2025

Community Health Needs Assessment

OSF SAINT ANTHONY MEDICAL CENTER

Winnebago County

Community Health Needs Assessment

2025

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 Winnebago County residents. This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the Winnebago County region. Prevalent themes include demographic composition, disease predictors and prevalence, leading causes of mortality, accessibility to health services and healthy behaviors.

The results of this study can inform strategic decision-making, directly addressing the community's health needs. It was designed to assess issues and trends affecting the communities served by the collaborative and to understand the perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess the community's health status. Information was collected from numerous secondary sources, both publicly and privately available data. Additionally, primary data was collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of 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. Social drivers of health were also analyzed to understand why certain population segments responded differently.

Ultimately, the collaborative team identified and prioritized the most important health-related issues in the Winnebago County region. They 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; and (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:

- **Mental Health, Including Substance Use**
- **Healthy Behaviors – Preventative Health**

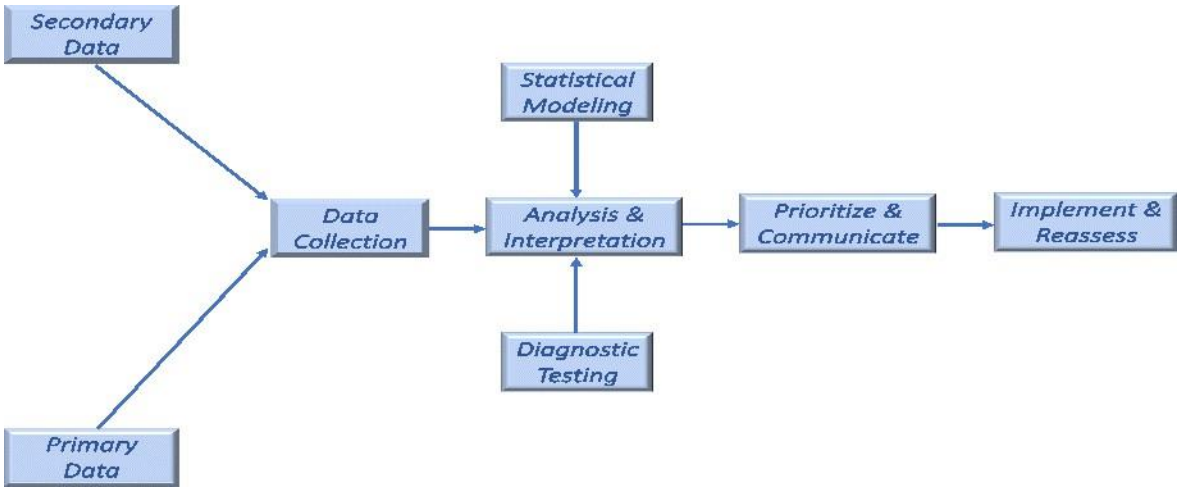
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, introduced new requirements for tax-exempt charitable hospital organizations. The organizations must conduct community health needs assessments and adopt implementation strategies to address community health needs identified through the assessments. This Community Health Needs Assessment (CHNA) includes 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 28, 2025.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Schedule H, Form 990, 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

To engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was formed. Members of the 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. 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. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Definition of the Community

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 shows that Winnebago County represents 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. This study aims to equip healthcare organizations, such as hospitals, clinics and health departments, with the essential information needed to develop strategic plans for program design, access and delivery.

The results of this study will enable healthcare organizations to efficiently allocate limited resources and better manage high-priority challenges. By working together, hospitals, clinics, agencies and health departments will leverage this CHNA to enhance healthcare quality in Winnebago County. When feasible, data is assessed longitudinally to identify trends and patterns by comparing with results of the 2022 CHNA and benchmarking them against State of Illinois averages.

Community Feedback from Previous Assessments

The 2022 CHNA was widely shared with the community to allow feedback. The hospital posted both a full and summary version on its website, with a feedback link available. Additionally, feedback could be provided via this email: CHNAFeedback@osfhealthcare.org.

Although no written feedback was received by community members via the available mechanisms, verbal feedback from key stakeholders from community-service organizations was incorporated into the collaborative process.

2022 CHNA Health Needs and Implementation Plans

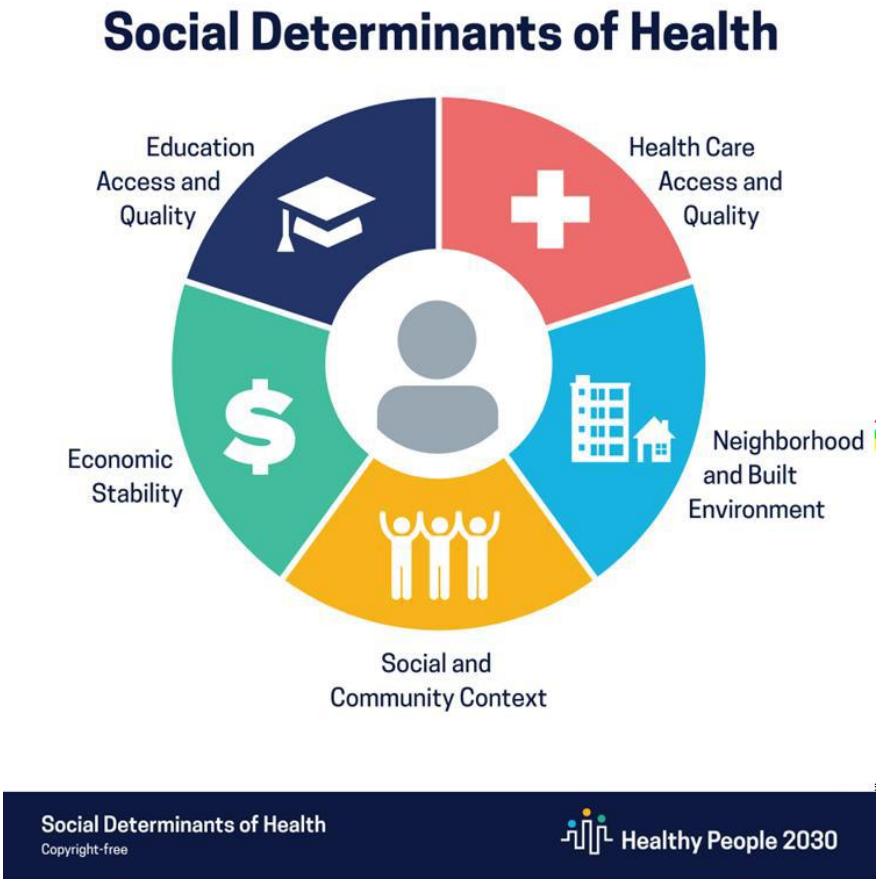
The 2022 CHNA for Winnebago County identified two significant health needs.

These included: Access to Care, including primary source of healthcare, access medical care, prescription medications, dental care and mental-health counseling; and Behavioral Health, including mental health and substance use healthy behaviors. 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 2022 CHNA PRIORITIZED NEEDS.

Social Drivers of Health

This CHNA incorporates important factors associated with Social Drivers of Health (SDOH). SDOH are crucial 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. Research by the U.S. Department of Health and Human Services, as part of Healthy People 2030, identifies five SDOH to include when assessing community health (Figure 2Figure 2). Note this CHNA refers to social "drivers" rather than "determinants." According to the Root Cause Coalition, drivers are malleable, while determinants are not. However, the five factors included in Figure 2 remain the same, regardless of terminology used.

Figure 2



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved November 1, 2024, from https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

The CHNA includes an assessment of SDOH because these factors contribute to health inequities and disparities. Interventions without considering 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 was used to assess the community profile, morbidity rates and causes of mortality. Additionally, a study was completed to examine perceptions of community health-related issues, healthy behaviors, behavioral health, food security, social drivers of health and access to healthcare.

Secondary Data Collection

Existing secondary statistical data was first used to develop an overall assessment of health-related issues in the community. For each section of the report, there are definitions, the 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: age-related, cardiovascular, respiratory, cancer, diabetes and infections. To define each disease category, modified definitions developed by Sg2 were used. Sg2 specializes in consulting for healthcare organizations, and their team of experts includes MDs, PhDs, RNs and healthcare leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

In addition to existing secondary data sources, primary survey data was also collected. This section describes the research methods used to collect, code, verify and analyze primary survey data. Specifically, it covers 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 reviewed to identify common themes and approaches to collecting community health needs data. By leveraging best practices from these surveys, a new survey was designed in 2024 for use with both the general population and the at-risk community. To ensure all critical areas were addressed, the entire collaborative team was involved in survey design and 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 use 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 drivers of health –** To assess the impact that social drivers 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

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 15.4 percent. The population used for the calculation was 280,922, yielding a total of 43,262 residents living in poverty in the Winnebago County area.

A normal approximation to the hypergeometric distribution was assumed given the targeted sample size.

$n = (Nz2pq)/(E2 (N-1) + z2 pq)$

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 470 responses. After cleaning the data for "bot" survey respondents, the sample was reduced to 447 respondents. This met 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 423 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

Survey data was collected in the 2nd quarter of 2024. 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. To be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Both the online survey and paper survey were also 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 targeted based on their socio-economic status.

It is important to note that use of electronic surveys to collect community-level data may create potential for bias from convenience sampling error. To account for potential bias in the community sample, a second control sample of data is periodically collected. This control sample consists of random patients surveyed at the hospital, assuming patients receiving care represent an unbiased representation of the community. All questions on the patient version of the survey pertaining to access to healthcare are removed, as these questions are not relevant to current patients. Data from the community sample and the control sample is then compared using t-tests and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significant patterns of bias. If specific relationships exhibited potential bias between the community sample and the control sample, they are identified in the social-drivers 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 was valid. These tests were performed before any analyses were undertaken. Data was 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. Frequencies and descriptive statistics were employed to identify patterns in residents' ratings of various health concerns. Additionally, appropriate statistical techniques were used to identify existing relationships between perceptions, behaviors and demographic data. Specifically, Pearson correlations, X^2 tests and tetrachoric correlations were used when appropriate, given the characteristics of the specific data being analyzed.

CHAPTER 1 OUTLINE

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

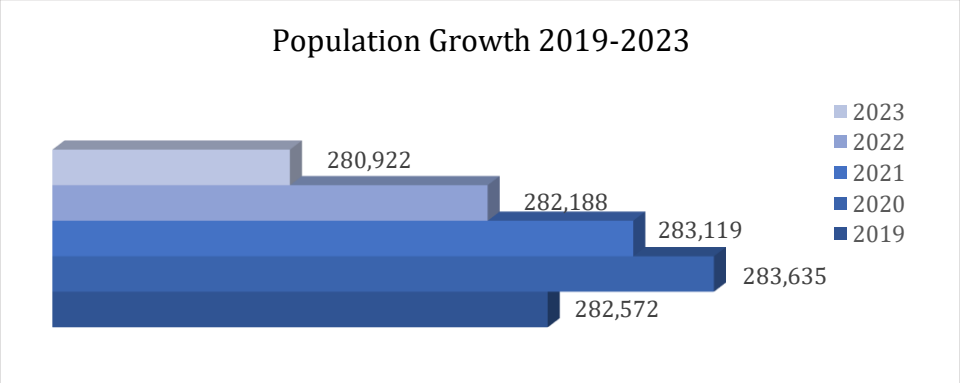
1.1 Population

Importance of the Measure: Population data characterizes individuals residing in Winnebago County. This data provides an overview of population growth trends and builds a foundation for further analysis.

Population Growth

Data from the last census indicates the population of Winnebago County has slightly decreased (<1%) between 2019 and 2023 (Figure 3).

Figure 3



Source: United States Census Bureau

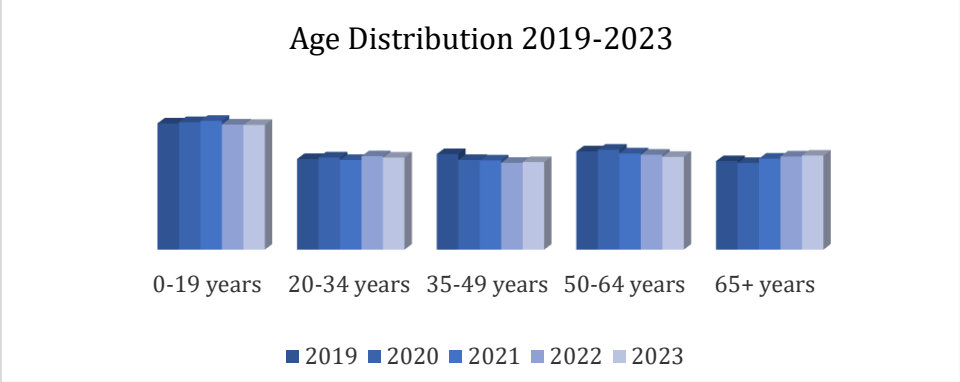
1.2 Age, Gender and Race Distribution

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

Age

As illustrated in Figure 4, the percentage of individuals in Winnebago County in each age group, except for those 20-34 and 65+ age groups, decreased over the five-year period 2019 to 2023. Most notably, those in the 65+ age group increased 6.2% and those in the 20-34 age group increased by 1.6%. Those in the 35-39 age group decreased by 8.4%, those in the 50-64 age group decreased by 5.6% and those in the 0-19 age group decreased by 1.2%.

Figure 4

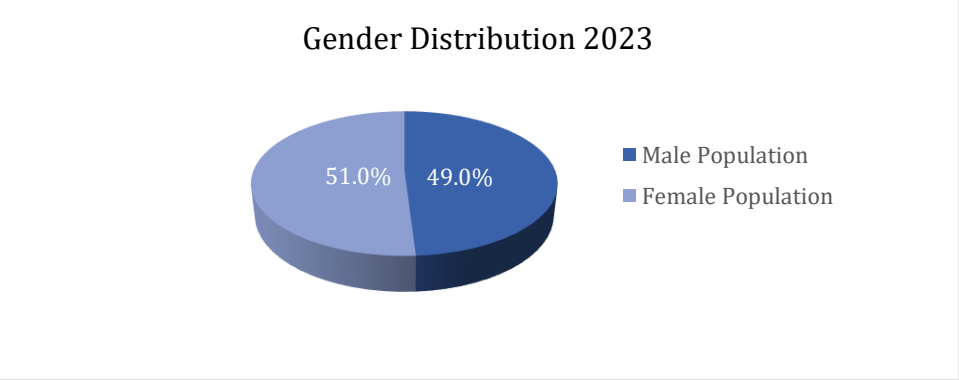


Source: United States Census Bureau

Gender

The gender distribution of Winnebago County (Figure 5) residents is relatively equal among males and females.

Figure 5



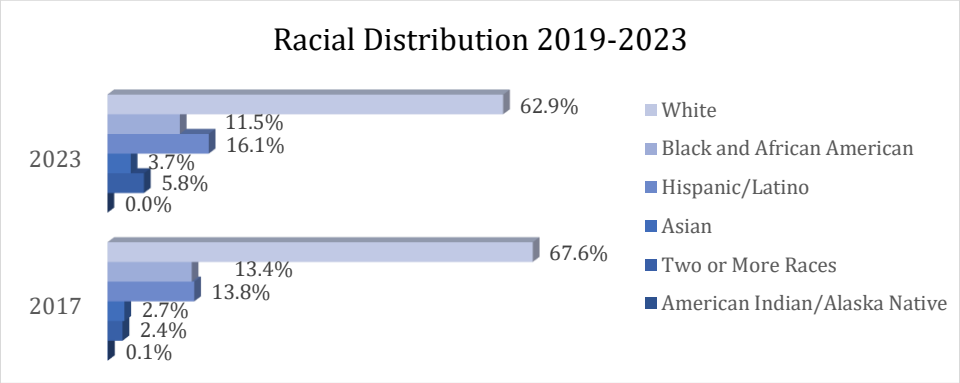
Source: United States Census Bureau

Race

Regarding race and ethnic background, Winnebago County is moderately homogenous, yet in recent years, the county is becoming more diverse. Data from 2023 suggests that White ethnicity comprises 62.9% of the population in Winnebago County. However, the non-White population of Winnebago County is increasing (from 32.4% in 2019 to 37.1% in 2023), with Black ethnicity comprising 11.5% of the

population, Hispanic/Latino (LatinX) ethnicity comprising 16.1%, Asian ethnicity comprising of 3.7% and multi-racial ethnicity comprising 5.8% of the population (Figure 6).

Figure 6



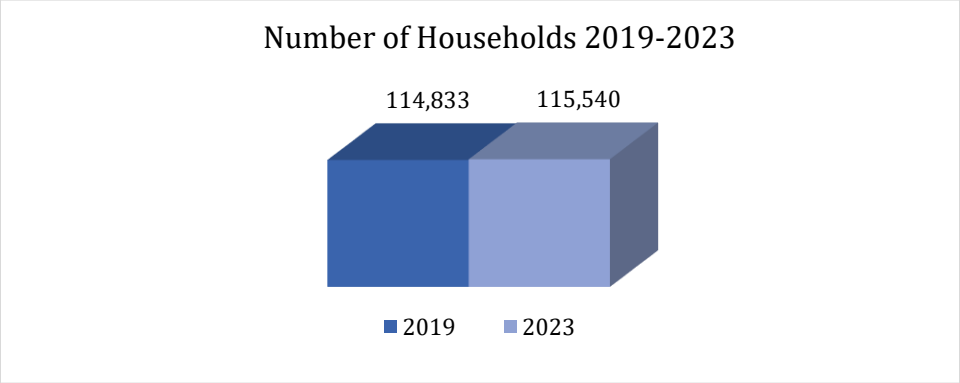
Source: United States Census Bureau

1.3 Household/Family

Importance of the Measure: Families are a vital component of a robust society in Winnebago County, as they significantly 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 2019 (114,833) to 2023 (115,540).

Figure 7

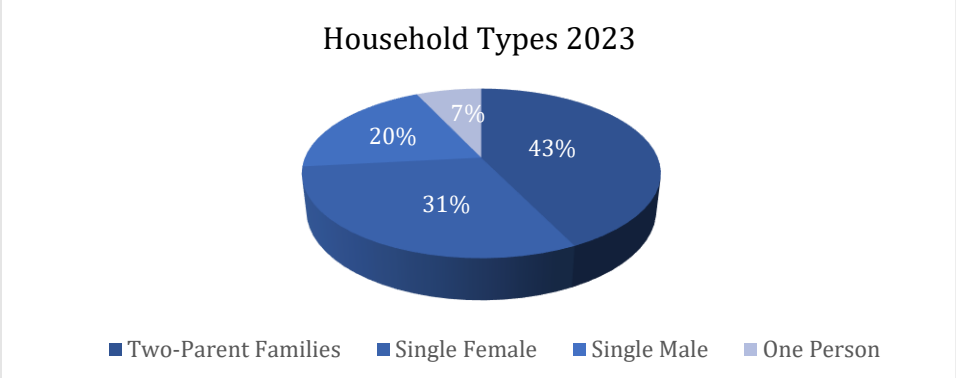


Source: United States Census Bureau

Family Composition

In Winnebago County, data from 2023 suggests the percentage of two-parent families in Winnebago County is 43%. One-person households represent 7% of the county population and single-female households represent 31% and single-male households represent 20% (Figure 8).

Figure 8

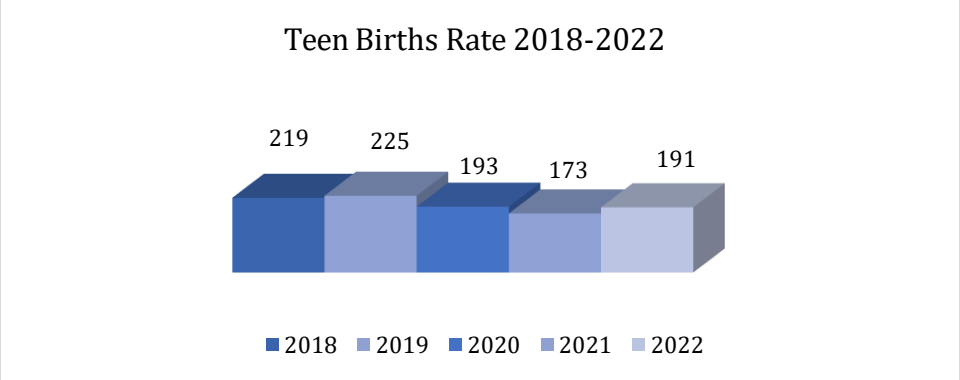


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Winnebago County has experienced fluctuations in teenage birth count, with an overall decrease from 219 in 2018 to 191 in 2022 (Figure 9).

Figure 9



Source: Illinois Department of Public Health

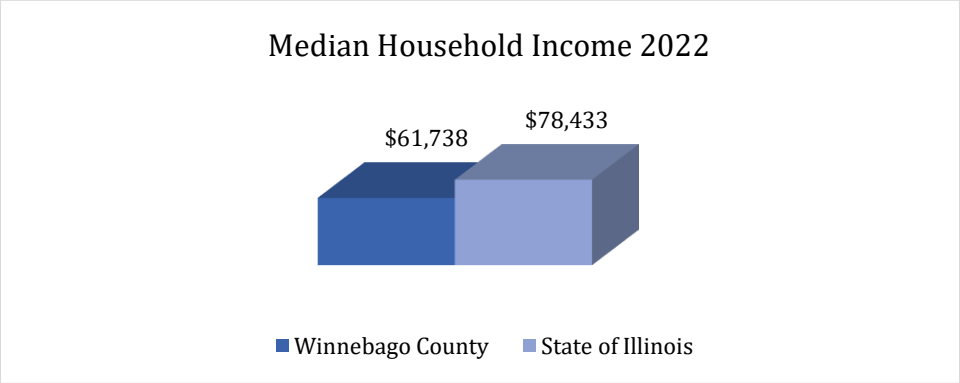
1.4 Economic Information

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.

Median Income Level

For 2022, the median household income in Winnebago County ($61,738) was lower than the State of Illinois average ($78,433) (Figure 10).

Figure 10

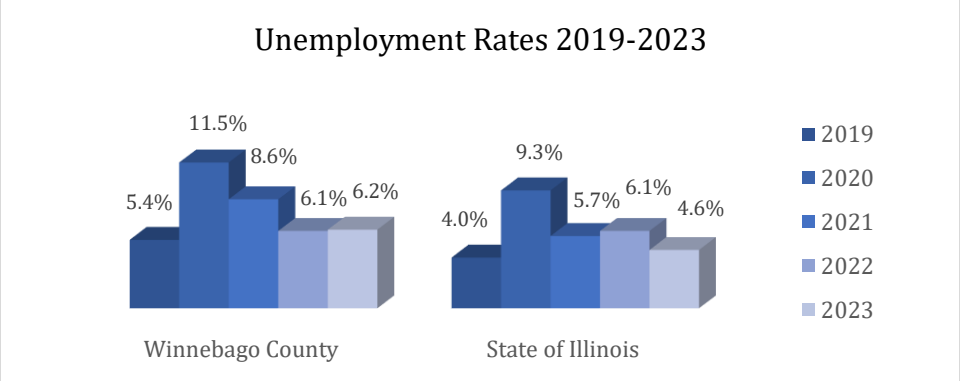


Source: United States Census Bureau

Unemployment

From 2019 through 2023, the Winnebago County unemployment rate was higher than the State of Illinois unemployment rate except for 2022, which was the same. However, in 2020 the rate significantly increased and remained higher than the State of Illinois rate. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (Figure 11).

Figure 11

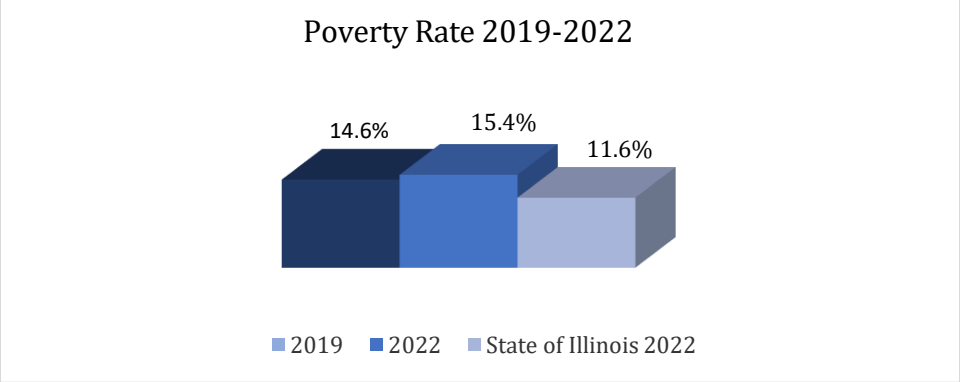


Source: Bureau of Labor Statistics

Individuals in Poverty

In Winnebago County, the percentage of individuals living in poverty between 2019 (14.6%) and 2022 (15.4%) increased. Poverty has a significant impact on the development of children and youth. The poverty rate for individuals in Winnebago County (15.4%) is higher than the State of Illinois individual poverty rate of 11.6% (Figure 12).

Figure 12



Source: United States Census Bureau

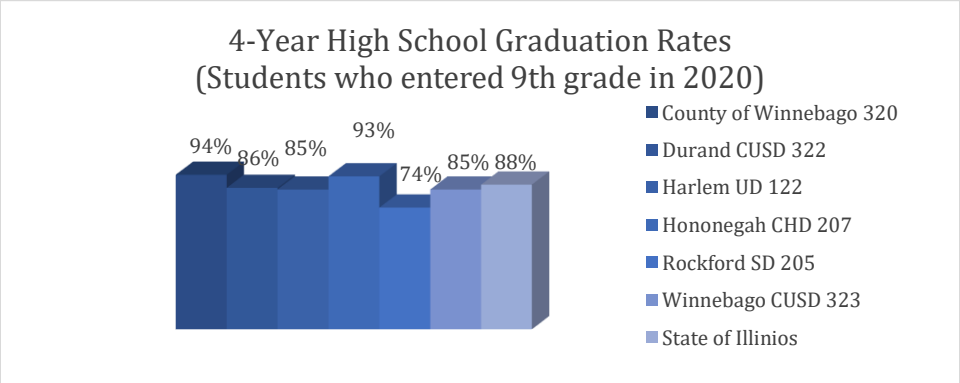
1.5 Education

Importance of the Measure: According to the National Center for Educational Statistics, "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 higher educational attainment and greater school success lead to better health outcomes and a higher likelihood of making healthy lifestyle choices. Consequently, years of education are strongly related to an individual's propensity to earn a higher salary, secure better employment and achieve multifaceted success in life.

High School Graduation Rates

Students who entered 9th grade in 2020 in Winnebago County school districts, except County of Winnebago 320 (94%) and Hononegah CHD 207 (93%), reported lower than the State of Illinois average of 88% (Figure 13).

Figure 13



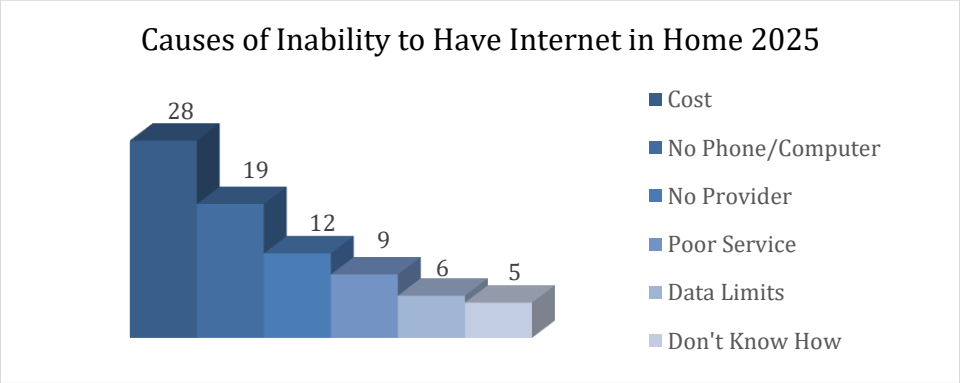
Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 86% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently

cited reason (28) (Figure 14). Note that this data is displayed in frequencies rather than percentages given the low number of responses.

Figure 14



Source: CHNA Survey

Social Drivers 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 White people, those with higher education and those with higher income. Internet access tends to be lower for Black people and those in an unstable 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 31% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

CHAPTER 2 OUTLINE

CHAPTER 2: PREVENTION BEHAVIORS

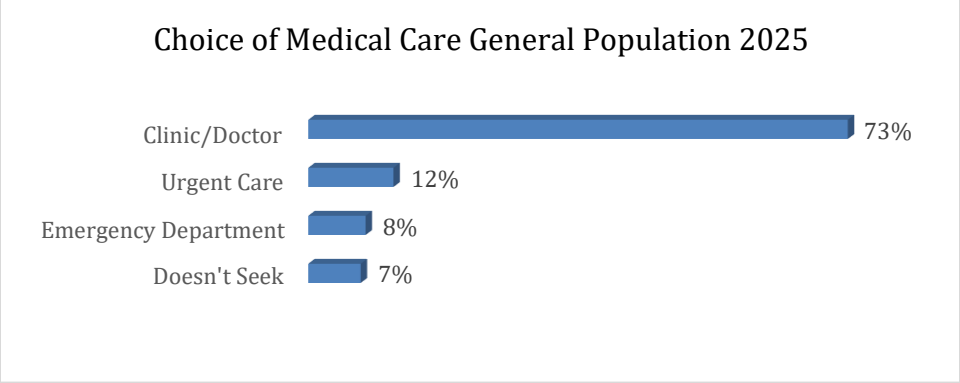
2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Four different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, and did not seek medical treatment. The most common response for source of medical care was clinic/doctor's office (73%) followed by urgent care (12%), the emergency department (8%) and did not seek medical treatment (7%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2022 CHNA

Clinic/doctor's office increased from 69% in 2022 to 73% in 2025 and the emergency department increased from 6% in 2022 to 8% in 2025. Comparatively, urgent care and does not seek medical treatment decreased from 2022 to 2025. Specifically, urgent care facility usage decreased from 17% in 2022 to 12% in 2025. Does not seek medical treatment decreased from 8% in 2022 to 7% in 2025.

Social Drivers Related to Choice of Medical Care

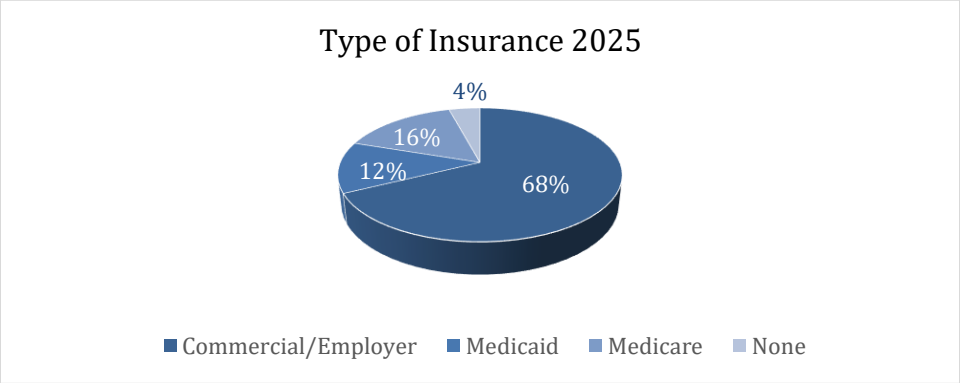
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often for those with higher education and higher income. Clinic/Doctor's office is used less often by those in an unstable housing environment.
- **Urgent Care** tends to be used more often by those who have higher education and those with higher income.
- **Emergency Department** tends to be used more often by men, Black people, those with less education, those with lower income and those in an unstable housing environment.
- **Does Not Seek Medical Care** tends to be rated higher by those in an unstable housing environment.

Insurance Coverage

According to survey data, 68% of the residents are covered by commercial/employer insurance, followed by 16% covered by Medicare and 12% covered by Medicaid. Only 4% of respondents indicated they did not have any health insurance (Figure 16).

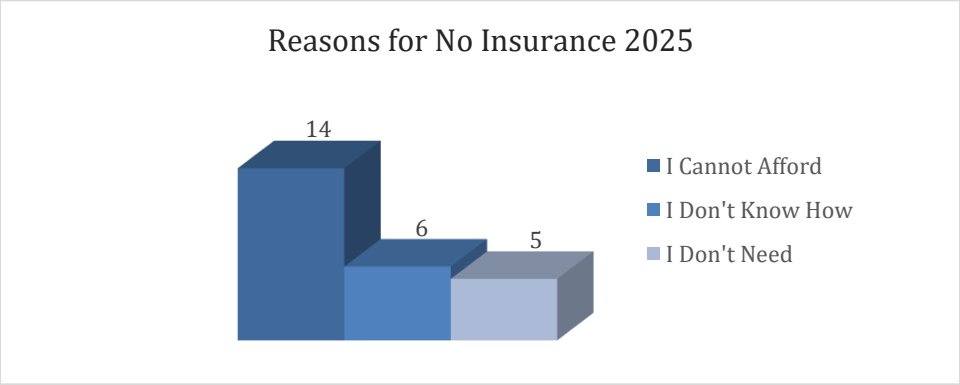
Figure 16



Source: CHNA Survey

Data from the survey shows that the most prevalent reason why individuals do not have insurance was cost (14) (Figure 17). Note that this data is displayed in frequencies rather than percentages, given the low number of responses.

Figure 17



Source: CHNA Survey

Comparison to 2022 CHNA

There has been an increase in commercial/employer insurance coverage. In 2022, 48% of individuals had coverage, compared to 68% in 2025. Individuals with no insurance remain the same between 2022 and 2025, at 4%. Medicaid decreased from 21% in 2022 to 12% in 2025. Medicare also decreased from 27% in 2022 to 16% in 2025.

Social Drivers Related to Type of Insurance

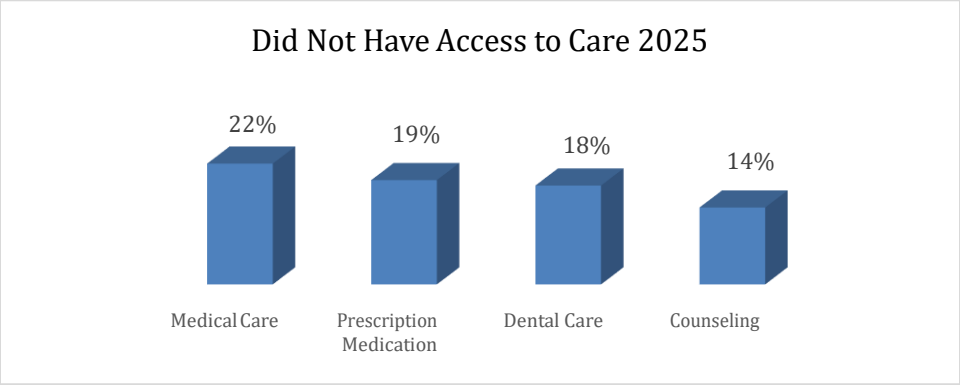
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by older people. Medicare is used less often by LatinX people, those with higher education and those with higher income.
- **Medicaid** tends to be used more frequently by those in an unstable housing environment.
- **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 those in an unstable housing environment.
- **No Insurance** tends to be chosen more frequently by men and those in an unstable housing environment. No insurance is chosen less often by White people, those with higher education and those with higher income.

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 22% of the population did not have access to medical care when needed; 19% did not have access to prescription medication when needed; 18% did not have access to dental care when needed; and 14% did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey

Social Drivers Related to Access to Care

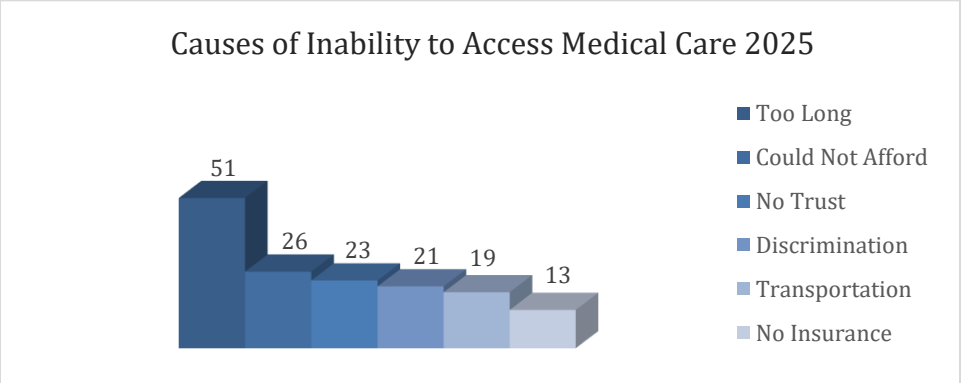
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be rated higher by those who have higher education and those with higher income. Access to medical care tends to be rated lower by those in an unstable housing environment.
- **Access to prescription medications** tends to be rated higher by those who have higher education and those with higher income. Access to prescription medication tends to be rated lower by those in an unstable housing environment.
- **Access to dental care** tends to be rated higher by those who have higher education and those with higher income. Access to dental care tends to be rated lower by those in an unstable housing environment.
- **Access to counseling** tends to be rated higher by those who have higher education and those with higher income. Access to counseling tends to be rated lower by those in an unstable housing environment.

Reasons for No Access – Medical Care

Survey respondents who reported they were unable 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 (51) (Figure 19).

Figure 19

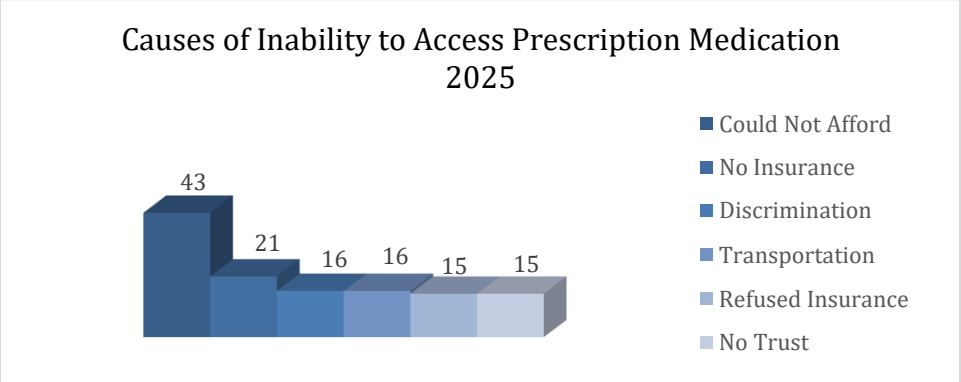


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were unable 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 (43) (Figure 20).

Figure 20

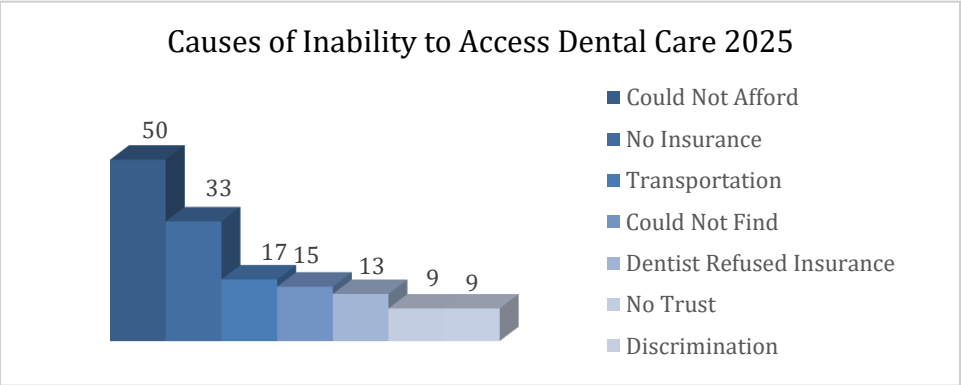


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were unable to get dental care when needed were asked a follow-up question. The leading causes were could not afford copays or deductibles (50) and no insurance (33) (Figure 21). Note that this data is displayed in frequencies rather than percentages given the low number of responses.

Figure 21

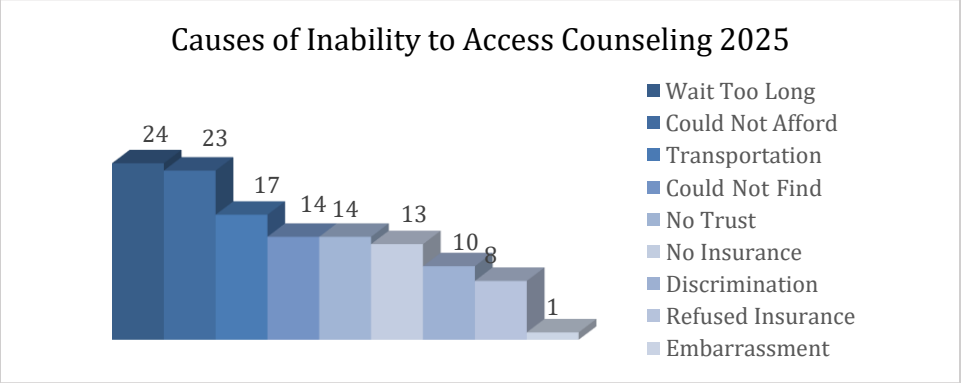


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were unable 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 (24) and could not afford copays or deductibles (23) (Figure 22). Note that this data is displayed in frequencies rather than percentages given the low number of responses.

Figure 22



Source: CHNA Survey

Comparison to 2022 CHNA

Access to Medical Care – results show an increase (3%) in those who were able to get medical care when needed.

Access to Prescription Medication – results show a decrease (1%) in those who were able to get dental care when needed.

Access to Dental Care – results show an increase (6%) in those who were able to get dental care when needed.

Access to Counseling – results show an increase (11%) in those who were able to get counseling when needed.

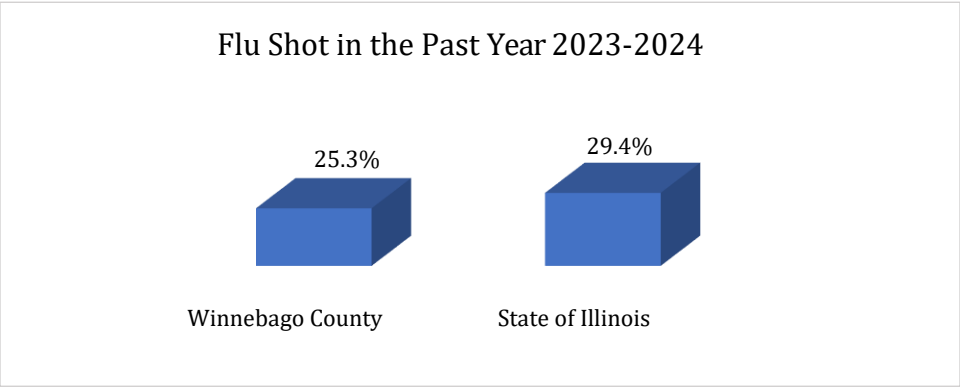
2.2 Wellness

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

Frequency of Flu Shots

Figure 23 shows that the percentage of people who have had a flu shot in the past year is 25.3% for Winnebago County, compared to the State of Illinois average of 29.4%. Note that data has not been updated by the Illinois Department of Public Health.

Figure 23

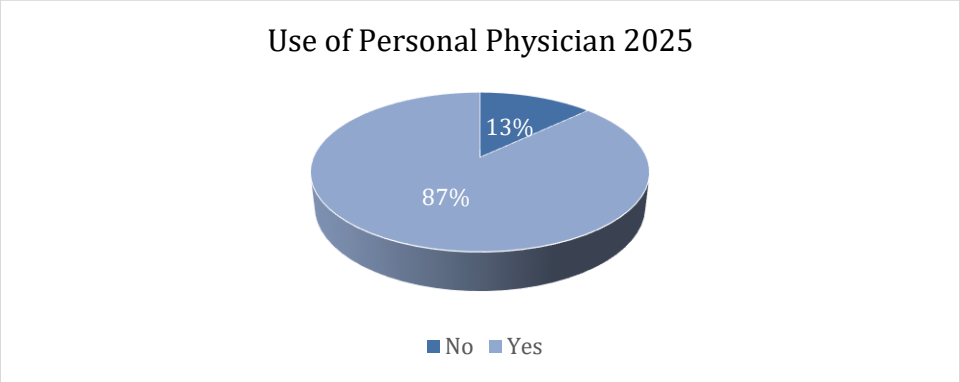


Source: Illinois Department of Public Health (IDPH)

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 24).

Figure 24



Source: CHNA Survey

Comparison to 2022 CHNA

Results for having a personal physician were the same in 2022 and in 2025 at 87%.

Social Drivers 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:

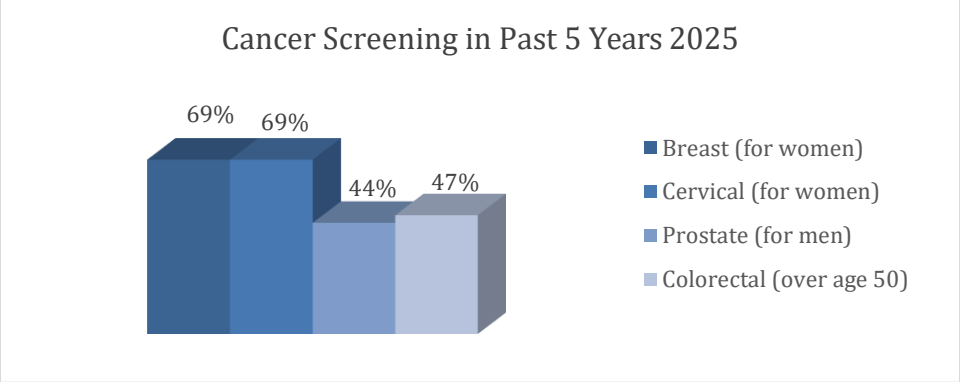
- **Having a personal physician** tends to be higher for women, younger people, White people, those with higher education and those with higher income. Having a personal physician tends to be lower for LatinX people and those in an unstable housing environment.

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 69% of women had a breast screening in the past five years and 69% of women had a cervical screening. For men, 44% had a prostate screening in the past five years. For women and men over the age of 50, 47% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2022 CHNA

Breast cancer and cervical cancer screening in the past five-year period have increased from 2022 to 2025, while prostate and colorectal cancer screening have decreased. Specifically, in 2022 65% of women had breast cancer screening, compared to 69% in 2025. In 2022, 61% of women had cervical screening, compared to 69% in 2025. In contrast, in 2022, 57% of men had prostate cancer screening, compared to 44% in 2025. For women and men over the age of 50, 61% had a colorectal screening in 2022, compared to 47% in 2025.

Social Drivers Related to Cancer Screenings

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

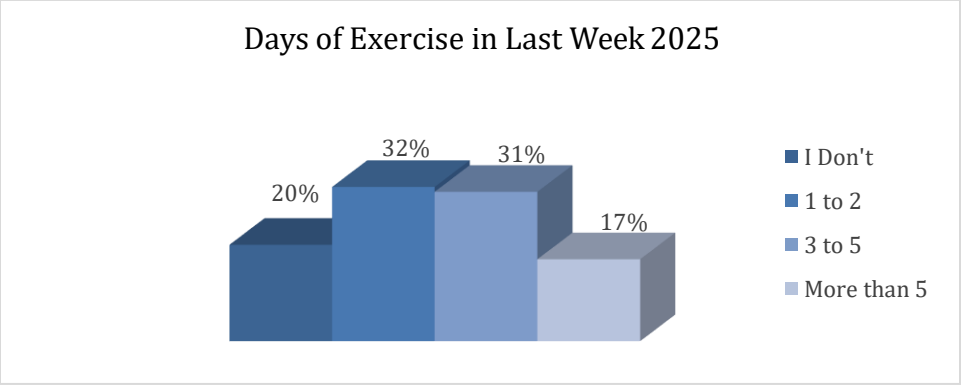
- **Breast screening** tends to be more likely for older women, White women, those with a higher level of education and those with higher income. Those in an unstable housing environment are less likely to have a breast screening.
- **Cervical screening** tends to be more likely for White women, those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

Physical Exercise

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

Specifically, 20% of respondents indicated that they do not exercise at all, while the majority (63%) of residents exercise 1-5 times per week (Figure 26).

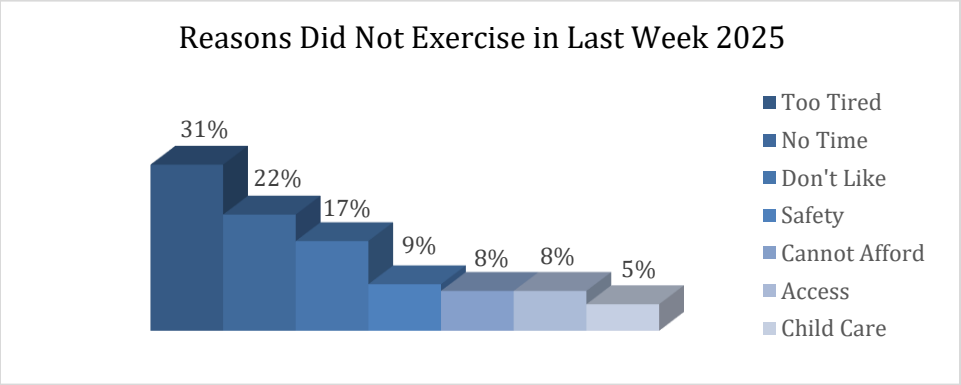
Figure 26



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reason for not exercising is too tired (31%) (Figure 27).

Figure 27



Source: CHNA Survey

Comparison to 2022 CHNA

There has been an increase in exercise. In 2022, 72% of residents indicated they exercised, compared to 80% in 2025.

Social Drivers Related to Exercise

There were not any characteristics that showed a significant relationship with frequency of exercise.

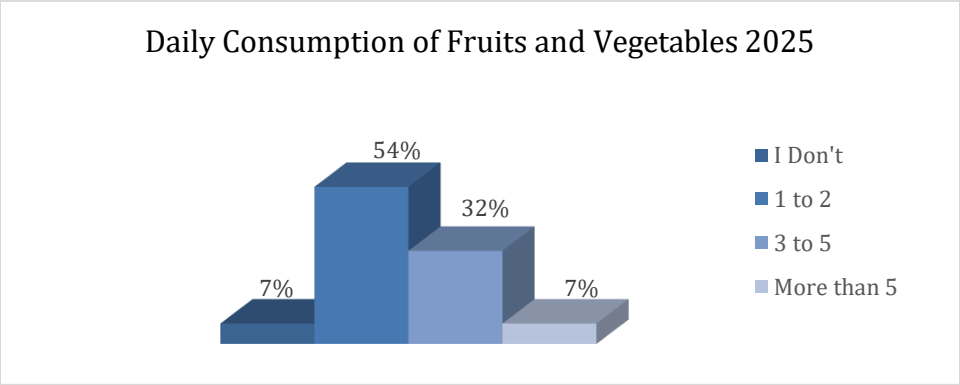
- **Frequency of exercise** there were no significant correlates.

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 (61%) 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 7% (Figure 28).

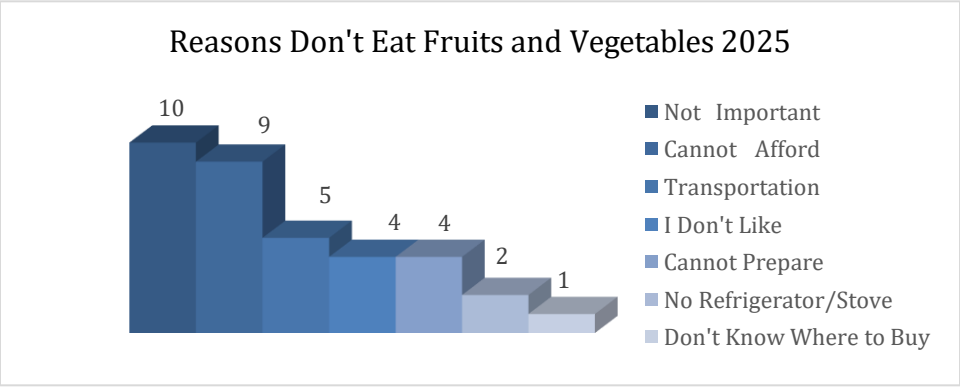
Figure 28



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 for failing to eat more fruits and vegetables are they don't think they are important (10) and affordability (9) (Figure 29). Note that this data is displayed in frequencies rather than percentages given the low number of responses.

Figure 29



Source: CHNA Survey

Comparison to 2022 CHNA

There has been an increase in the frequency of healthy eating. In 2022, 33% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to 39% in 2025.

Social Drivers 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 those with higher education and those with higher income. Those in an unstable housing environment are less likely to consume fruits and vegetables.

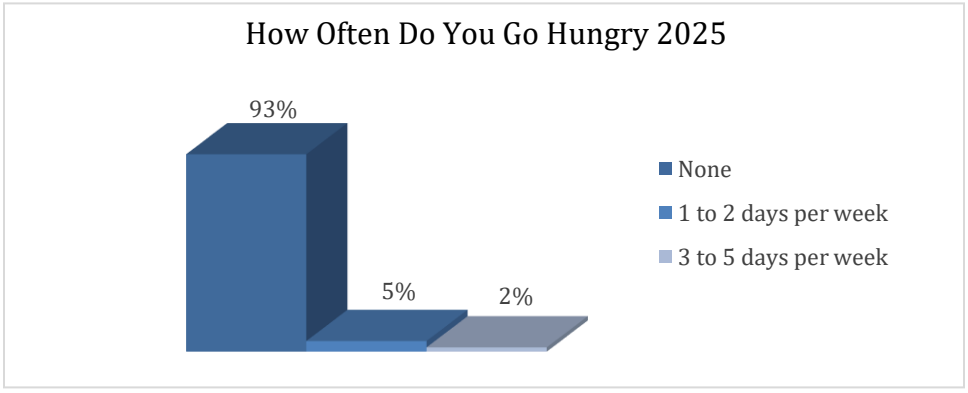
2.3 Understanding Food Insecurity

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?" A vast majority of respondents indicated they do not go hungry (93%); however, 7% indicate they go hungry between 1-5 days per week (Figure 30).

Figure 30



Source: CHNA Survey

Comparison to 2022

The rate of hunger among respondents has remained consistent in 2022 and 2025 at 7% going hungry 1 to 5 days per week.

Social Drivers Related to Prevalence of Hunger

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

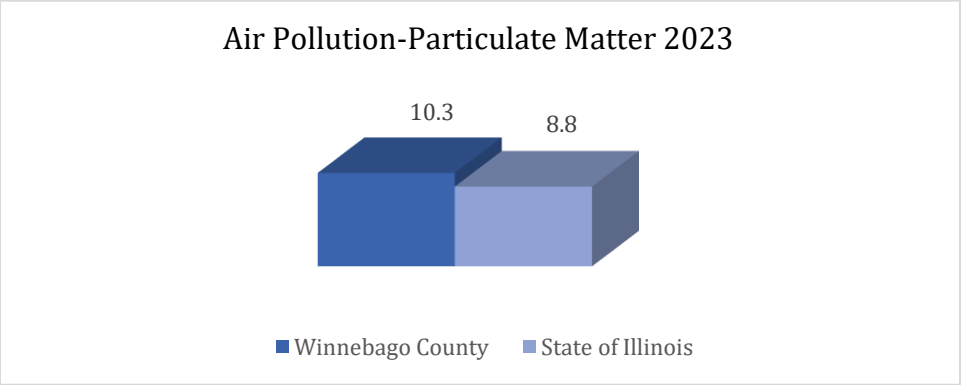
- **Prevalence of Hunger** tends to be more likely for those with less education, less income and those in an unstable housing environment.

2.4 Physical Environment

Importance of the Measure: According to the County Health Rankings & Roadmaps, 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 is 10.3 which is higher than the State of Illinois average of 8.8 (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

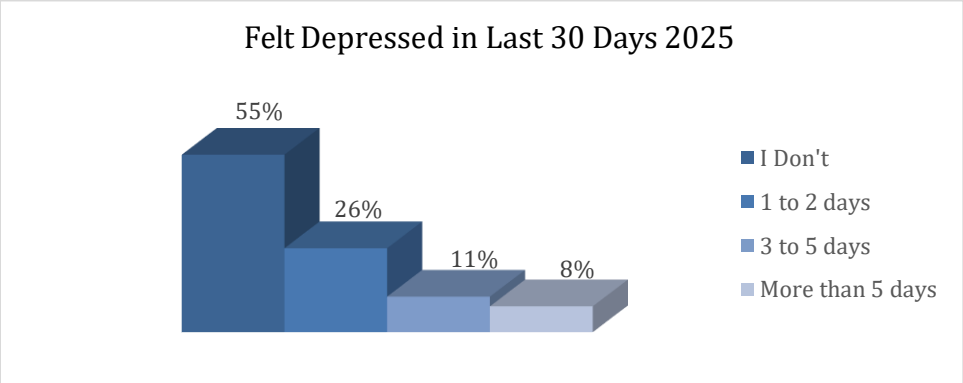
2.5 Health Status

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 also offer insights into how accurately people perceive their own health.

Mental Health

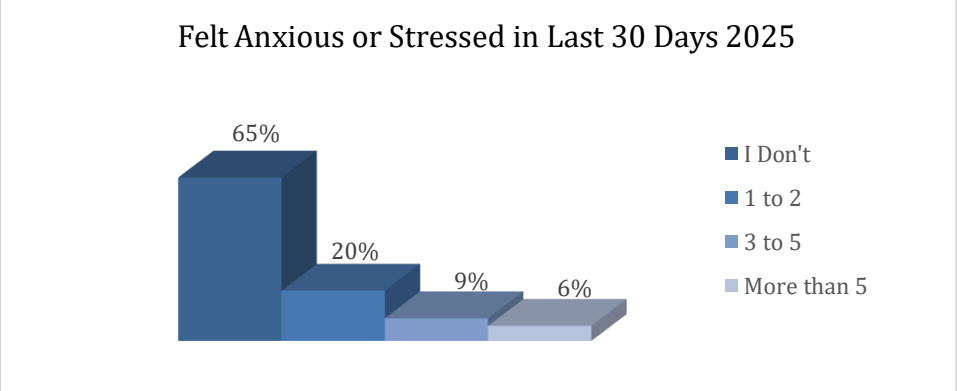
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 55% indicated they did not feel depressed in the last 30 days (Figure 32) and 65% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

Figure 33



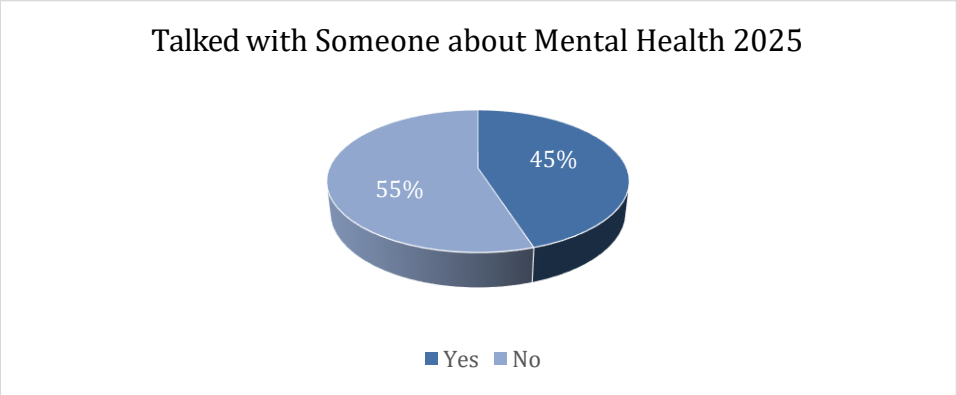
Source: CHNA Survey

Comparison to 2022 CHNA

Results from the 2025 CHNA show an improvement in mental health. In 2022, 61% of respondents indicated they felt depressed in the last 30 days, compared to 45% in 2025. In 2022, 51% indicated they felt anxious or stressed, compared to 35% in 2025.

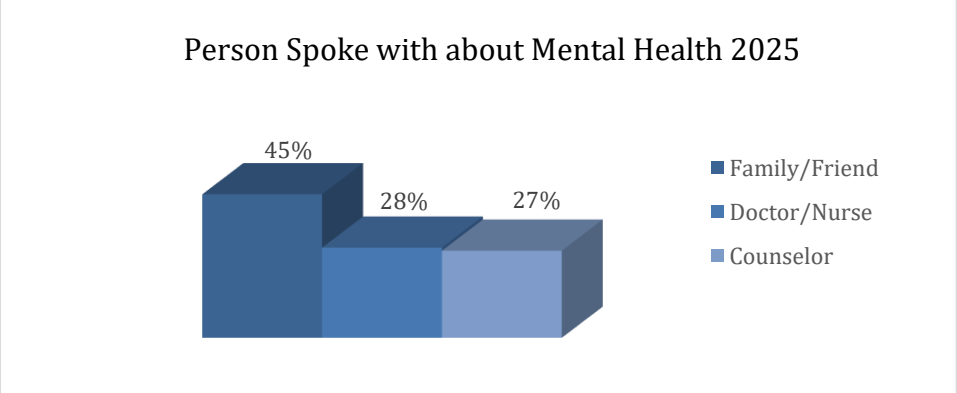
Respondents were asked if they spoke with anyone about their mental health in the past year. Of respondents, 45% indicated that they spoke to someone (Figure 34), the most common response was a family member or friend, at 45% (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35



Source: CHNA Survey

Social Drivers Related to Behavioral Health

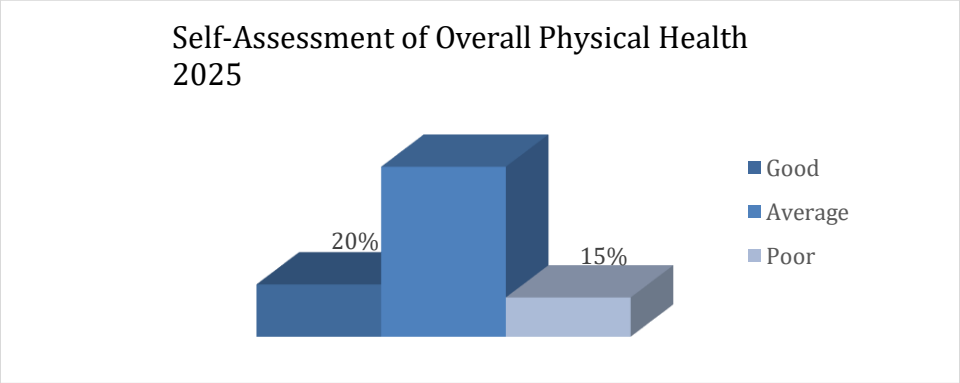
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for those with lower education, those with lower income and those in an unstable housing environment.
- **Stress and anxiety** tend to be rated higher for younger people, those with lower education, those with lower income and those in an unstable housing environment.

Self-Perceptions of Overall Health

Regarding self-assessment of overall physical health, 15% of respondents reported having poor overall physical health (Figure 36).

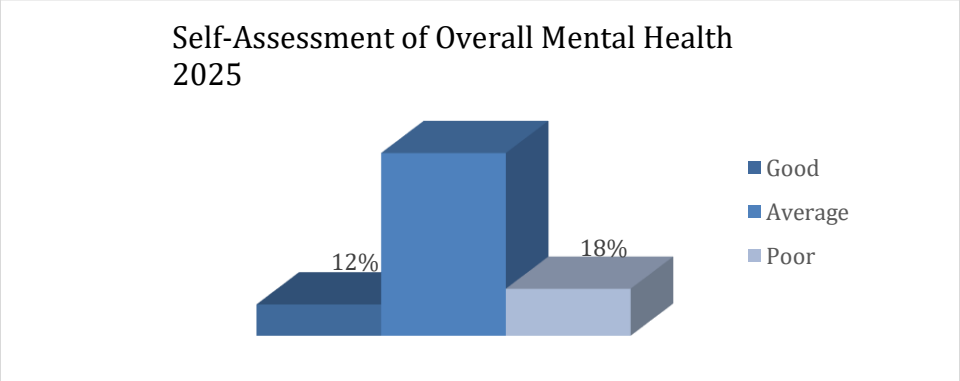
Figure 36



Source: CHNA Survey

Regarding self-assessment of overall mental health, 18% of respondents stated they have poor overall mental health (Figure 37).

Figure 37



Source: CHNA Survey

Comparison to 2022 CHNA

Regarding physical health, less people see themselves in poor health in 2025 (15%), than in 2022 (21%). Regarding mental health, the same percentage of people see themselves in poor health in 2025 and 2022 (18%).

Social Drivers 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 those with higher income.
- **Perceptions of mental health** tend to be higher for those with higher education and those with higher income.

2.6 Key Takeaways from Chapter 2

- ✓ INCREASED RATE OF PEOPLE WHO HAVE ACCESS TO ALL FORMS OF HEALTHCARE, EXCEPT PRESCRIPTION MEDICATION.
- ✓ 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.
- ✓ LESS THAN HALF OF WINNEBAGO COUNTY RESIDENTS HAVE PROSTATE AND COLORECTAL SCREENINGS.
- ✓ APPROXIMATELY ONE-THIRD OF RESPONDENTS EXPERIENCED DEPRESSION, AND JUST UNDER TWO-THIRDS OF REPSONDENTS FELT ANXIOUS OR STRESSED IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

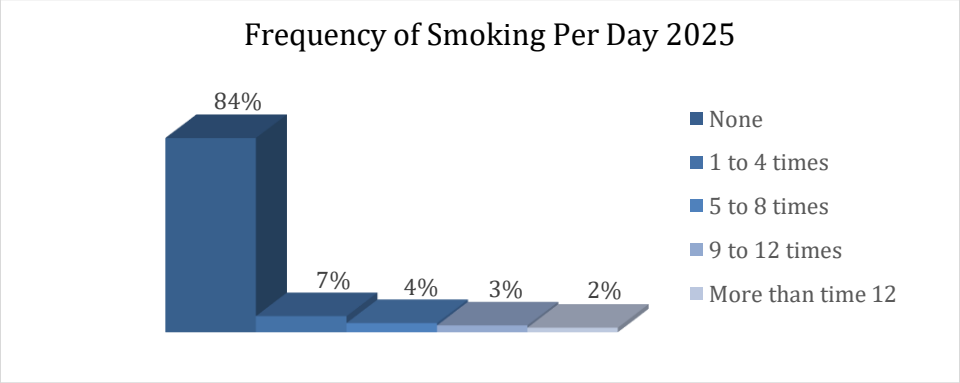
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

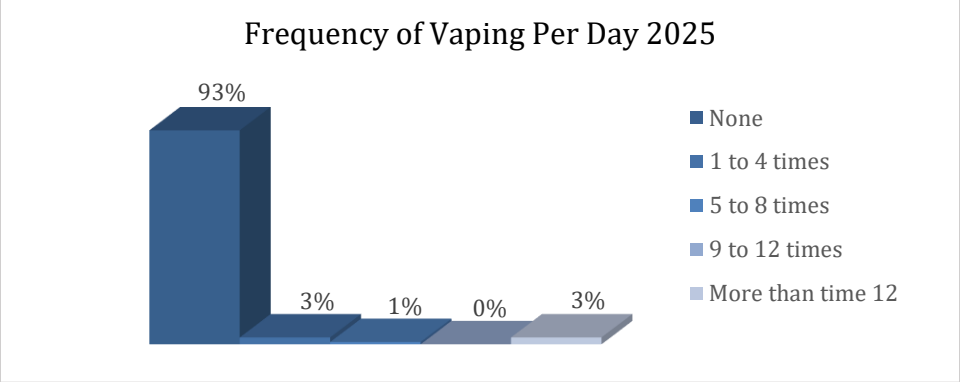
CHNA survey data shows 84% of respondents do not smoke (Figure 38) and 93% of respondents do not vape (Figure 39).

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Comparison to 2022 CHNA

Results between 2022 and 2025 show an increase in smoking rates, with 13% of people reporting they smoke in 2022, increasing to 16% in 2025. Comparatively, those who vape, increased, from 6% in 2022 to 7% in 2025. The frequency of those reporting vaping more than 12 times per day increased from 1% in 2022 to 3% in 2025.

Social Drivers 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 those with lower education, those with lower income and those in an unstable housing environment.
- **Vaping** tends to be rated higher by younger people, those with lower education, those with lower income and those in an unstable housing environment.

3.2 Drug and Alcohol Use

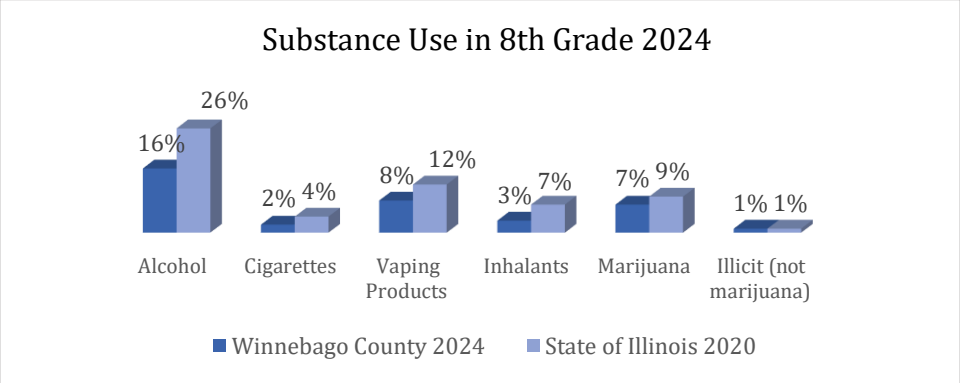
Importance of the Measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adulthood. Accordingly, the substance use values and behaviors of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

Youth Substance Use

Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Figure 40 illustrates Winnebago County 8th grade substance use is lower than the State of Illinois averages for alcohol, cigarettes, vaping products, inhalants, marijuana, and

was the same as the State of Illinois average for illicit drugs, other than marijuana. Note that the State of Illinois most recent data is from 2020.

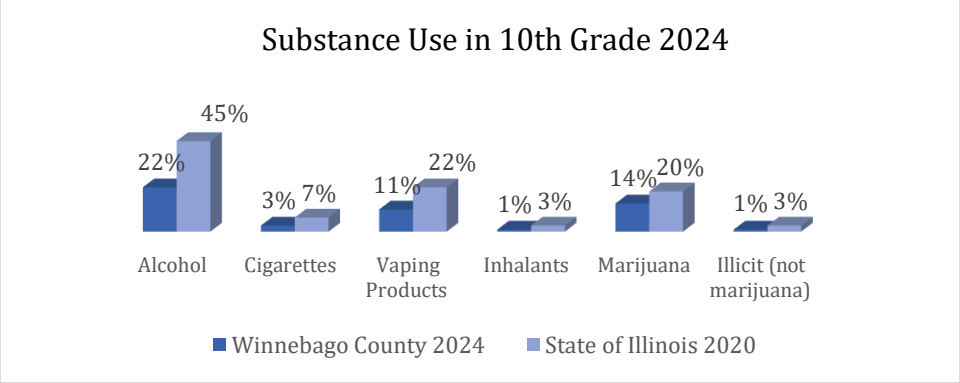
Figure 40



Source: University of Illinois Center for Prevention Research and Development

Among 10th graders, Winnebago County is below State of Illinois averages for all categories (Figure 41).

Figure 41

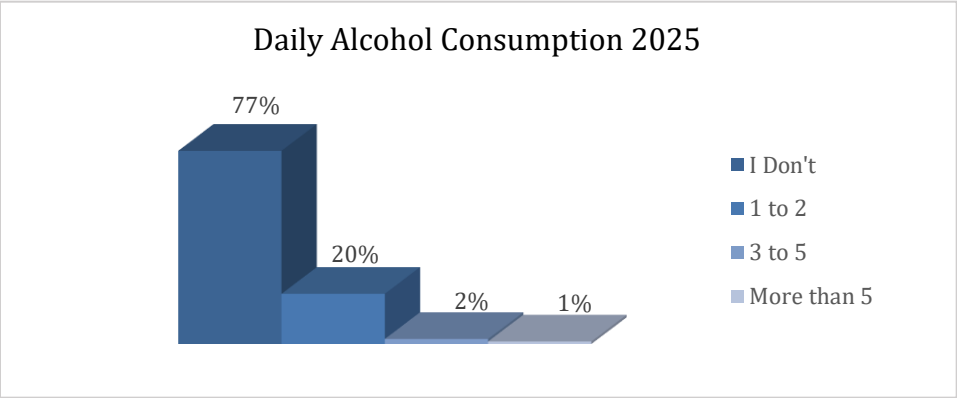


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

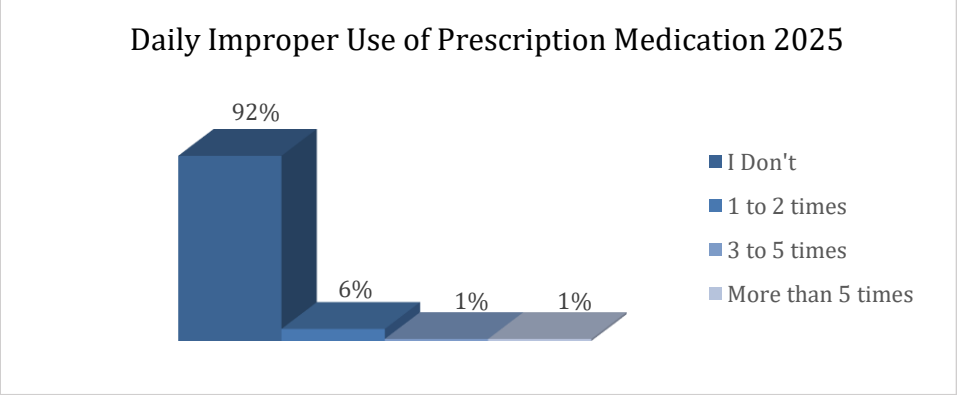
The CHNA survey asked respondents to indicate the usage of several substances. Of respondents, 77% indicated they did not consume alcohol on a typical day; 92% indicated they do not take prescription medication improperly, including opioids, on a typical day; 89% indicated they do not use marijuana on a typical day; and 97% indicated they do not use illegal substances on a typical day.

Figure 42



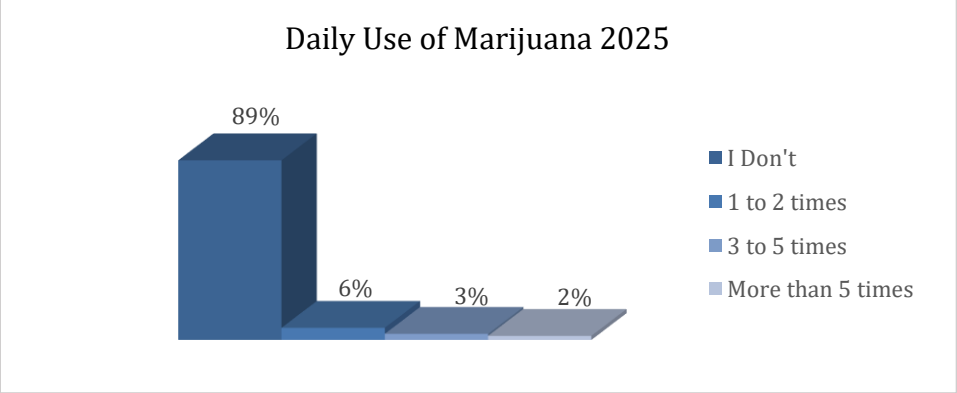
Source: CHNA Survey

Figure 43



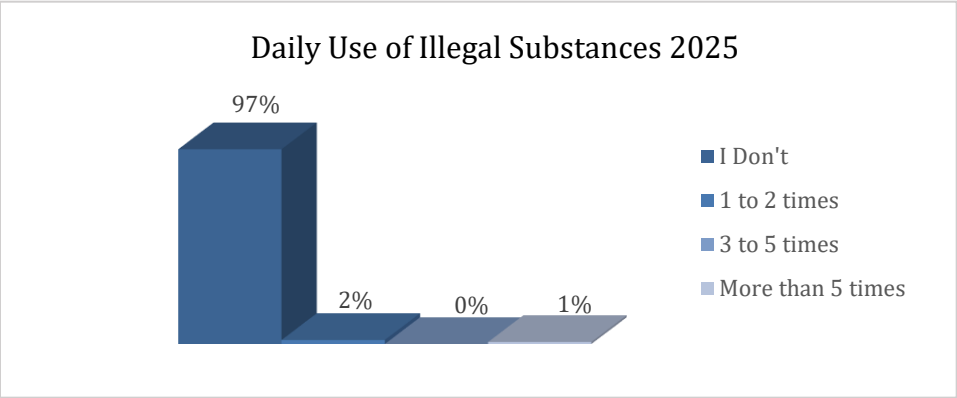
Source: CHNA Survey

Figure 44



Source: CHNA Survey

Figure 45



Source: CHNA Survey

Social Drivers Related to Substance Use

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

- **Alcohol consumption** tends to be rated higher for those who are younger.
- **Misuse of prescription medication, including opioid use,** tends to be rated higher by Black people, those with lower education, those with lower income and those in an unstable housing environment. Misuse of prescription medication tends to be lower for White people.
- **Marijuana use** tends to be rated higher by younger people, LatinX people, those with lower education, those with less income and those in an unstable housing environment. Use tends to be rated lower by White people.
- **Illegal substance use** tends to be rated higher for those with lower education, lower income and those in an unstable housing environment.

3.3 Obesity

Importance of the Measure: Individuals who are 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.

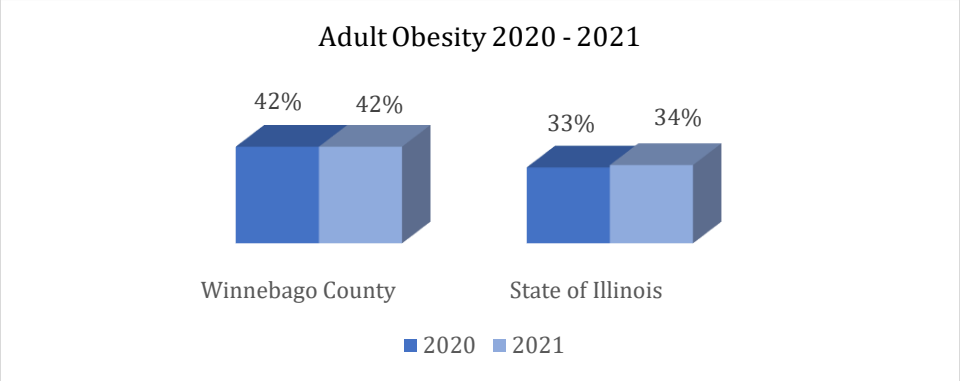
With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity also impacts educational performance; 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 has remained constant from 2020 through 2021. Note specifically that the percentage of obese people is 42%. Obesity rates in the State of Illinois have increased from 33% in 2020 to 34% in 2021.

Additionally, 2025 CHNA survey respondents indicated that being overweight was their most prevalently-diagnosed health issue.

Figure 46

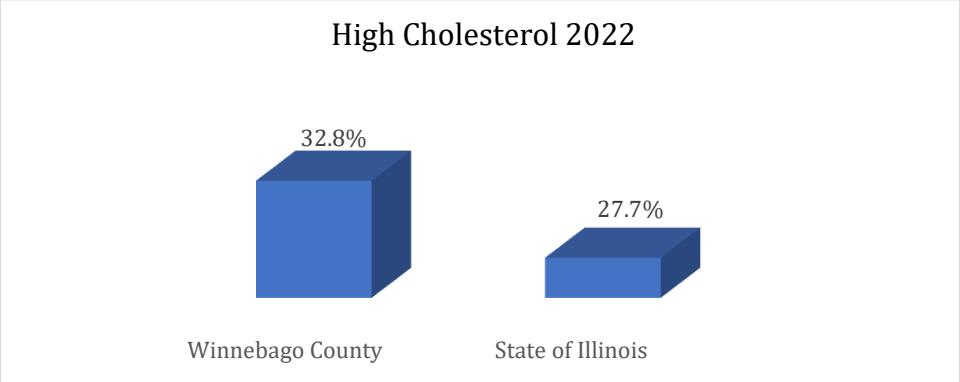


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in Winnebago County report a higher than State of Illinois average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol in Winnebago County (32.8%), compared to the State of Illinois average (27.7%) (Figure 47).

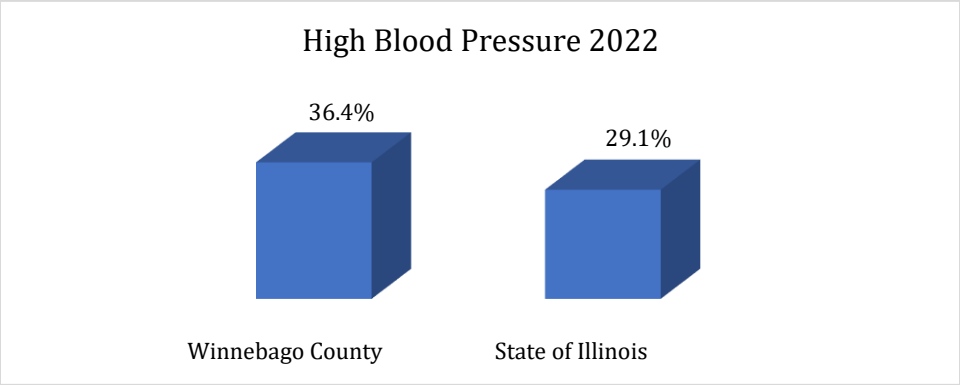
Figure 47



Source: Stanford Data Commons

Regarding 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 2022 is 36.4%, compared to the State of Illinois average of 29.1% (Figure 48).

Figure 48



Source: Stanford Data Commons

3.5 Key Takeaways from Chapter 3

- ✓ THERE ARE INCREASED RATES OF SMOKING AND VAPING.
- ✓ APPROXIMATELY 42% OF THE POPULATION IN WINNEBAGO COUNTY IS CLASSIFIED AS OBESE AND IS SIGNIFICANTLY HIGHER THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ 8% OF RESPONDENTS INDICATE THAT THEY MISUSE PRESCRIPTION MEDICATIONS (OPIOID USE).
- ✓ PREDICTORS OF HEART DISEASE ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.

CHAPTER 4 OUTLINE

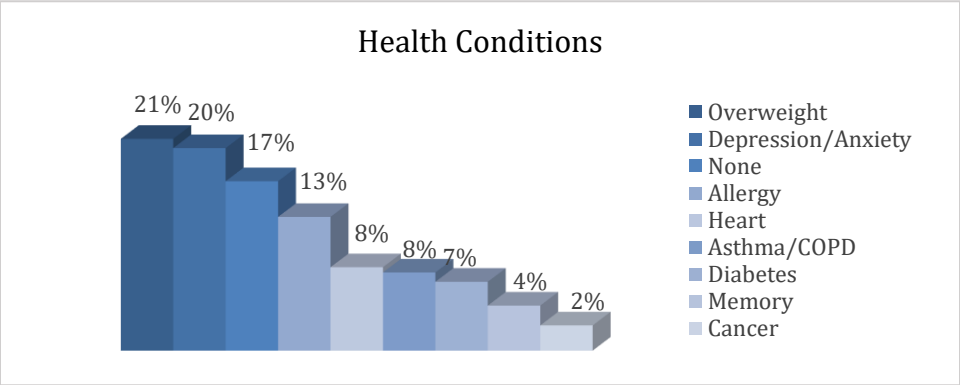
CHAPTER 4: MORBIDITY AND MORTALITY

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 shows hospital admissions and does 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 (21%) (Figure 49) is most often identified. Often percentages for self-identified data are lower than secondary data sources.

Figure 49



Source: CHNA Survey

4.2 Healthy Babies

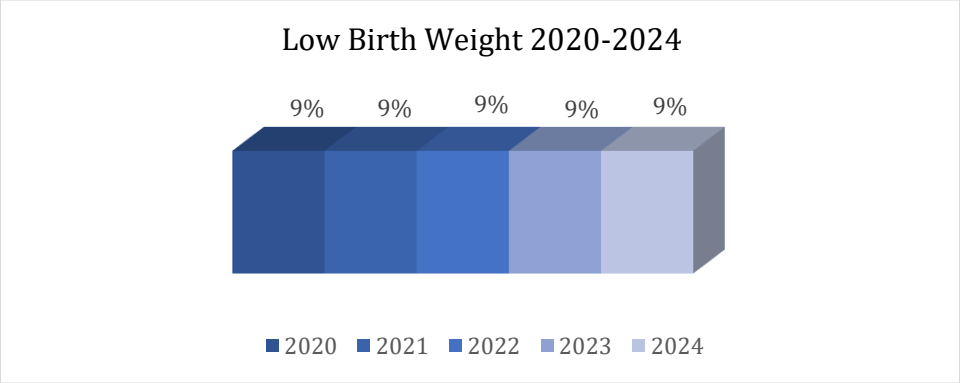
Importance of the Measure: Regular prenatal care is vital for producing healthy babies and children. Screening and treatment for medical conditions as well as identifying and intervening for behavioral risk

factors associated with poor birth outcomes, are crucial. 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 remained constant at 9% from 2020 through 2024 (Figure 50).

Figure 50



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

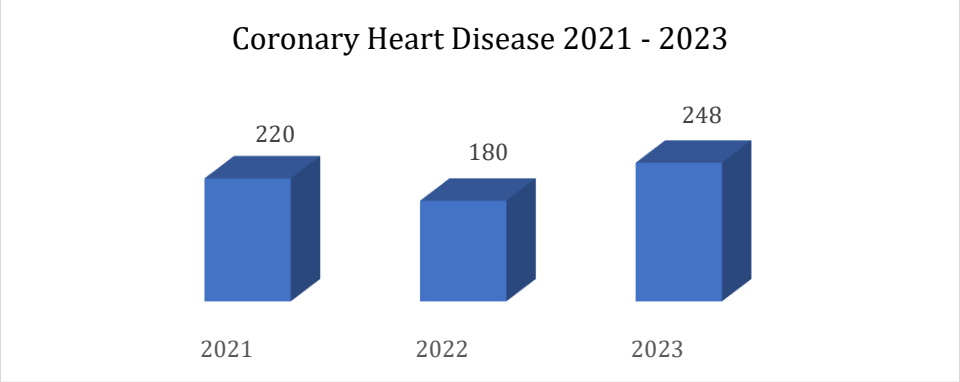
Importance of the Measure: Cardiovascular disease encompasses all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease and atherosclerosis.

Coronary Heart Disease

Coronary Heart Disease, sometimes-called atherosclerosis, can slowly narrow and/or harden the arteries throughout the body. Coronary artery disease is a leading cause of death for Americans. Most of these deaths resulting 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 overall from 220 in 2021 to 248 in 2023. (Figure 51).

Figure 51

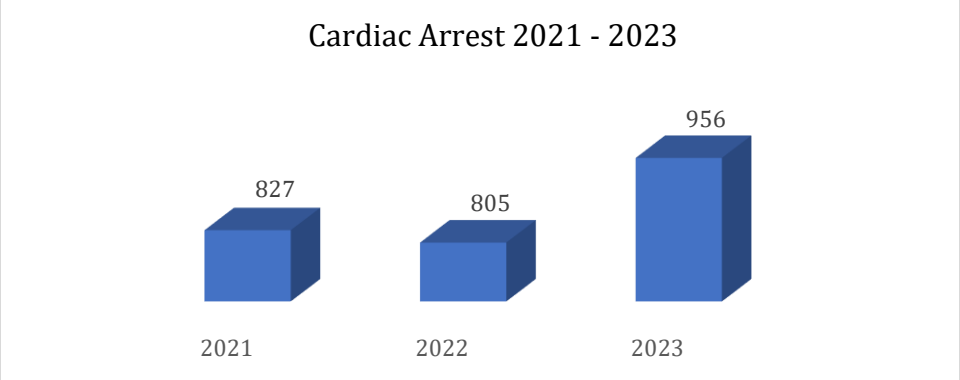


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Winnebago County area hospitals had an overall increase from 827 in 2021 to 956 in 2023 (Figure 52).

Figure 52

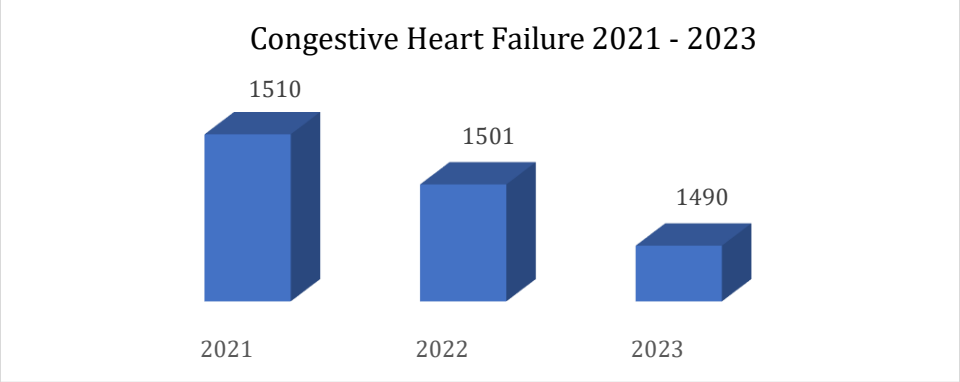


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure at Winnebago County area hospitals decreased from 1510 in 2021 to 1490 in 2023 (Figure 53).

Figure 53

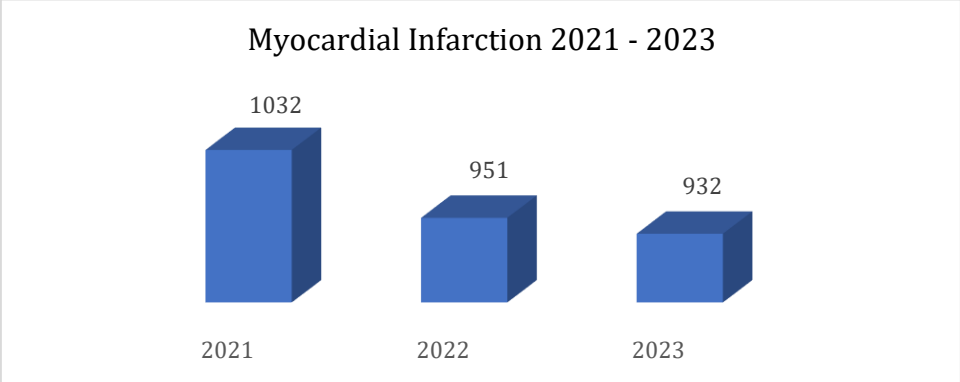


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Winnebago County decreased from 1,032 in 2021 to 932 in 2023 (Figure 54).

Figure 54

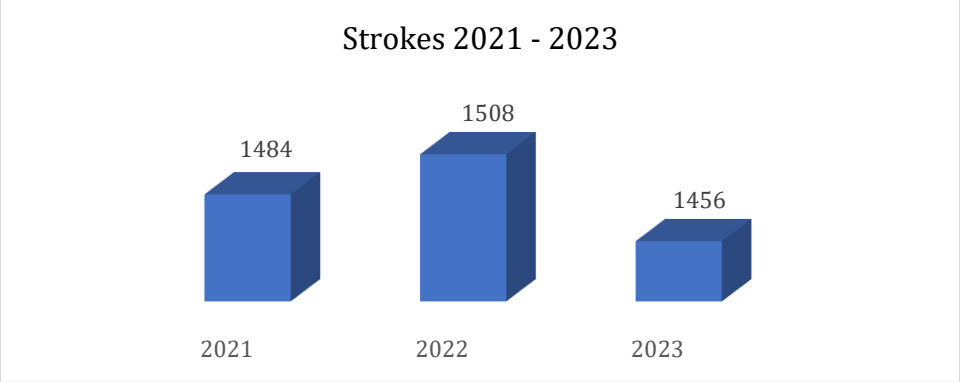


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Winnebago County area hospitals decreased from 1,484 in 2021 to 1,459 in 2023 with a spike in cases during 2022 (Figure 55).

Figure 55



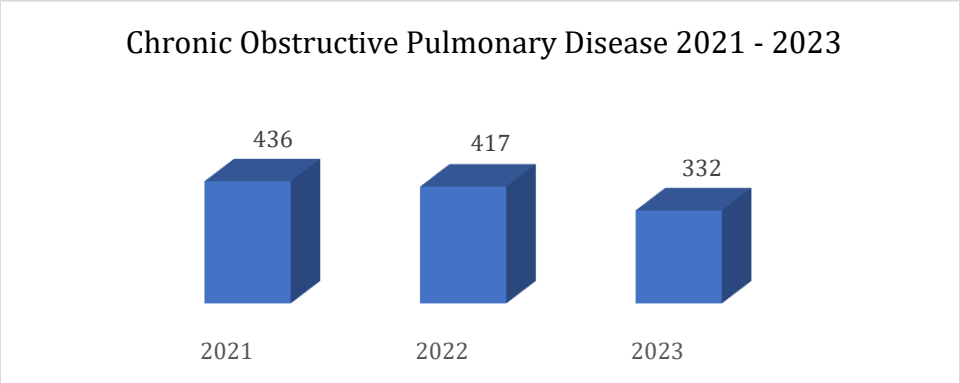
Source: COMPdata Informatics

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.

Treated cases of COPD at Winnebago County area hospitals decreased from 436 in 2021 to 332 in 2023 (Figure 56).

Figure 56



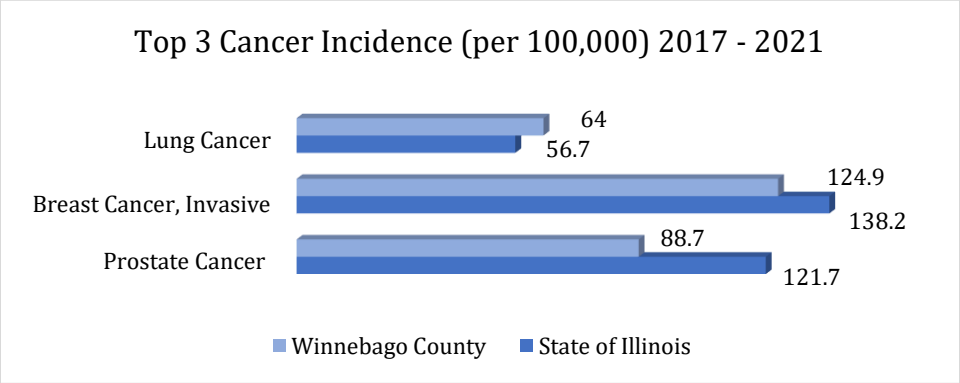
Source: COMPdata Informatics

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 57. Specifically, breast cancer and prostate cancer are lower than the State of Illinois, while lung cancer rates are higher.

Figure 57



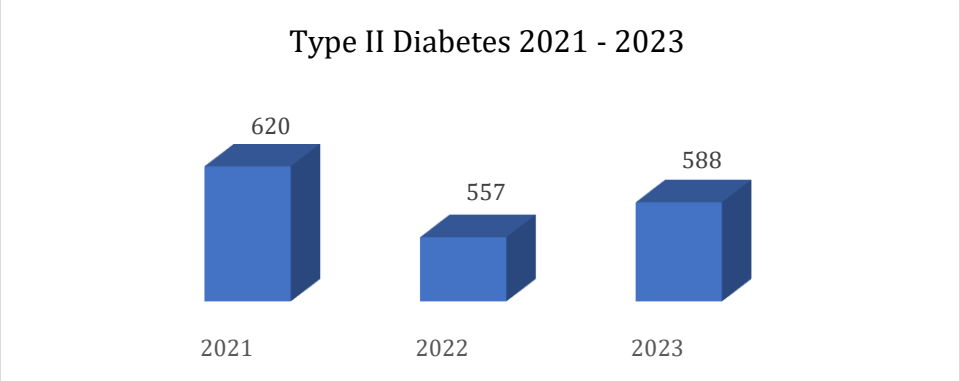
Source: Illinois Department of Public Health – Cancer in Illinois

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 2021 (620) and 2023 (588) (Figure 58).

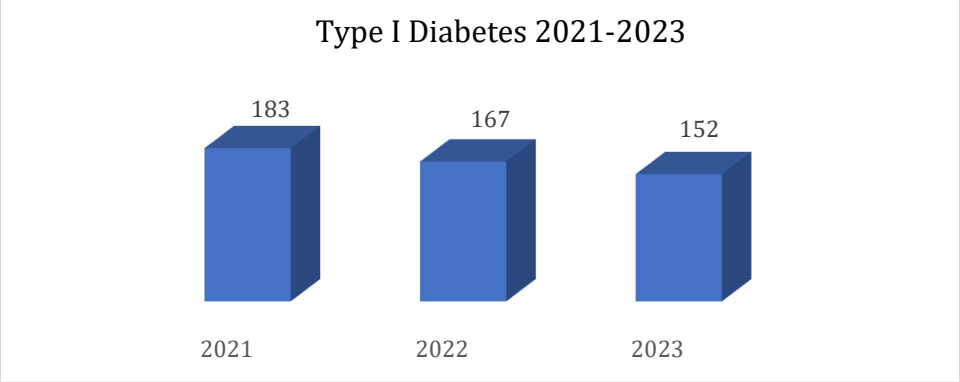
Figure 58



Source: COMPdata Informatics

Inpatient cases of Type I diabetes show a steady decrease from 2021 (183) to 2023 (152) (Figure 59). Note that hospital-level data only shows hospital admissions and does not reflect out-patient treatments and procedures.

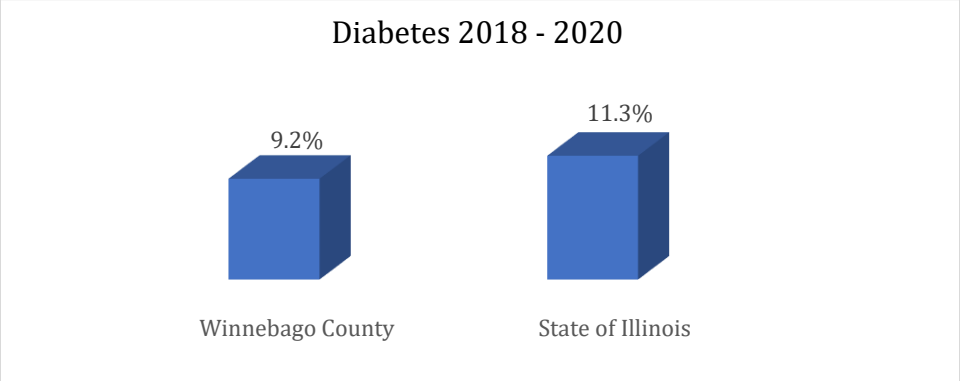
Figure 59



Source: COMPdata Informatics

Data shows that 9.2% of Winnebago County residents have diabetes which is lower than the State of Illinois average of 11.3% (Figure 60).

Figure 60



Source: Center for Disease Control (CDC)

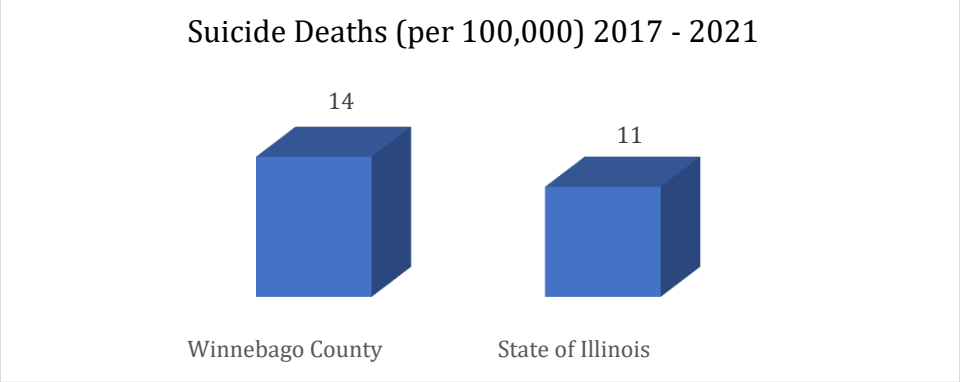
4.7 Injuries

Importance of the Measure: Suicide is intentional self-harm resulting in death. These injuries often indicate serious mental health problems requiring the treatment of other trauma-inducing issues.

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 2021 (Figure 61).

Figure 61



Source: Illinois Department of Public Health

4.8 Mortality

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

The leading causes of death in the State of Illinois and Winnebago County are similar as a percentage of total deaths in 2022. Diseases of the heart are the cause of 22.9% of deaths, cancer is the cause of 18.4% of deaths and accidents are the cause of 6.8% of deaths in Winnebago County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County & State of Illinois 2022		
Rank	Winnebago County	State of Illinois
1	Diseases of Heart (22.9%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (18.4%)	Malignant Neoplasm (19.2%)
3	Accidents (6.8%)	Accidents (6.1%)
4	COVID-19 (5.7%)	COVID-19 (5.8%)
5	Chronic Lower Respiratory Disease (5.3%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ THE LUNG CANCER RATE IN WINNEBAGO COUNTY IS HIGHER THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ DIABETES IS LOWER THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ SUICIDE RATES ARE HIGHER THAN THE STATE OF ILLINOIS AVERAGES.
- ✓ HEART DISEASE, CANCER AND ACCIDENTS ARE THE LEADING CAUSES OF MORTALITY IN WINNEBAGO COUNTY.

CHAPTER 5 OUTLINE

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.

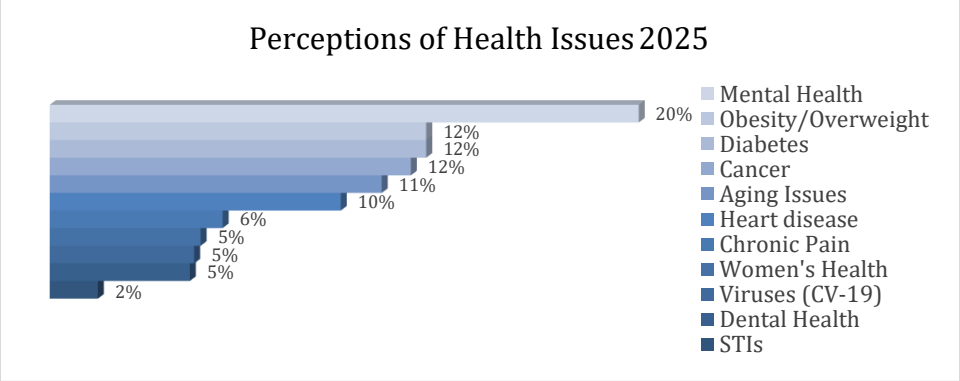
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community from 11 different options.

The health issue rated highest was mental health (20%) (Figure 62). This factor was significantly higher than other categories based on *t-tests* between sample means.

Figure 62

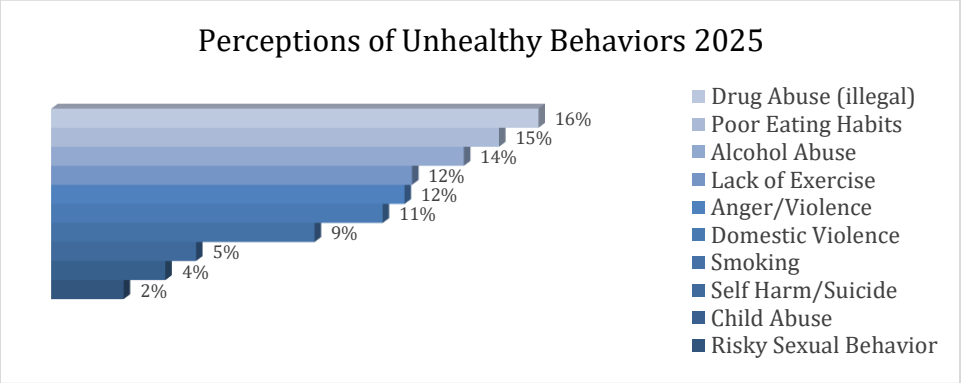


Source: CHNA Survey

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 rated highest were drug use (illegal) (16%), poor eating habits (15%) and alcohol use (14%) (Figure 63).

Figure 63



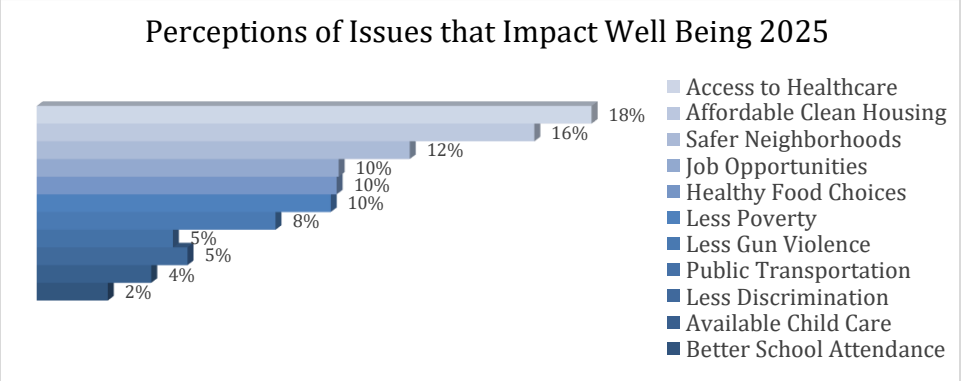
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The issues impacting well-being that were rated highest were access to healthcare (18%), affordable clean housing (16%) and safer neighborhoods (12%) (Figure 64).

Figure 64



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, potential for impact and trends and future forecasts.

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

- Total population is decreasing
- Aging population
- Single female head-of-house-household is 31% of the population

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

- Access to healthcare – prescription medication
- Prostate and colorectal cancer screening
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

- Opioid use among adults
- Obesity
- Smoking and vaping
- Predictors of heart disease

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

- Lung cancer
- Diabetes is lower than State of Illinois averages
- Suicide rates
- Cancer, heart disease and accidents 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 8 potential categories. Based on similarities and duplication, the 8 potential areas considered are:

- **Aging Issues**
- **Smoking and Vaping**

- **Healthy Behaviors – Nutrition and Exercise**
- **Cancer Screening**
- **Behavioral Health**
- **Obesity**
- **Opioid Use**
- **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 8 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: RESOURCE MATRIX relating to the 8 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

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:

- **Mental Health, Including Substance Use**
- **Healthy Behaviors – Preventative Health**

MENTAL HEALTH

The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 45% indicated they felt depressed in the last 30 days and 35% indicated they felt anxious or stressed in the last 30 days. Compared to 2022 data, this shows a 16% decrease in depression and a 16% decrease in anxiety and stress.

DEPRESSION AND ANXIETY. Depression tends to be rated higher for those with lower education, those with lower income and those living in an unstable housing environment. Stress and anxiety tend to be rated higher for young people, those with lower education, those with lower income and those living in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 45% indicated that they spoke to someone. The most common response was to a family or friend (45%). Regarding self-assessment of overall mental health,

18% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE USE. Of survey respondents, 23% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by those who are younger. Of survey respondents, 8% indicated they improperly use prescription medications each day to feel better and 11% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by Black people, those with lower education, those with lower income and those in an unstable housing environment. Marijuana use tends to be rated higher by younger people, LatinX people, those with lower education, those with less income and those in an unstable living environment. Finally, of survey respondents, 3% indicated they use illegal drugs daily.

In the 2025 CHNA survey, respondents rated drug use (illegal) as the most prevalent unhealthy behavior (16%) in Winnebago County and alcohol use (14%) as the third most prevalent unhealthy behavior.

HEALTHY BEHAVIORS – PREVENTATIVE HEALTH

Healthy behaviors, such as a balanced diet consisting of whole foods and physical exercise, are critical for both physical and mental well-being. Healthy behaviors can have substantial influence in reducing the risk of numerous health issues and these behaviors contribute to increased longevity and improved quality of life. Nationwide, lack of physical exercise and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

HEALTHY EATING. Nearly two-thirds (61%) of residents in Winnebago County 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 7%. The most prevalent reasons for failing to eat more fruits and vegetables were lack of importance and cost.

EXERCISE. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental and emotional well-being. Note that 20% of respondents indicated that they do not exercise at all, while the majority (63%) of residents exercise 1-5 times per week. The most common reason for not exercising was not having enough energy (31%).

CANCER SCREENINGS. Results from the CHNA survey show that 69% of women had a breast screening in the past five years and 69% of women also had a cervical screening. Breast screening tends to be more likely for older women, White women, those with a higher level of education and those with higher income. Those in an unstable housing environment are less likely to have a breast screening. Cervical screening tends to be more likely for White women, those with a higher level of education and those with higher income. Those in an unstable housing environment are less likely to have a cervical screening.

For men, 44% had a prostate screening in the past five years. Prostate screening tends to be more likely for older men, those with a higher level of education and those with higher income. Prostate screening tends to be less likely among LatinX people and those in an unstable housing environment.

Finally, for women and men over the age of 50, 47% had a colorectal screening in the last five years. Colorectal screening tends to be more likely for older people, White people, those with a higher level of

education and those with higher income. Those in an unstable housing environment and LatinX people are less likely to have a colorectal screening.

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:

Mary Cacioppi is the Founder/CEO of Bridges to Prosperity Northern Illinois which works to reduce poverty and implement a poverty reduction strategy in a five-county area. She has over 22 years of combined experience in community development, economic development and poverty reduction. At the national level, Mary serves on the board of Emerge Solutions. Emerge Solutions promotes lasting solutions to close the economic gap and build community sustainability at the local, regional and national levels by building a network of advocates to advance economic inclusion and opportunity across our communities. She is also a member of the National League of Cities Economic Mobility Peer Network. Locally, Mary serves on the Workforce Connection Employer & Public Engagement Committee and the Community Action Agency Board in Rockford. Mary has a Bachelor of Arts in Business Administration from Madison University. 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.

Jedediah Cantrell, FACHE, MBA joined OSF HealthCare Saint Anthony Medical Center as Vice President of Operations and Special Projects in March of 2022. In her role, Jedediah is accountable for planning, directing, evaluating and improving the operations of OSF Saint Anthony. She also leads several key projects that are critical to the future success and growth of the medical center. Jedediah has more than 30 years of health care experience. Jedediah's extensive board experience includes roles with several notable organizations such as the Central Illinois Chapter of the American College of Healthcare Executives, Illinois State University Health Information Management Advisory Council, Zion Development Corporation, and the Belvidere Family YMCA, among others. These positions have honed her leadership skills and deepened her understanding of healthcare and community service. She earned a Bachelor of Science in Health Information Management from Illinois State University and an Executive Master of Business Administration in leadership from Bradley University.

Paula Carynski, MS, RN, FACHE is President of OSF Saint Anthony Medical Center with 39 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. 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". Recently Paula received the OSF 2024 Culture of Philanthropy Pearl Award. Paula has served on multiple not-for-profit boards and is very active in the community.

Lisa Davis, MD, MBA, CPE, FACOG joined OSF HealthCare Saint Anthony Medical Center as vice president, chief medical officer in July of 2023. In this role, Dr. Davis is accountable for leading the practice of medicine as a member of the executive teams for OSF Saint Anthony. She ensures consistency in practice standards and facilitates an interdisciplinary team approach to the delivery of care. Dr. Davis earned a Bachelor of Arts in Biology from Hampton University in Hampton, Virginia. She earned her medical degree from Meharry Medical College in Nashville, Tennessee, and went on to earn a Master of

Business Administration from Brandeis University in Waltham, Massachusetts. She currently serves as an officer in the Air National Guard.

Shelton Kay is Executive Director of Rockford Regional Health Council, a unique collaboration of healthcare and the community that focuses on health education and program development, while advocating for change regarding today's health issues. Shelton has overseen efforts to address the Social Determinants of Health, Health Literacy and Health Equity. Through his leadership, the Council and its partner agencies have empowered hundreds of individuals to take charge of their health through access to care and health education. Prior to joining the Council, Shelton served in a variety of roles at Crusader Community Health, where he built a foundation for community collaboration by serving in roles such as case manager for HIV patients, Manager of the Healthcare for the Homeless program, and Director of Minority Health Access. Most recently, through his role as Vice President of Community Relations, he provided executive-level leadership throughout the organization and was instrumental in several major projects to enhance patient care and experience at Crusader.

Sandra Martel, MD is the Public Health Administrator for Winnebago County and has over 30 years of experience working in public health starting her career as a public health nurse. She leads the Winnebago County Health Department and its public health professionals toward protecting the health of the community and improving health outcomes for all who live and work in Winnebago County, ensuring all residents have the opportunity to achieve their best health. As the Chief Health Strategist for the County, Dr. Martell coordinates cross agency collaboration on issues of public health concern including improving maternal and infant health outcomes, the response to opioid overdose and working toward becoming a trauma informed community.

Sarah White currently serves as the director of the Works! Center, the vocational and educational arm of Rockford Rescue Mission. Sarah holds a bachelor's degree in special education from Northern Illinois University and is a certified ADA Coordinator through the University of Missouri and Great Plains ADA Center. She's worked in classrooms with students of all ages and disabilities and is the proud parent of a child with disabilities. Sarah is passionate about recognizing how societal and community barriers impact a person's ability to function. Working at Rockford Rescue Mission has provided Sarah with the opportunity to view the community from a new lens, and she appreciates the opportunity to convene with others who share her same desire to serve the needs of the Rockford community.

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 McMahon-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 McMahon-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 bestsellers. 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 2022 CHNA PRIORITIZED NEEDS

Two major health needs were identified and prioritized in the Winnebago County 2022 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs.

1. Access to Care - Including Primary Source of Healthcare, Access to Medical Care, Prescription Medications, Dental Care and Mental Health Counseling

Goal 1: Reduce the percentage of survey respondents who indicate they do not seek health care when needed in Winnebago County

1. Increased Behavioral Health Navigation Services
    a. 635 participants
2. Provided cholesterol and glucose screenings, education and access to care information
    a. For FY24, will partner with OSF OnCall to provide blood screenings
3. Provided Access to Care information
    a. 150 participants

2. Behavioral Health – Including Mental Health and Substance Use

Goal 1: *Reduce the percentage of survey respondents who indicate they use substances to feel better in Winnebago County*

1. Decreased the number of tablets ordered per opioid prescription - ED physicians
    a. 15.42 tablets per prescription
2. Collected and safely disposed of medication in the Drug Take Back box
    a. 1,720 pounds collected

Goal 2: *Reduce the number of respondents who indicated they felt depressed in the last 30 days in Winnebago*

1. All patients 12 years of age and older who are seen in the ED for evaluation or treatment of a behavioral health condition, were screened for suicide risk

a. 97% screened

2. All patients with C-SSRS screening resulting in a moderate to high score, require a provider assessment

a. 86% assessed

3. Provided mental health evaluations and referrals or placement to at risk ED patients

a. 367 referrals

4. Provided resiliency programs, purpose workshops and leading well-being programs to decrease stress and improve emotional well-being

a. 140 total participants in leading well-being, purpose workshops and praying and walking Moais

5. Provided free mental health counseling and case management services for patients suffering from a trauma

a. 115 patients treated

Goal 3: Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations to improve mental health outcomes

1. Implemented screening of patients for SDOH, Screen and Connect, to increase number of patients screened

a. 4,202 screened

2. Tracked number of patients referred to community-based organizations (CBO)

a. 127 patients referred

3. Tracked number of Mission Partners educated for continued roll-out

a. 31 Mission Partners

4. Tracked number of patient referrals to OSF Care Management and social workers

a. 32 patients referred

APPENDIX 3: SURVEY

2024 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.

COMMUNITY PERCEPTIONS

1. What would you say are the three (3) biggest **HEALTH ISSUES** in our community?

- ☐ Aging issues, such as Alzheimer's disease, hearing loss, memory loss, arthritis, falls
- ☐ Cancer
- ☐ Chronic pain
- ☐ Dental health (including tooth pain)
- ☐ Diabetes
- ☐ Heart disease/heart attack
- ☐ Mental health issues, such as depression, anxiety
- ☐ Obesity/overweight
- ☐ Sexually transmitted infections
- ☐ Viruses, such as COVID-19 or flu
- ☐ Women's health, such as pregnancy, menopause

2. What would you say are the three (3) most **UNHEALTHY BEHAVIORS** in our community?

- ☐ Angry behavior/violence
- ☐ Alcohol abuse
- ☐ Child abuse
- ☐ Domestic violence
- ☐ Drug use
- ☐ Lack of exercise
- ☐ Poor eating habits
- ☐ Risky sexual behavior
- ☐ Self harm/suicide
- ☐ Smoking/vaping (tobacco use)

3. What would you say are the three (3) most important factors that would improve your **WELL-BEING**?

- ☐ Access to health services
- ☐ Affordable healthy housing
- ☐ Availability of child care
- ☐ Better school attendance
- ☐ Good public transportation
- ☐ Less gun violence
- ☐ Job opportunities
- ☐ Less poverty
- ☐ Less race/ethnic discrimination
- ☐ Safer neighborhoods/schools

ACCESS TO CARE

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

Medical Care

1. When you get sick, where do you go most often? (Please choose only one answer).

- ☐ Clinic/Doctor's office
- ☐ Urgent Care Center
- ☐ Emergency Department
- ☐ I don't seek medical care

If you don't seek medical care, why not?

☐ Fear of Discrimination ☐ Lack of trust ☐ Cost ☐ I have experienced bias ☐ Do not need

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

- ☐ Yes (please answer #3)
- ☐ No (please go to #4: Prescription Medicine)

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.
- ☐ Cannot afford
- ☐ 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
- ☐ Cannot afford
- ☐ 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
- ☐ Cannot afford
- ☐ 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
- ☐ Cannot afford
- ☐ 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 a typical WEEK how many times do you participate in exercise, (such as jogging, walking, weight-lifting, fitness classes) that lasts for at least 30 minutes?

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

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
☐ Don't like to exercise
☐ Can't afford the fees to exercise
☐ Don't have child care while I exercise
☐ Don't have access to an exercise facility
☐ Too tired
☐ Safety issues

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 - 4 servings ☐ 5 servings or more

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
☐ Don't like fruits/vegetables
☐ It is not important to me
☐ Can't afford fruits/vegetables
☐ Don't know how to prepare fruits/vegetables
☐ Don't have a refrigerator/stove
☐ Don't know where to buy fruits/vegetables

5. 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 #6: Smoking.

☐ I do not have any health conditions
☐ Diabetes
☐ Depression/anxiety
☐ Allergy
☐ Heart problems
☐ Stroke
☐ Asthma/COPD
☐ Overweight
☐ Cancer
☐ Memory problems

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

8. 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.). _____

_____

9. Do you have a personal physician/doctor? ☐ Yes ☐ No

10. How many days a week do you or your family members go hungry?

☐ None ☐ 1–2 days ☐ 3-5 days ☐ More than 5 days

11. 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

12. 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

13. In the last YEAR have you talked with anyone about your mental health?
☐ No ☐ Doctor/nurse ☐ Counselor ☐ Family/friend

14. How often do you use prescription pain medications not prescribed to you or use differently than how the doctor instructed on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

15. How many alcoholic drinks do you have on a typical DAY?
☐ None ☐ 1–2 drinks ☐ 3-5 drinks ☐ More than 5 drinks

16. How often do you use marijaunia on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

17. 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

18. Do you feel safe in your home? ☐ Yes ☐ No

19. Do you feel safe in your neighborhood? ☐ Yes ☐ No

20. In the past 5 years, have you had a:

Breast cancer screening/mammogram	☐ Yes	☐ No	☐ Not applicable
Prostate exam	☐ Yes	☐ No	☐ Not applicable
Colon cancer screening	☐ Yes	☐ No	☐ Not applicable
Cervical cancer screening/pap smear	☐ Yes	☐ No	☐ 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)

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

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

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

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

12. How many people live with you? _____

13. Prior to the age of 18, which of the following did you experience (check all that apply):

☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse

☐ Substance use in household ☐ Mental illness in household ☐ Parental separation or divorce

☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member

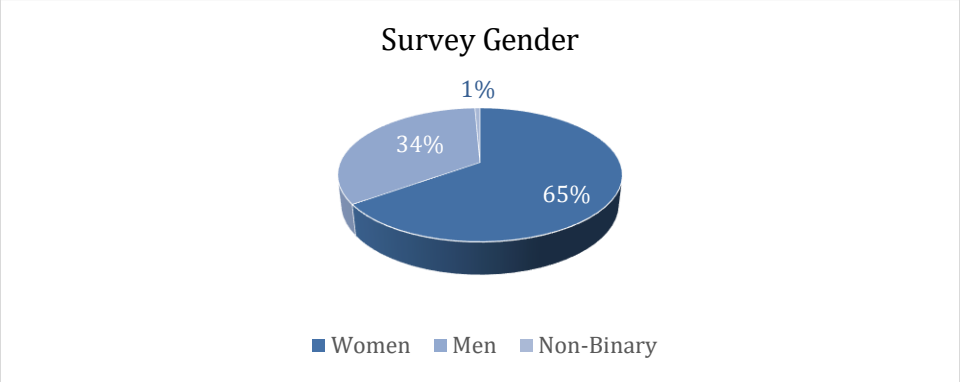
☐ Mother treated violently

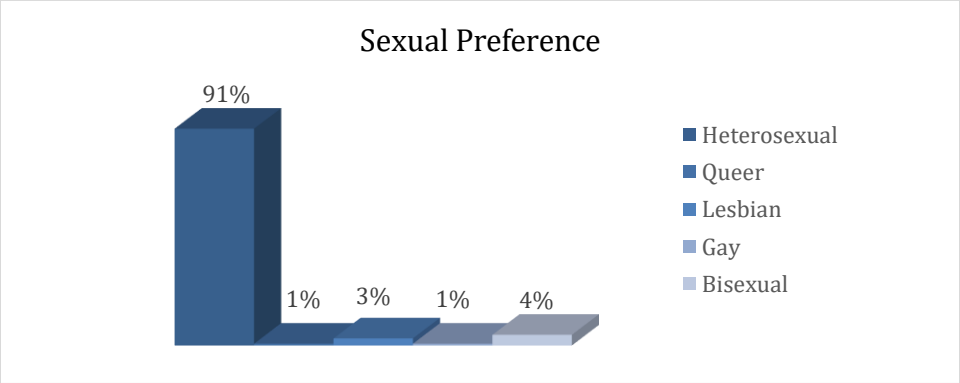
Is there anything else you'd like to share about your own health goals or health issues in our community?

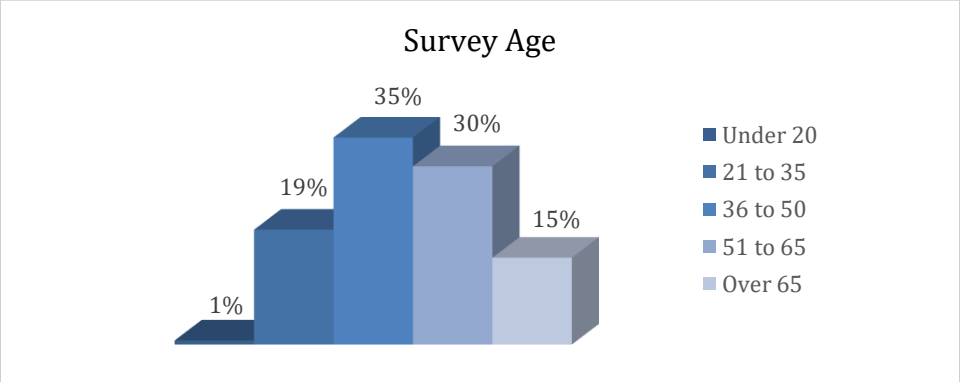
_____

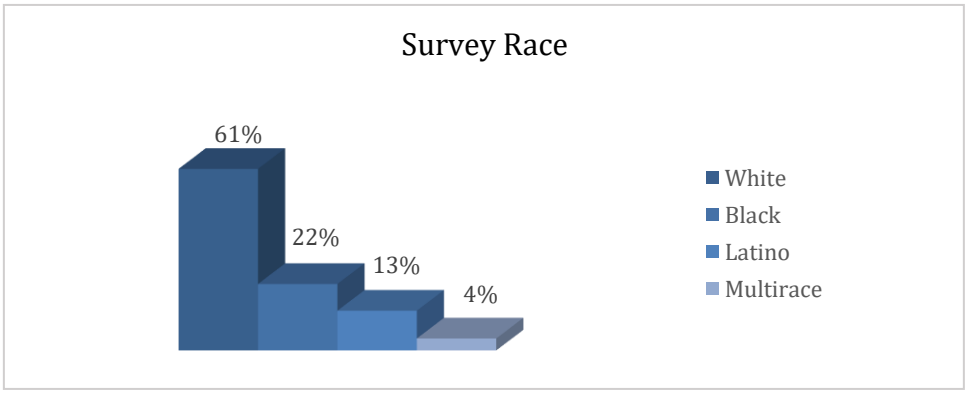
Thank you very much for sharing your views with us!

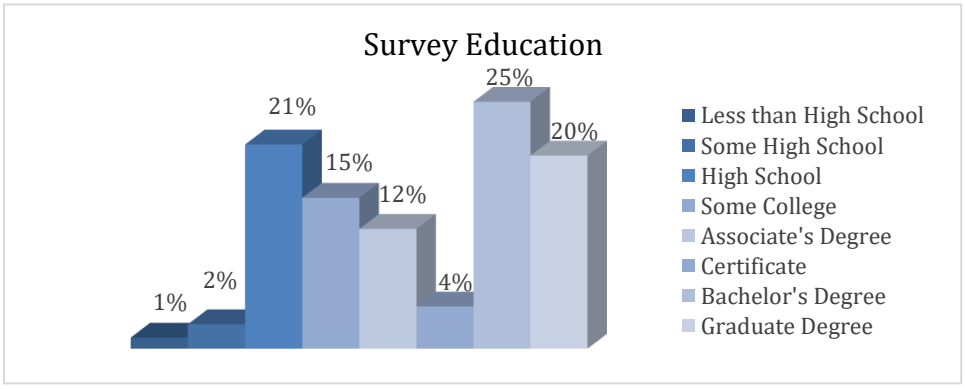
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS

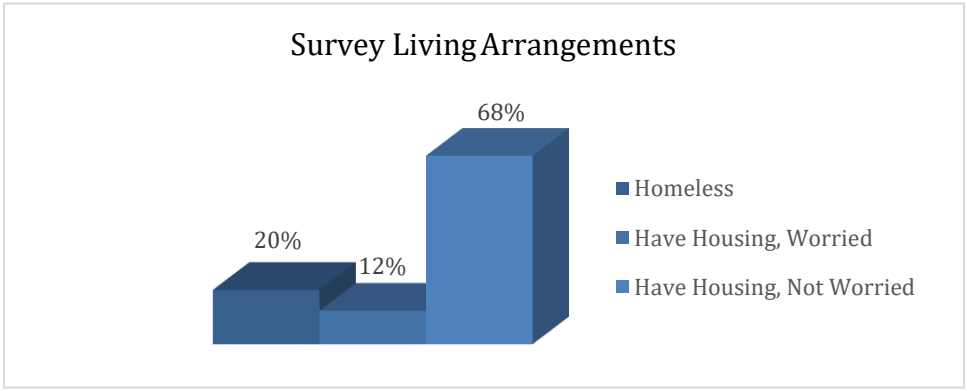


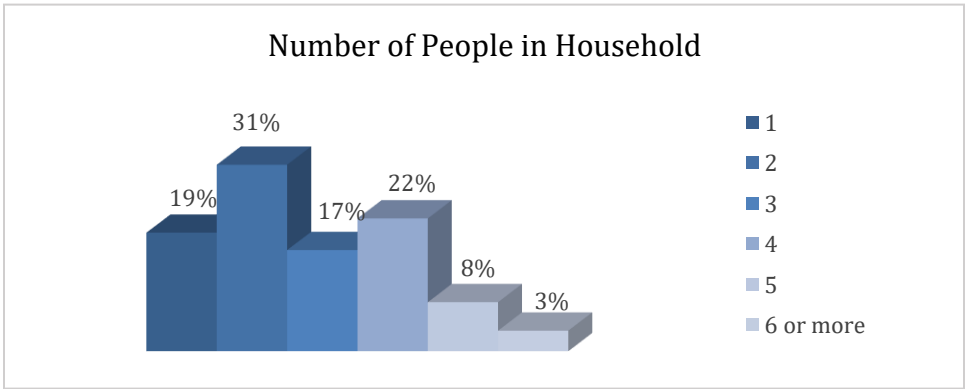


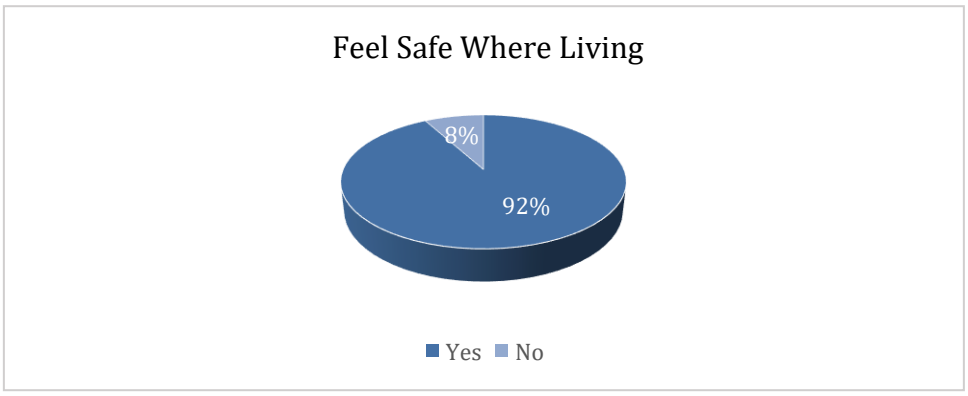


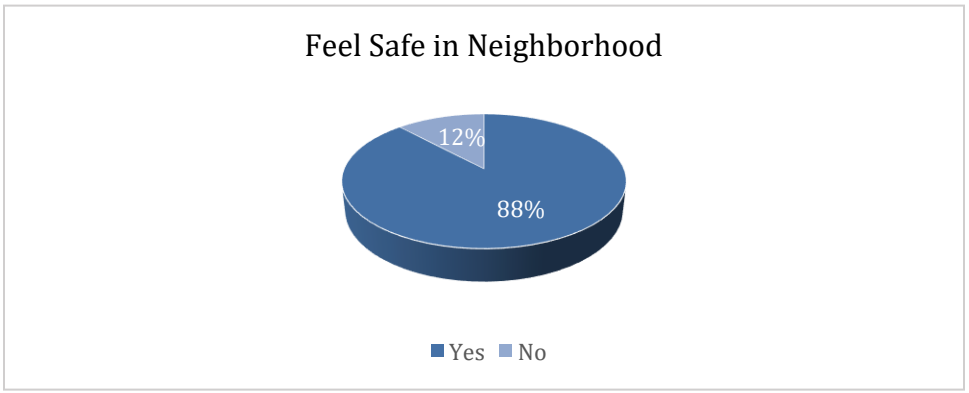

Survey Race
61%
22%
13%
4%
White
Black
Latino
Multirace

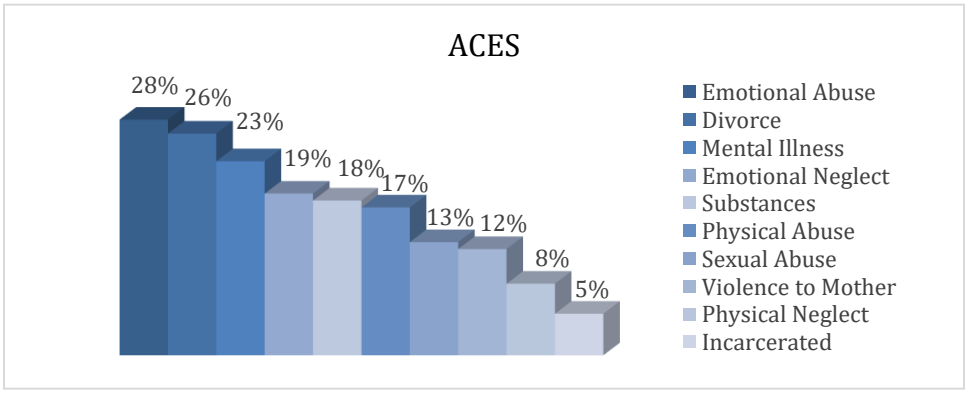

Survey Education
1%
2%
21%
15%
12%
4%
25%
20%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
20%
12%
68%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household
19%
31%
17%
22%
8%
3%
1
2
3
4
5
6 or more


Feel Safe Where Living
8%
92%
Yes
No


Feel Safe in Neighborhood
12%
88%
Yes
No


ACES
28%
26%
23%
19%
18%
17%
13%
12%
8%
5%
Emotional Abuse
Divorce
Mental Illness
Emotional Neglect
Substances
Physical Abuse
Sexual Abuse
Violence to Mother
Physical Neglect
Incarcerated

APPENDIX 5: RESOURCE MATRIX

	Aging Population	Healthy Behaviors/ Nutrition & Exercise	Cancer Screening	Mental Health	Obesity	Substance Use - Smoking, Vaping & Opioid Use	Cancer - Lung
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			3		
YMCA of Rock River Valley		3			3		
YWCA of Rockford		3			2		
Health Departments							
Winnebago County Health Department	2	3	3			2	
Community Agencies							
Alzheimer's Association - Greater IL Chapter	2						
American Cancer Society - Rockford Chapter			2			1	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			
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					
Easter Seals Children's Development Center		2			2		
Family Counseling Services				3			

	Aging Population	Healthy Behaviors/ Nutrition & Exercise	Cancer Screening	Mental Health	Obesity	Substance Use - Smoking, Vaping & Opioid Use	Cancer - Lung
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			
NAMI Northern IL				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				2			
Regional Access Care Mobilization Project (RAMP)				2		1	
Remedies Renewing Lives				2		3	
Rock Valley College							
Rockford Area Pregnancy Care Centers				1			
Rockford Housing Authority				1			
Rockford Rescue Mission		2		2		2	
Rockford Sexual Assault Counseling				2			
Rockford Township - General Assistance Office							
Rockford Vet Center				2		2	

	Aging Population	Healthy Behaviors/ Nutrition & Exercise	Cancer Screening	Mental Health	Obesity	Substance Use - Smoking, Vaping & Opioid Use	Cancer - Lung
Rosecrance Health Network				3		3	
Salvation Army of Winnebago County				2			
Shelter Care Ministries				1			
St. Elizabeth Catholic Community Center	1	2					
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		
OSF HealthCare Saint Anthony Medical Center	2	3	3	1	3	2	3
Mercy Health System		3	3	3	3		3
SwedishAmerican Health System - Division of UW Health		3	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

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

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

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 the 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 after school 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, aged 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 for 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. Programs 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 use, 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 offers 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 of 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

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 Method[1]

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

[1] "Guide to Prioritization Techniques." National Connection for Local Public Health (NACCHO)