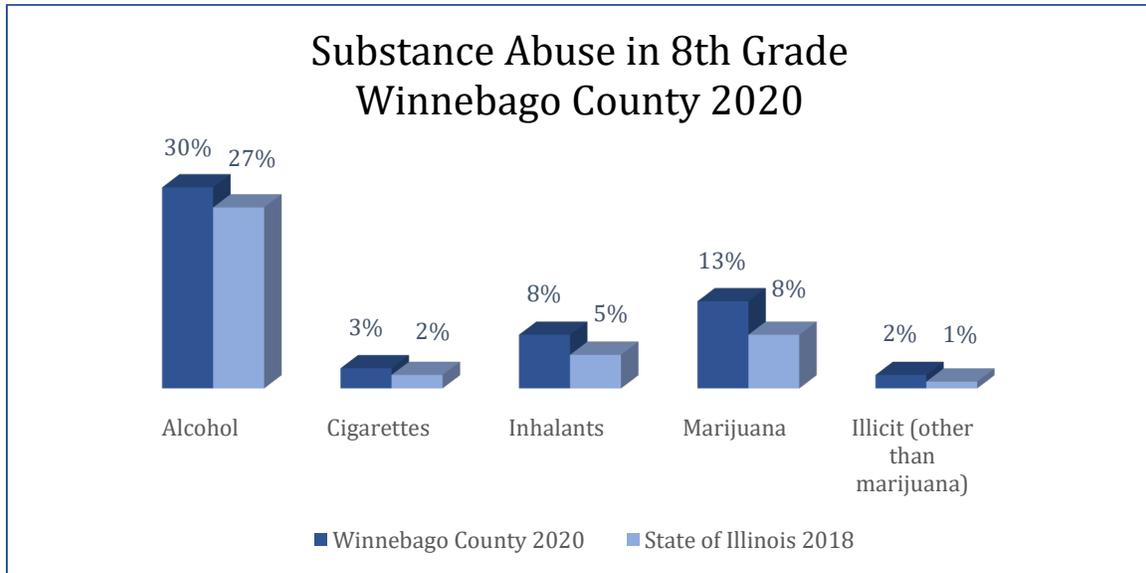
3.2 Drug and Alcohol Abuse

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.

Youth Substance Abuse

Data from the 2020 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Winnebago County data reported for 2020, State of Illinois reporting 2018 data. Figure 43 illustrates Winnebago County came in higher than the State of Illinois averages for alcohol, cigarettes, inhalants, marijuana, and illicit drugs.

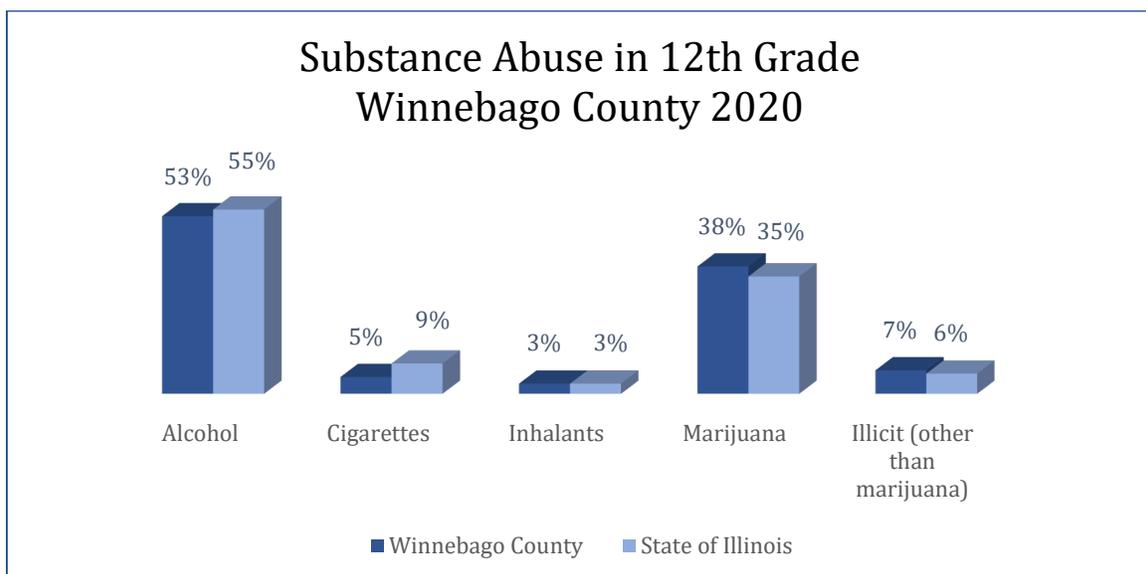
Figure 43



Source: University of Illinois Center for Prevention Research and Development

Among 12th graders, Winnebago County is at or below State averages for all categories except marijuana and illicit drugs (Figure 44).

Figure 44

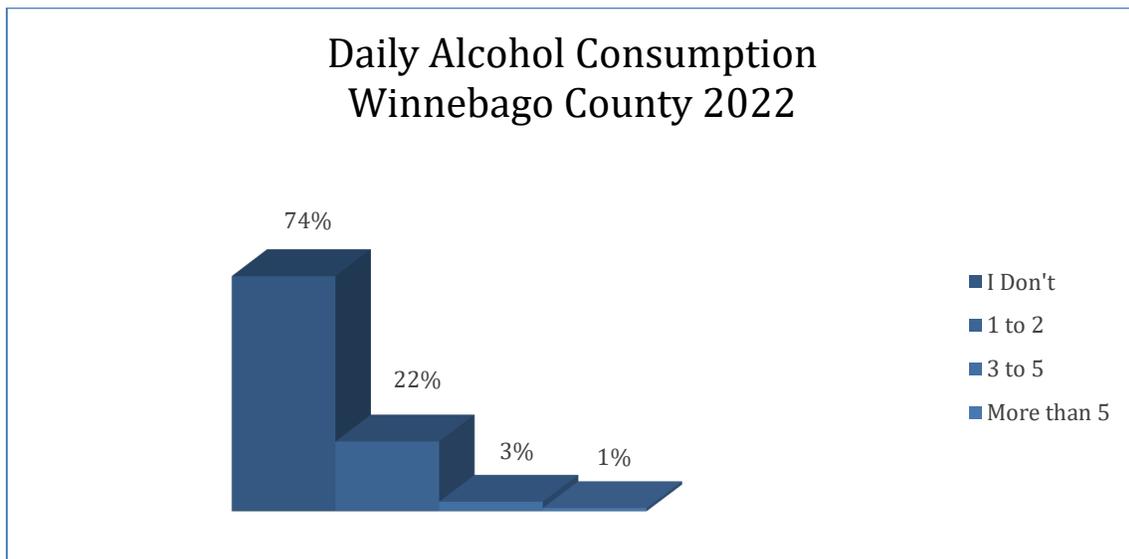


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

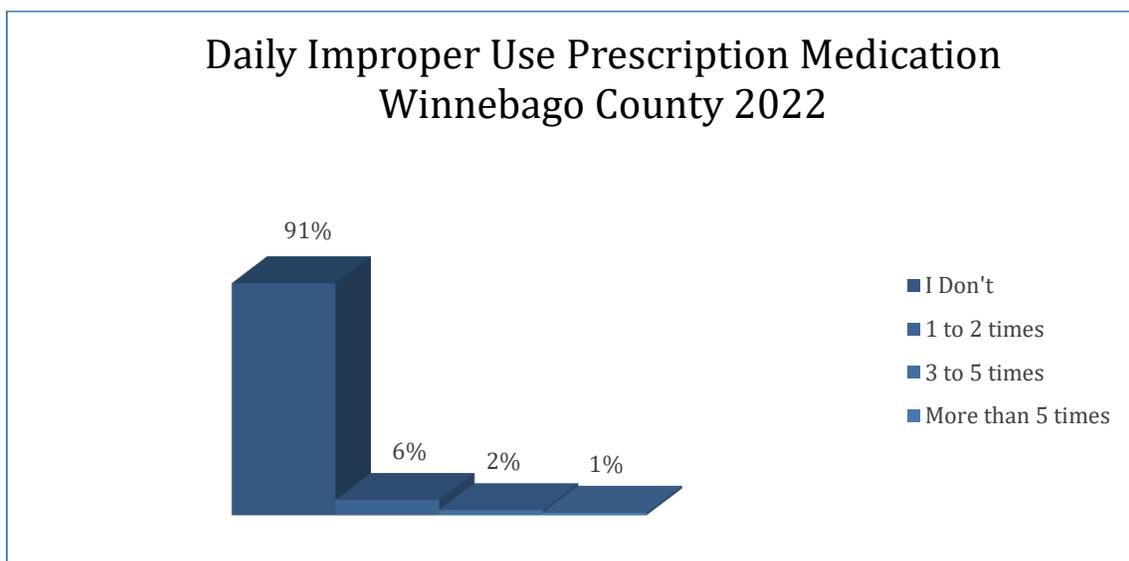
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 74% indicated they did not consume alcohol on a typical day, 91% indicated they do not take prescription medication improperly (e.g., opioid abuse) on a typical day, 93% indicated they do not use marijuana on a typical day and 99% indicated they do not use illegal substances on a typical day. Note this is the first year that the CHNA has measured separated categories of substance use, so there is no comparison to the 2019 CHNA.

Figure 45



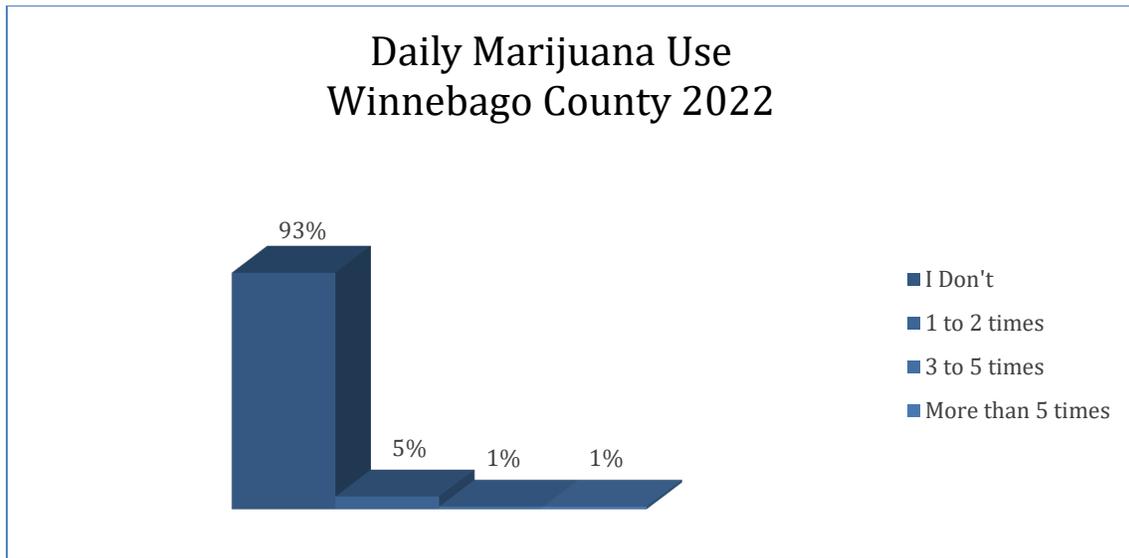
Source: CHNA Survey

Figure 46



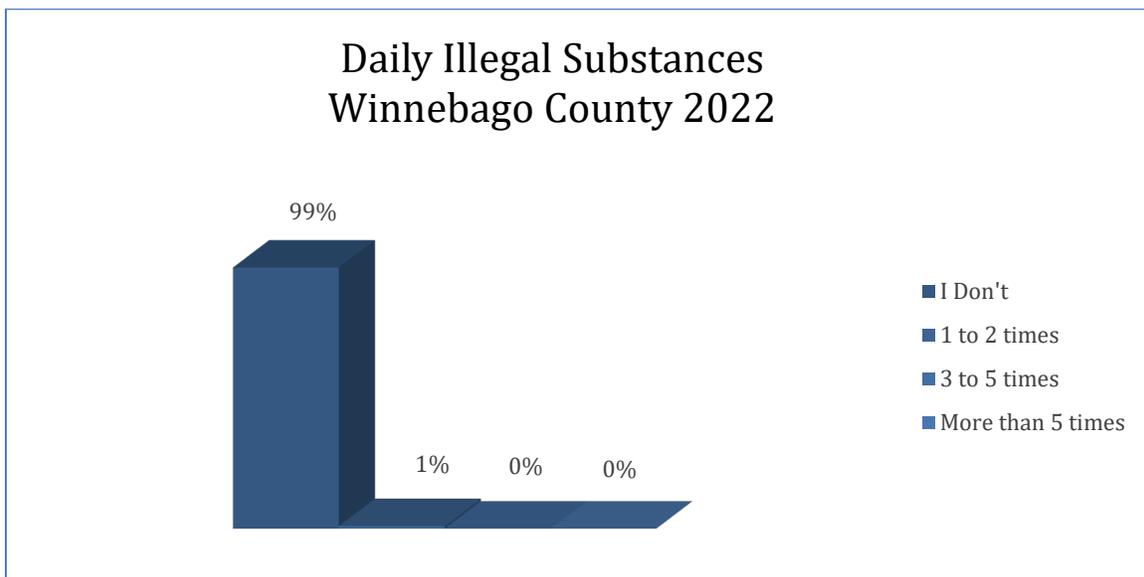
Source: CHNA Survey

Figure 47



Source: CHNA Survey

Figure 48



Source: CHNA Survey



Social Determinants Related to Substance Use

Multiple characteristics show significant relationships with substance abuse. The following relationships were found using correlational analyses:

- **Alcohol consumption** had no significant correlates.
- **Misuse of prescription medication (opioid use)** tends to be rated higher by Black people, those with lower education, those with lower income and people in an unstable (e.g., homeless) housing environment. Misuse of prescription medication tends to be lower for White people.

- **Marijuana use** tends to be rated higher by younger people and those with less income.
- **Illegal substance use** has no significant correlates.

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.

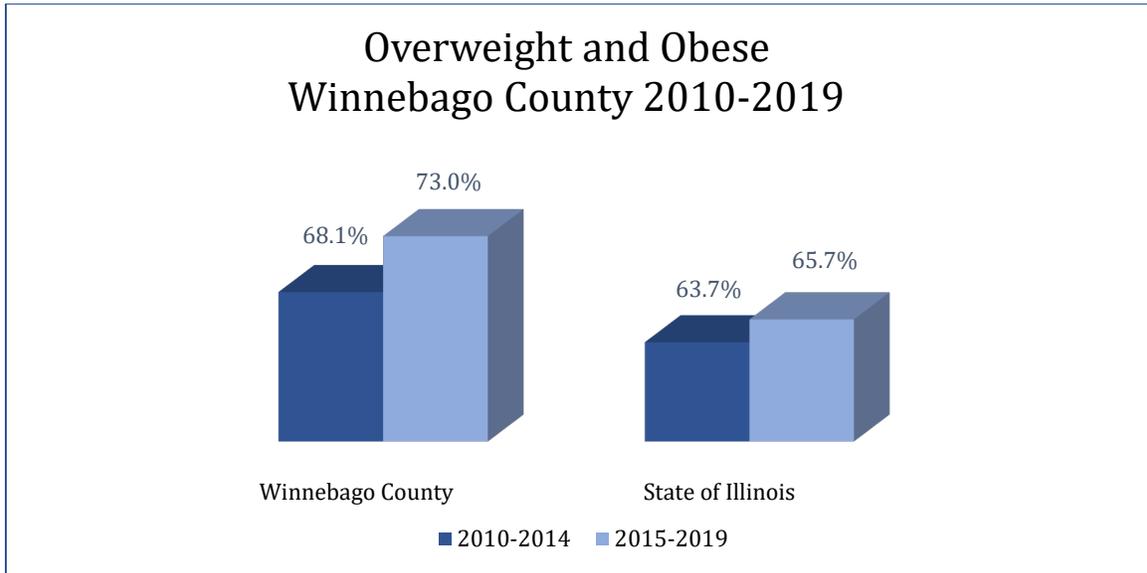
With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side 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 from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 68.1% to 73%. Overweight and obesity rates in Illinois have increased from 2014 (63.7%) to 2019 (65.7%). Note that data have not been updated by the Illinois Department of Public Health.

Additionally, note in the 2019 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

Figure 49

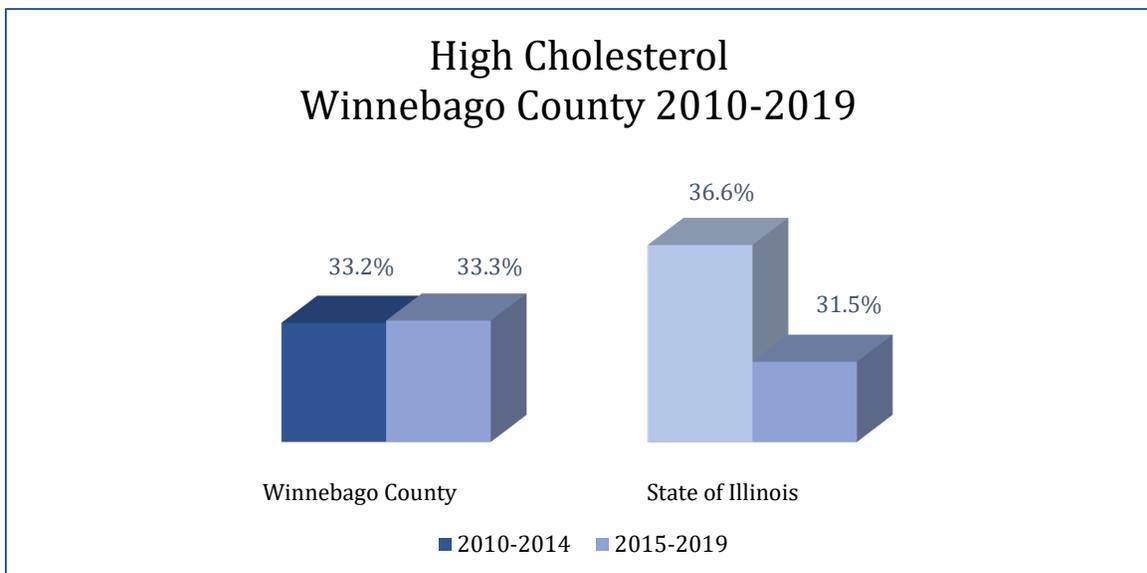


Source: Illinois Behavioral Risk Factor Surveillance System

3.4 Predictors of Heart Disease

Residents in Winnebago County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol in Winnebago County (33.3%), compared to the State of Illinois average (31.5%). Note that data have not been updated past 2019 by the Illinois Department of Public Health (Figure 50).

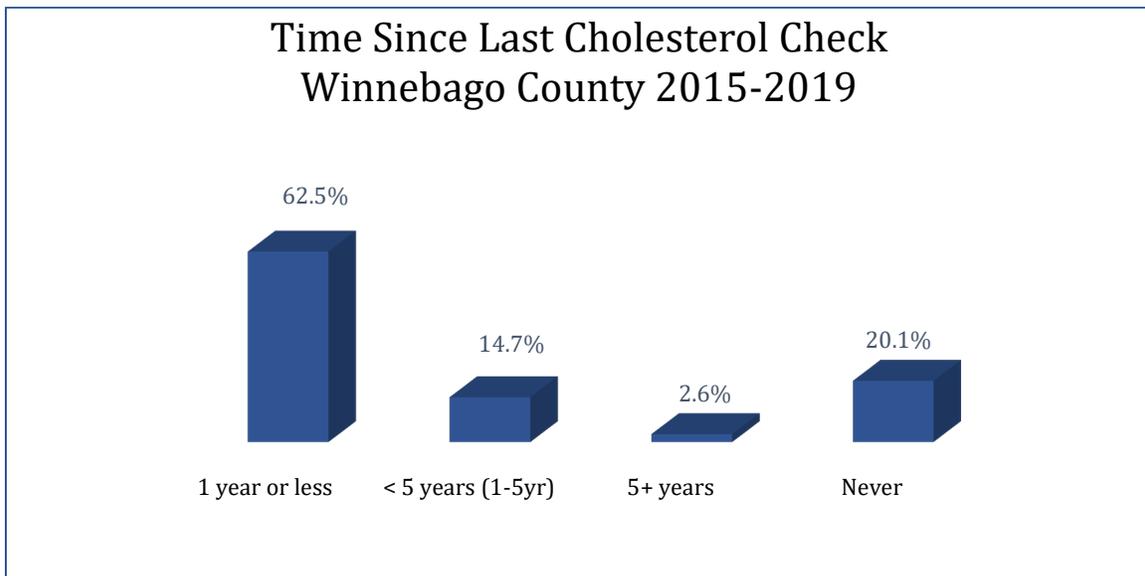
Figure 50



Source: Illinois Behavioral Risk Factor Surveillance System

Most (62.5%) residents of Winnebago County report having their cholesterol checked recently, whereas 20.1% report never having their cholesterol checked (Figure 51). Note that data have not been updated by the Illinois Department of Public Health.

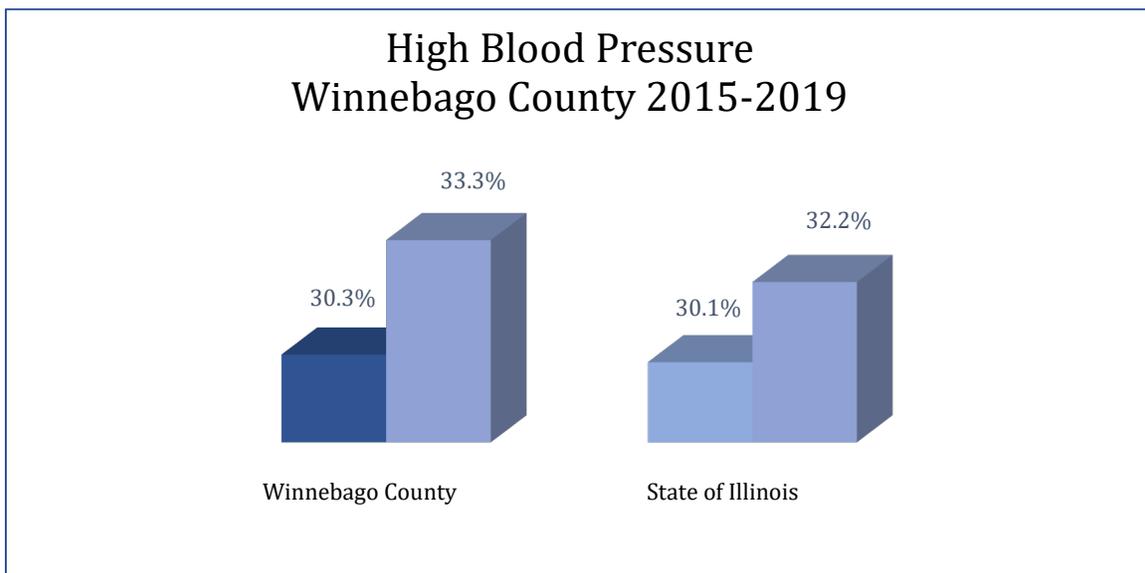
Figure 51



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 2010-2019 increased from 30.3% to 33.3% (Figure 52). The State of Illinois increased 30.1% to 32.2% during the same timeframe. Note that data have not been updated by the Illinois Department of Public Health.

Figure 52



Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE ABUSE AMONG 8TH GRADERS WAS HIGHER THAN STATE AVERAGES IN ALL CATEGORIES. MARIJUANA AND USE OF ILLICIT DRUGS WERE HIGHER THAN STATE AVERAGES FOR 12TH GRADERS.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN WINNEBAGO COUNTY TO NEARLY $\frac{3}{4}$ OF THE POPULATION.
- ✓ 9% OF RESPONDENTS INDICATE THAT THEY MISUSE PRESCRIPTION MEDICATIONS (OPIOID ABUSE).

CHAPTER 4 OUTLINE

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

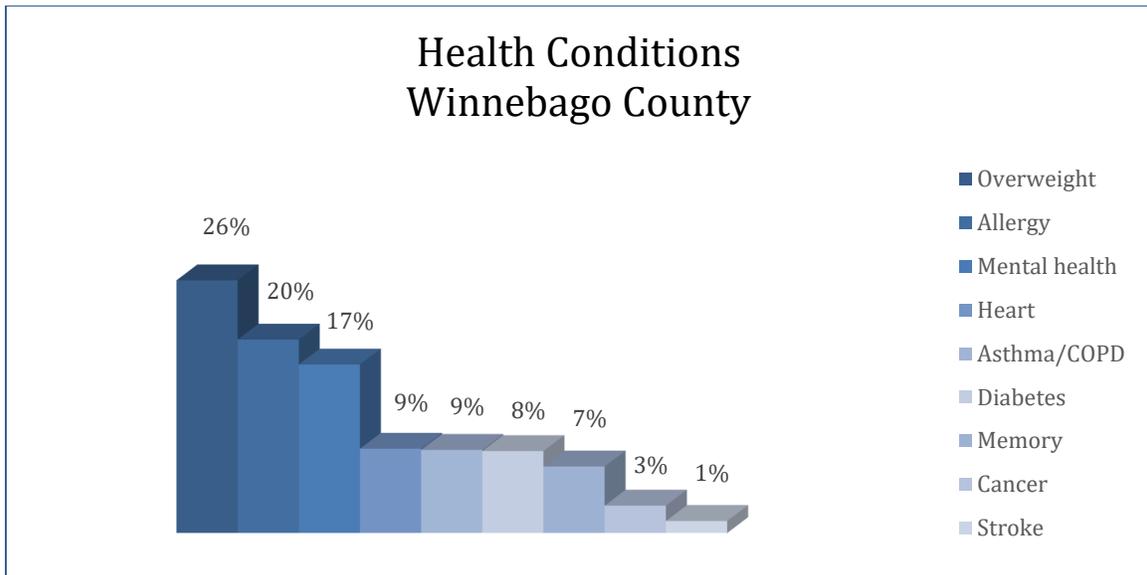
CHAPTER 4: MORBIDITY AND MORTALITY

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 COMPdata Informatics. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (26%) was significantly higher than any other health conditions (Figure 53). This percentage is significantly lower than secondary sources. Specifically, BRFSS data indicate that roughly two-thirds of the population is overweight or obese. Most other self-identified morbidities reflected existing sources of secondary data accurately (e.g., asthma 9% and diabetes 8%).

Figure 53



Source: CHNA Survey

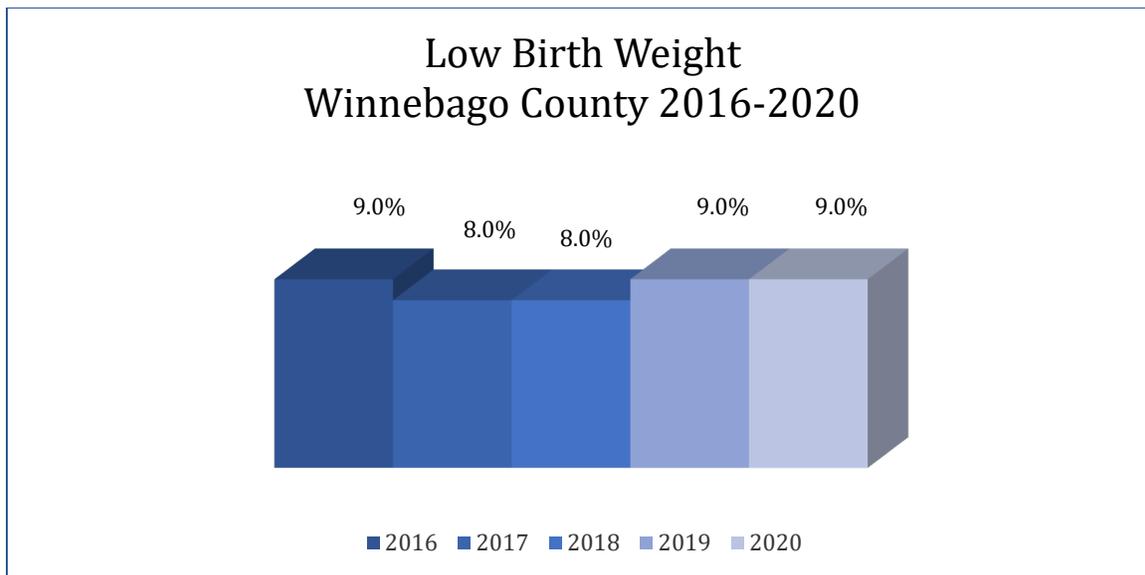
4.2 Healthy Babies

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 healthy babies. 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.

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 increased from 2018 (8%) to 2020 (9%) (Figure 54).

Figure 54



Source: County Health Rankings

4.3 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.

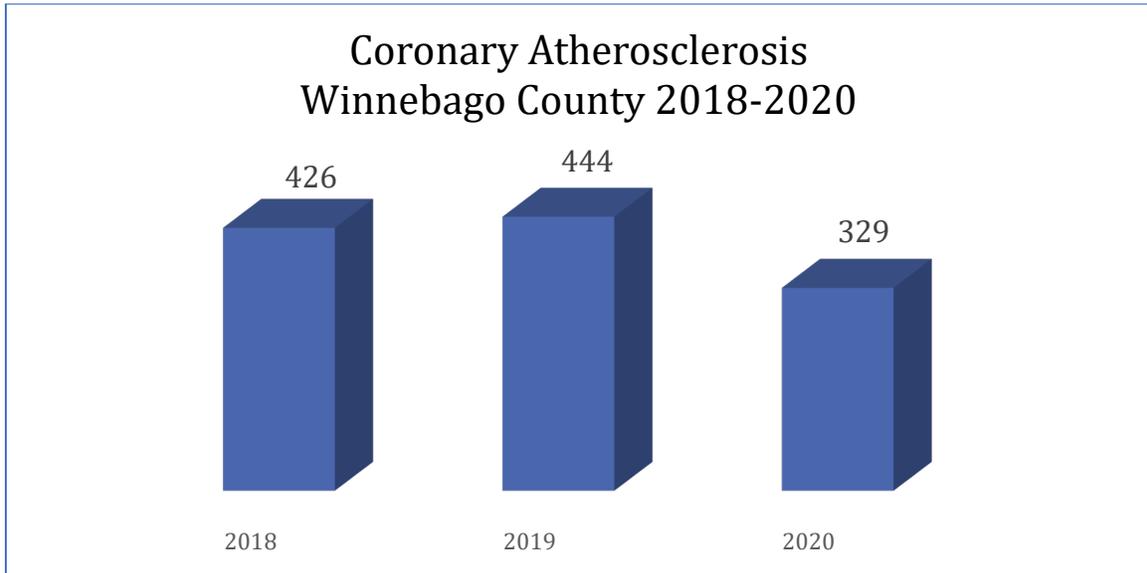
Coronary Atherosclerosis

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 increased between 2018 and 2019 (426 to 444 cases) but experienced a decrease in 2020 (329), likely due to the COVID-19 pandemic (Figure 55). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 55

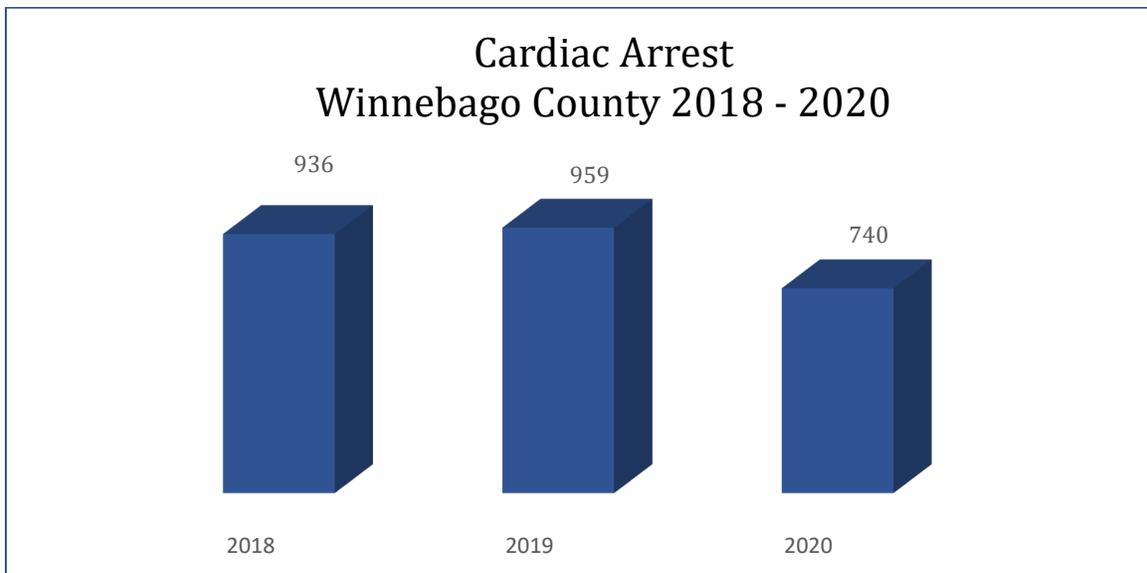


Source: COMPdata Informatics 2021

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Winnebago County area hospitals increased by 23 cases between 2018 and 2019 (Figure 56). The decline in cases in 2020, more than likely caused by the COVID-19 pandemic. However, cases of dysrhythmia and cardiac arrest stayed the same between 2018 and 2019. Note that hospital-level data only show hospital admissions.

Figure 56

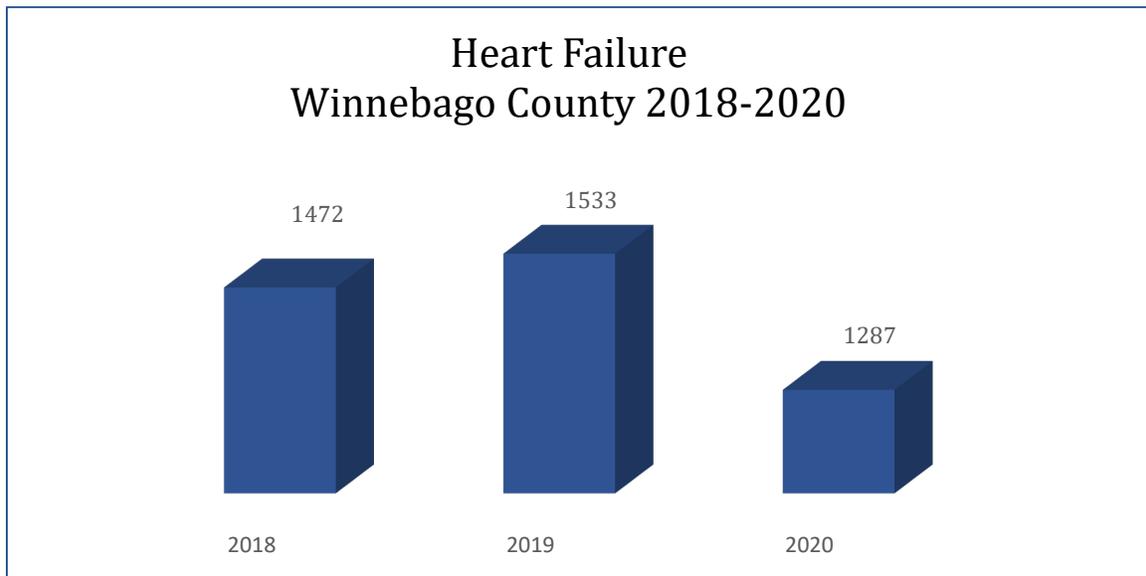


Source: COMPdata Informatics 2021

Heart Failure

The number of treated cases of heart failure at Winnebago County area hospitals increased between 2018 and 2019. In 2020, the cases dramatically declined by 246 (Figure 57). This decrease could be because of the COVID-19 pandemic. Note that hospital-level data only show hospital admissions.

Figure 57

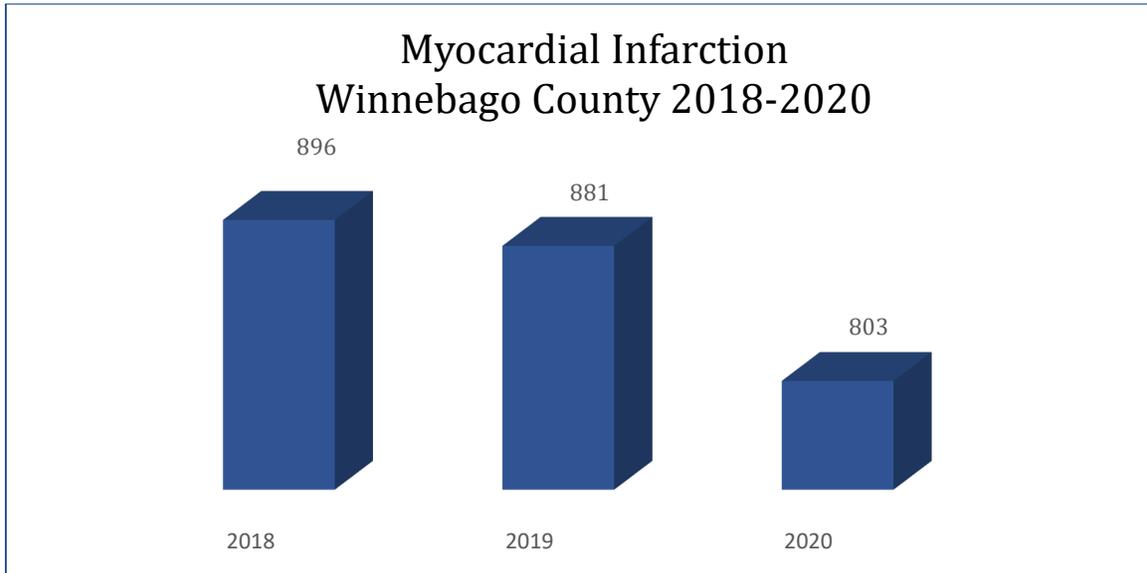


Source: COMPdata Informatics 2021

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Winnebago County decreased from 881 in 2019 to 803 in 2020. (Figure 58). This decrease could be caused by the COVID-19 pandemic. Note that hospital-level data only show hospital admissions.

Figure 58

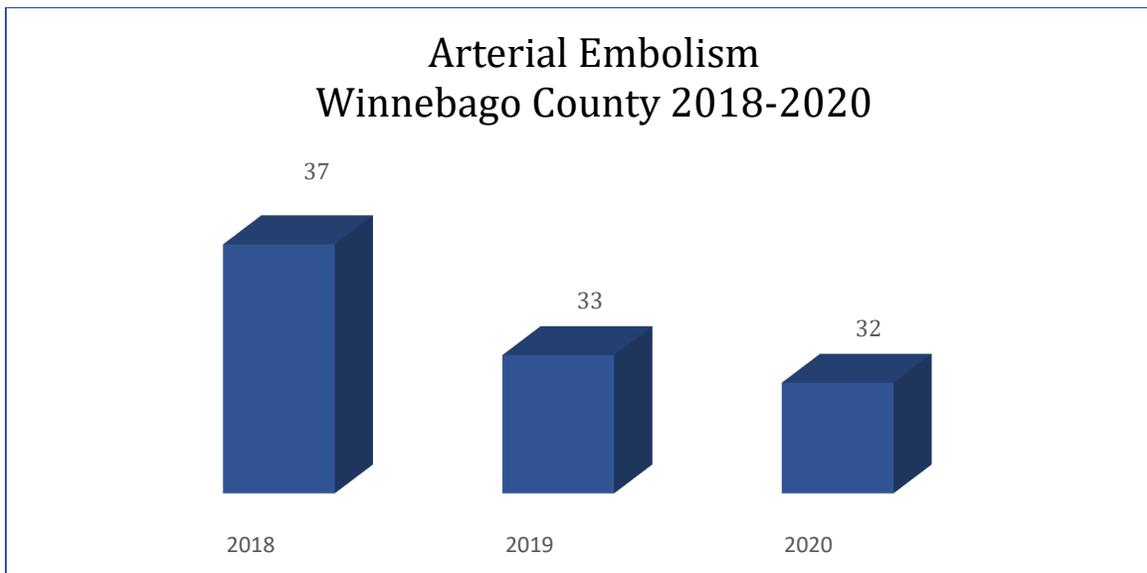


Source: COMPdata Informatics 2021

Arterial Embolism

The number of treated cases of arterial embolism at Winnebago County area hospitals decreased between 2018 (37) and 2020 (32) (Figure 59). Note that hospital-level data only show hospital admissions.

Figure 59

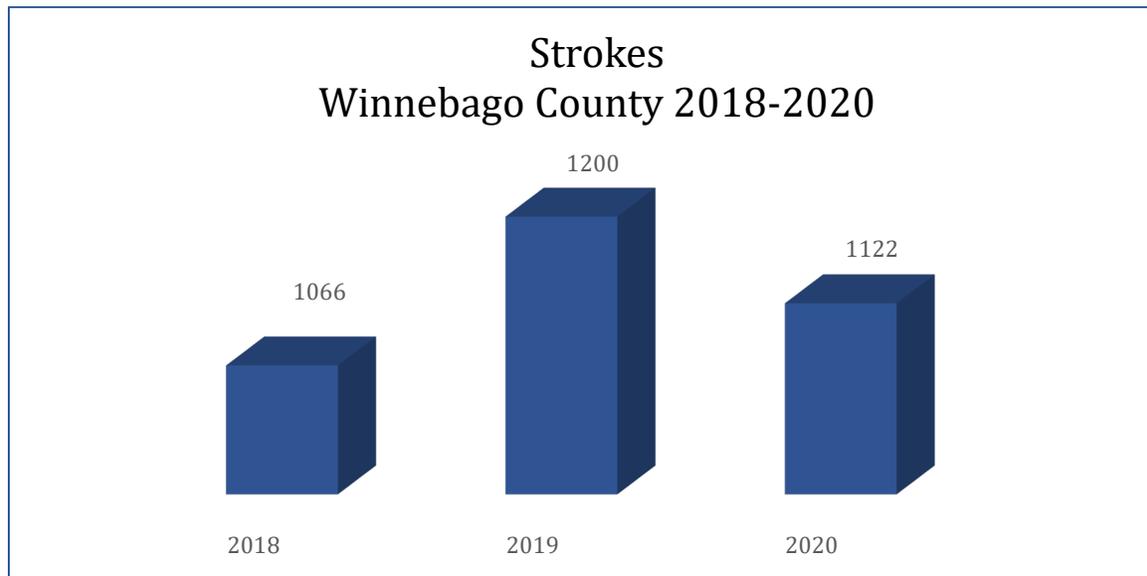


Source: COMPdata Informatics 2021

Strokes

The number of treated cases of stroke at Winnebago County area hospitals decreased between 2019 and 2020 (Figure 60). Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Figure 60



Source: COMPdata Informatics 2021

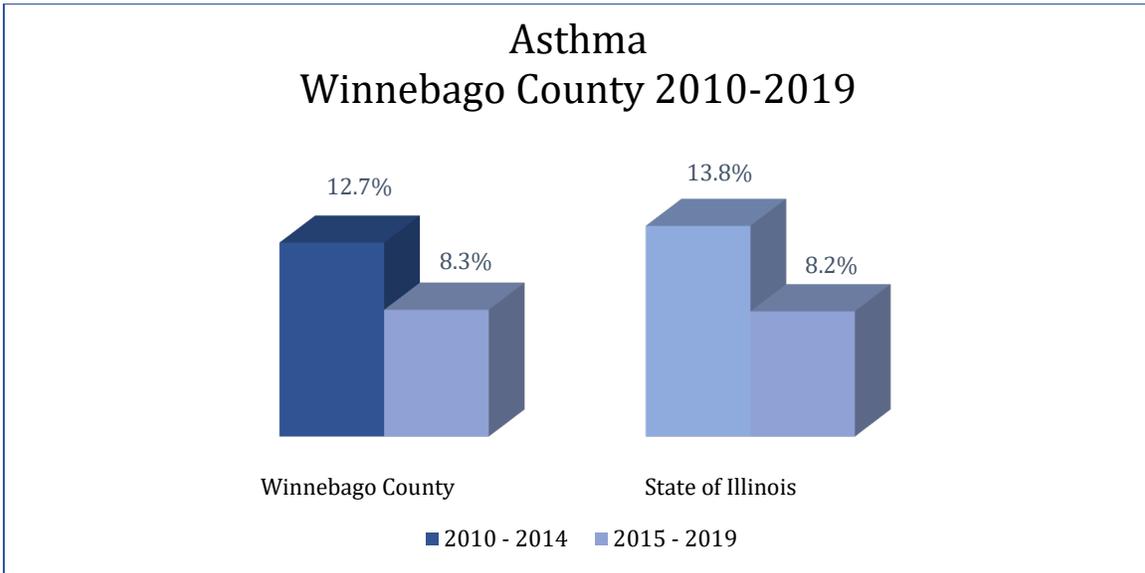
4.4 Respiratory

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 room 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 who have been diagnosed with asthma in Winnebago County has decreased between 2010-2014 and 2015-2019, while State averages also decreased. According to the Illinois BRFSS, asthma rates in Winnebago County (8.3%) is slightly higher than the State of Illinois (8.2%) (Figure 61). Note that data have not been updated by the Illinois Department of Public Health.

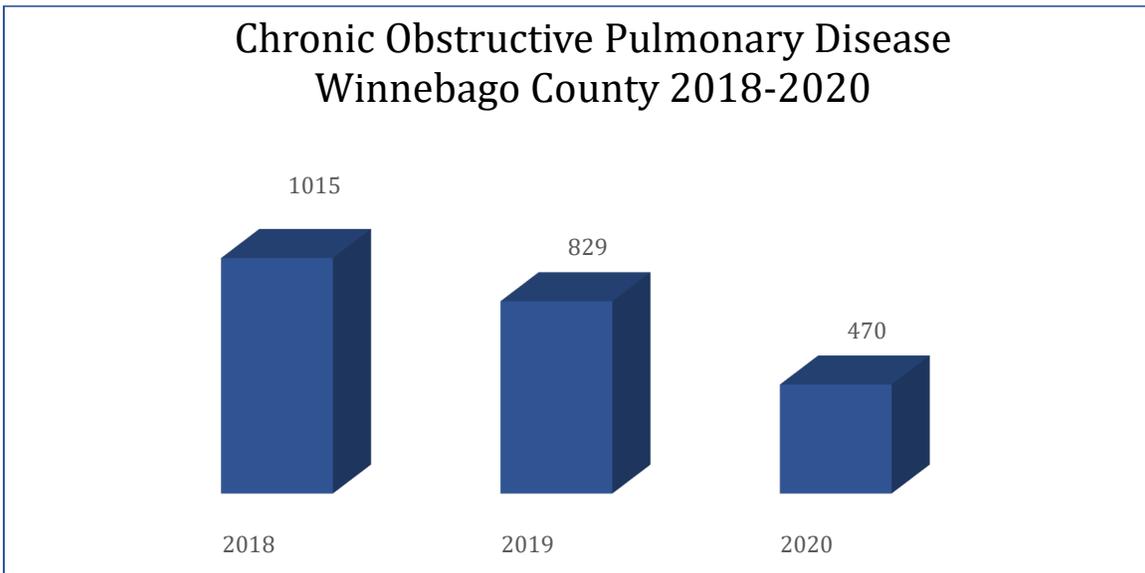
Figure 61



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Winnebago County area hospitals decreased between 2018 and 2020 (Figure 62). Note the significant decrease between 2019 and 2020 could be because of the COVID-19 pandemic. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 62



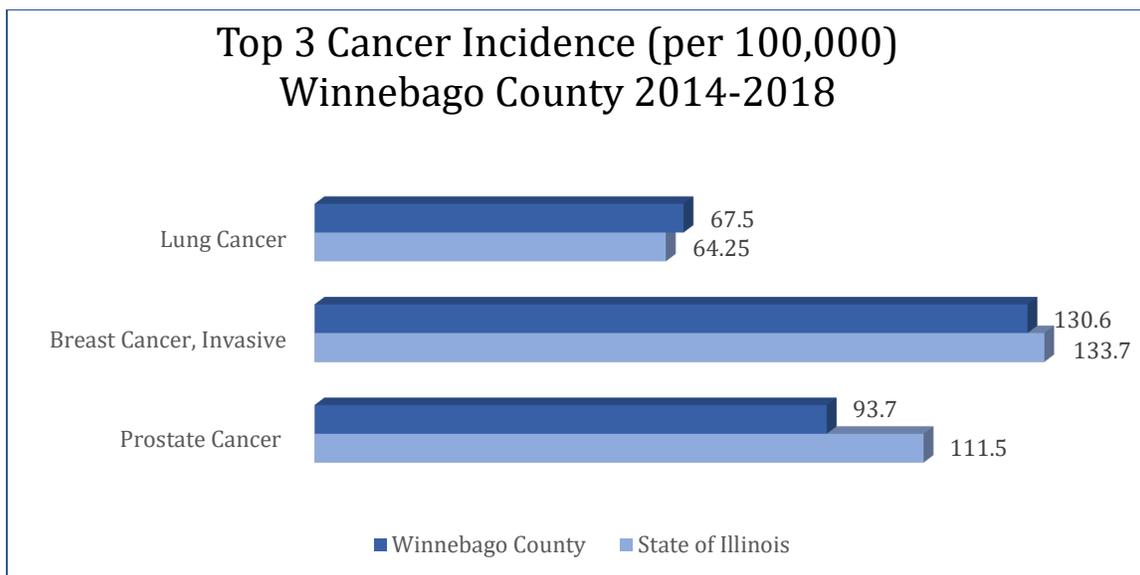
Source: COMPdata Informatics 2021

4.5 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 three prevalent cancers in Winnebago County are illustrated in Figure 63. Specifically, breast cancer and prostate cancer are lower than the State, while lung cancer rates are higher. Note that 2018 is the most recent year of data.

Figure 63



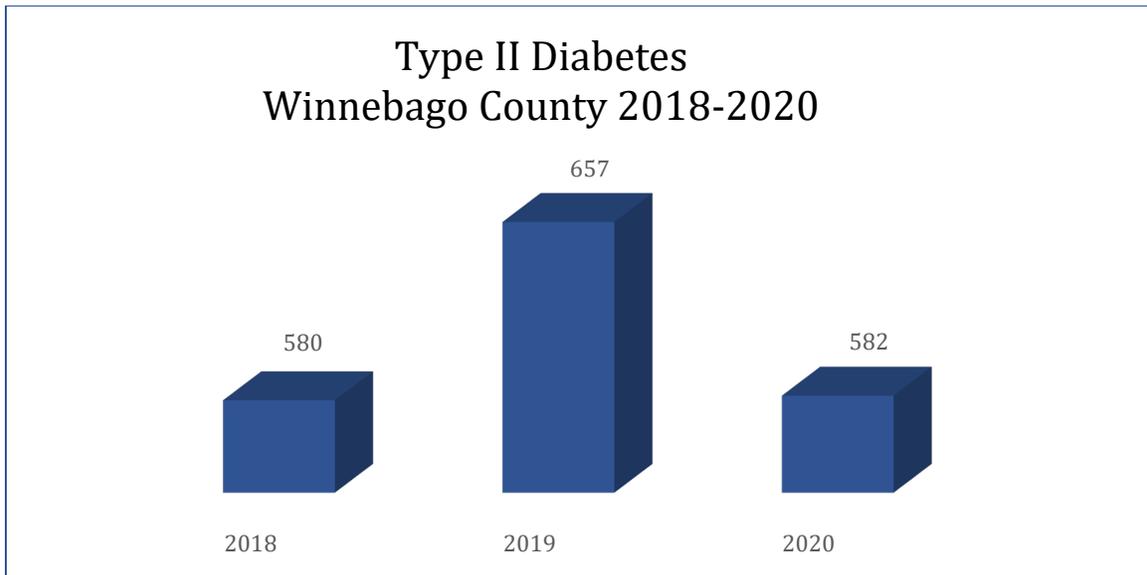
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 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).

Inpatient cases of Type II diabetes from Winnebago County decreased between 2019 (657) and 2020 (582) (Figure 64). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

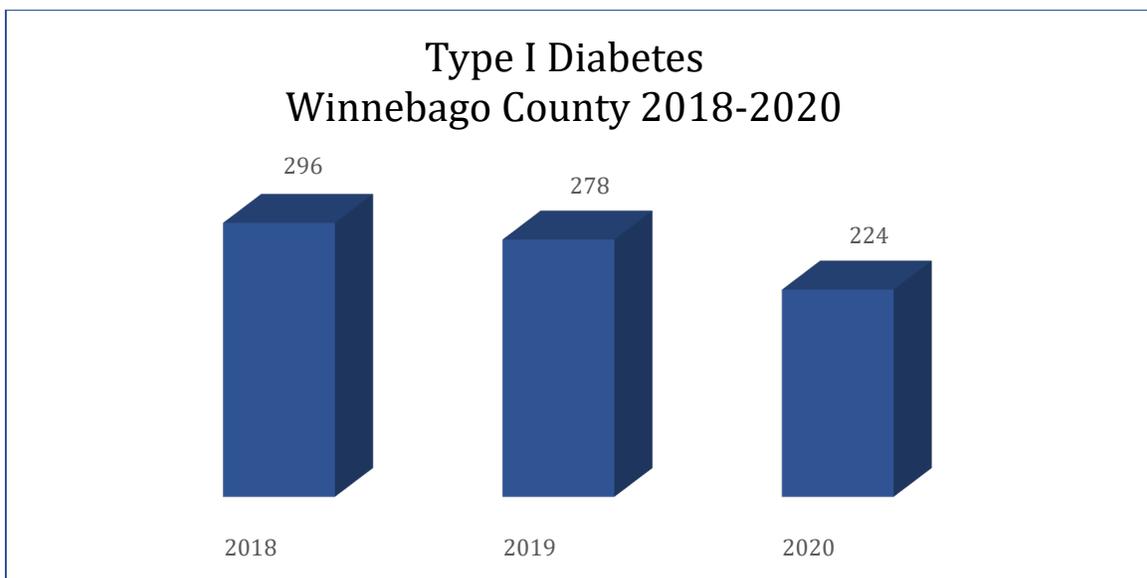
Figure 64



Source: COMPdata Informatics 2021

Inpatient cases of Type I diabetes show a decrease from 2018 (296) to 2020 (224) (Figure 65). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

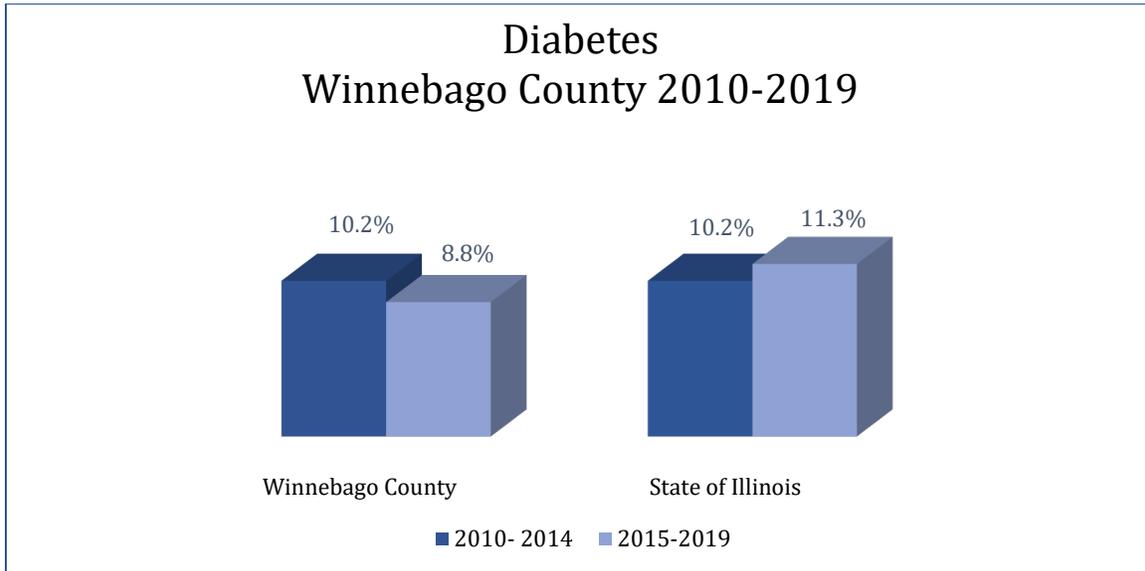
Figure 65



Source: COMPdata Informatics 2021

Data from the Illinois BRFSS indicate that 8.8% of Winnebago County residents have diabetes (Figure 66). Trends are concerning, as the prevalence of diabetes is increasing in the State of Illinois. Note that data have not been updated by the Illinois Department of Public Health.

Figure 66



Source: Illinois Behavioral Risk Factor Surveillance System

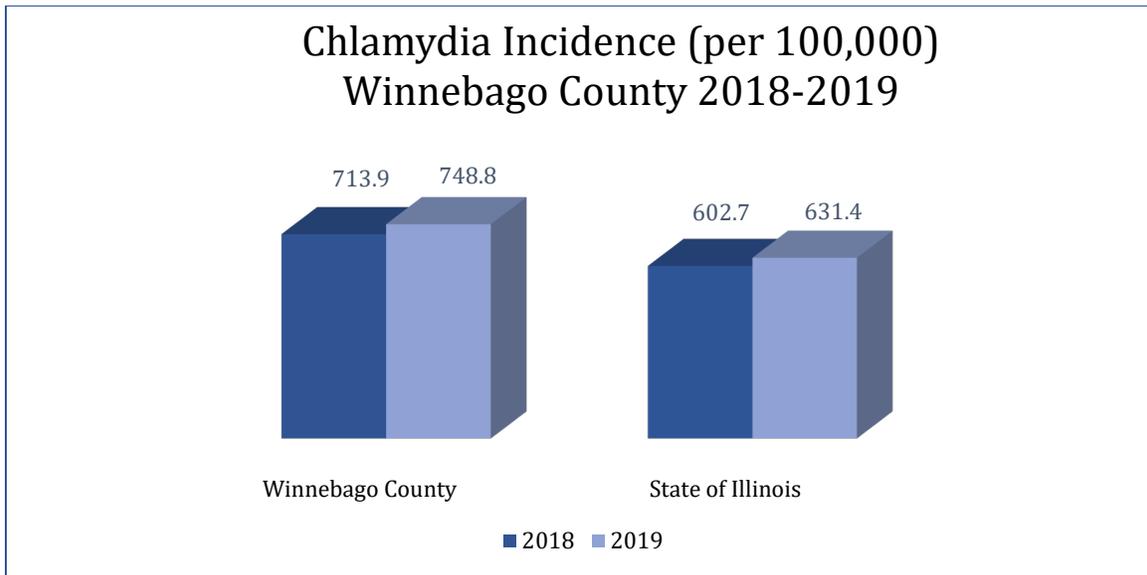
4.7 Infectious Diseases

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 2018-2019 indicate a significant increase. There is also an increase of incidence of chlamydia across the State of Illinois. (Figure 67). Rates of chlamydia in Winnebago County are higher than State averages.

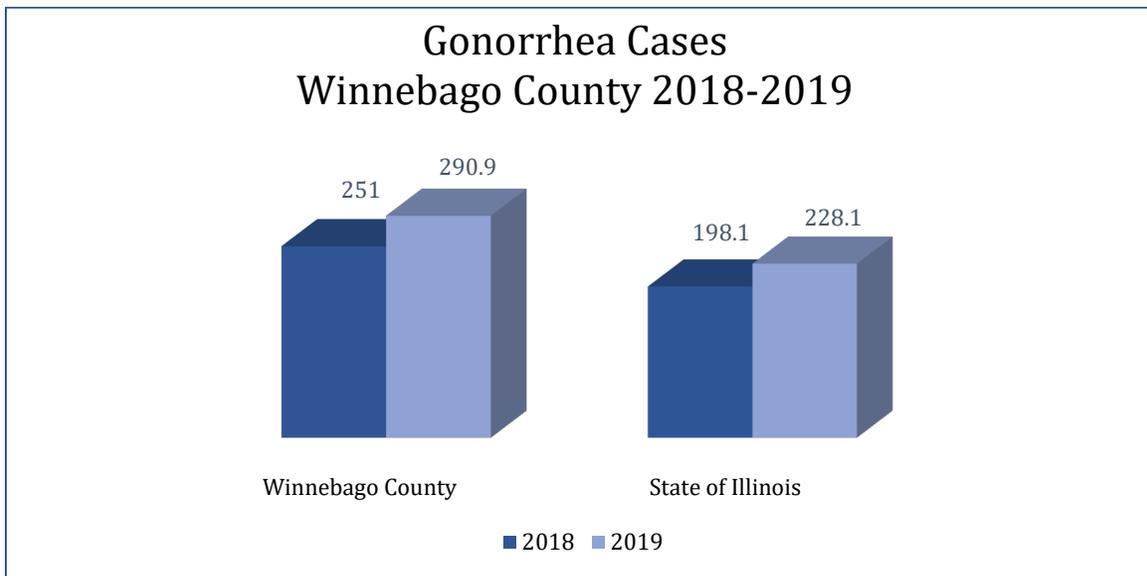
Figure 67



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Winnebago County indicate an increase from 2018-2019. The State of Illinois also experienced an increase from 2018-2019. Rates of gonorrhea in Winnebago County are higher than State averages (Figure 68).

Figure 68



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 (Rubeola), 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. Winnebago County has shown no significant outbreaks compared to state statistics, but there are limited data available (Table 1 and Table 2). Note data has not been updated by the State beyond years displayed in table. Also note that COVID-19 vaccine rates are presented in Chapter 2.

*Table 1
Vaccine Preventable Diseases 2013-2016 Winnebago County Region*

Mumps	2013	2014	2015	2016
Winnebago County	1	1	2	1
State of Illinois	26	142	430	333

Pertussis	2013	2014	2015	2016
Winnebago County	53	19	11	8
State of Illinois	785	764	718	1034

Varicella	2013	2014	2015	2016
Winnebago County	17	4	7	1
State of Illinois	731	596	443	469

Source: Illinois Department of Public Health

Table 2 Tuberculosis 2014-2017 Winnebago County Region

Tuberculosis	2014	2015	2016	2017
Winnebago County	6	1	3	3
State of Illinois	320	343	341	336

Source: Illinois Department of Public Health

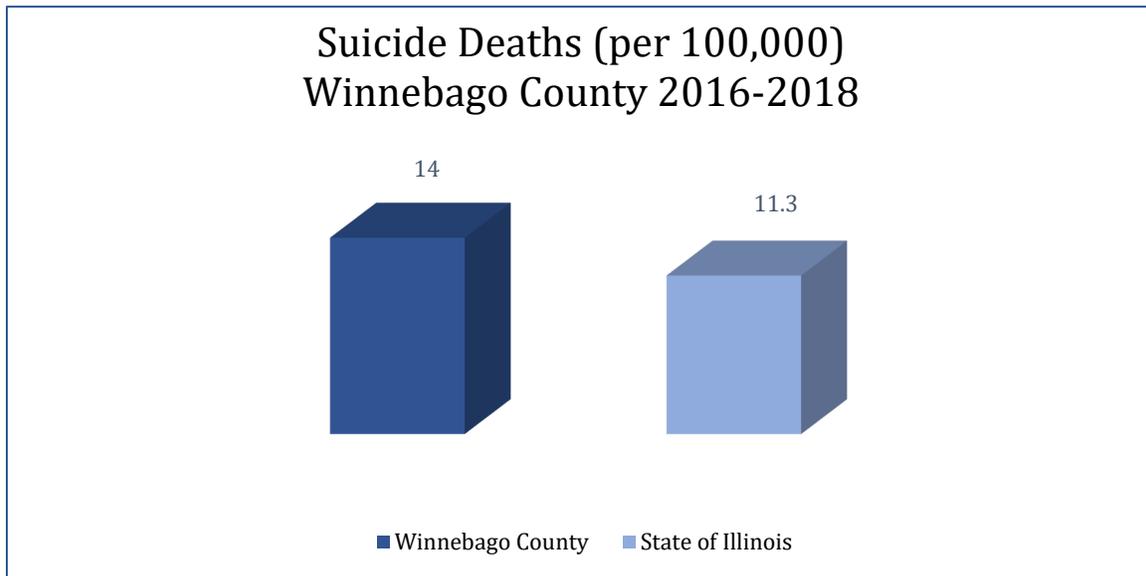
4.8 Injuries

Importance of the measure: 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. Unintentional injuries can occur, in part, from violent crimes.

Suicide

The number of suicides in Winnebago County indicate higher incidence than State of Illinois averages, as there were approximately 14 per 100,000 people in Winnebago County in 2018 (Figure 69).

Figure 69



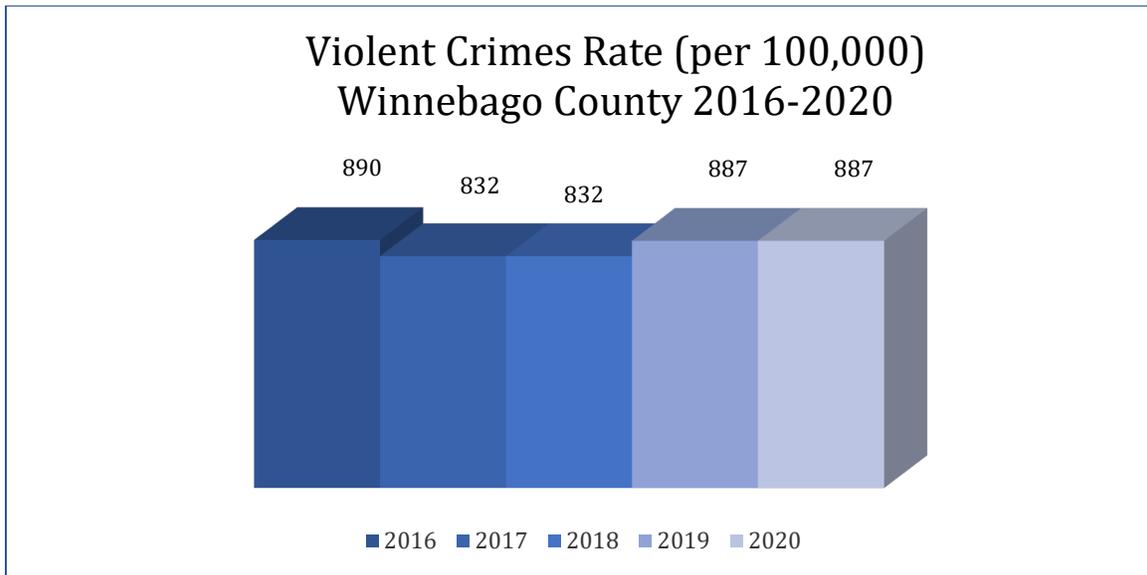
Source: Illinois Department of Public Health

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 decreased significantly in 2017 and then increased significantly in 2019, remaining at the same rate in 2020 (Figure 70).

Figure 70



Source: Illinois County Health Rankings and Roadmaps

4.9 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 three leading causes of death in the State of Illinois and Winnebago County are similar as a percentage of total deaths in 2020. Diseases of the Heart are the cause of 21% of deaths, cancer is the cause of 19% of deaths and COVID-19 is the cause of 9.6% of deaths in Winnebago County (Table 3).

Table 3

Top 5 Leading Causes of Death for all Races by County & State 2020		
Rank	Winnebago County	State of Illinois
1	Diseases of Heart (21%)	Diseases of Heart (20.7%)
2	Malignant Neoplasm (19%)	Malignant Neoplasm (18.1%)
3	COVID-19 (9.6%)	COVID-19 (11.8%)
4	Cerebrovascular Disease (6.7%)	Accidents (5.4%)
5	Accidents (5%)	Cerebrovascular Disease (5.1%)

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES IN WINNEBAGO COUNTY ARE SLIGHTLY HIGHER THAN STATE AVERAGES.
- ✓ ASTHMA AND DIABETES HAVE SEEN A SIGNIFICANT REDUCTION IN WINNEBAGO COUNTY AND IS LOWER THAN STATE AVERAGES.
- ✓ SEXUALLY TRANSMITTED INFECTIONS ARE HIGHER THAN STATE AVERAGES.
- ✓ SUICIDE RATES ARE HIGHER THAN STATE AVERAGES.
- ✓ CANCER, HEART DISEASE AND COVID-19 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 Needs Identified and Prioritized

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

In this chapter, the most critical health-related needs in the community are identified. To accomplish this, community perceptions of health issues, unhealthy behaviors and issues related to well-being were first considered. Key takeaways from each chapter were then used to identify important health-related issues in the community. Next, a comprehensive inventory of community resources was completed; and finally, the most significant health needs in the community are prioritized.

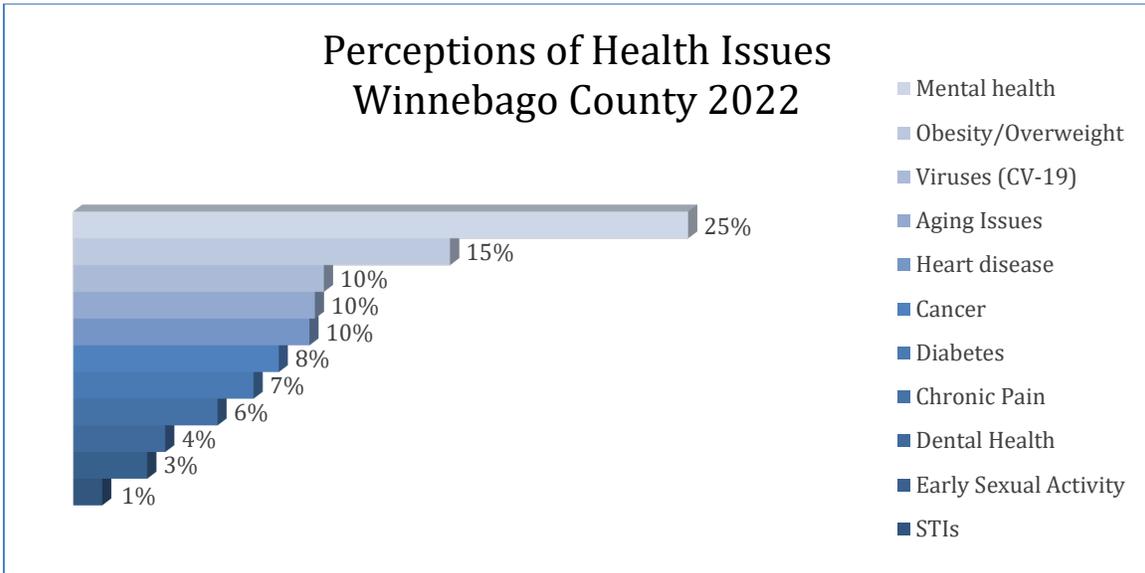
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

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 11 different options.

The health issue that rated highest was mental health (25%), followed by obesity/overweight (15%) (Figure 71). These two factors were significantly higher than other categories based on *t-tests* between sample means.

Figure 71

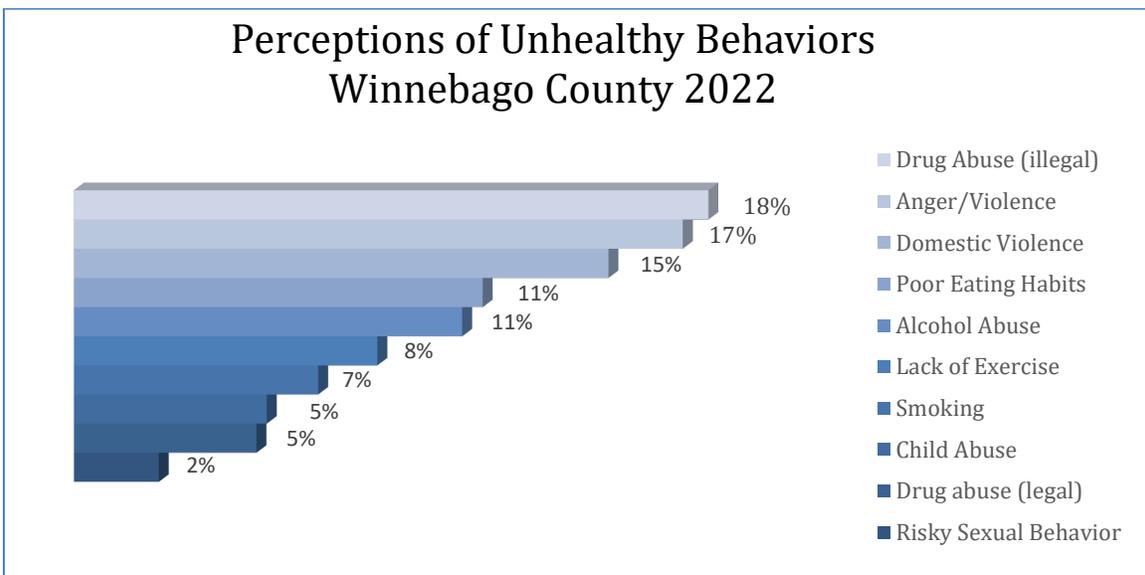


Source: CHNA Survey

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 10 choices. The three unhealthy behaviors that rated highest were drug abuse (illegal) at 18%, anger/violence at 17% and domestic violence at 15% (Figure 72).

Figure 72



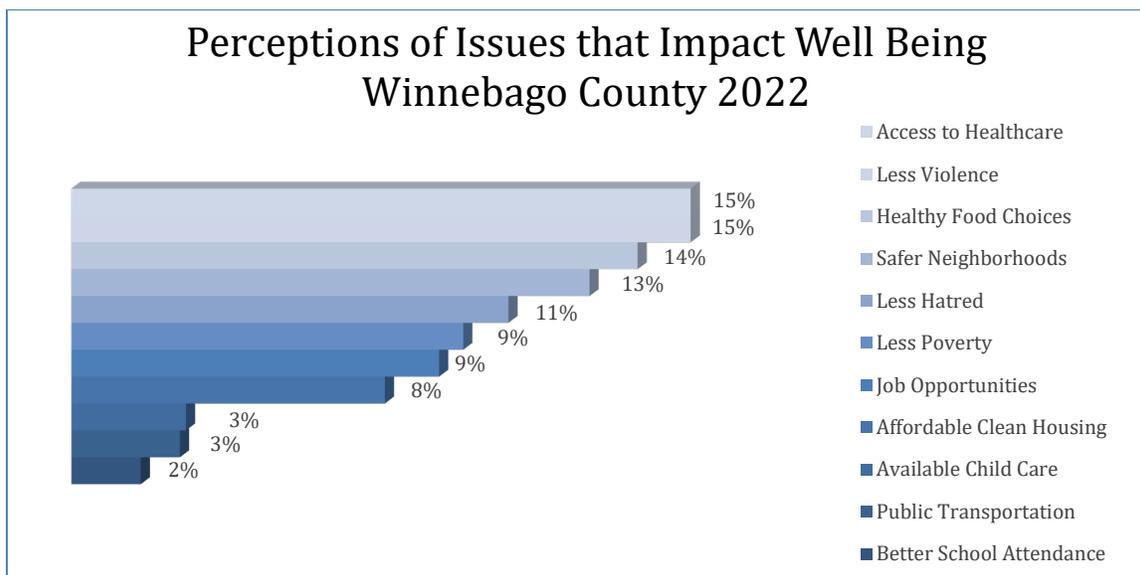
Source: CHNA Survey

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 issues impacting well-being that rated highest were access to health (15%) and less violence (15%), followed by healthy food choices (14%), safer neighborhoods (13%) and less hatred (11%) (Figure 73). These three factors were significantly higher than other categories based on *t-tests* between sample means.

Figure 73



Source: CHNA Survey

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) – Four factors were identified as the most important areas of impact from the demographic analyses:

- Total population is decreasing
- Aging population
- Single female head-of-house-household
- Internet access

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

- Access to healthcare – medical and counseling
- COVID-19 related issues
- Healthy literacy
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

- Substance abuse among youth
- Opioid abuse among adults
- Overweight and obesity

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

- Lung cancer
- Asthma and diabetes are trending downwards
- Sexually transmitted infections
- Suicide rates
- Cancer, heart disease and COVID-19 are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 10 potential categories. Based on similarities and duplication, the 10 potential areas considered are:

- **Aging issues**
- **Access to care**
- **COVID-19 related issues**
- **Health literacy**
- **Healthy behaviors – nutrition & exercise**
- **Behavioral health**
- **Overweight/Obesity**
- **STIs**
- **Substance abuse**
- **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 10 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: RESOURCE MATRIX relating to the 10 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: DESCRIPTION OF COMMUNITY RESOURCES.

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: PRIORITIZATION METHODOLOGY), the collaborative team identified two significant health needs and considered them equal priorities:

- **Access to Care** – *including primary source of healthcare, access medical care, prescription medications, dental care and mental-health counseling*
- **Behavioral Health** – *including mental health and substance abuse*

ACCESS TO CARE

PRIMARY SOURCE OF HEALTHCARE. The CHNA survey asked respondents to identify their primary source of healthcare. While 69% of respondents identified clinic/doctor's office as the primary source of care and 17% of respondents identified urgent care as the primary source of care, 8% of respondents indicated they do not seek healthcare when needed and 6% indicated the emergency department as the primary source of healthcare. Those choosing not to seek healthcare increased by 3% compared to results from the 2019 survey. Note that not seeking healthcare when needed is more likely to be selected by younger people, Black people, those with less income, those with less education and those living in an unstable (e.g., homeless) housing environment. Selection of an emergency department as the primary source of healthcare tends to be likely for Black people, those with less income, those with less education and those living in an unstable (e.g., homeless) housing environment.

ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATIONS, DENTAL CARE AND MENTAL-HEALTH COUNSELING. Additionally, survey results show that 25% of the population did not have access to medical care when needed; 18% of the population did not have access to prescription medications when needed; 24% of the population did not have access to dental care when needed; and 25% of the population did not have access to counseling when needed. The leading causes of not getting access to

care when needed were no insurance, inability to afford a co-pay, the wait was too long, inability to find a provider and trust.

BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 61% indicated they felt depressed in the last 30 days and 51% indicated they felt anxious or stressed. This shows a 14% increase in depression and an 11% increase in anxiety and stress compared to 2019. Depression tends to be rated higher for young people, women, those with lower education and those lower income. Stress and anxiety tend to be rated higher for young people, women, those with lower education and those lower income. Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 41% indicated that they spoke to someone, the most common response was to a counselor (35%). In regard to self-assessment of overall mental health, 18% of respondents stated they have poor overall mental health. In the 2022 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE ABUSE

SUBSTANCE ABUSE. Of survey respondents, 26% indicated they consume at least one alcoholic drink each day. Alcohol consumption has no statistically significant correlations with social determinants of health. Of survey respondents, 9% indicated they improperly use prescription medications each day to feel better, 7% indicated the use marijuana each day and 1% indicated they use illegal substances each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated by Black people, those with lower education, those with lower income and people in an unstable (e.g., homeless) housing environment. Marijuana use tends to be rated higher by younger people and those with less income. Illegal substance use has no statistically significant correlations. Substance abuse values and behaviors of students is a leading indicator of adult substance abuse in later years. Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, cigarettes inhalants, marijuana and illicit drugs) among adolescents. Winnebago County is at or above State averages in all categories among 8th graders. Among 12th graders, Winnebago County is at or above State averages for alcohol consumption and illicit drugs. Survey results show that drug abuse (illegal) was rated as the unhealthiest behavior in the community.

III. APPENDICES

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:

Stephen Bartlett, MD, joined OSF HealthCare Saint Anthony Medical Center as vice president, chief medical officer in August, 2019. In his role, Dr. Bartlett works to ensure that clinical programs are in place to meet the health care needs of the population within the region, and that quality outcomes are achieved. In addition, Dr. Bartlett serves as a key leader in developing clinical practice optimization strategies. Previously, Dr. Bartlett served as the executive vice president, chief medical officer and surgeon-in-chief at the University of Maryland Medical System. He has extensive professional and leadership experience in the clinical realm with a background in transplantation, general and vascular surgery. Dr. Bartlett earned his Bachelor of Arts in chemistry from Johns Hopkins University in Baltimore, Maryland. He went on to complete his medical degree at the University of Chicago, Pritzker School of Medicine. He received his general surgery training at the Hospital of the University of Pennsylvania and his vascular surgery fellowship at Northwestern University Medical Center.

Mary Cacioppi, joined the Leadership Team at One Body Collaboratives in January 2017; and was promoted to Executive Director in February 2018. In this role, Mary manages the overall operations of the organization including fund development, marketing and communications, and community outreach. She is also the Project Manager of the Bridges Out of Poverty Project, a project of Transform Rockford managed by One Body Collaboratives. Mary brings 16 years of experience in the non-profit sector to the organization, as well as expertise in community development, volunteer management and communications. She is a past recipient of the Rockford Chambers 40 Leaders Under 40 and Woman Business Leader of Tomorrow awards, honoring her professional and volunteer achievements.

Karen Carlson is the Executive Director of GiGi's Playhouse Rockford, which is a Down Syndrome Achievement Center serving roughly 400 individuals and their families across five counties. The Playhouse provides 100% FREE educational, therapeutic, career-minded and social programs for the lifetime of each participant. By eliminating the barrier of cost, the goal is to empower and inspire those with Down syndrome to succeed in life, allowing each individual to become their "Best of All." Karen has spent the past 31 years working in social services in Rockford, with 28 of those in various positions with the Rockford Diocese. After beginning her career working in foster care, she transitioned to providing group services to teen parents through an Ounce of Prevention contract, and then to providing emergency services for individuals and families in crisis through the Parish Assistance Network. Karen's last 15 years with the Diocese were spent in Executive Director roles with St. Elizabeth Community Center (which involves adult emergency services as well as youth and early education programming) and with Siena on Brendenwood (which is an independent living community for seniors). With a wide range of experiences in social services, Karen recognizes both the good and the bad, but chooses to focus on the positive things that can happen when a community decides to unite for a better tomorrow.

Paula Carynski, is President of OSF Saint Anthony Medical Center with 33 years of hospital leadership experience. Paula is a graduate of the Saint Anthony College of Nursing, Rockford University, and has her

Master of Science in Nursing Administration from the University of Illinois at Chicago. Paula is board certified as a Fellow of the American College of Healthcare Executives and Advanced Nursing. In 2012, Paula was the recipient of the Rockford Chamber Business Manager of the Year and one of the Twenty People You Should Know. In 2014, Paula was honored with the YWCA Business Award and Award of Distinction from Rockford University. Most recently, 2017, Paula was named to Becker's Hospital Review's "130 Women Hospital and Health System Leaders to Know". Paula has served on multiple not-for-profit boards and very active in the community.

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.

Linda Dennis is the Development Director for Shelter Care a nonprofit human service organization. The mission is to serve families who are homeless or at risk of homelessness, as well as adults living with mental illness and the goal is to end homelessness. Linda oversees all fundraising efforts to include: development and execution of all fundraising; solicitation of sponsorship; donor relations; board engagement in all fundraising events, and direction of key staff when executing fundraising events. Through her previous roll as director of Rockford Art Museum and serving on several boards fundraising has been a major part of Linda's career. Her board involvement includes: Children's Development Center, Family Advocate and Rockford Women's Club. Linda has been very involved with the community over the years chairing OSF's Pink Ball, The Rockford Symphony's Black Magic Ball, and working on the Waterfront's Admiral's Club. She has also served on many other fundraising committees.

Wayne Laramie, RN, BSN, MBA, NEA-BC, joined OSF HealthCare Saint Anthony Medical Center as vice president, patient care services/chief nursing officer in August of 2021. In his role, Wayne is accountable for providing leadership, guidance and administrative oversight to areas of responsibility through strategic planning, and developing nursing policy and procedures, standards of patient care and nursing practice. Wayne has 28 years of nursing and executive leadership skill specializing in nursing operations, business development, creative visioning and problem solving. He came to OSF from Ascension All Saints Hospital in Racine, Wisconsin, where he served as vice president of patient care and chief nursing officer. He brings additional experience through his extensive clinical background in EMS, trauma, ICU and emergency department. Wayne received his Bachelor of Science in nursing from Maryville University in St. Louis, Missouri. He completed his Master of Business from Lindenwood University in St. Charles, Missouri.

Lisa La Sala, MS, is the Manager of Patient Experience at OSF Saint Anthony Medical Center. Her scope of responsibility and expertise includes patient satisfaction, patient complaints/grievances, interpreter services, volunteer services, animal assisted therapy, and patient experience related trainings. Lisa earned her Master's Degree in Leadership and Nonprofit Management. Previous roles include serving as the Executive Director of the American Red Cross of Northwest Illinois and Executive Director of Big Brothers Big Sisters. Lisa has served on several boards throughout the Rockford Area.

Brent Pentenburg joined the YMCA of Rock River Valley in 2012. He has held various leadership positions, including his current position as Chief Executive Officer. His Y career launched more than 15 years ago as a day camp counselor in Georgia. His Y journey has exposed him to various roles and areas of focus in the Rockford community. Additionally, Brent, his wife and his four children love working along with community members who are passionate with the YMCA as well.

Teresa M. Reeverts is the Director of Hope Clinic at Rockford Rescue Mission and a member of the Illinois Association of Free and Charitable Clinics, serving on the Quality Improvement Project/Data Collection emphasis. Objectives for this project are: elevating quality in all IAFCC clinics, aggregating data to assess the impact of Free and Charitable Clinics in communities, assisting member clinics in necessary data collection to apply for grants, issuing press releases and generally, raising awareness of Free and Charitable Clinics. Having served in many human services roles throughout her career, Teresa is committed to a holistic approach to helping people improve their lives. Serving as the Director/Supervisor of Works! Center at Rockford Rescue Mission has allowed her to explore the educational needs and employment preparation necessary to equip the under-prepared for gainful employment.

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 35 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 Tuley (Coordinator) is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and acts as the coordinator for 15 Hospital Community Health Need Assessments. In addition, she coordinates the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn holds a Master's in Healthcare Administration from Purdue University and is certified in Community Benefit. Dawn has been a member of the McMahan-Illini Chapter of Healthcare Financial Management Association for over twelve years. She has served as the Vice President, President-Elect and two terms as the Chapter

President on the board of Directors. She has earned a silver, bronze, gold and Metal of Honor from her work with the McMahan-Illini HFMA Chapter. She is currently serving as a Director on the board.

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 principal 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 2019 CHNA PRIORITIZED NEEDS

Three major health needs were identified and prioritized in Winnebago County 2019 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs.

1. Healthy Behaviors – Defined as Active Living, Healthy Eating and Their Impact on Obesity

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

1. Increase community and corporate health screenings.
 - a. Held screening events around COVID.
2. Provide education to Hospitalists to increase referrals to Outpatient Dietitians.
 - a. Cancelled due to COVID-19 pandemic.
3. Offer Heart Healthy Nutrition classes at quarterly.
 - a. Classes scheduled and cancelled due to COVID-19, will resume in the future
4. Offer nutrition/fitness classes.
 - a. Nutrition class held with 6 participants. Fitness Center is now closed.
5. Improve health and well-being of employees and community thru Blue-Zones certification and built environment.
 - a. Baseline of 2.3 years younger than chronological age.

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

1. Revise SAMC weight management website. Distribute and promote OSF surgical and non-surgical weight loss clinic/options.
 - a. Social media promotion was put on hold.
2. Promote OSF Fitness center, increase Silver Sneakers/ other free memberships.
 - a. Fitness center has closed and is no longer offering Silver Sneakers.
3. Increase new surgical weight loss consultation by 10% each year.

- a. 108 (switched surgeons in Oct. 2021 and needed to re-establish a new clinic).
- 4. Increase individual dietitian consultations. Increase dietician consult appointments by 5% each year.
 - a. 1761 consults.
- 5. Enhance/extend walking pathway throughout campus.
 - a. Increased by 8% at 106 participants. Was not tracked this year due to pending renegotiation of Blue Zone Contract.
- 6. Collect fresh produce for Saint Elizabeth Community Center pantry seasonally.
 - a. St. Elizabeth Pantry unable to accept fresh produce due to COVID pandemic.

2. Behavioral Health Defined as – Mental Health and Substance Abuse

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

- 1. Increase marketing to improve community awareness and utilization of the Drug Take Back program.
 - a. Due to COVID-19 marketing campaign not initiated.
- 2. Collection of medications disposed in the Drug Take Back box.
 - a. 787 lbs. (due to COVID the facility has had restricted access since 03/2020 and collection boxes are inside facility).

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

- 1. Decrease # of tablets ordered per opioid prescription. ED physicians. Track number of tablets per opioid prescription to establish baseline. Decrease # of tablets ordered per prescription by 10% of baseline by 2022.
 - a. Created a baseline of 15 tablets.
- 2. Provide free access to digital Behavioral Health solution – Silvercloud
 - a. Over 200 enrolled.
- 3. Provide free Behavioral Health Navigation Service
 - a. Over 300 referred.

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

1. All patients 12 years of age and older who are seen in the ED or inpatient or outpatient unit who are being evaluated or treated for a behavioral health condition will be screened for suicide risk. 95% of ED patients screened for suicide using the Columbia Suicide Severity Rating Scale (C-SSRS).
 - a. Program was cancelled and has been reinstated at 88%.
2. All patients with screening resulting in a moderate to high score require a provider assessment. Suicide assessment completed for 100% of patients scoring moderate or high risk on the C-SSRS tool.
 - a. Program was cancelled and has been reinstated at 51%.
3. Contracted services with Rosecrance to provide evaluation and referrals or placement to at risk ED patients. Increase referrals of at risk ED patients to Rosecrance by 1% annually.
 - a. Baseline of 11 determined in first year, then 28%.

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

1. Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.
 - a. 4,202 screened so far.
2. Track number of patients referred to community-based organizations (CBO).
 - a. 127 patient referrals.
3. Track number of Mission Partners educated for continued roll-out.
 - a. 31 Mission Partners.
4. Track number of patient referrals to OSF Care Management and social workers
 - a. 32 patients referred.

3. Cancer – Lung

Goal 1: Decrease the death rate in Winnebago County due to lung cancer.

1. Provide OSF Smoking Cessation Classes every quarter
 - a. Due to COVID-19 restrictions unable to provide these classes this year

2. Increase marketing/promotion of Smoking Cessation classes to increase participation.
 - a. Due to COVID-19 restrictions marketing efforts suspended as classes could not be provided.
3. Annual education to community medical providers on lung cancer screening criteria, shared decision-making visit, and how to order.
 - a. Over 600 screenings preformed.
4. Promote OSF Lung Cancer Screening
 - a. Due to COVID-19, restrictions only one event was completed and all others had to be cancelled.
5. Enforce tobacco free campus.
 - a. Baseline 126, 213 found in 2021 and 20 citations given.

APPENDIX 3: SURVEY

Winnebago County 2021 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, and other factors that may impact your health. We are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 12 minutes to complete. All of your individual responses are anonymous and confidential. We will use the survey results to better understand and address health needs in our community.

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3. If you were not able to get medical care, why not? (Please choose all that apply).

- Didn't have health insurance. Too long to wait for appointment.
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the doctor.
 Fear of discrimination. Lack of trust.

Prescription Medicine

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

- Yes (please answer #5) No (please go to #6: Dental Care)

5. If you were not able to get prescription medicine, why not? (Please choose all that apply).

- Didn't have health insurance. Pharmacy refused to take my insurance or Medicaid.
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the pharmacy.
 Fear of discrimination. Lack of trust.

Dental Care

6. In the last YEAR, was there a time when you needed dental care but were not able to get it?

- Yes (please answer #7) No (please go to #8: Mental-Health Counseling)

7. If you were not able to get dental care, why not? (Please choose all that apply).

- Didn't have dental insurance. The dentist refused my insurance/Medicaid
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the dentist.
 Fear of discrimination. Lack of trust.
 Not sure where to find available dentist

Mental-Health Counseling

8. In the last YEAR, was there a time when you needed mental-health counseling but could not get it?

- Yes (please answer #9) No (please go to next section – HEALTHY BEHAVIORS)

9. If you were not able to get mental-health counseling, why not? (Please choose all that apply).

- Didn't have insurance. The counselor refused to take insurance/Medicaid.
 Couldn't afford to pay my co-pay or deductible Embarrassment.
 Didn't have a way to get to a counselor. Cannot find counselor.
 Fear of discrimination. Lack of trust.
 Long wait time.

HEALTHY BEHAVIORS

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

Exercise

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

- None (please answer #2) 1 – 2 times 3 - 5 times More than 5 times

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2. If you answered “none” to the question about exercise, why didn’t you exercise in the past week? (Please choose all that apply).

- Don’t have any time to exercise.
- Can’t afford the fees to exercise.
- Don’t have access to an exercise facility.
- Safety issues.
- Don’t like to exercise.
- Don’t have child care while I exercise.
- Too tired.

Healthy Eating

3. On a typical DAY, how many servings/separate portions of fruits and/or vegetables did you have? An example would be a banana (but not banana flavored pudding).

- None (please answer #4)
- 1 - 2 servings
- 3 - 5 servings
- More than 5 servings

4. If you answered “none” to the questions about fruits and vegetables, why didn’t you eat fruits/vegetables? (Please choose all that apply).

- Don’t have transportation to get fruits/vegetables
- It is not important to me
- Don’t know how to prepare fruits/vegetables
- Don’t know where to buy fruits/vegetables
- Don’t like fruits/vegetables
- Can’t afford fruits/vegetables
- Don’t have a refrigerator/stove

5. Where is your primary source of food? (Please choose only one answer).

- Grocery store
- Fast food
- Gas station
- Food delivery program
- Food pantry
- Farm/garden
- Convenience store

6. Please check the box next to any health conditions that you have. (Please choose all that apply).

If you don’t have any health conditions, please check the first box and go to question #8: Smoking.

- I do not have any health conditions
- Allergy
- Asthma/COPD
- Cancer
- Diabetes
- Heart problems
- Overweight
- Memory problems
- Mental-health conditions
- Stroke

7. If you identified any conditions in Question #6, how often do you follow an eating plan to manage your condition(s)?

- Never
- Sometimes
- Usually
- Always

Smoking

8. On a typical DAY, how many cigarettes do you smoke?

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

Vaping

9. On a typical DAY, how many times do you use electronic vaping?

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

GENERAL HEALTH

10. Where do you get most of your health information and how would you like to get health information in the future? (For example, do you get health information from your doctor, from the Internet, etc.). _____

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11. Do you have a personal physician/doctor? Yes No
12. How many days a week do you or your family members go hungry?
 None 1-2 days 3-5 days More than 5 days
13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?
 None 1-2 days 3-5 days More than 5 days
14. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?
 None 1-2 days 3-5 days More than 5 days
15. In the last YEAR have you talked with anyone about your mental health?
 Yes (please answer #16) No (please go to #17)
16. If you talked to anyone about your mental health, who was it?
 Doctor/nurse Counselor Family/friend Other _____
17. How often do you use prescription medications (not prescribed to you or used differently than how the doctor instructed) on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
18. How many alcoholic drinks do you have on a typical DAY?
 None 1-2 drinks 3-5 drinks More than 5 drinks
19. How often do you use marijuana on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
20. How often do you use substances such as inhalants, ecstasy, cocaine, meth or heroin on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
21. Do you feel safe where you live? Yes No
22. In the past 5 years, have you had a:
- | | | | |
|---|------------------------------|-----------------------------|---|
| Breast/mammography exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Prostate exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Colonoscopy/colorectal cancer screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Cervical cancer screening/pap smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

Overall Health Ratings

21. My overall physical health is: Below average Average Above average
22. My overall mental health is: Below average Average Above average

INTERNET

1. Do you have Internet at home? For example, can you watch Youtube at home?
 Yes (please go to next section – BACKGROUND INFORMATION) No (please answer #2)

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2. If don't have Internet, why not? Cost No available Internet provider I don't know how
 Data limits Poor Internet service No phone or computer

BACKGROUND INFORMATION

1. What county do you live in?

- Winnebago Other

2. What is your Zip Code? _____

3. What type of health insurance do you have? (Please choose all that apply).

- Medicare Medicaid/State insurance Commercial/Employer
 Don't have (Please answer #4)

4. If you answered "don't have" to the question about health insurance, why **don't** you have insurance? (Please choose all that apply).

- Can't afford health insurance Don't need health insurance
 Don't know how to get health insurance Other _____

5. What is your gender? Male Female Non-binary Transgender Prefer not to answer

6. What is your sexual orientation? Heterosexual Lesbian Gay Bisexual
 Queer Prefer not to answer

7. What is your age? Under 20 21-35 36-50 51-65 Over 65

8. What is your racial or ethnic identification? (Please choose only one answer).

- White/Caucasian Black/African American Hispanic/LatinX
 Pacific Islander Native American Asian/South Asian
 Multiracial Other: _____

9. What is your highest level of education? (Please choose only one answer).

- Grade/Junior high school Some high school High school degree (or GED)
 Some college (no degree) Associate's degree Certificate/technical degree
 Bachelor's degree Graduate degree Other: _____

10. What was your household/total income last year, before taxes? (Please choose only one answer).

- Less than \$20,000 \$20,001 to \$40,000 \$40,001 to \$60,000
 \$60,001 to \$80,000 \$80,001 to \$100,000 More than \$100,000

11. What is your housing status?

- Do not have Have housing, but worried about losing it Have housing, **NOT** worried about losing it

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12. If you answered that you have housing, does your house have:

- leaking roof mold heat air conditioning
 running water rodents lead electricity Internet

13. How many people live with you? _____

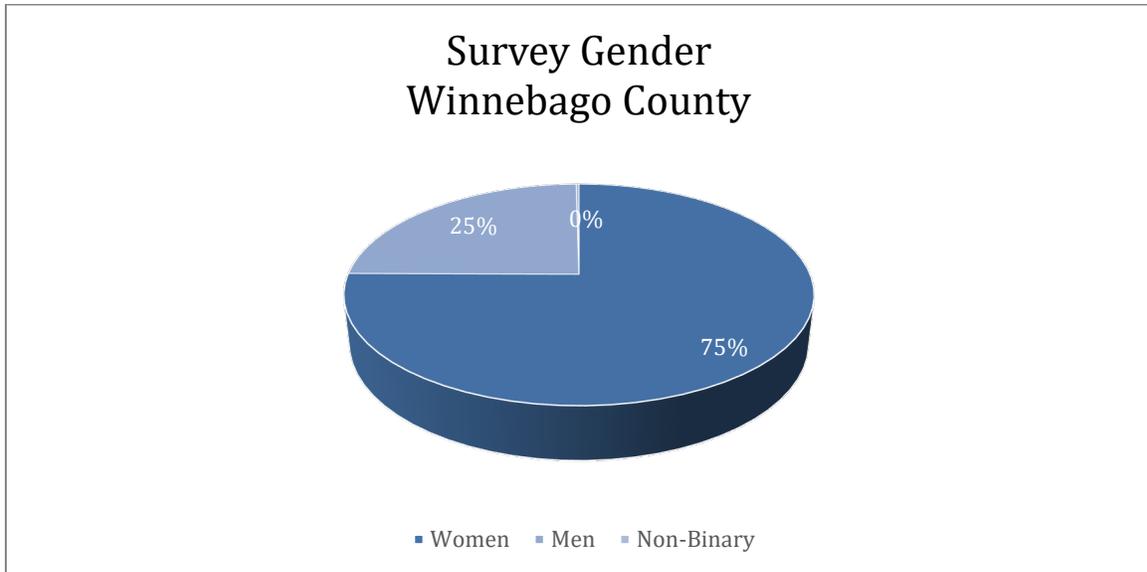
14. How often do you communicate with people you care about and feel close to? (For example, talking, texting, meeting with friends/family?)

- Less than once per week 1-2 times per week 3 - 5 times per week More than 5 times per week

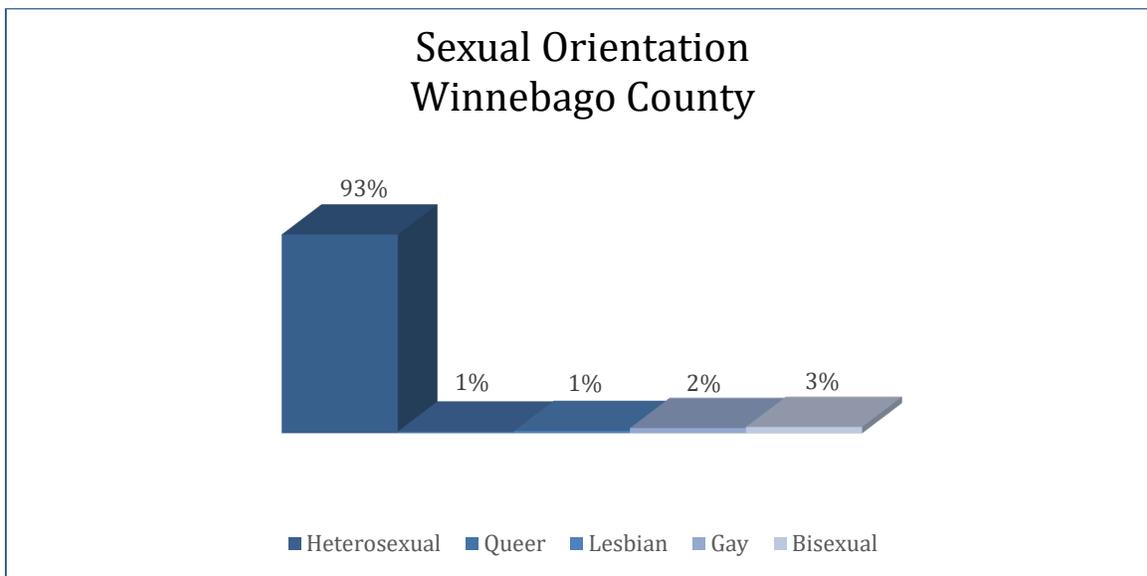
Is there anything else you'd like to share about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

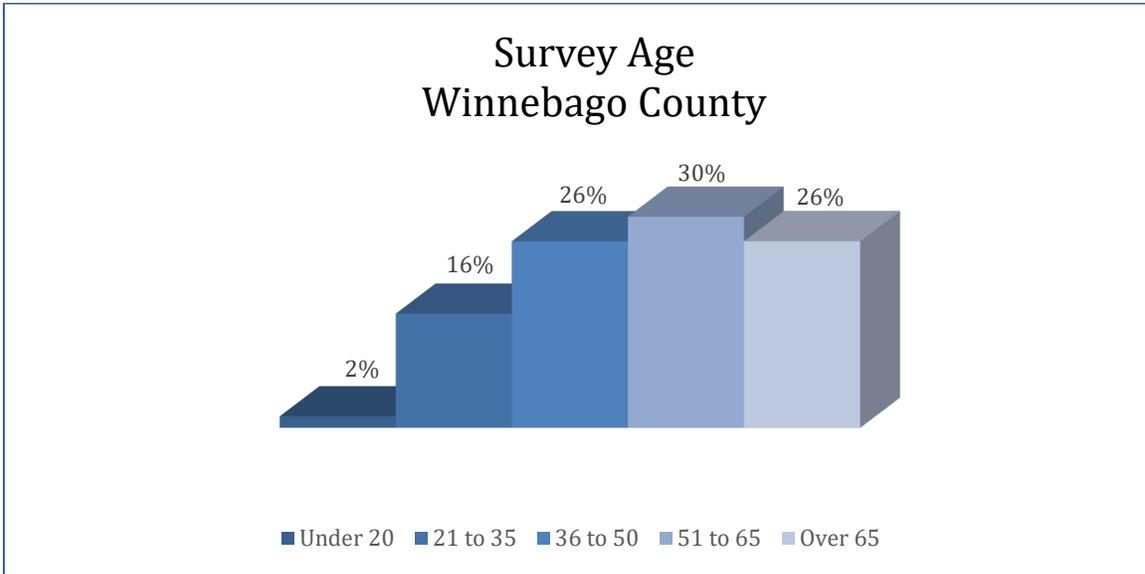
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS



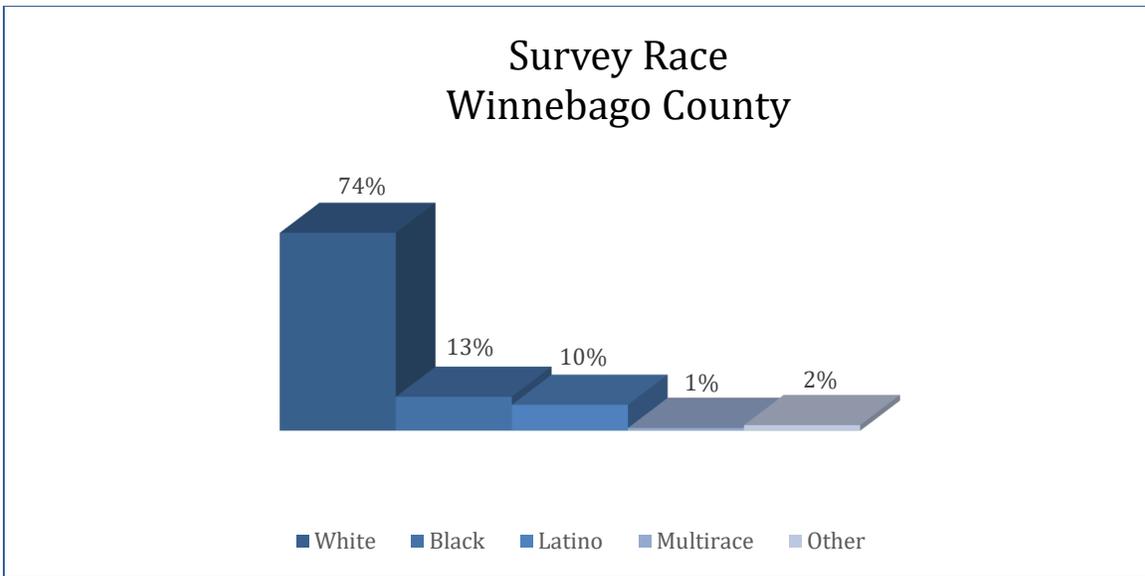
Source: CHNA Survey



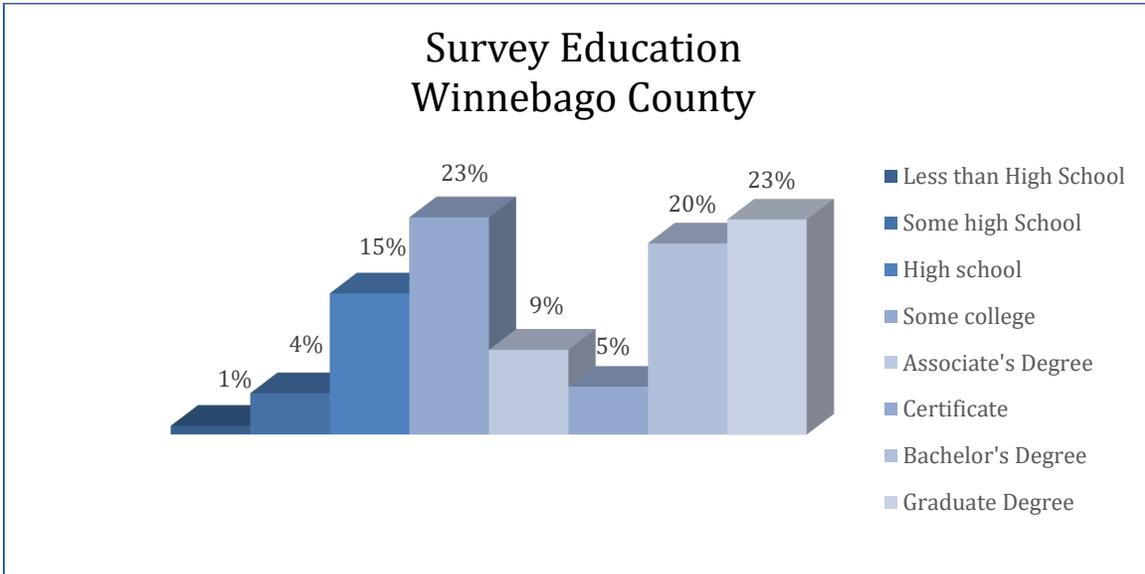
Source: CHNA Survey



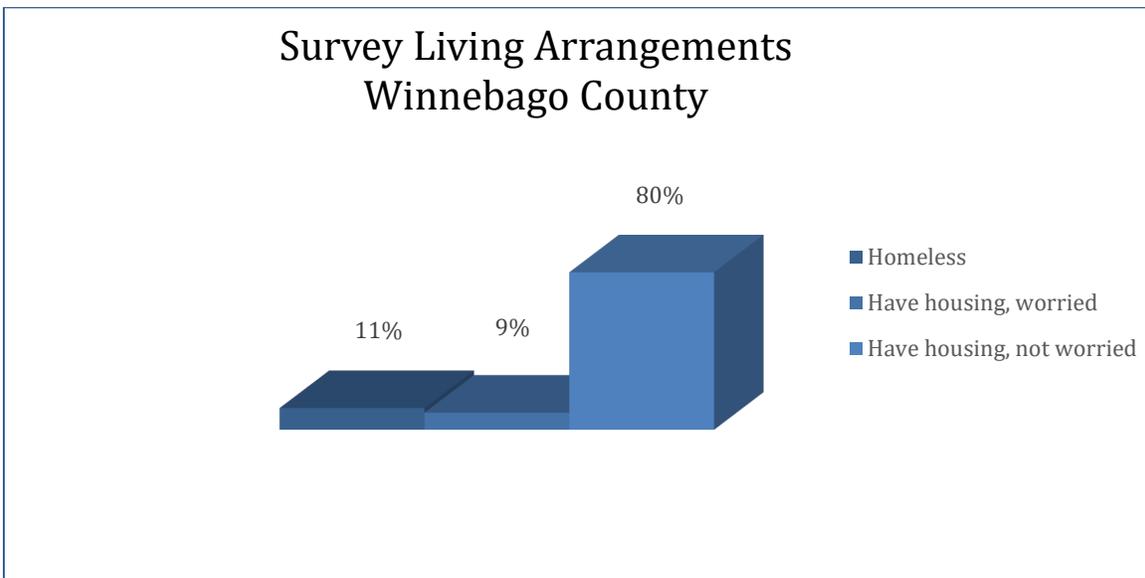
Source: CHNA Survey



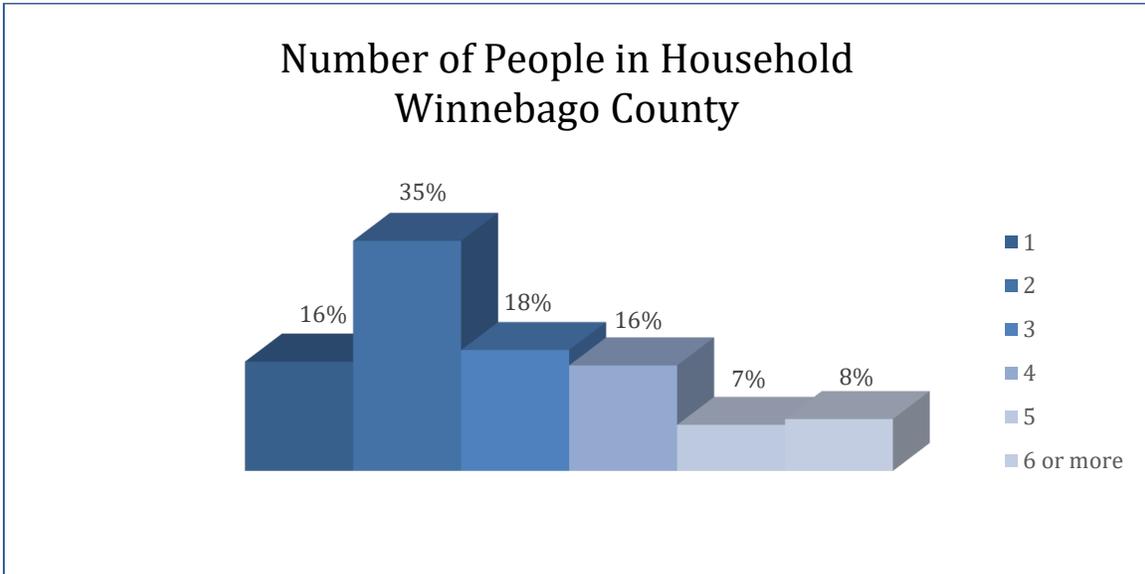
Source: CHNA Survey



Source: CHNA Survey



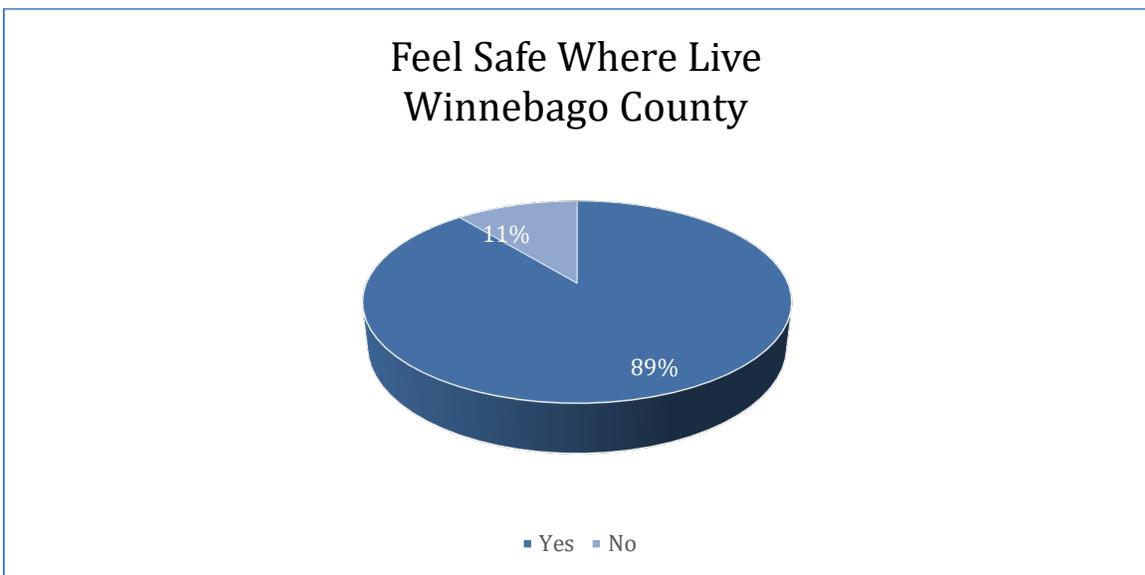
Source: CHNA Survey



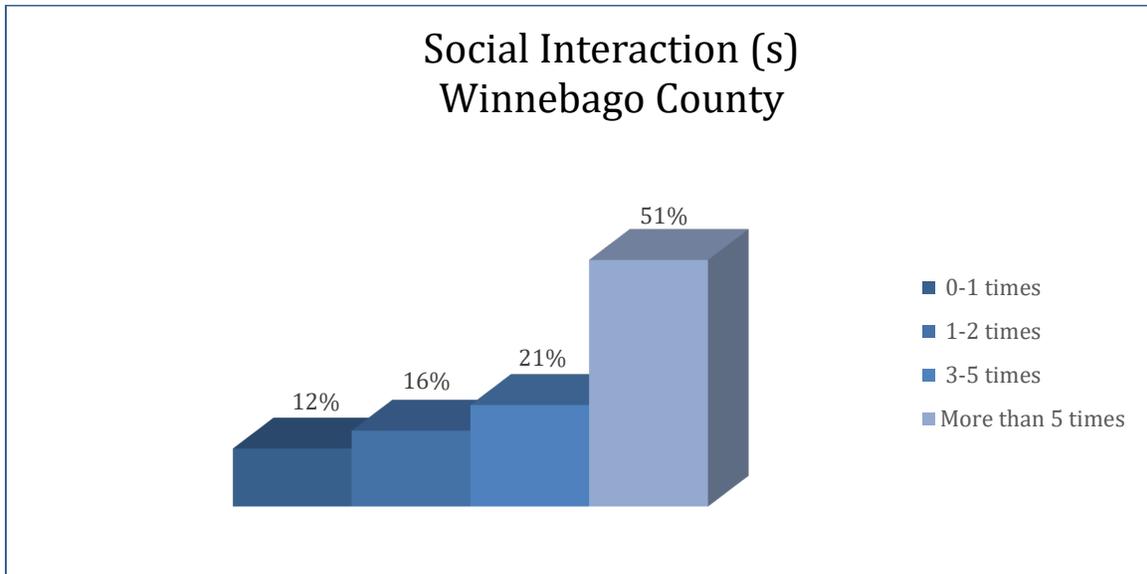
Source: CHNA Survey

Housing Environment

Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality. For Winnebago County, 31% of the population is at elevated risk for Housing environment. This is lower than the State of Illinois average of 33% (SocialScape® powered by SociallyDetermined®, 2022).



Source: CHNA Survey



Source: CHNA Survey

APPENDIX 5: RESOURCE MATRIX

	Aging population	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Overweight/Obesity	Substance Abuse	Access to Care	Lung Cancer	Health Literacy	COVID-19	STIs
Recreational Facilities										
Booker T. Washington Community Center		3		2						
Boys and Girls Club of Rockford		3		2						
Ken-Rock Community Center, Inc	2			2						
Northwest Community Center	2	3		2						
Rockford Park District		3		2						
YMCA of Rock River Valley		3		3						
YWCA of Rockford		3		3						
Health Departments										
Winnebago County Health Department	2	3								
Community Agencies										
Alzheimer's Association - Greater IL Chapter	2									
American Cancer Society - Rockford Chapter							2			
ARC of Winnebago, Boone and Ogle Counties			1							
Barbara Olson School of Hope			1							
Carpenter's Place			3							
Catholic Charities - Diocese of Rockford			3							
center for community Re-Entry			3		3					
Children's Advocacy Center (CAC)			3							

	Aging population	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Overweight/Obesity	Substance Abuse	Access to Care	Lung Cancer	Health Literacy	COVID-19	STIs
Children's Home + Aid - Motherhouse Crisis Nursery			1							
Circles of Learning		2	2	1						
City of Rockford Human Services Department		1	1							
Comprehensive Community Solutions Inc			2							
Cornucopia Food Pantry		2								
Department of Children and Family Services		1		1						
Easter Seals Children's Development Center		2		2		1				
Family Counseling Services			3							
Family Matters - PACT			2							
God's Glory Food Pantry		2								
Goodwill Industries of Northern IL		2								
Grounds For Life Soup Kitchen		2								
Group Hope - Depression and Bipolar Support			2							
Haven Network			?							
Illinois Crisis Prevention Network			2							
Lifescape Community Services, Inc.	3	2								
Love Inc.		1								
Lutheran Social Services	3		2		?					
Lydia Home Association			2							
MERIT University of IL College of Medicine - Rockford			1							
Milestone Inc.			1			2				

	Aging population	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Overweight/Obesity	Substance Abuse	Access to Care	Lung Cancer	Health Literacy	COVID-19	STIs
NAMI Northern IL			2							
Northern IL Diabetes Coalition		2								
Northern IL HIV-AIDS Network										
Northern IL Food Bank		2								
Northern IL Hospice and Grief Network		2								
Northwestern IL Area Agency of Aging	3									
Optimal Care Advocates	2									
OSF HealthCare Strive Trauma Recovery Center										
Regional Access Care Mobilization Project (RAMP)			2		1					
Remedies Renewing Lives			2		3					
Rock Valley College						3				
Rockford Area Pregnancy Care Centers			1							
Rockford Housing Authority			1			2				
Rockford Rescue Mission		2	2		3					
Rockford Sexual Assault Counseling			2							
Rockford Township - General Assistance Office										
Rockford Vet Center			2		2					
Rosecrance Health Network			3		3					
Salvation Army of Winnebago County			2							
Shelter Care Ministries			1							
St. Elizabeth Catholic Community Center	1	2	?							

	Aging population	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Overweight/Obesity	Substance Abuse	Access to Care	Lung Cancer	Health Literacy	COVID-19	STIs
Stepping Stones of Rockford, Inc.			3							
TASC Inc. Northwest IL			2		2					
Youth Service Bureau of IL Valley - Rockford Office			2		2					
Youth Services Network			2		2					
YWCA - La Voz Latina		2								
Hospitals / Clinics										
Crusader Community Health		3	2	2		3				
OSF HealthCare Saint Anthony Medical Center	2	3	1	3	2		3			
Mercy Health System		3	3	3			3			
SwedishAmerican Health System - Division of UW Health		3	2	3	3		3			
The Bridge Clinic										
University Psychiatric Services UICOM at Rockford			3							

(1)= low; (2)= moderate; (3) = high, in terms of degree to which the need is being addressed

APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES

RECREATIONAL FACILITIES (7)

Booker Washington Center

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

Boys and Girls Club of Rockford

A 97 year old community center which focuses on educational and social service programs for a predominantly African-American population. Booker is nationally recognized for its iconic work and holds an honorable mention in the United States Congress as Illinois' oldest African-American community center. The Center has 14 employees and 25 community volunteers, which oversee daily operations, including two building facilities, the 7 acre Booker Washington Park and management of partnerships, including the Willie D. Ashford YMCA Branch at Booker Washington Center.

Ken-Rock Community Center

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

Northwest Community Center

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

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

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

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

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 (54)

Alzheimer's Association - Greater Illinois Chapter

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

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

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

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

Carpenter's Place

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

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

Center for Community Re-Entry

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)

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

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

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

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)

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

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

Department of Children and Family Services

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

Easter Seals Children's Development Center

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

Family Counseling Services provides counseling, psychotherapy and family life education to individuals and families in Winnebago, Boone and Ogle counties in Illinois. Program reflect our ardent belief in the need to preserve the family unit and establish family values and accountability through early intervention.

Family Matters – PACT

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

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

Goodwill Industries

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

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

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

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.

Illinois Crisis Prevention Network

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.

Lifescapes Community Services

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

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

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

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

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.

Milestone has grown to become Winnebago and Boone Counties' largest provider of residential, developmental, vocational, and social support services for adults and children with autism, developmental disability, epilepsy, and cerebral palsy. Milestone began its commitment in 1971 when a group of concerned parents of adults with developmental disabilities met with area professionals to discuss the lack of living centers for people with disabilities.

National Alliance on Mental Illness

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

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

Northern Illinois HIV-AIDS Network

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

Northern Illinois Food Bank

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

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

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

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

Regional Access Mobilization Project (RAMP)

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

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

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

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

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 Rescue Mission

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

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

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

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.

Rosecrance Health Network

Rosecrance offers comprehensive addiction services for adolescents and adults, including prevention, intervention, detoxification, inpatient and outpatient treatment, experiential therapies, dual-diagnosis care and family education. Rosecrance 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

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

Shelter Care Ministries

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

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

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

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

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)

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.

YWCA La Voz Latina

La Voz Latina maintains a strong focus on helping Latino/Hispanic families achieve self-sufficiency and become active and productive members of our community. YWCA La Voz Latina offers a wide variety of services and programs for the Latino community in the northwestern counties of Illinois. The department maintains a strong focus on education for youth and adults, health promotion and strong families.

HOSPITALS/CLINICS (7)**Crusader Community 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 HealthCare Saint Anthony Medical Center

OSF Saint Anthony 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 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 Health System

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 – A Division of UW 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

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

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.

OSF HealthCare Strive Trauma Recovery Center

The OSF Strive TRC is for survivors, age 14 and older, of violent crime who are experiencing post-traumatic distress but not receiving other mental health care. That includes people struggling with symptoms of anxiety, depression or Post-Traumatic Stress Disorder (PTSD) after a trauma such as gun violence, assaults, domestic violence, armed violence or robbery in which they are the victim or witness.

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 Method²

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

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

² “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)