Community Health Needs Assessment 2019

OSF SAINT ANTHONY MEDICAL CENTER

WINNEBAGO COUNTY

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2019

Collaboration for sustaining health equity

Executive Summary

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

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

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

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

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

- **Healthy Behaviors** *– defined as active living and healthy eating, and their impact on obesity*
- **Behavioral Health** *– including mental health and substance abuse*
- **Lung Cancer** *– including prevention and screening*

I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt hospitals to conduct community health-needs assessments and to adopt implementation strategies to meet the community health needs identified through the assessments. This community health-needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by OSF Saint Anthony Medical Center including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF Healthcare System's Board of Directors on July 29, 2019.

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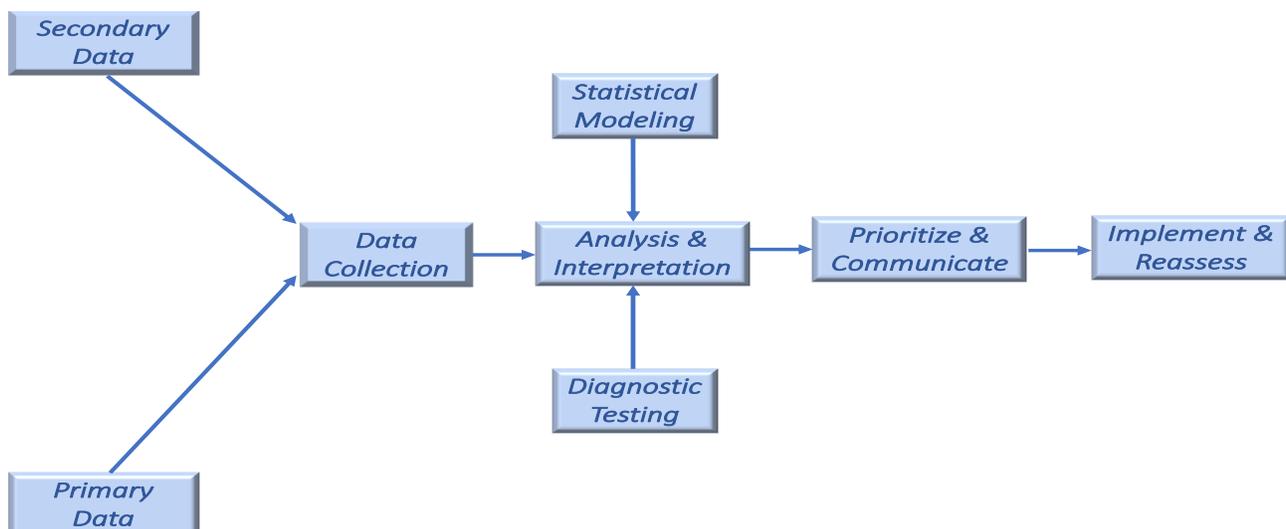
Collaborative Team and Community Engagement

In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the collaborative team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint Anthony Medical Center, members of the Winnebago County Health Department, and administrators from key community partner organizations. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2018 and in the first quarter of

2019. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

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

Definition of the Community

In order to determine the geographic boundaries for OSF Saint Anthony Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Winnebago County. Data show that Winnebago County alone represents 71.4% 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 that were eligible to receive Medicaid based on the state of Illinois guidelines using household size and income level.

Purpose of the Community Health-Needs Assessment

In the initial meeting, the collaborative committee identified the purpose of this study. Specifically, this study has been designed to provide necessary information to health-care organizations, including hospitals, clinics and health departments, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows health-care organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, agencies and health departments will use this CHNA to improve the quality of healthcare in Winnebago County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results from the 2016 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

The 2016 CHNA was made widely available to the community to allow for feedback. Specifically, the hospital posted both a full version and a summary version of the 2016 CHNA on its website. While no written feedback was received by individuals from the community via the available mechanism, verbal feedback was provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process.

2016 CHNA Health Needs and Implementation Plans

The 2016 CHNA for Winnebago County identified three significant health needs. These included: access to health, mental health and obesity Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in Appendix 2.

II. METHODS

To complete the comprehensive community health-needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, a study was completed to examine perceptions of the community health-related issues, healthy behaviors, behavioral health, food security, social determinants of health and access to healthcare.

Secondary Data Collection

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

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

Primary Data Collection

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

Survey Instrument Design

Initially, all publicly available health-needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health-needs data. By leveraging best practices from these surveys, we created our own pilot survey in 2018, designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health-needs assessment, eight specific sets of items were included:

Ratings of health issues in the community – to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes and obesity.

Ratings of unhealthy behaviors in the community – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking.

Ratings of issues concerning well-being – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation.

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

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

Behavioral health – to assess community issues related to areas such as anxiety and depression.

Food security – to assess access to healthy food alternatives.

Social determinants of health – to assess the impact that social determinants may have on the above-mentioned areas.

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

After the initial survey was designed, a pilot study was created to test the psychometric properties and statistical validity of the survey instrument. A total of 230 surveys were collected in Peoria, IL in May and June 2018. Results from the pilot survey revealed specific items to be included/excluded in the final survey instrument. Item selection criteria for the final survey included validity, reliability and frequency measures based on responses from the pilot sample. A copy of the final survey is included in Appendix 3.

Sample Size

In order to identify our potential population, we first identified the percentage of the Winnebago County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Winnebago County was 15.3 percent in 2017. The population used for the calculation was 284,778, yielding a total of 43,571 residents living in poverty in the Winnebago County area.

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

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

where:

n = the required sample size

N = the population size

pq = population proportions (set at .05)

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

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

For the total Winnebago County area, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 384 The data collection effort for this CHNA yielded a total of 734 usable responses. This exceeded the threshold of the desired 90% confidence interval.

To provide a representative profile when assessing the aggregated population for the Winnebago County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. 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 557 respondents for analyzing the aggregate population. Sample characteristics can be seen in Appendix 4.

Data Collection

Data were collected 3rd quarter 2018. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Note that versions of both the online survey and paper survey were translated into Spanish.

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

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

Data Integrity

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

Analytic Techniques

To ensure statistical validity, we used several different analytic techniques. Specifically, frequencies and descriptive statistics were used for identifying patterns in residents' ratings of various health concerns.

Additionally, appropriate statistical techniques were used for identification of existing relationships between perceptions, behaviors and demographic data. Specifically, we used Pearson correlations, x^2 tests and tetrachoric correlations when appropriate, given characteristics of the specific data being analyzed.

CHAPTER 1
DEMOGRAPHY AND SOCIAL DETERMINANTS

1.1 Population

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

Population Growth

Data from the last census indicate the population of Winnebago County has slightly decreased (2.1%) between 2013 and 2017.

Population Growth - Winnebago County
2013-2017

	Value	
2017	284,778	
2016	286,088	
2015	287,141	
2014	288,670	
2013	290,883	

280,000   282,500   285,000   287,500   290,000   292,500

Legend: 2017, 2016, 2015, 2014, 2013
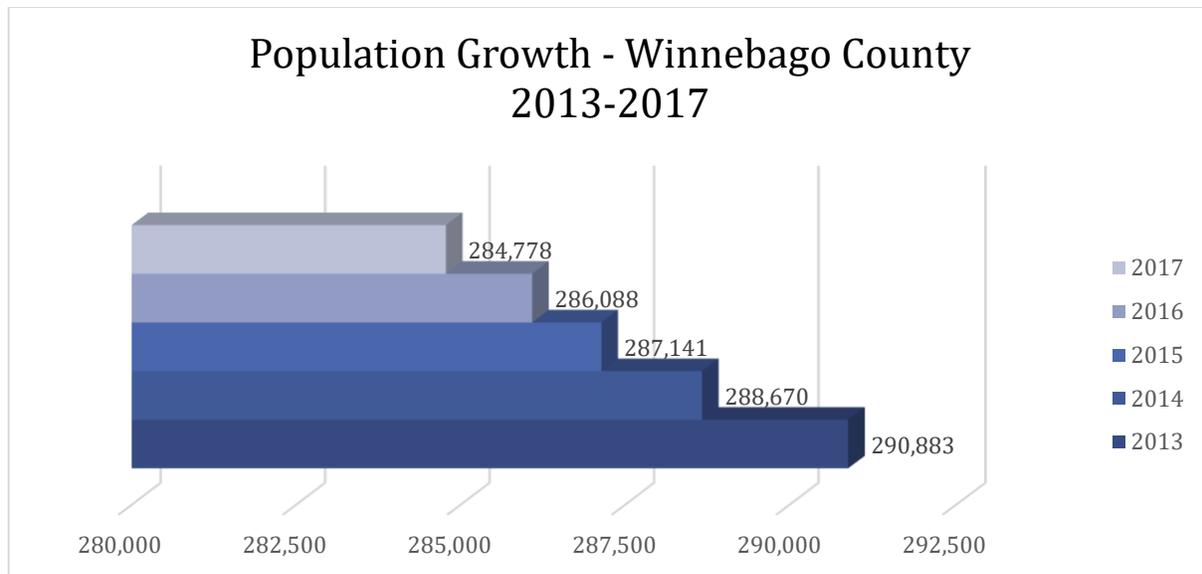
Source: US Census

1.2 Age, Gender and Race Distribution

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

Age

As indicated in the graph below, the percentage of individuals in Winnebago County aged 35-54 declined 8.1% between 2013 and 2017, and the percentage of individuals aged 65 and older increased 10.6% between 2013 and 2017.

Age Distribution - Winnebago County 2013-2017
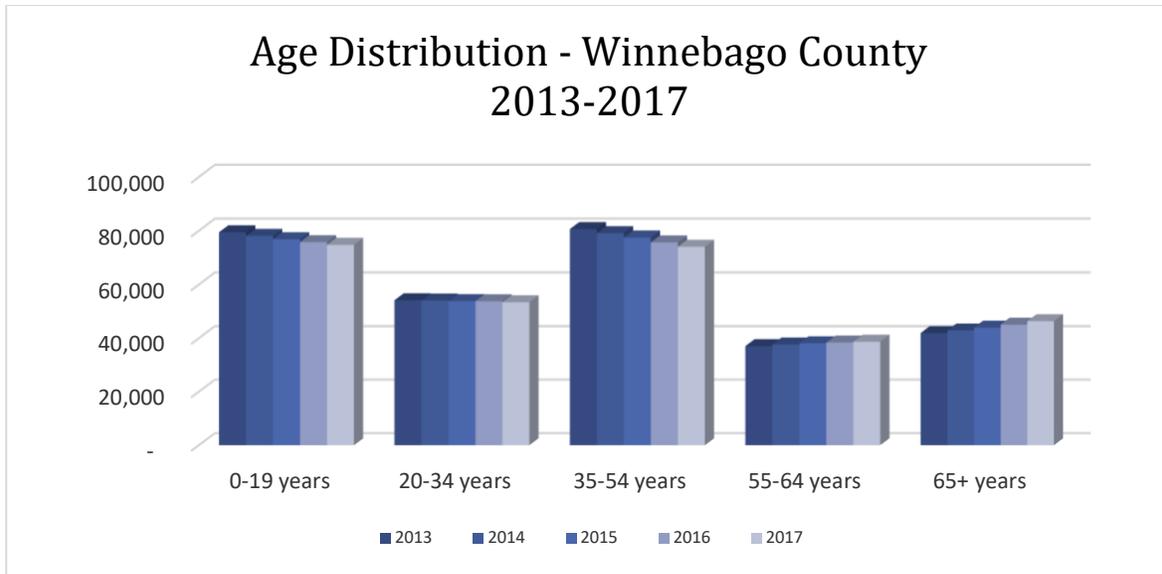
Age	2013	2014	2015	2016	2017
0-19 years	79,477	78,138	76,876	75,795	74,799
20-34 years	54,199	54,117	53,883	53,840	53,477
35-54 years	80,663	79,135	77,534	75,706	74,086
55-64 years	37,086	37,691	38,149	38,430	38,734
65+ years	41,959	42,945	43,997	45,125	46,416

Source: US Census

Gender

The gender distribution of Winnebago County residents has remained relatively consistent between 2013 and 2017.
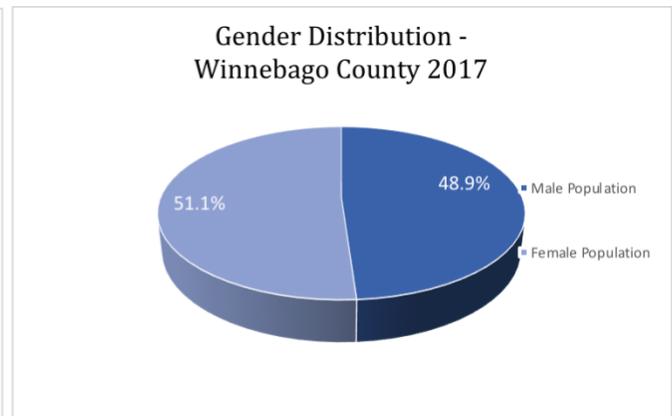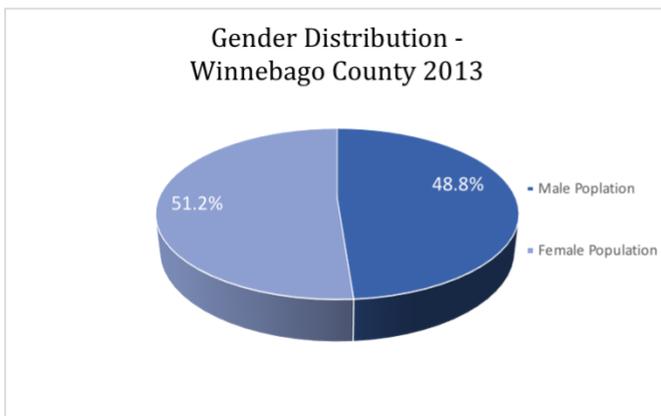
Source: US Census

Race

With regard to race and ethnic background, Winnebago County is moderately homogenous, yet in recent years, the county is becoming more diverse. Data from 2017 suggest that White ethnicity comprises 70.2% of the population in Winnebago County. However, the non-White population of Winnebago County is increasing (from 27.9% to 29.8% in 2017), with Black ethnicity comprising 12.4% of the population, multi-racial ethnicity comprising 2.4% of the population, and Hispanic/Latino ethnicity comprising 12.4% of the population.
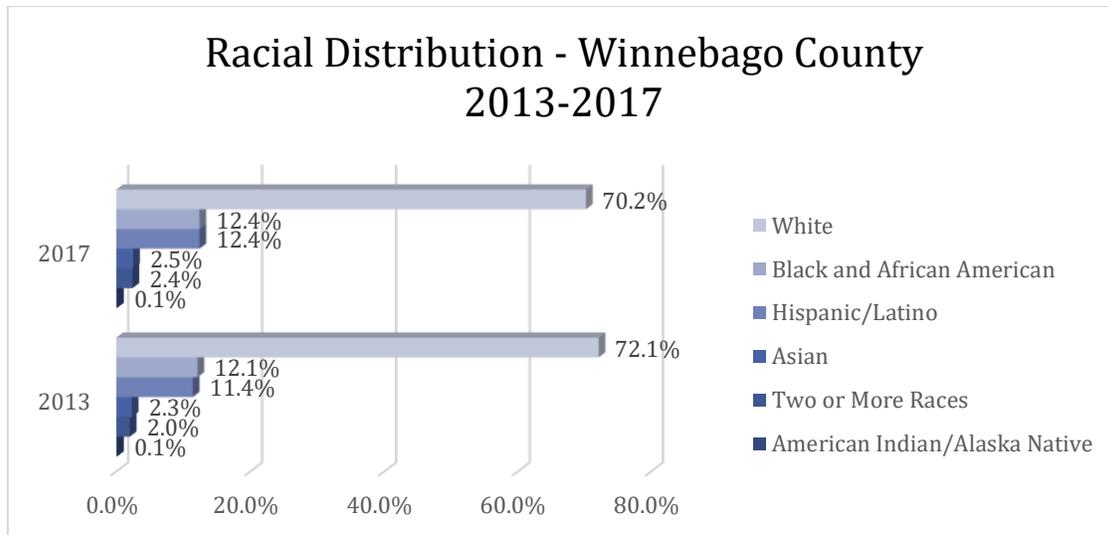
Source: US Census

1.3 Household/Family

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

As indicated in the graph below, the number of family households in Winnebago County decreased slightly from 2016 to 2017.

Number of Family Households -
Winnebago County
2016-2017

74,752   74,501

80,000
60,000
40,000
20,000
-

Winnebago County

■ 2016
■ 2017
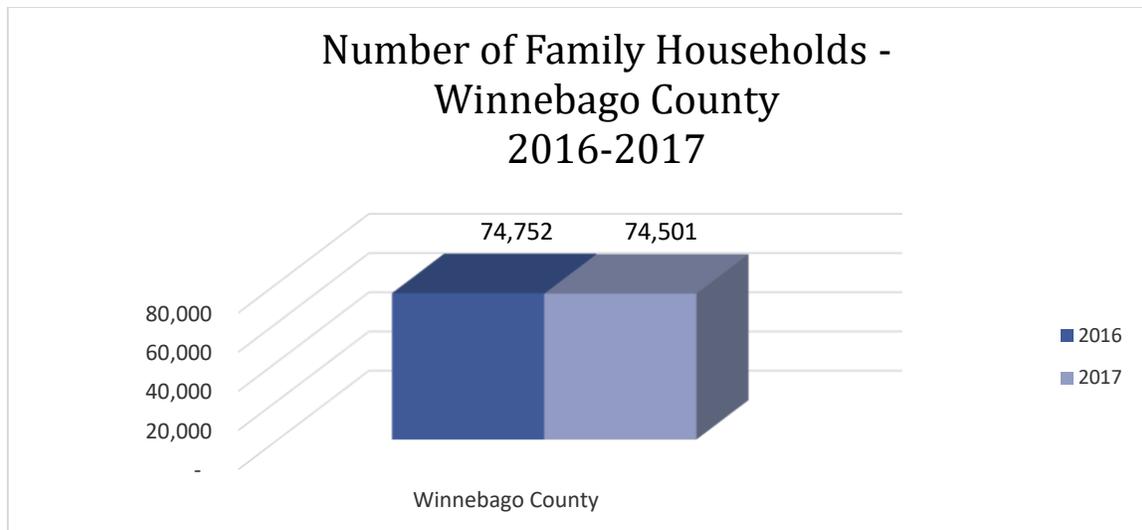
Source: US Census

Family Composition

In Winnebago County, data from 2017 suggest the percentage of two-parent families in Winnebago County is 46%. One-person households represent 30% of the county population, and single-female households represent 14%.

Household Types - Winnebago County
2017

5%
30%
46%
5%
14%

■ Married ■ Single Female ■ Single Male ■ One Person ■ Other Non-Family
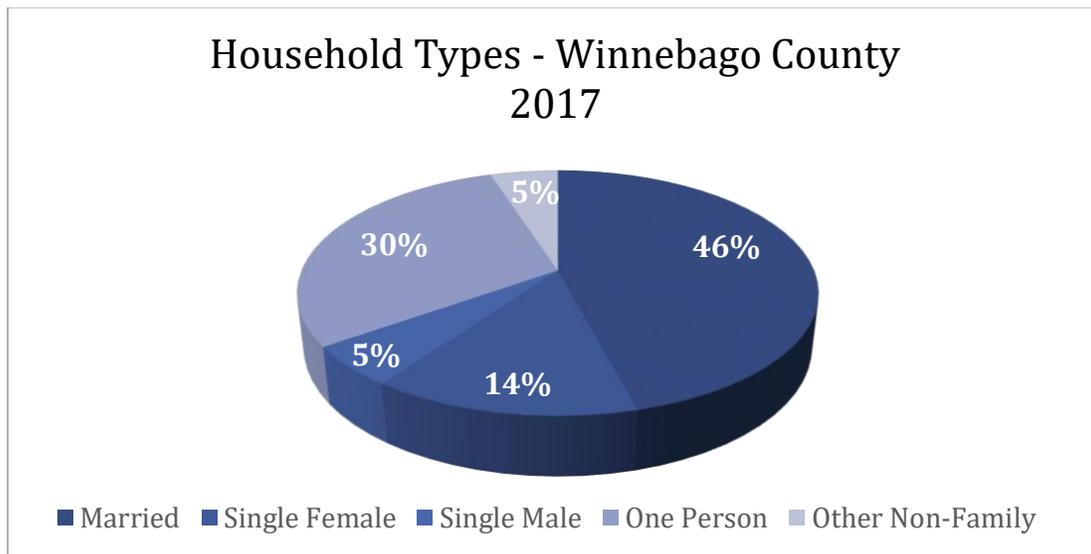
Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

Winnebago County has experienced a fluctuation in teenage birth count. The teen birth count steadily declined from 2012-2016.

Teen Births - Winnebago County
2012-2016

318   296   297   274   232

400
300
200
100
0

■ 2012 ■ 2013 ■ 2014 ■ 2015 ■ 2016
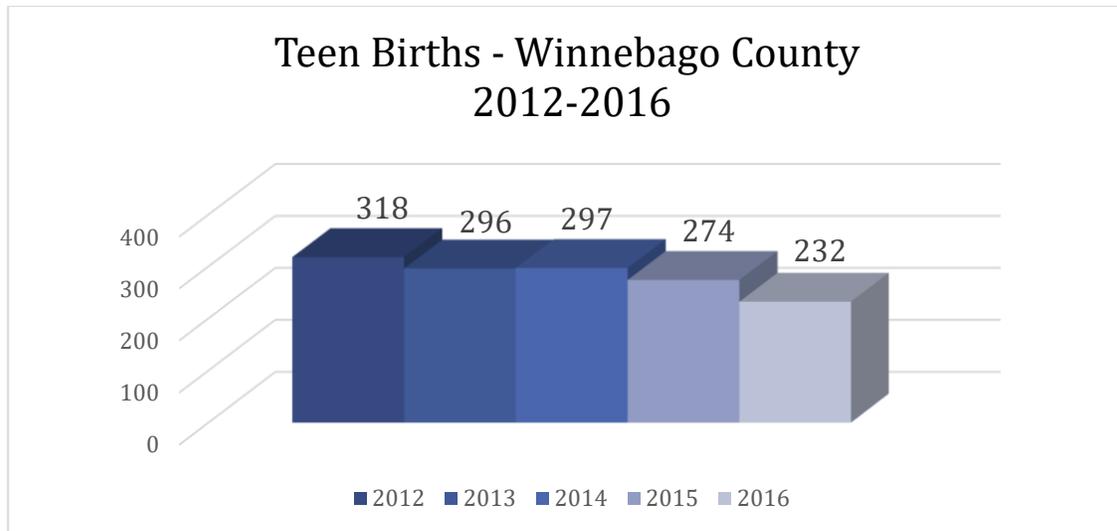
Source: Illinois Department of Public Health

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 2013-2017, the median household income in Winnebago County was lower than the State of Illinois.

Median Household Income - Winnebago County 2013-2017

51,110

59,196

60,000
50,000
40,000
30,000
20,000
10,000
-

■ Winnebago County
■ State of Illinois
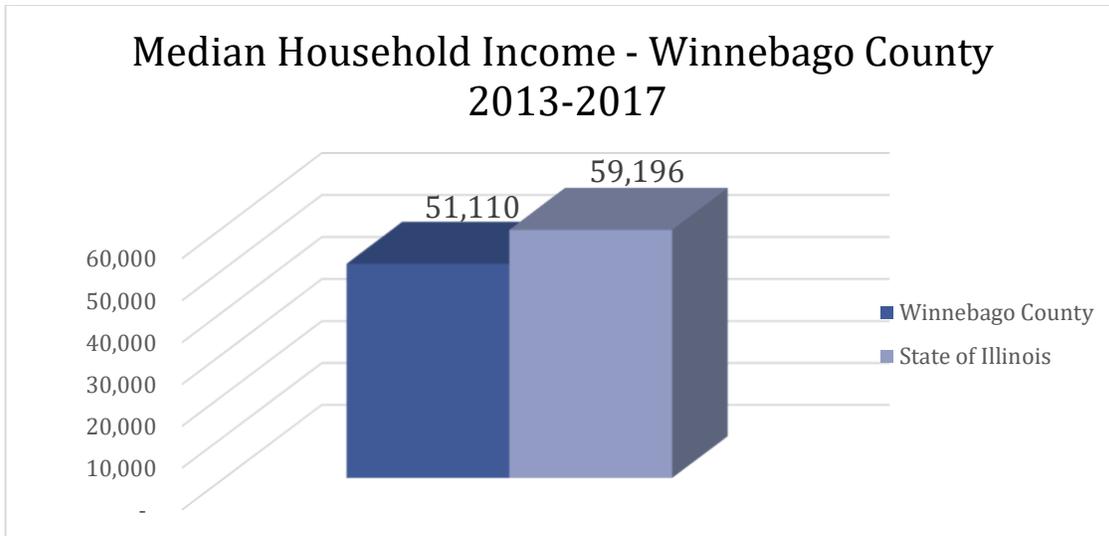
Source: US Census

Unemployment

For the years 2013 to 2017, the Winnebago County unemployment rate was consistently higher than the State of Illinois unemployment rate. Overall, between 2013 and 2017, unemployment in Winnebago County decreased by 4.2%.

Unemployment Rates - Winnebago County 2013-2017

12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%

Winnebago County: 10.5%, 8.3%, 7.0%, 6.6%, 6.3%
State of Illinois: 9.0%, 7.1%, 6.0%, 5.8%, 4.2%

■ 2013
■ 2014
■ 2015
■ 2016
■ 2017
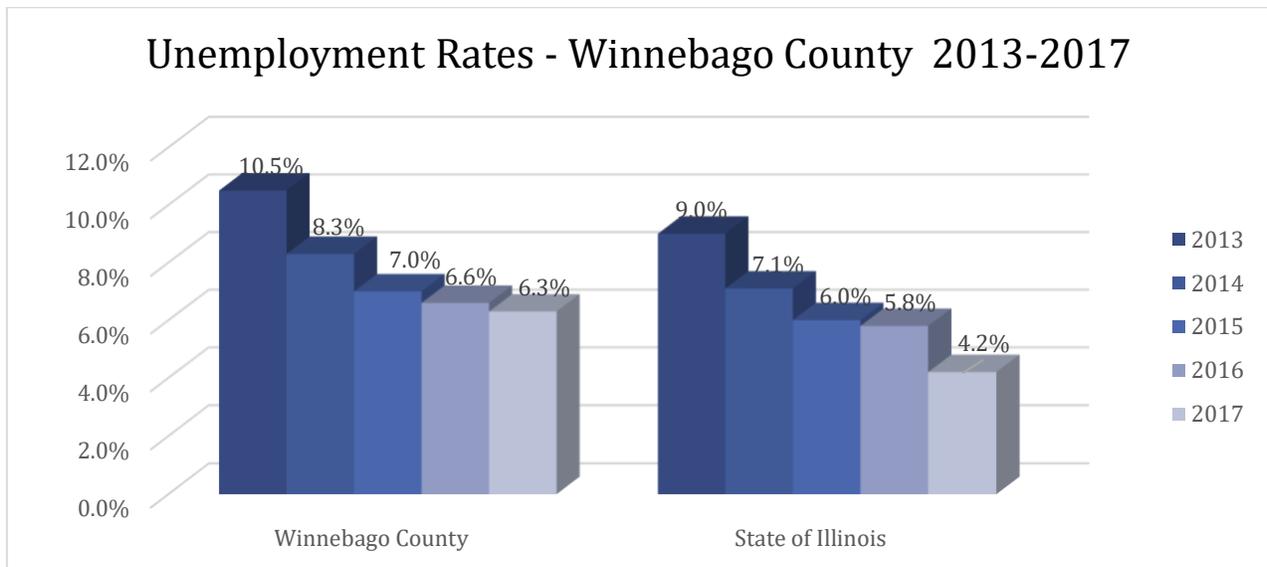
Source: Bureau of Labor Statistics

Individuals in Poverty

In Winnebago County, the percentage of individuals living in poverty between 2013 and 2017 decreased by 2.2%. The poverty rate for individuals is 15.3%, which is higher than the State of Illinois individual poverty rate of 13.5%. Poverty has a significant impact on the development of

children and youth. In 2017 the poverty rate for families living in Winnebago County (11.5%) was higher than the State of Illinois family poverty rate (9.8%).

Poverty Rate - Winnebago County 2013-2017

2013: 17.5%
2017: 15.3%
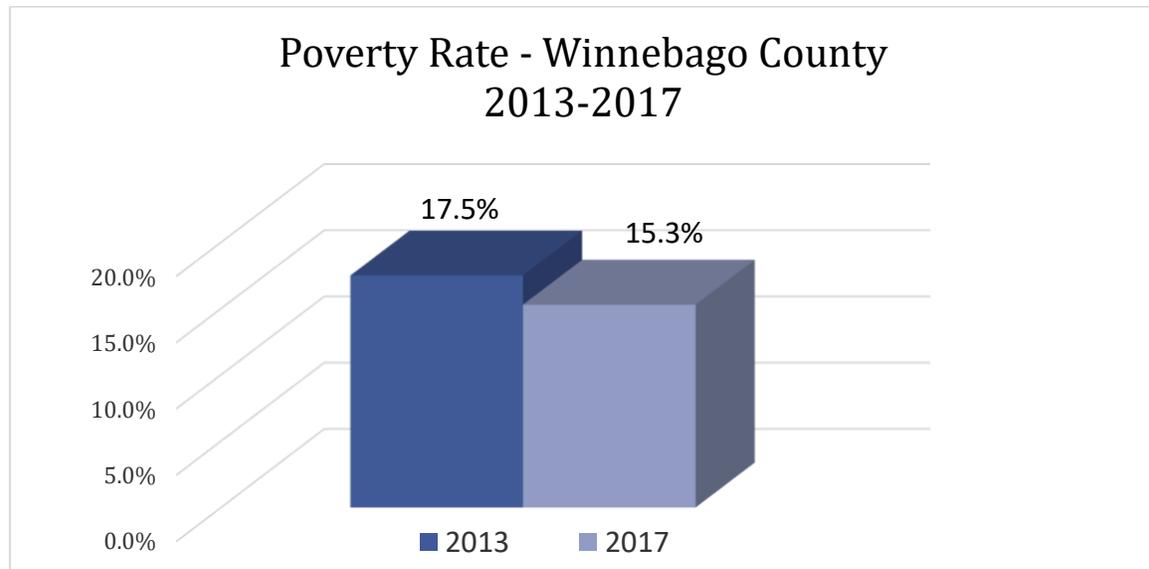
Source: US Census

1.5 Education

Importance of the measure: According to the National Center for Educational Statistics[1], "The better educated a person is, the more likely that person is to report being in 'excellent' or 'very good' health, regardless of income." Research suggests that the higher the level of educational attainment and the more successful one is in school, the better one's health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual's propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

Truancy

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

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[1] NCES 2005

Rockford SD 205 and Harlem UD 122 have the largest percentage of students who were chronically truant in 2018.
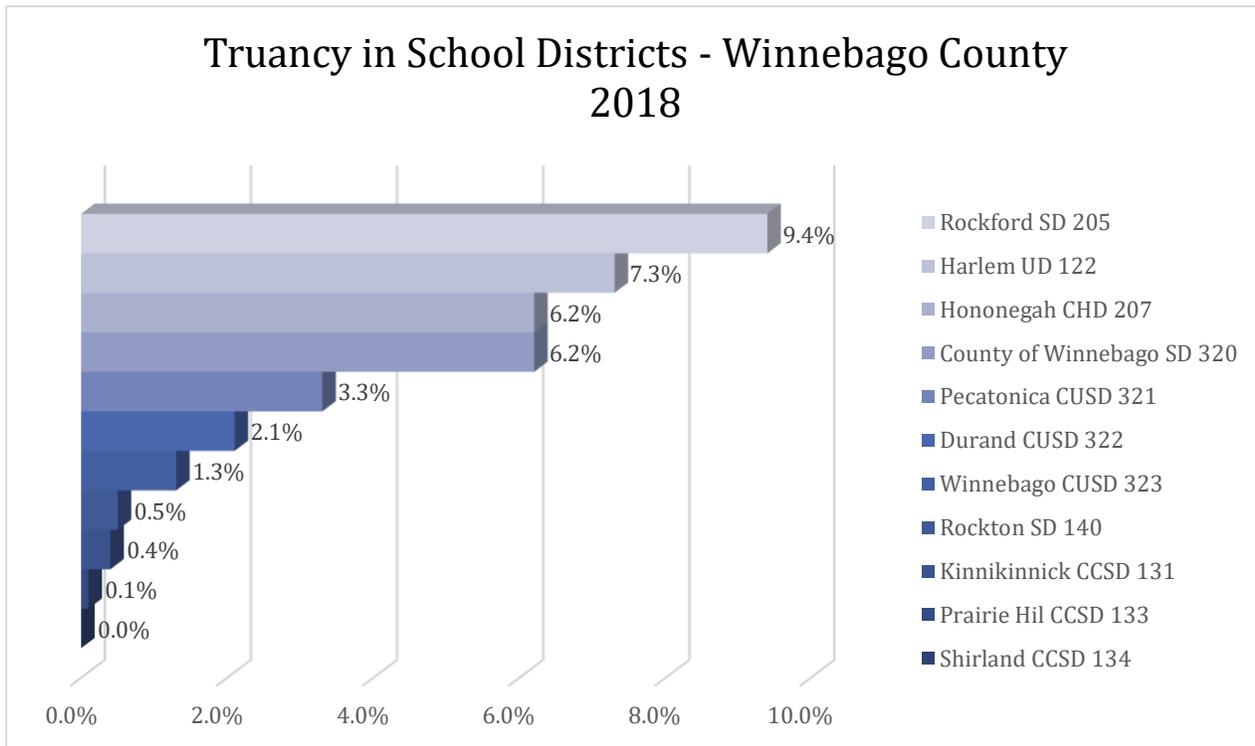
Source: Illinois Report Card

High School Graduation Rates

In 2018, Harlem UD 122 and Rockford SD 205 in Winnebago County reported high school graduation rates that were below the State average of 85%.
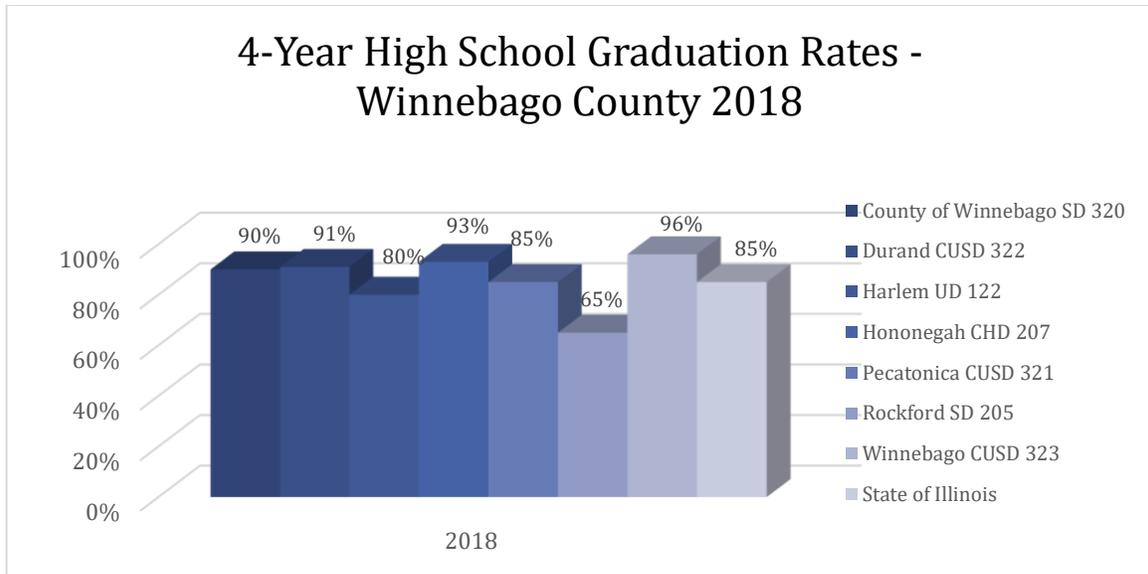
Source: Illinois Report Card

1.6 Telehealth Interest and Internet Accessibility

Survey respondents were asked *How interested would you be in health services provided through Internet or phone?* Of respondents, 65% indicated they would be either somewhat or extremely interested.
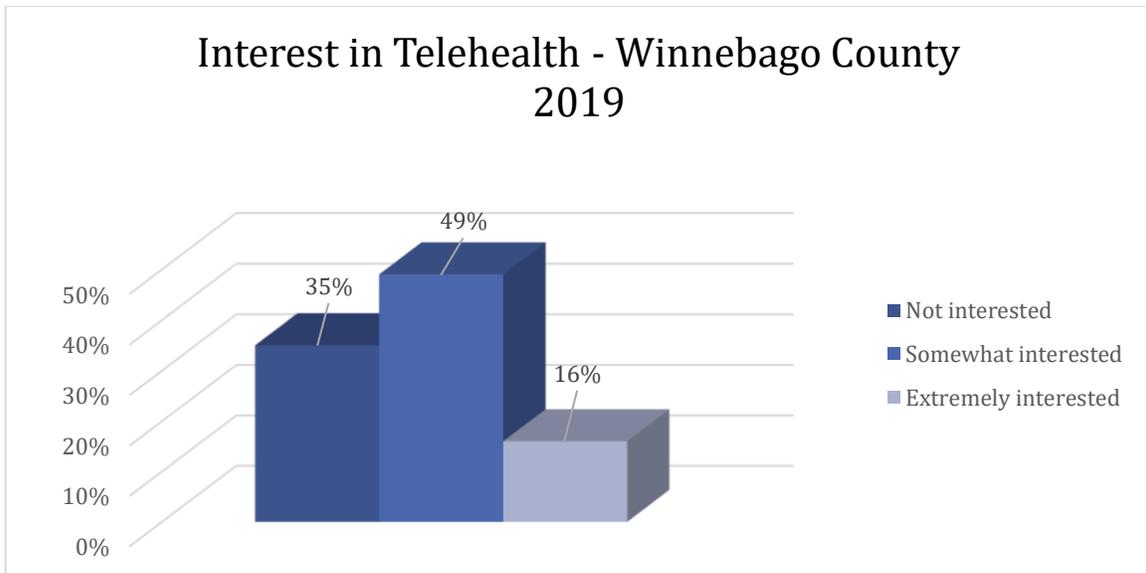
Source: CHNA Survey

In terms of accessibility, 74% of respondents indicated they had access to free public Internet, and 81% indicated they had Internet in their homes. For those that did not have Internet in their home, cost was the most frequently cited reason.

Causes of Inability to Have Internet in Home
Winnebago County
2019

56%

60%

50%

40%   22%
                                    19%
30%

20%   4%

10%

0%

■ Cost
■ Don't know how
■ No provider
■ Data limits
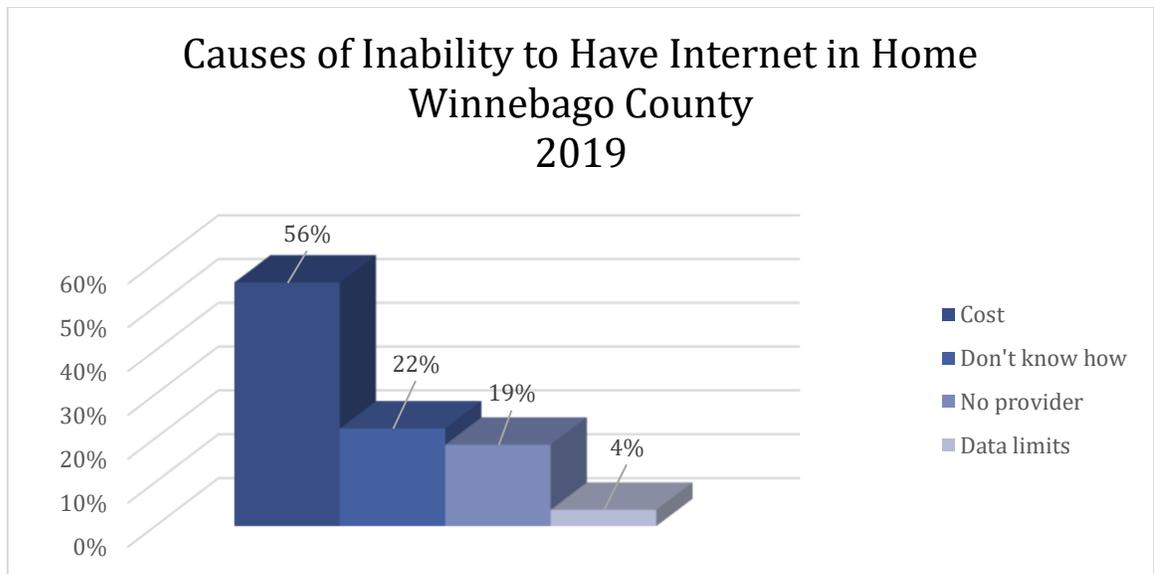
Source: CHNA Survey

Social Determinants Related to Telehealth and Internet Access

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

Interest in telehealth tends to be rated higher by younger people, and those with higher education.

Access to Internet tends to be higher for women, White people, those with higher education and those with higher income. Access to Internet tends to be lower for Black people and those with an unstable (e.g., homeless) housing environment.

1.7 Key Takeaways from Chapter 1

✓ POPULATION DECREASED OVER THE LAST 5 YEARS.

✓ POPULATION OVER AGE 65 IS INCREASING.

✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 14% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

✓ APPROXIMATELY 2/3 OF THE POPULATION IS INTERESTED IN TELEHEALTH SERVICES.

CHAPTER 2
PREVENTION BEHAVIORS

2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment, and other.

The most common response for source of medical care was clinic/doctor's office, chosen by 69% of survey respondents. This was followed by urgent care (16%), the emergency department at a hospital (7%), not seeking medical attention (5%), and the health department (2%).

Choice of Medical Care General Population Winnebago County 2019

Choice	Percentage
Clinic/Doctor	69%
Urgent Care	16%
Emergency Department	7%
Don't Seek Care	5%
Health Department	2%
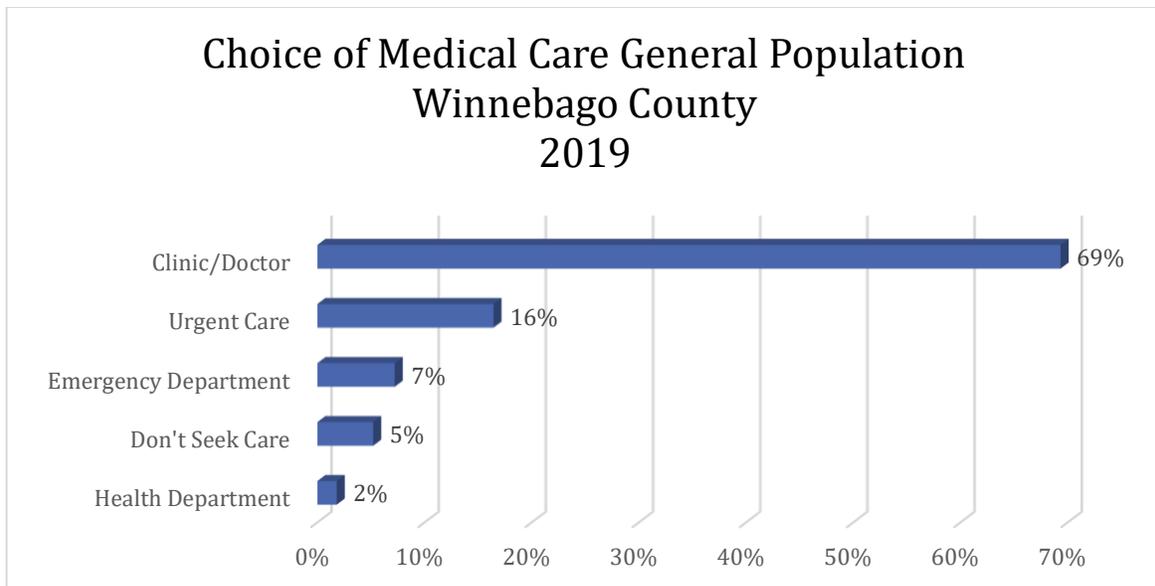
Source: CHNA Survey

Comparison to 2016 CHNA

Compared to the Winnebago 2013 CHNA survey data, there was a slight increase in use of urgent care from 13% to 16%, which resulted in a lower percentage of people choosing to not seek care, decreasing from 11% in 2016 to 5% in 2019.

Social Determinants Related to Choice of Medical Care

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

Clinic/Doctor's Office tends to be used more often by older people, women, and White people. Clinic/Doctor's office is used less often by people with an unstable (e.g., homeless) housing environment.

Urgent Care tends to be used more by younger people.

Emergency Department tends to be used more often by men, Black people, less educated people, those with lower incomes and people with an unstable (e.g., homeless) housing environment. Emergency departments tend to be used less by White people as a primary source of healthcare.

Do Not Seek Medical Care tends to be rated higher by men.

Health Department did not have any significant correlates.

Insurance Coverage

According to survey data, 53% of the residents are covered by private insurance, followed by Medicare (28%), and Medicaid (14%). Only 5% of respondents indicated they did not have any health insurance.

Type of Insurance - Winnebago County 2019
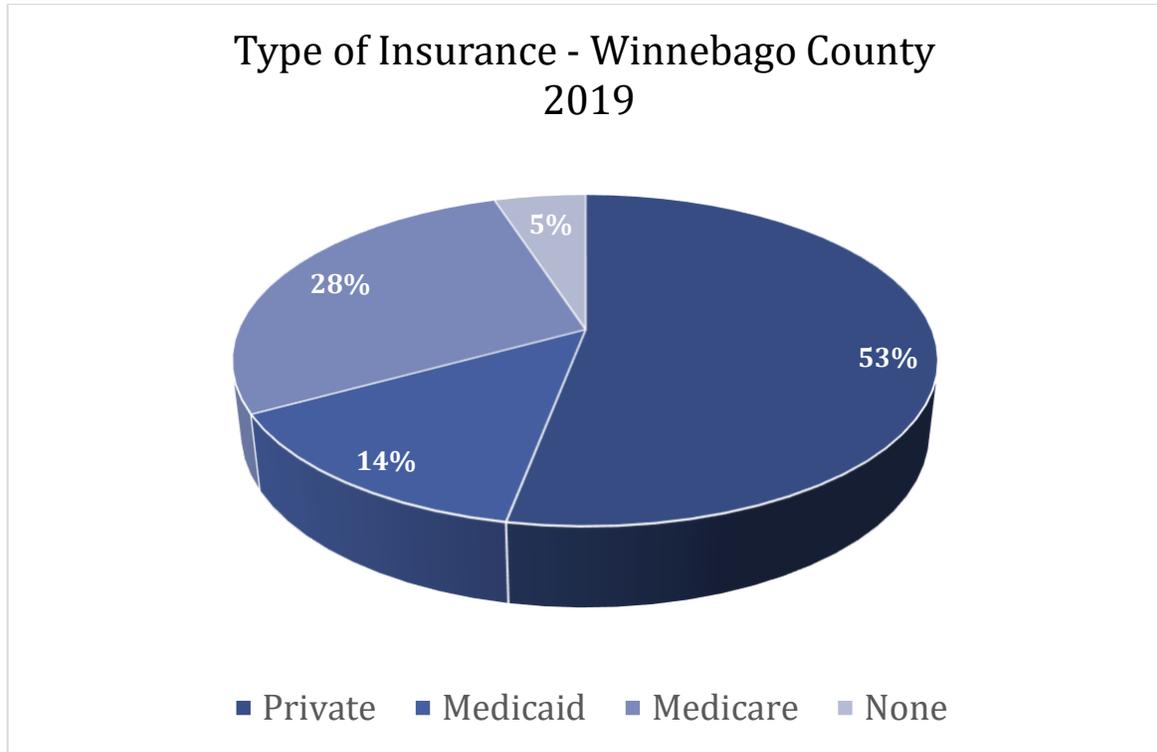
Source: CHNA Survey

Data from the survey show that for the 5% of individuals who do not have insurance, the most common reason was cost. Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Reasons for No Insurance - Winnebago County
2019
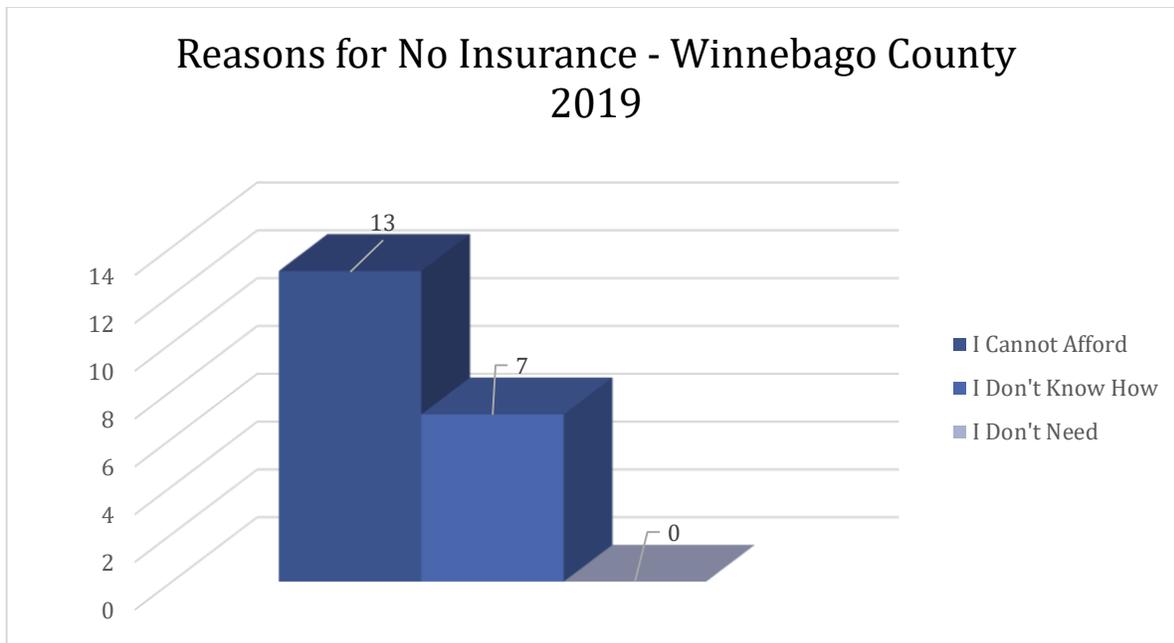
Source: CHNA Survey

Comparison to 2016 CHNA

Compared to survey data from the 2016 CHNA, there has been an increase in the percentage of the population with Medicare from 19% to 28% resulting in a marked decrease in the percentage of individuals who have no insurance, from 10% to 5%. Note that in 2013, 15% of the population had no health insurance.

Social Determinants Related to Type of Insurance

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

Medicare tends to be used more frequently by older people, and those with lower education and income. Medicare is used less often by Latino people.

Medicaid tends to be used more frequently by younger people, Black people, Latino people, those with lower income, and people with an unstable (e.g., homeless) housing environment.

Private Insurance is used more often by younger people, White people, and those with higher education and income. Private insurance is used less by Black people.

No Insurance tends to be reported more often by Latino people, those with lower education and income, and people with an unstable (e.g., homeless) housing environment.

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medications, dental care and counseling. Survey results show that 16% of the population did not have access to medical care when needed; 15% of the population did not have access to prescription medications when needed; 20% of the population did not have access to dental care when needed; and 12% of the population did not have access to counseling when needed.
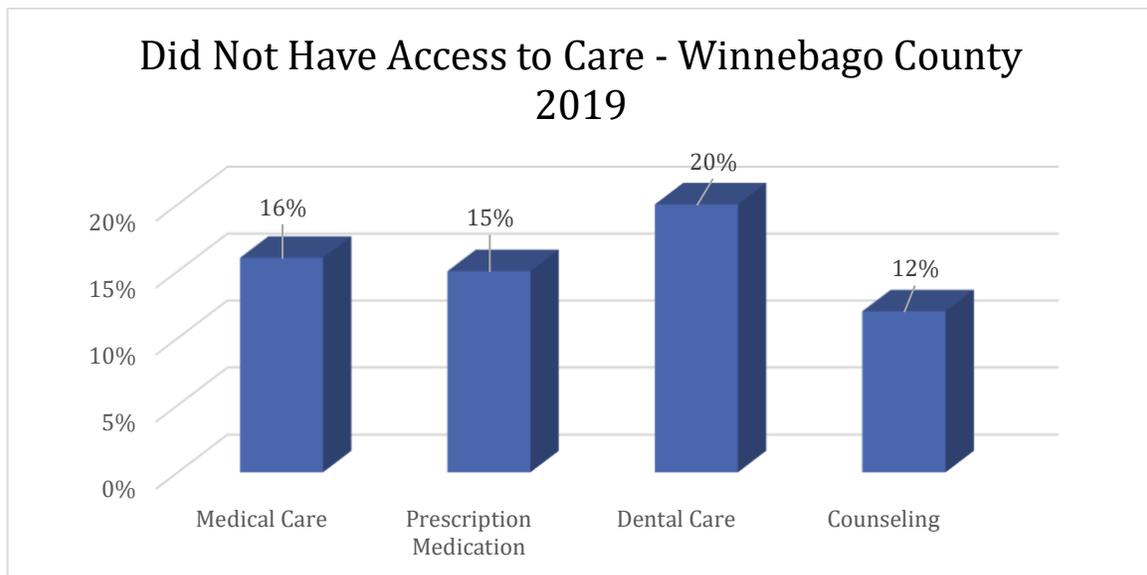
Source: CHNA Survey

Social Determinants Related to Access to Care

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

Access to medical care tends to be higher for people with higher education and income.

Access to prescription medications tends to be higher for those with more education, higher income, and those with a stable housing environment.

Access to dental care tends to be higher for those with more education, higher income, and those with a stable housing environment. Access to dental care tends to be lower for Latino people.

Access to counseling tends to be higher for older people, and those with higher education and income.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were no insurance (31%), too long to wait for an appointment (30%), the inability to afford the copay (24%), and no way to get to the doctor (14%).

Causes of Inability to Access Medical Care Winnebago County 2019
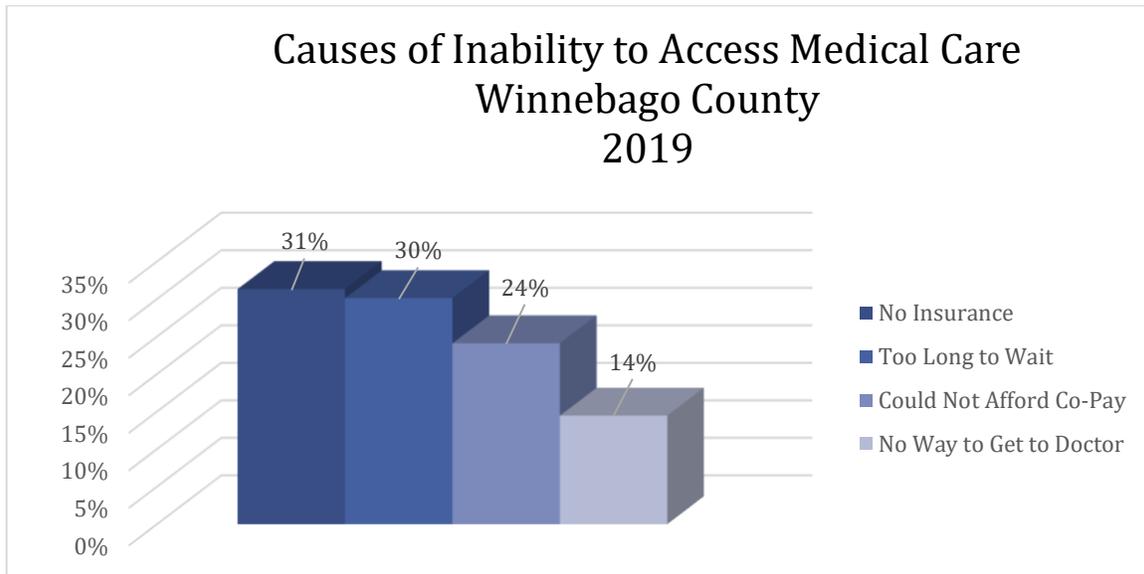
Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. In Winnebago County, the leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (53%) and no insurance (24%).

Causes of Inability to Access Prescription Medication - Winnebago County 2019
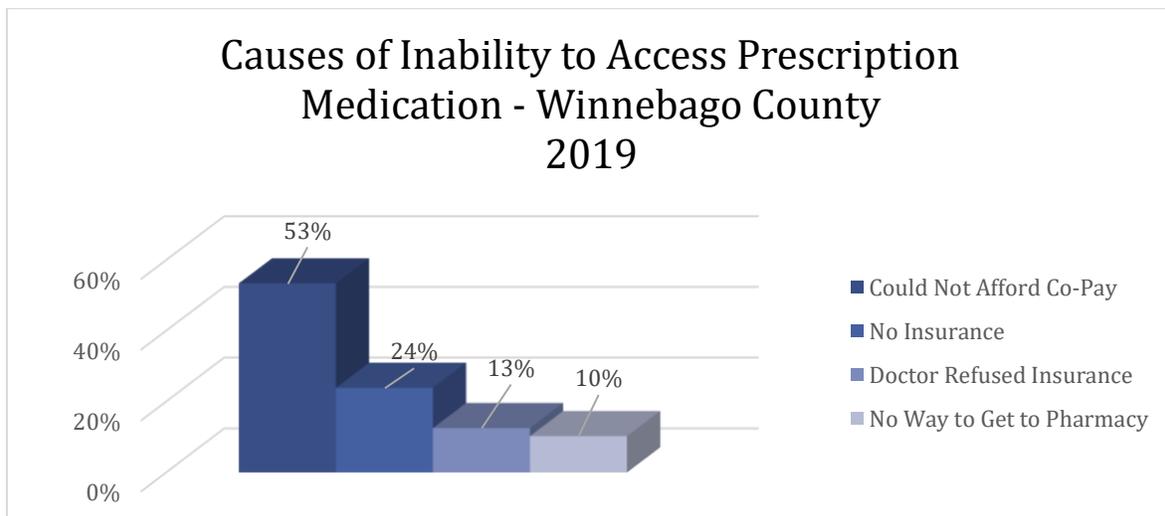
Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes of inability to gain access to dental care were no insurance (54%), the inability to afford copayments or deductibles (25%), refusal of insurance (15%) and no way to get to the dentist (6%).

Causes of Inability to Access Dental Care
Winnebago County
2019

- No Insurance: 54%
- Could Not Afford Co-Pay: 25%
- Doctor Refused Insurance: 15%
- No Way to Get to Doctor: 6%
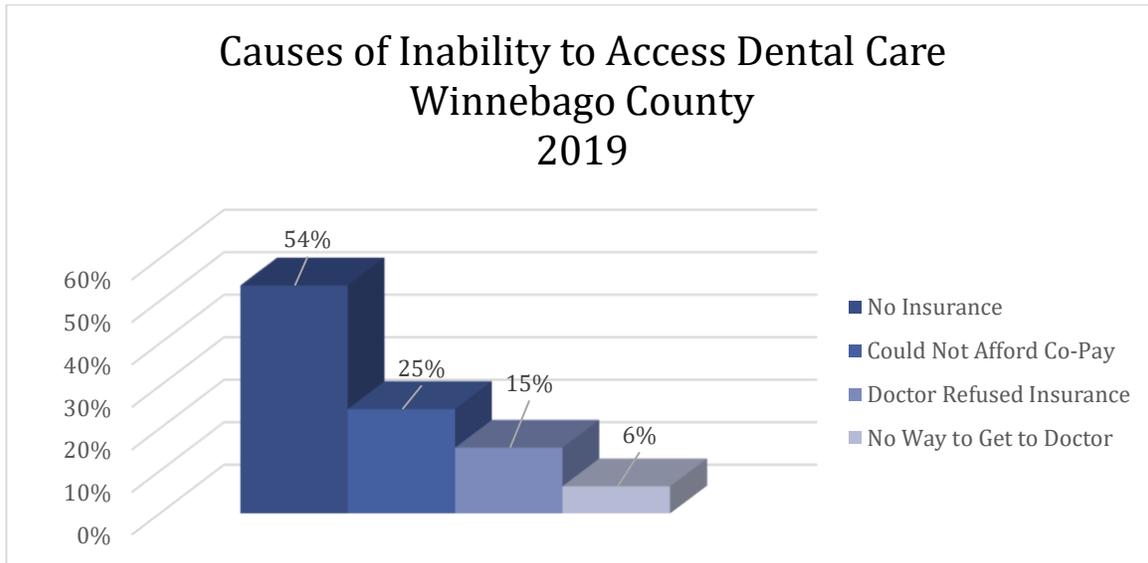
Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were the inability to afford co-pay (29%), lack of insurance (20%), refusal of insurance (20%), embarrassment (17%), no way to get to the counselor (15%).

Causes of Inability to Access Counseling
Winnebago County
2019

- Could Not Afford Co-Pay: 29%
- No Insurance: 20%
- Doctor Refused Insurance: 20%
- Embarrassment: 17%
- No Way to Get to Doctor: 15%
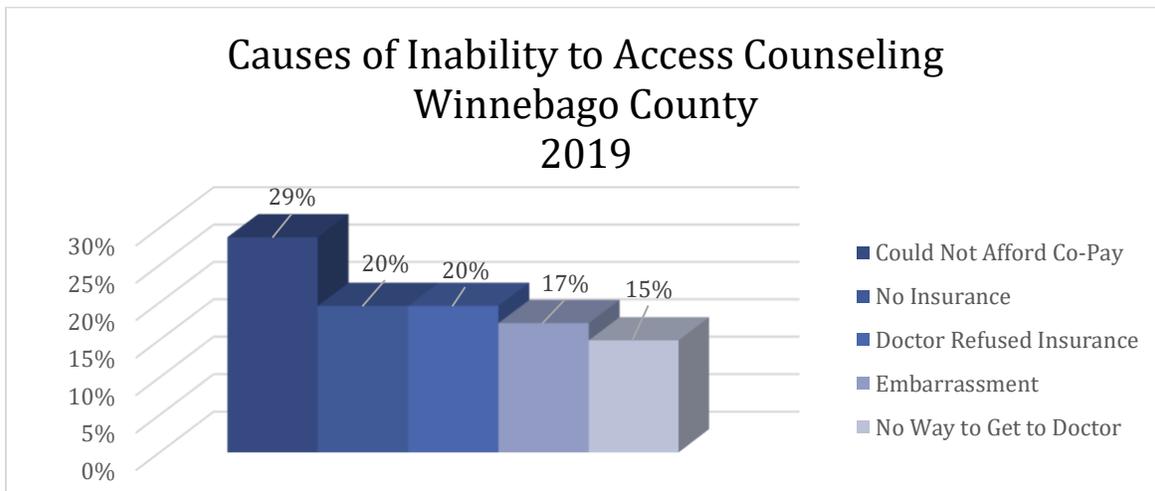
Source: CHNA Survey

Comparison to 2016 CHNA

Access to Medical Care – Compared to 2016, survey results were the same

Access to Prescription Medications – Compared to 2016, results were similar.

Access to Dental Care – Compared to 2016, results show a slight increase (2%) in those that were not able to get dental care when needed.

Access to Counseling – Compared to 2016, results show a slight increase (2%) in those that were not able to get counseling when needed.

2.2 Wellness

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

Frequency of Flu Shots

The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The chart below shows that the percentage of people who have had a flu shot in the past year is 39.4% for Winnebago County in 2010-2014 compared to 37.3% for 2007-2009. During the same timeframe, the State of Illinois also realized an increase. Note that data have not been updated by the Illinois Department of Public Health.

Flu Shot in the Past Year - Winnebago County 2007-2014
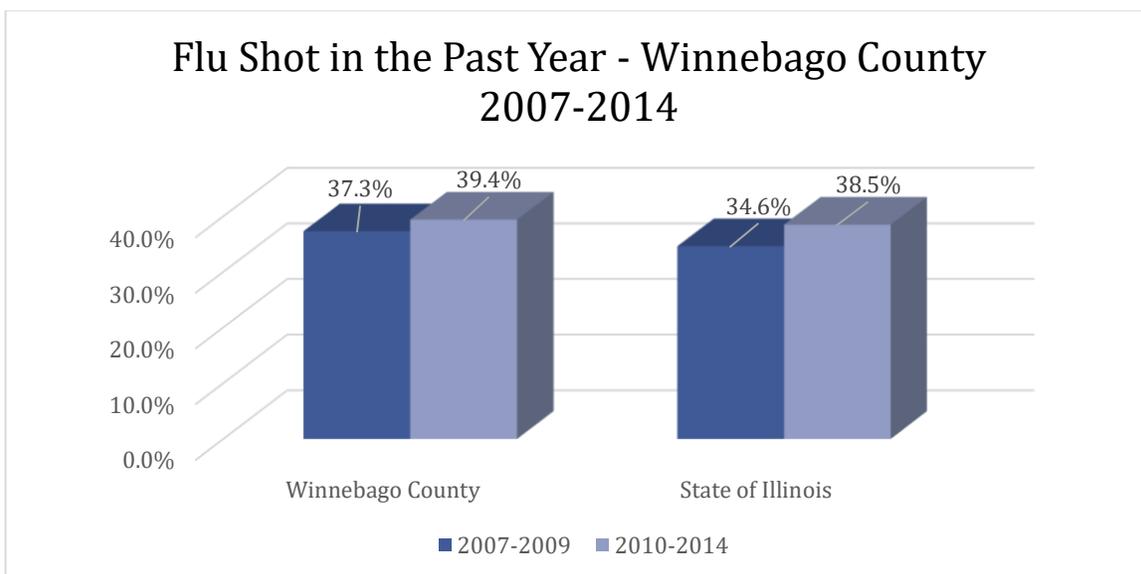
Source: Illinois Behavioral Risk Factor Surveillance System

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, 83% of residents have a personal physician.

Use of Personal Physician - Winnebago County
2019

17%

83%

■ No ■ Yes
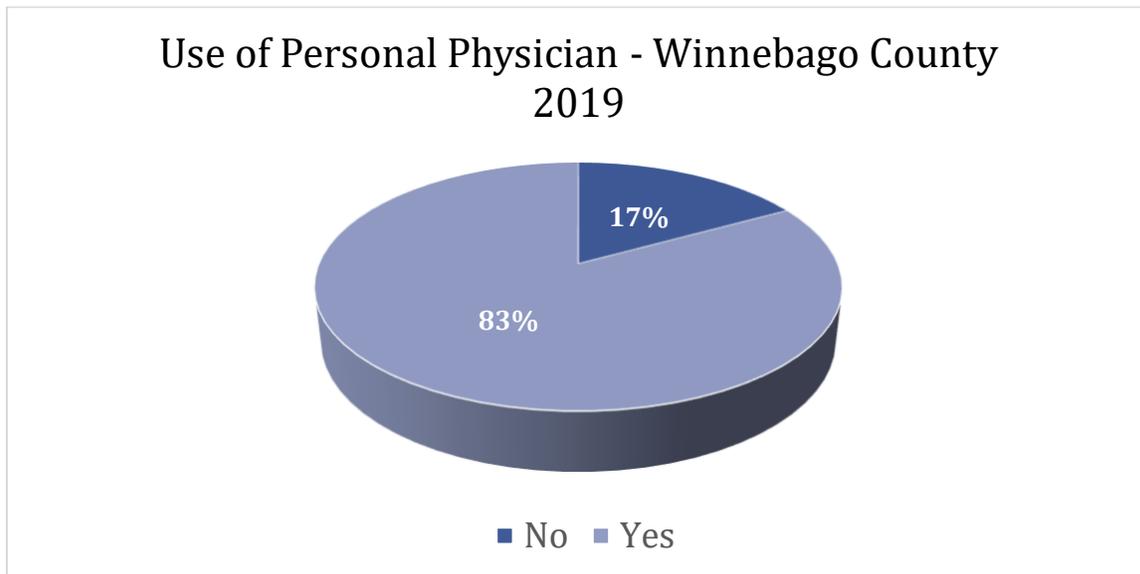
Source: CHNA Survey

Comparison to 2016 CHNA

The 2019 CHNA survey results for having a personal physician are higher compared to the 2016 CHNA. Specifically, 76% of residents reported a personal physician in 2016 and 83% report the same in 2019.

Social Determinants Related to Having a Personal Physician

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

Having a personal physician tends to be more likely for older people, women, and White people. Black people, Latino people, those with lower education and income and those in an unstable (e.g., homeless) housing environment are less likely to report having a personal physician.

Cancer Screening

Early detection of cancer greatly improves the probability of successful treatment. In the case of colorectal cancer, early detection of precancerous polyps can prevent cancer. **Cancer screening is a new section to the 2019 CHNA.** Specifically, three types of cancer screening were measured: breast, prostate and colorectal.

Results from the CHNA survey show that 64% of women had a breast screening in the past five years. For men, 40% had a prostate screening in the past five years. For women and men over the age of 50, 61% had a colorectal screening in the last five years.
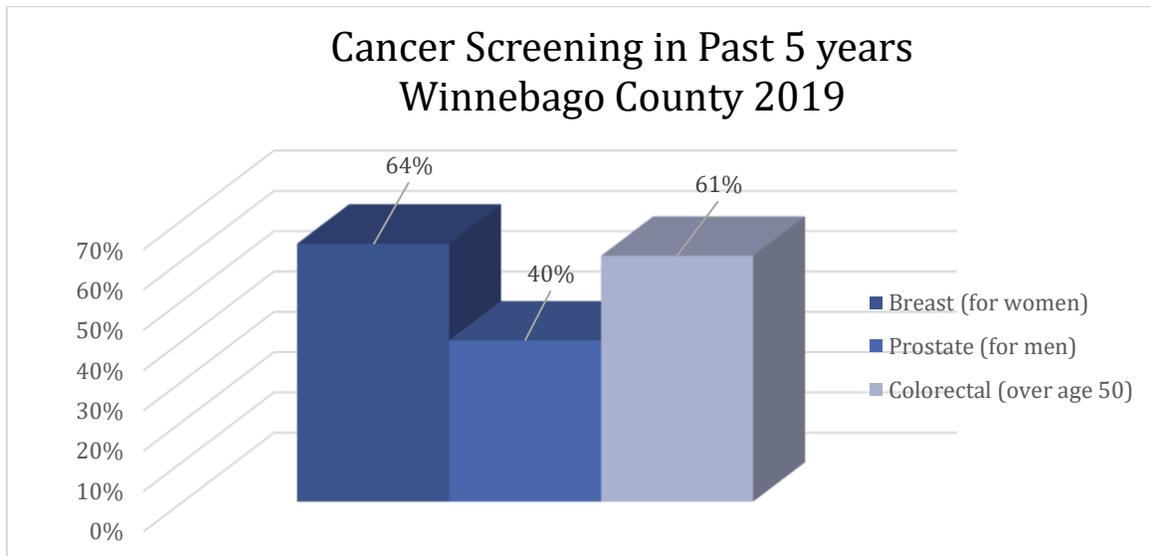
Source: CHNA Survey

Social Determinants Related to Cancer Screenings

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

Breast screening tends to be more likely for White women, those with a higher level of education and higher income. Black women, Latino women and those in an unstable (e.g., homeless) housing environment are less likely to have a breast screening.

Prostate screening tends to be more likely for White men. Black men, Latino men and those in an unstable (e.g., homeless) housing environment are less likely to have a prostate screening.

Colorectal screening tends to be more likely for White people. Black people, Latino people and those in an unstable (e.g., homeless) housing environment 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, 23% of respondents indicated that they do not exercise at all, while the majority (63%) of residents exercise 1-5 times per week.

How Many Days Did You Exercise in the Last Week - Winnebago County 2019

Bars: 23% (I Don't), 34% (1 to 2 times per week), 29% (3 to 5 times per week), 14% (More than 5 per week)

Legend:
- I Don't
- 1 to 2 times per week
- 3 to 5 times per week
- More than 5 per week
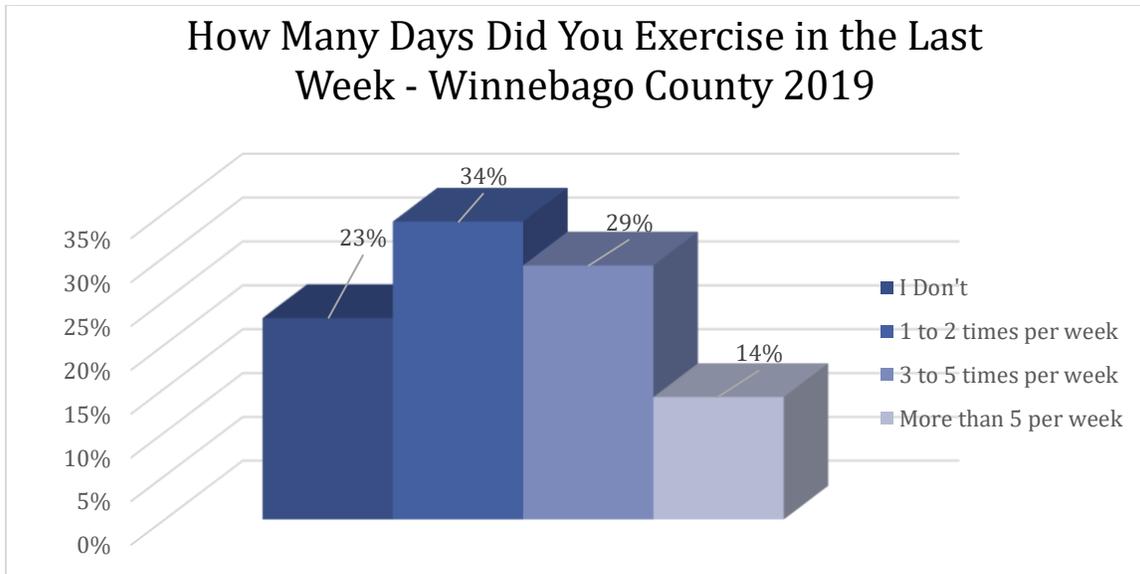
Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reasons for not exercising are too tired (31%) and not having enough time (31%).

Why Didn't You Exercise in the Last Week Winnebago County 2019

Bars: 31% (Too tired), 31% (No time), 20% (Don't like), 10% (Cannot afford), 3% (Access), 5% (Child care)

Legend:
- Too tired
- No time
- Don't like
- Cannot afford
- Access
- Child care
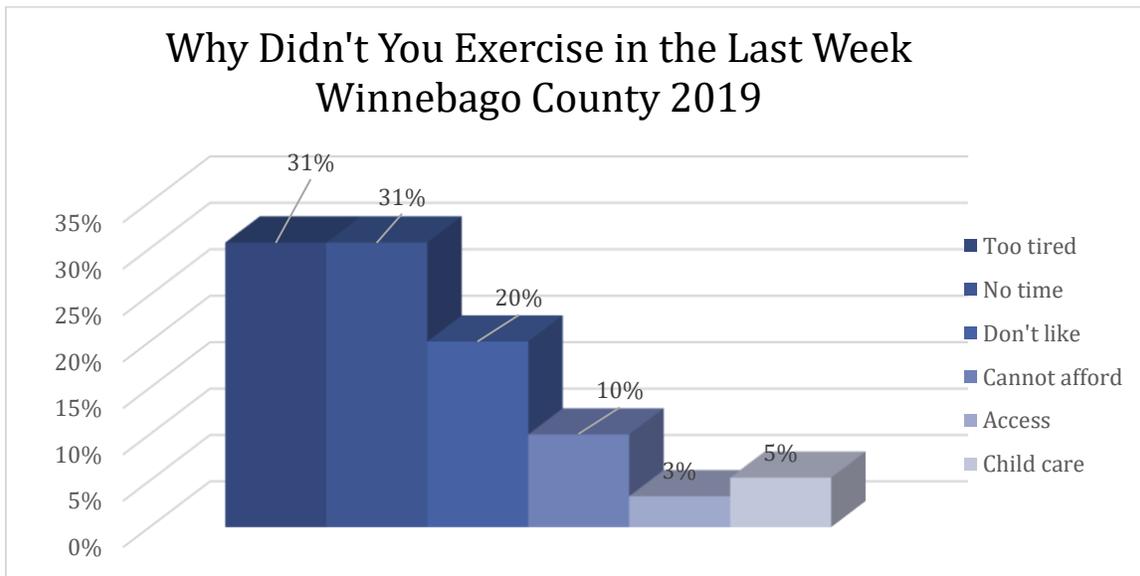
Source: CHNA Survey

Comparison to 2016 CHNA

Exercise behaviors have improved. Data from the 2016 CHNA survey indicated 28% of survey respondents did not exercise. In 2019, 23% of respondents indicated they did not exercise.

Social Determinants Related to Exercise

Multiple characteristics show significant relationships with frequency of exercise. The following relationships were found using correlational analyses:

Frequency of exercise tends to be more likely for those with a stable housing environment.

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 (57%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 8%.
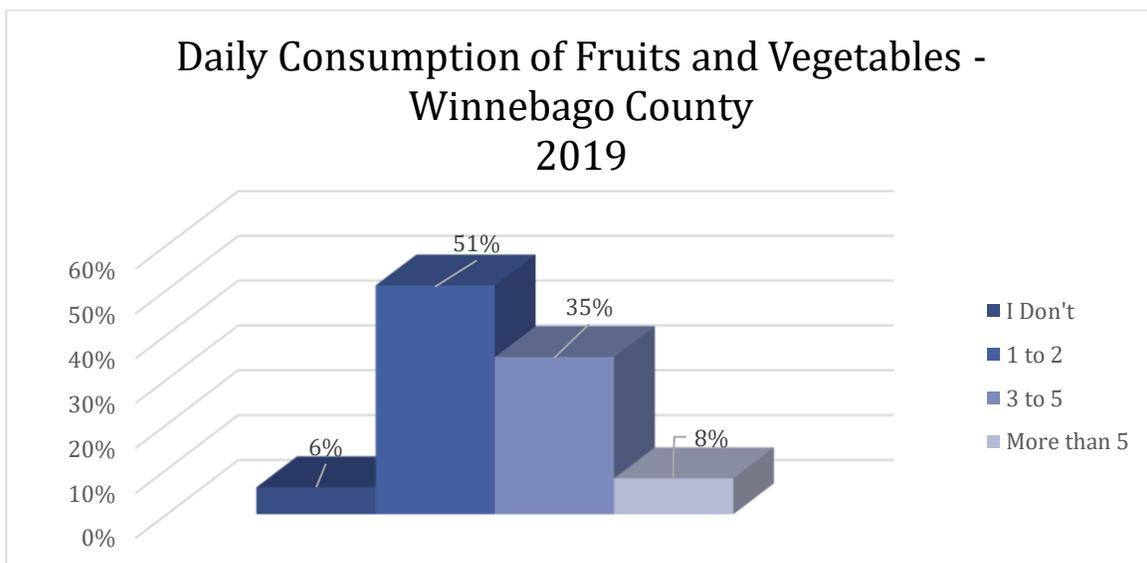
Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently cited reasons for failing to eat more fruits and vegetables are affordability (7), a lack of importance (6), Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Causes of Low Consumption of Fruits and Vegetables - Winnebago County 2019
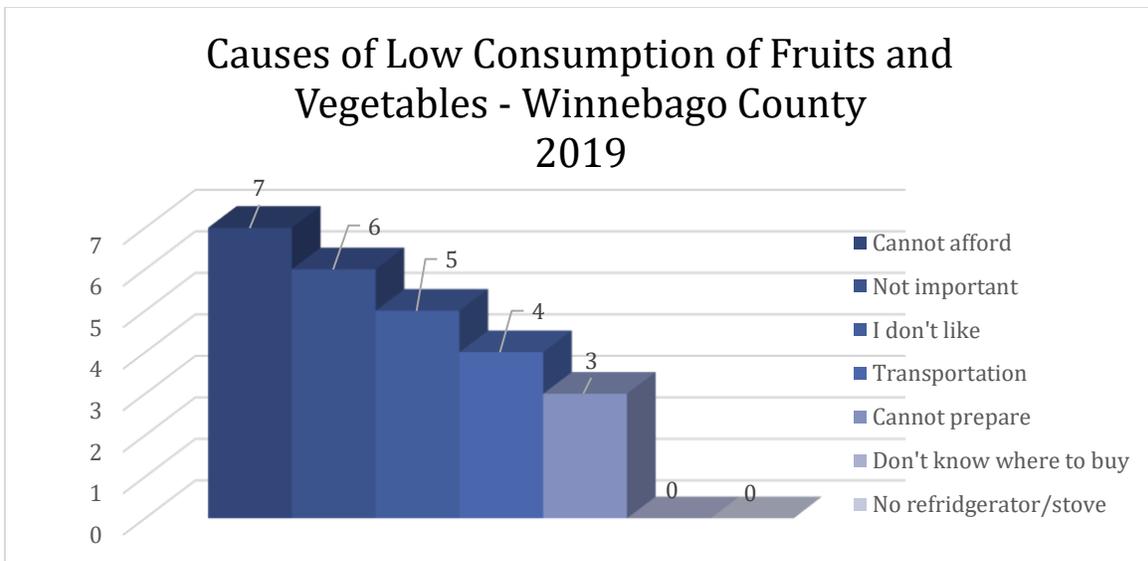
Source: CHNA Survey

Comparison to 2016 CHNA

Daily consumption of fruits and vegetables has been stable. Results of the 2019 CHNA are similar to the results of the 2016 CHNA.

Social Determinants Related to Healthy Eating

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

Consumption of fruits and vegetables tends to be more likely for older people, White people, those with a higher level of education and higher income, and those with a stable housing environment. Latino people are less likely to consume fruits and vegetables.

Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 50% usually or always follow a restricted diet. **This is a new question to the 2019 CHNA.**

How Often Do You Follow Your Restricted Diet
Winnebago County
2019

18%
32%
35%
15%

Never
Sometimes
Usually
Always
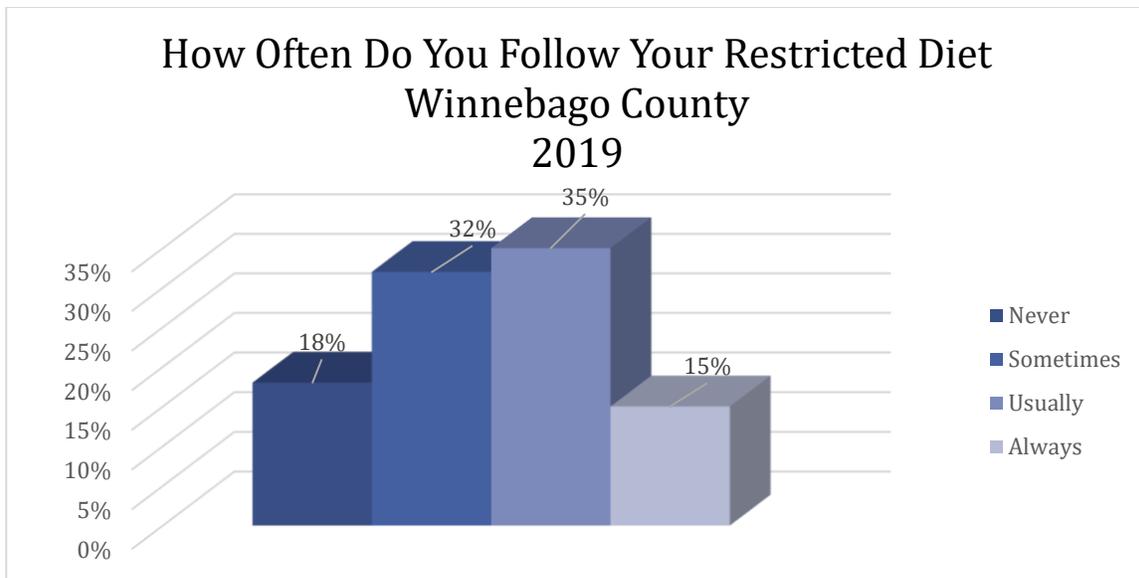
Source: CHNA Survey

Morbidities related to following a restricted diet

Individuals with certain morbidities show significant relationships with following a restricted diet. The following relationships were found using correlational analyses:

Following a restricted diet tends to be more likely for those diagnosed with diabetes.

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. **This is a new section to the 2019 CHNA.**

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry, however, 9% indicated they go hungry 1-to-2 days per week.

How Often Do You Go Hungry
Winnebago County 2019

91%

7%   2%   0%

None

1 to 2 days per week

3 to 5 days per week

More than 5 days
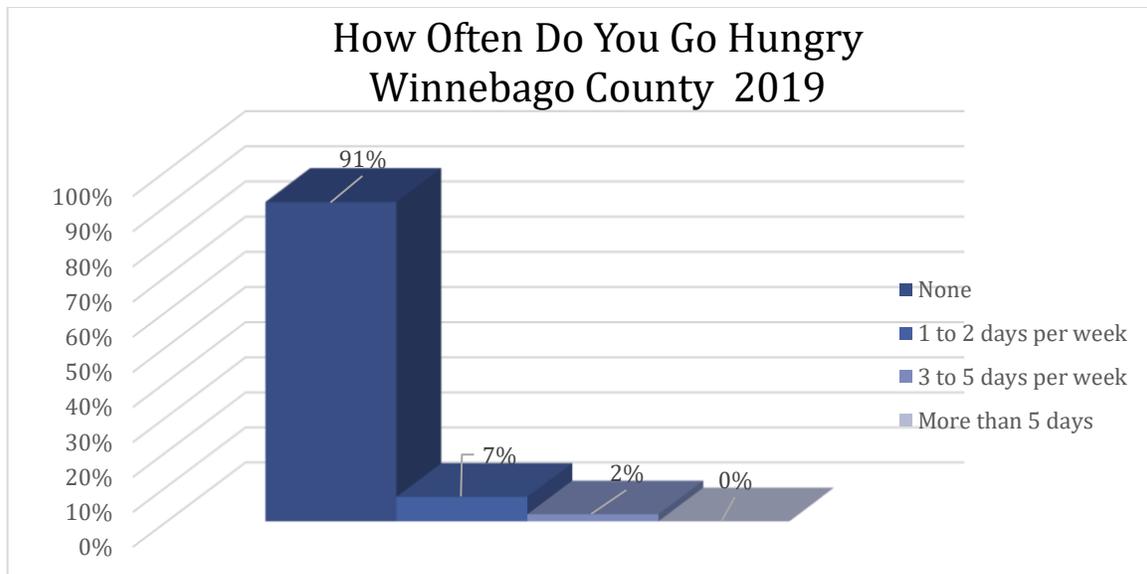
*Source: CHNA Survey*

Social Determinants Related to Prevalence of Hunger

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

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

Primary Source of Food

Respondents were asked to identify their primary source of food. It can be seen that the majority (87%) identified a grocery store. **This is a new section in the 2019 CHNA.**
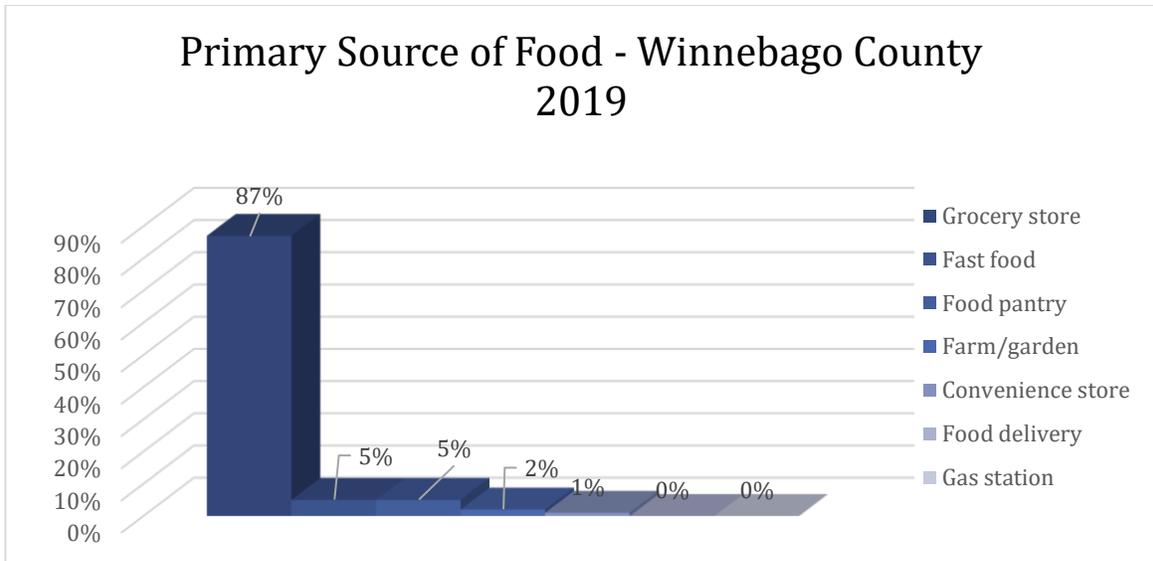
Source: CHNA Survey

Community Perceptions of Causes for Food Insecurity

Respondents were asked to identify issues with food insecurity. The most prevalent answer was cost (26%), followed by convenience (19%). **This is a new section to the 2019 CHNA.**
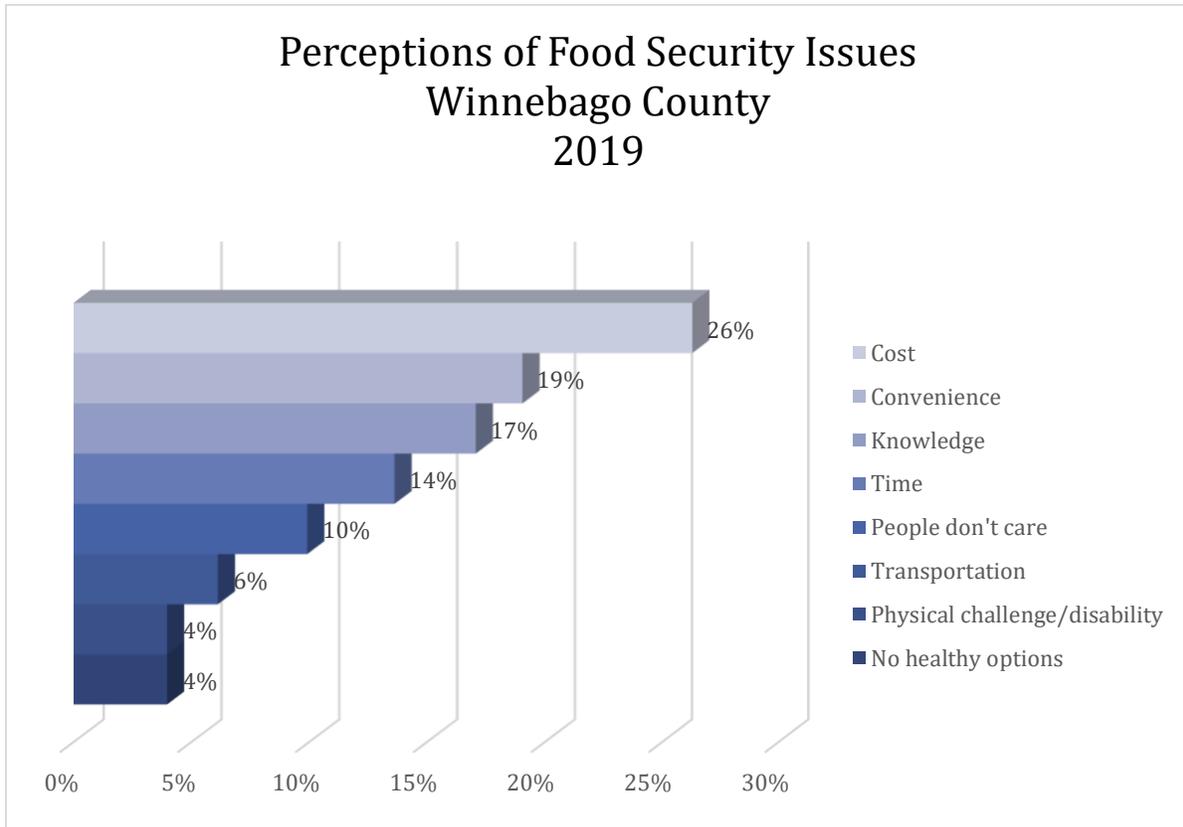
Source: CHNA Survey

2.4 Physical Environment

Importance of the measure: According to the County Health Rankings, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles. The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. The APPM for Winnebago County (10.5) is equal to the State average of 10.5.
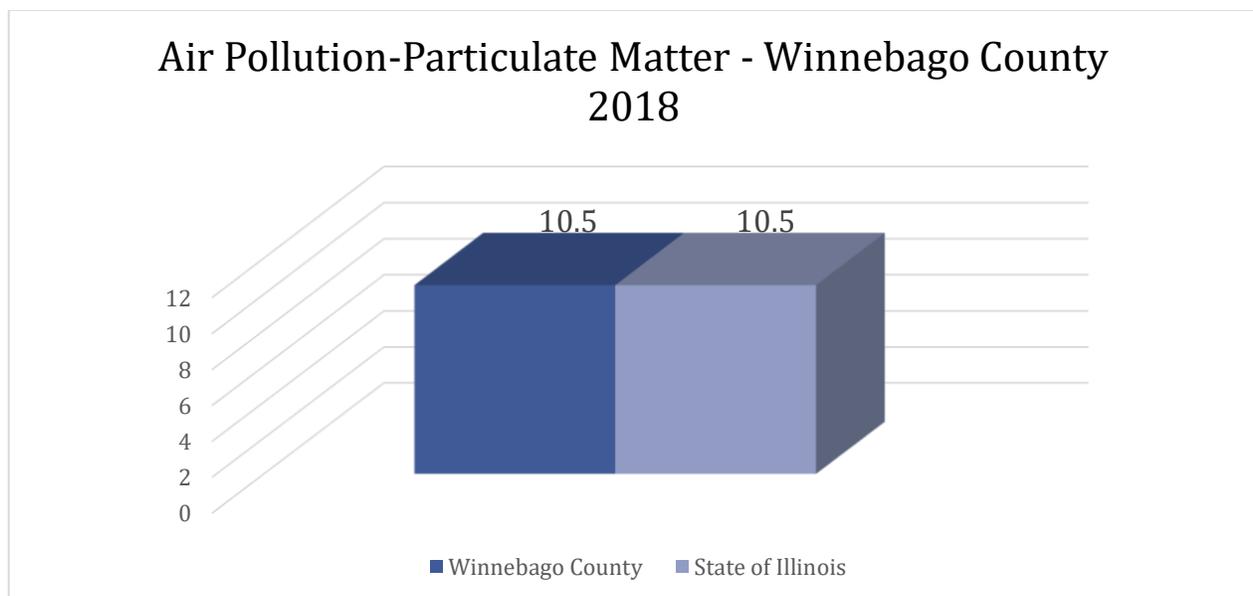
Source: County Health Rankings 2018 Data

2.5 Health Status

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

Mental Health

The CHNA survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 53% indicated they did not feel depressed in the last 30 days and 61% indicated they did not feel anxious or stressed. **This is a new section of the 2019 CHNA.**

In the last 30 days, how often have you felt depressed - Winnebago County 2019

Source: CHNA Survey

In the last 30 days, how often have you felt anxious or stressed - Winnebago County 2019
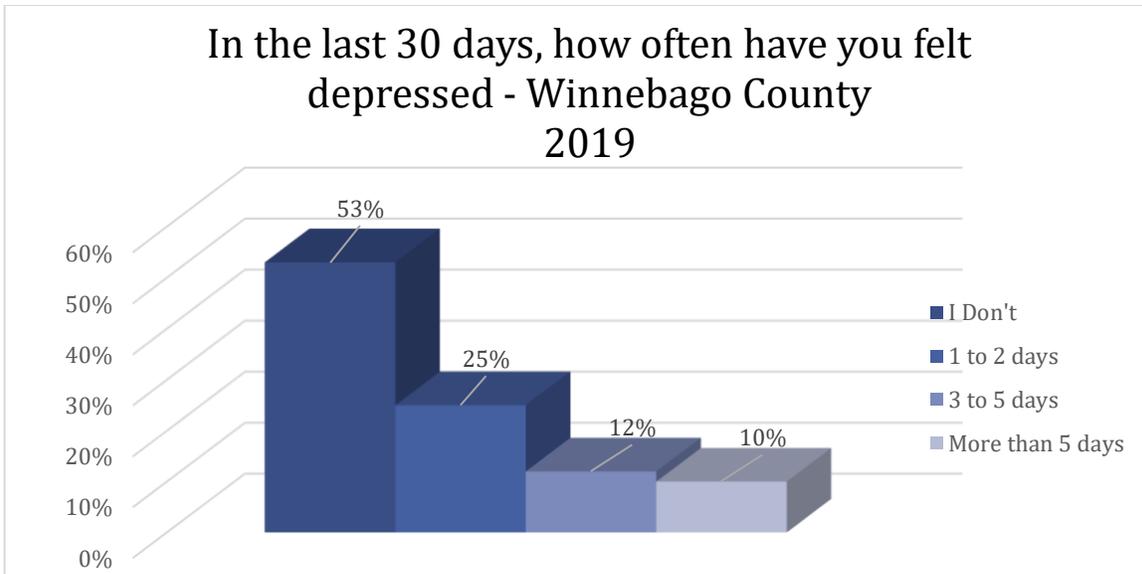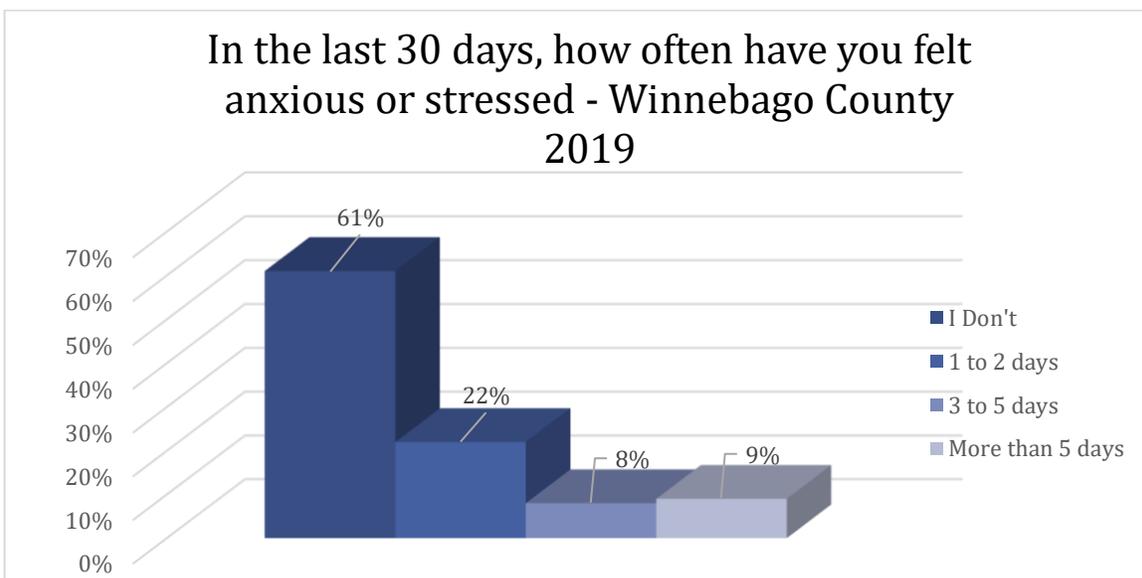
Source: CHNA Survey

Social Determinants Related to Behavioral Health

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

Depression tends to be rated higher for women, those with less income and those in an unstable (e.g., homeless) housing environment.

Stress and anxiety tends to be rated higher for women, younger people, those with less income and those in an unstable (e.g., homeless) housing environment.

Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 31% indicated that they spoke to someone, the most common response was a doctor (36%).

Have you talked to anyone about your mental
health in the past year
Winnebago County 2019

31%

69%

■ No   ■ Yes

Source: CHNA Survey

Who have you talked to about your mental health
Winnebago County
2019

36%

30%

25%

9%

■ Doctor/Nurse
■ Counselor
■ Family/Friend
■ Other
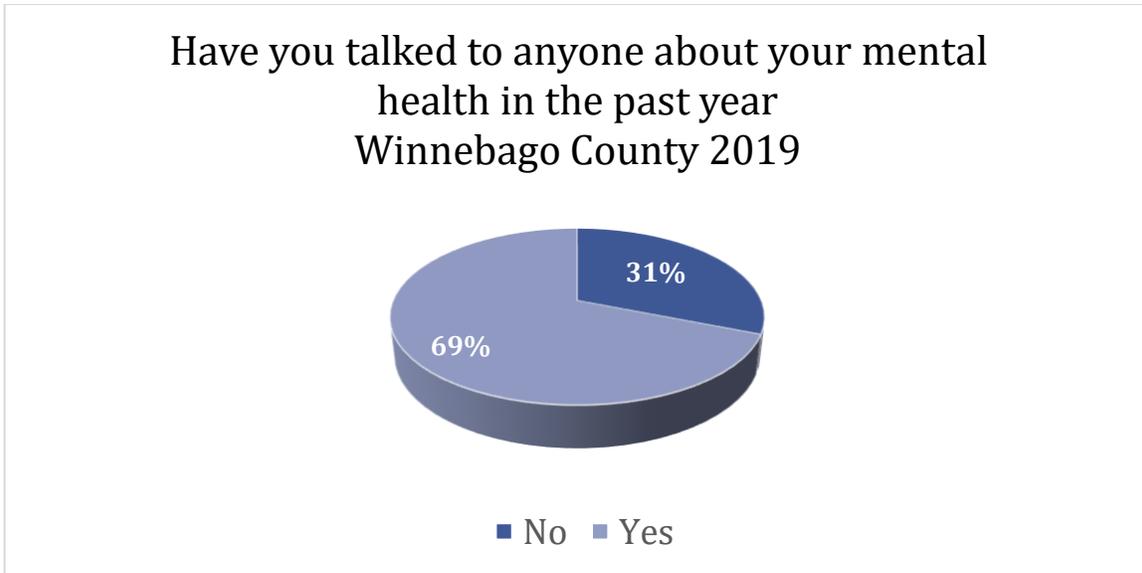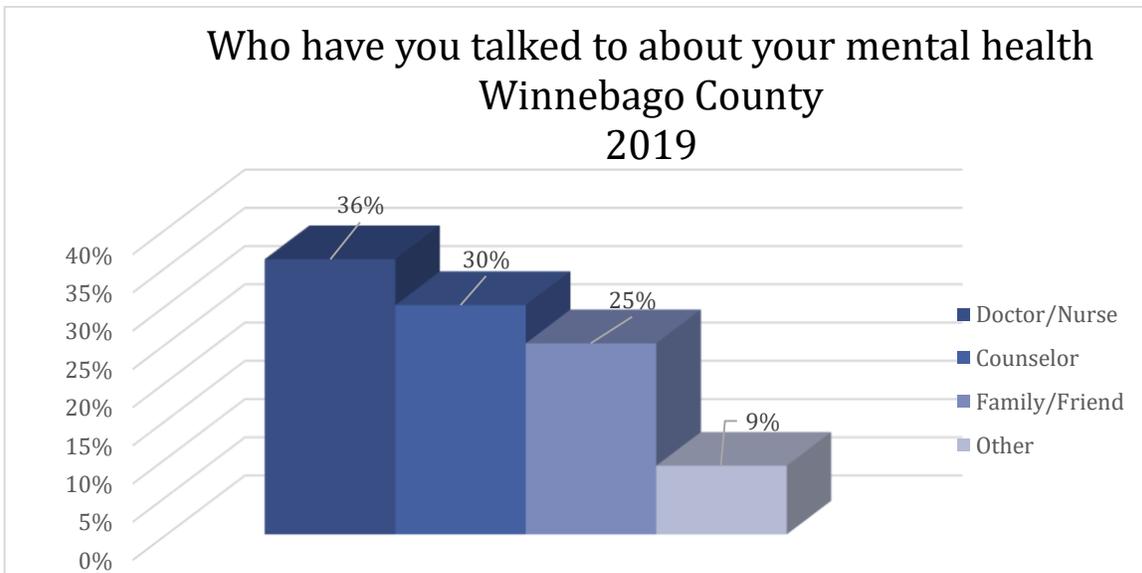
Source: CHNA Survey

Self-Perceptions of Overall Health

Over half (66%) of Winnebago County Residents report having average overall physical health, while 20% rated themselves as having poor physical health.

**Self Assessment of Overall Physical Health
Winnebago County 2019**

66%

14%

20%

- Good
- Average
- Poor
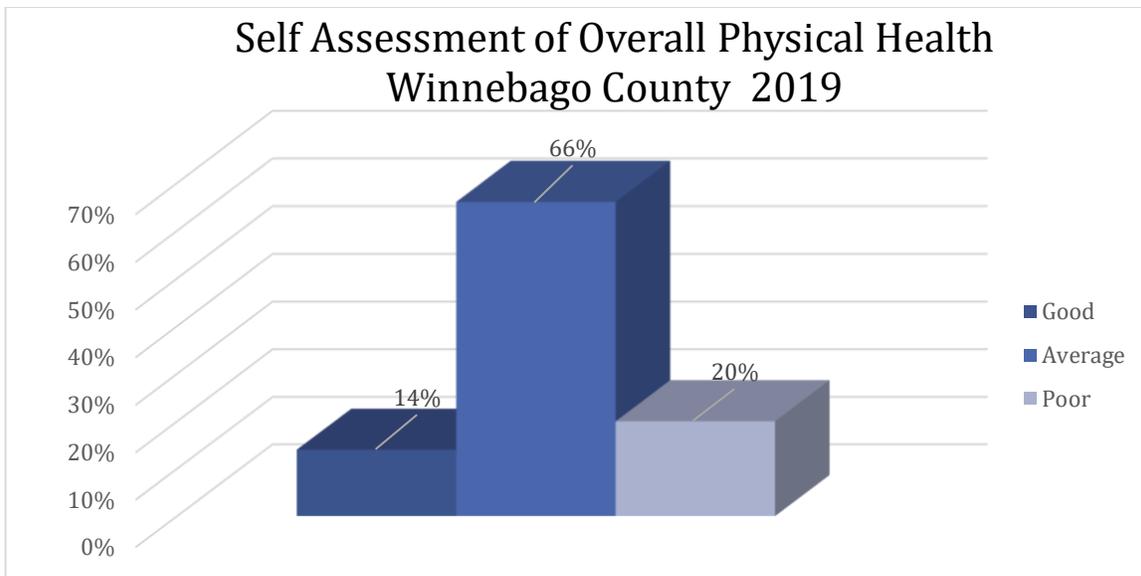
Source: CHNA Survey

In regard to overall mental health, 60% of respondents stated they have average overall mental health and 29% stated it is poor.

**Self Assessment of Overall Mental Health
Winnebago County 2019**

60%

11%

29%

- Good
- Average
- Poor
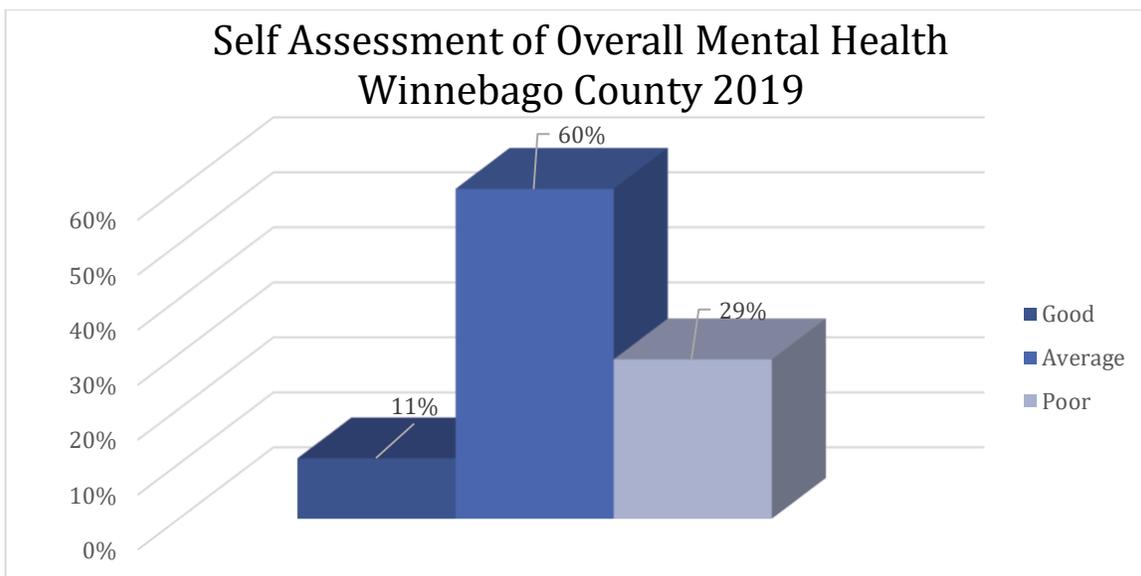
Source: CHNA Survey

Comparison to 2016 CHNA

With regard to physical health, more people see themselves in poor health in 2019 (14%) than 2016 (6%). With regard to mental health, more people see themselves in poor health in 2019 (11%) than 2016 (6%).

Social Determinants Related to Self-Perceptions of Health

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

Perceptions of physical health tend to be higher for those with higher education and income.

Perceptions of mental health tend to be higher for older people and those with higher education and income, and those with a stable housing environment.

2.6 Key Takeaways from Chapter 2

✓ INCREASED RATE OF PEOPLE THAT DO NOT HAVE ACCESS TO DENTAL CARE.

✓ WHILE IMPROVING, THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.

✓ APPROXIMATELY 1/3 OF RESPONDENTS EXPERIENCED DEPRESSION OR STRESS IN THE LAST 30 DAYS.

CHAPTER 3
SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

CHNA survey data show 85% of respondents do not smoke and only 3% state they smoke or vape more than 12 times per day.
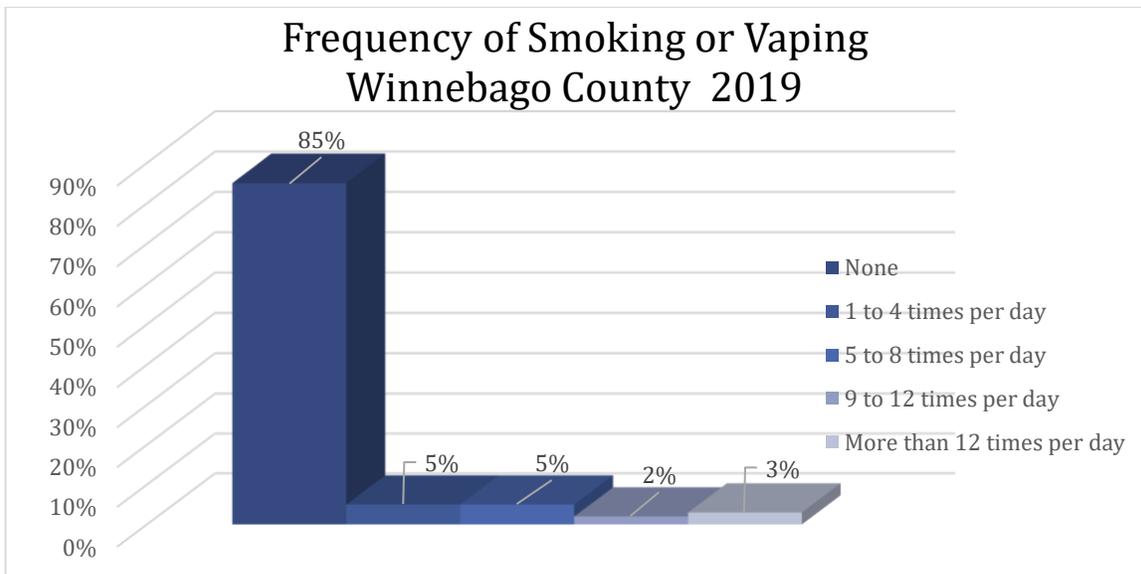
Source: CHNA Survey

Comparison to 2016 CHNA

Results between 2016 and 2019 have held relatively steady.

Social Determinants Related to Smoking or Vaping

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

Smoking/vaping tends to be rated higher by men, Black people, those with less education and a lower income, and those in an unstable (e.g., homeless) housing environment.

3.2 Drug and Alcohol Abuse

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

Youth Substance Abuse

Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Winnebago County is at or above State averages in all categories among 8th graders. Among 12th graders, Winnebago County is at or above State averages in all categories.

Substance Abuse in 8th Grade - Winnebago County 2018

Source: University of Illinois Center for Prevention Research and Development

Substance Abuse in 12th Grade - Winnebago County 2018
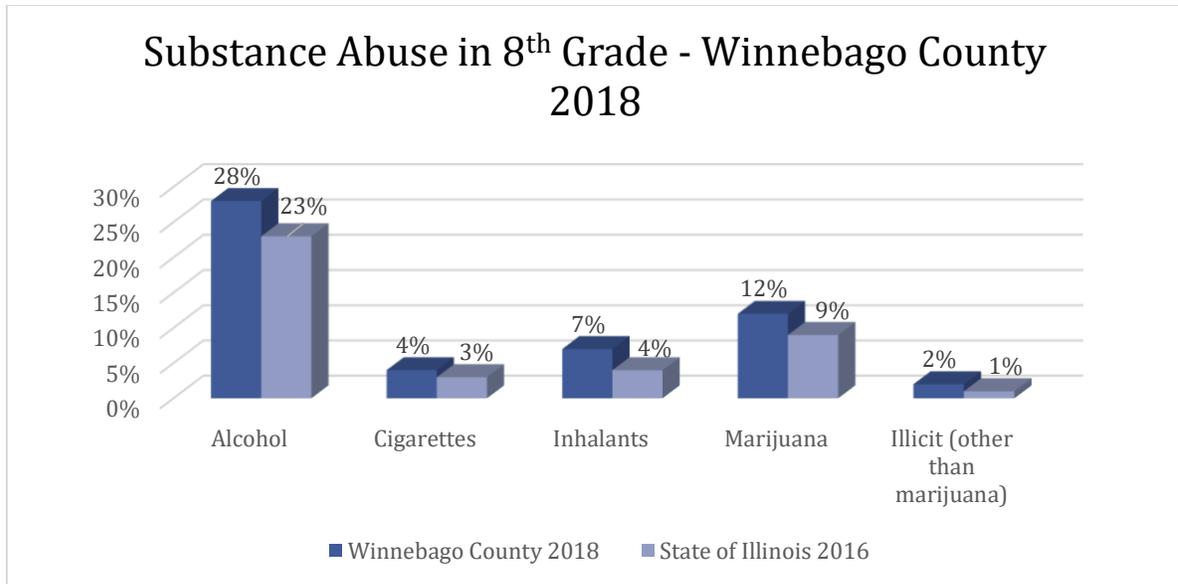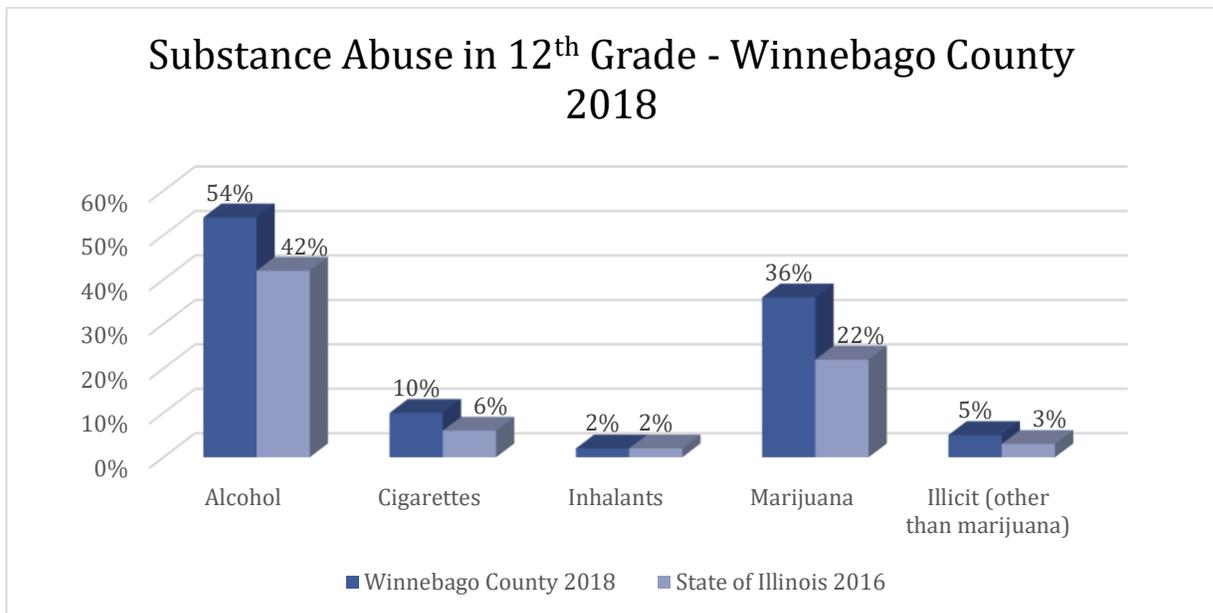
Source: University of Illinois Center for Prevention Research and Development

Adult Substance Abuse

Survey respondents were asked "On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?" Note given the increase in opioid abuse, use of legal drugs was included in the question. Of respondents, 86% indicated they do not use substances to make themselves feel better. **This is a new section to the 2019 CHNA**

.

On a typical day, how often do you use substances
Winnebago County 2019

86%

90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

■ I Don't
■ 1 to 2 times
■ 3 to 5 times
■ More than 5 times

10%

2%

2%
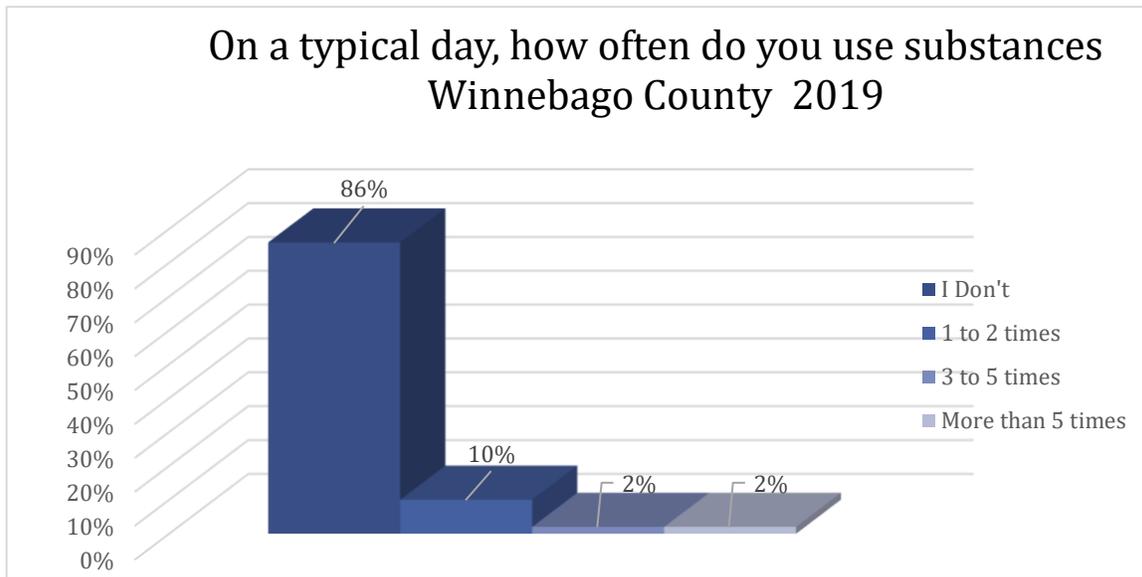
Source: CHNA Survey

Social Determinants Related to Substance Abuse

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

Use of substances tends to be rated higher by men, Black people, less education lower income, and those in an unstable (e.g., homeless) housing environment.

3.3 Overweight and Obesity

Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Winnebago County. The US Surgeon General has characterized obesity as "the fastest-growing, most threatening disease in America today." According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded $3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs.

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

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13

times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

Overweight and Obese - Winnebago County 2007-2014

	Winnebago County	State of Illinois
2007-2009	62.3%	64.0%
2010-2014	68.1%	63.7%

Source: Illinois Behavioral Risk Factor Surveillance System

3.4 Predictors of Heart Disease

Residents in Winnebago County report a lower than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is 33.3%, compared to the State of Illinois average of 37.3%. Note that data have not been updated by the Illinois Department of Public Health.

High Cholesterol - Winnebago County 2004-2009

	Winnebago County	State of Illinois
2004-2006	31.3%	36.2%
2007-2009	33.3%	37.3%
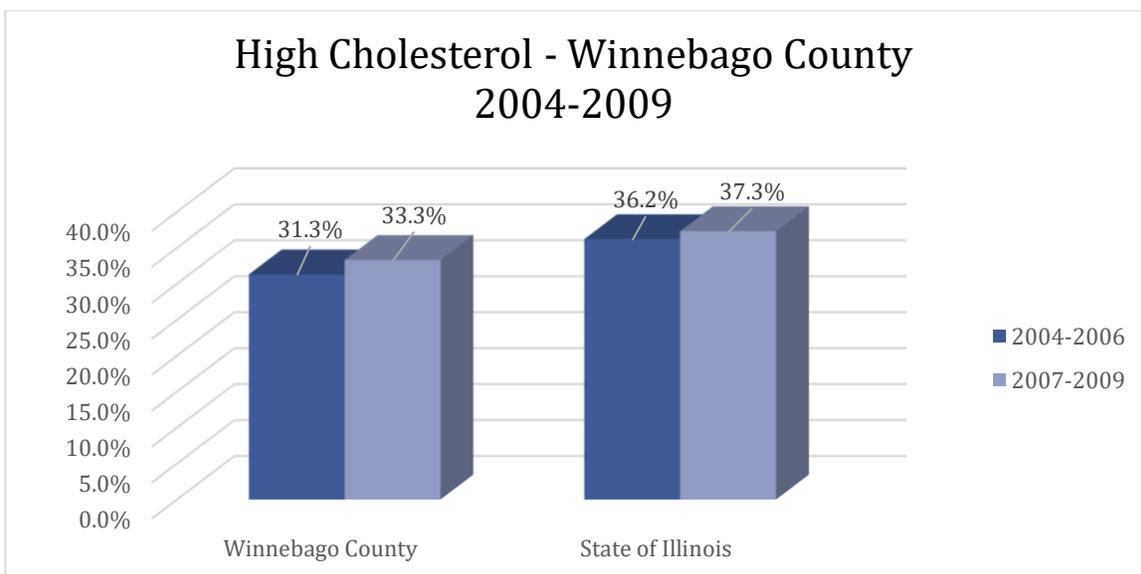
Source: Illinois Behavioral Risk Factor Surveillance System

Most residents of Winnebago County report having their cholesterol checked recently. Note that data have not been updated by the Illinois Department of Public Health.

Time Since Last Cholesterol Checked - Winnebago County 2010-2014
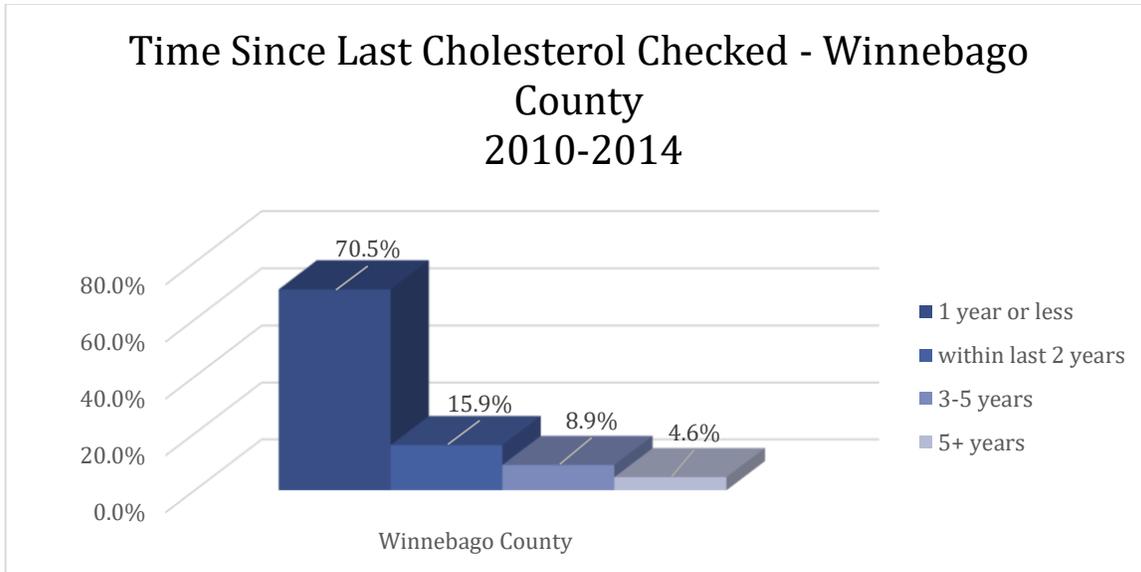
Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Winnebago County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Winnebago County residents reporting they have high blood pressure in 2009 increased from 22.2% to 30.3%. Note that data have not been updated by the Illinois Department of Public Health.

High Blood Pressure - Winnebago County 2004-2009
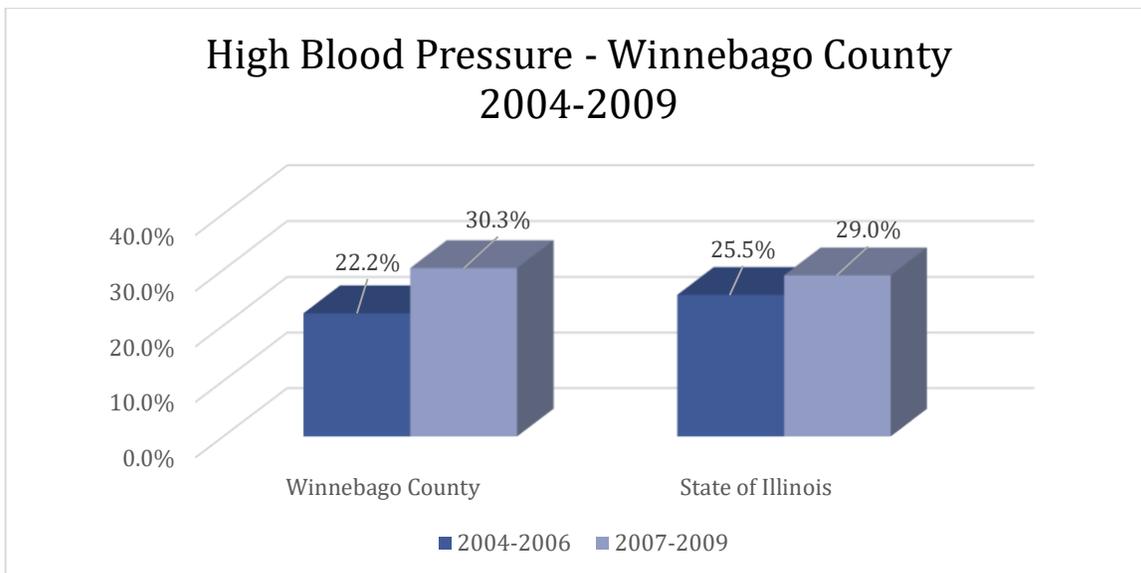
Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE ABUSE AMONG 8TH AND 12TH GRADERS FOR ALCOHOL, CIGARETTES AND MOST OTHER SUBSTANCES IS HIGHER THAN STATE AVERAGES.

- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN WINNEBAGO COUNTY.

- ✓ RISK FACTORS FOR HEART DISEASE ARE INCREASING.

CHAPTER 4
MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (34%) was significantly higher than any other health conditions. This percentage is significantly lower than secondary sources. Specifically, BRFSS data indicate that roughly two-thirds of the population is overweight or obese. Most other self-identified morbidities reflected existing sources of secondary data accurately (e.g., diabetes 10% and cancer 4%). **This is a new section to the 2019 CHNA.**
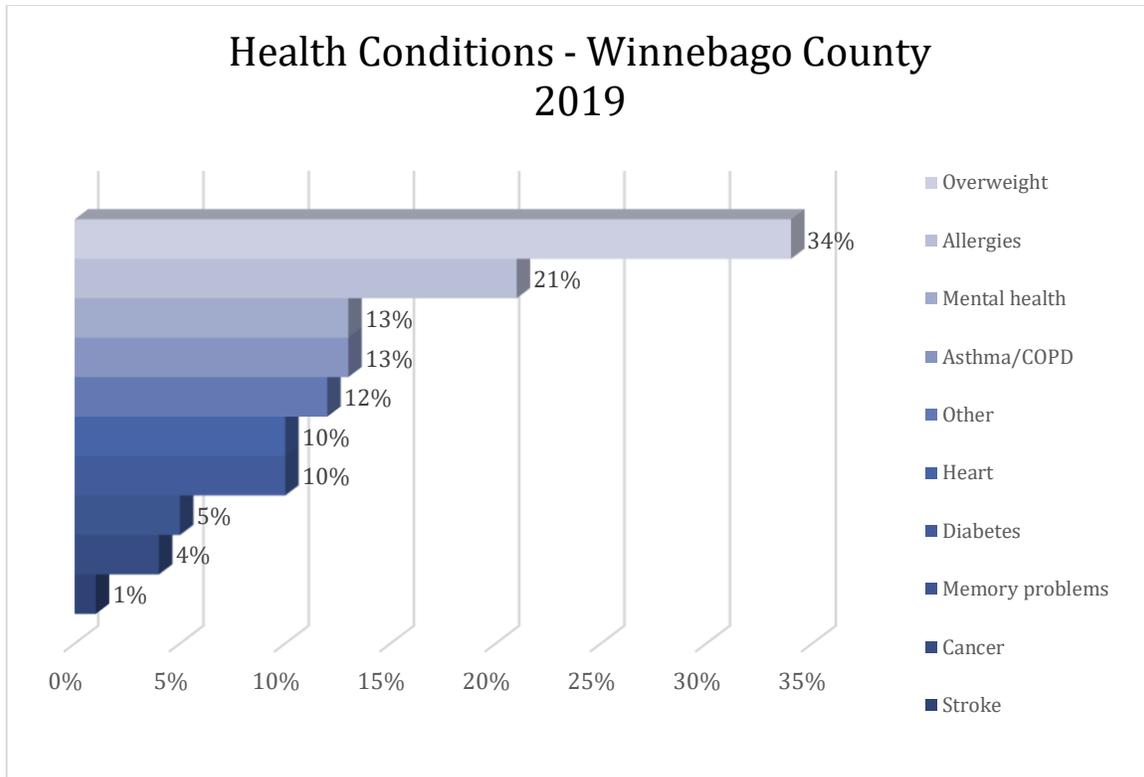
Source: CHNA Survey

4.2 Healthy Babies

Importance of the measure: Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of healthy babies. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies.

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Winnebago County decreased from 2014 (9.0%) to 2018 (8.0%).

Low Birth Weight - Winnebago County 2014-2018

Source: http://www.countyhealthrankings.org
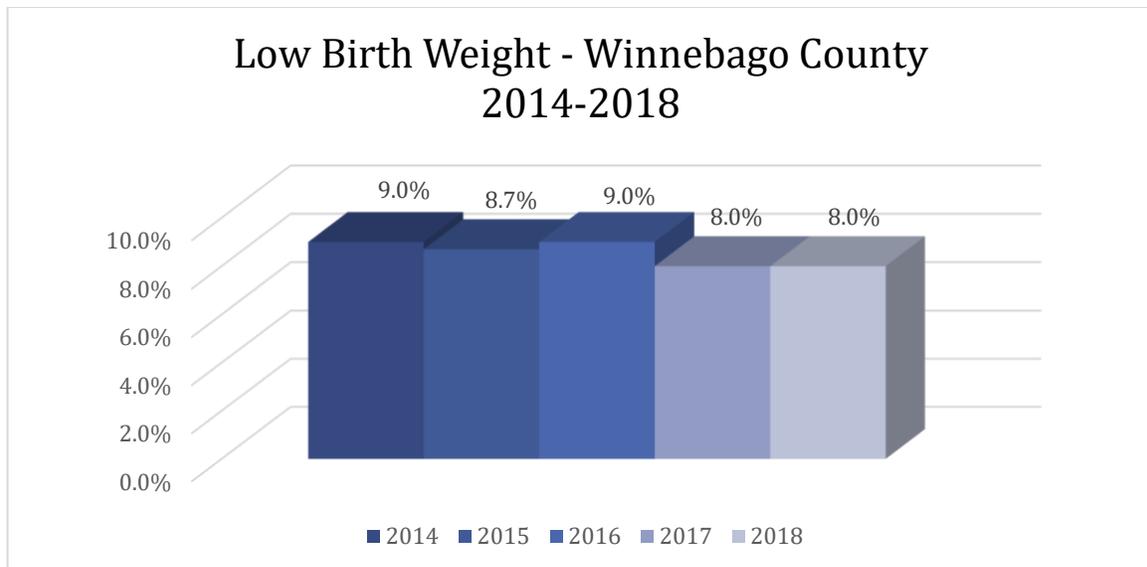
4.3 Cardiovascular Disease

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

Coronary Atherosclerosis

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

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

The number of cases of coronary atherosclerosis complication at Winnebago County area hospitals increased between 2015 and 2016 (557 to 613 cases) but experienced a significant decrease between 2016 and 2017 (613 to 522 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Coronary Atherosclerosis - Winnebago County 2015-2017
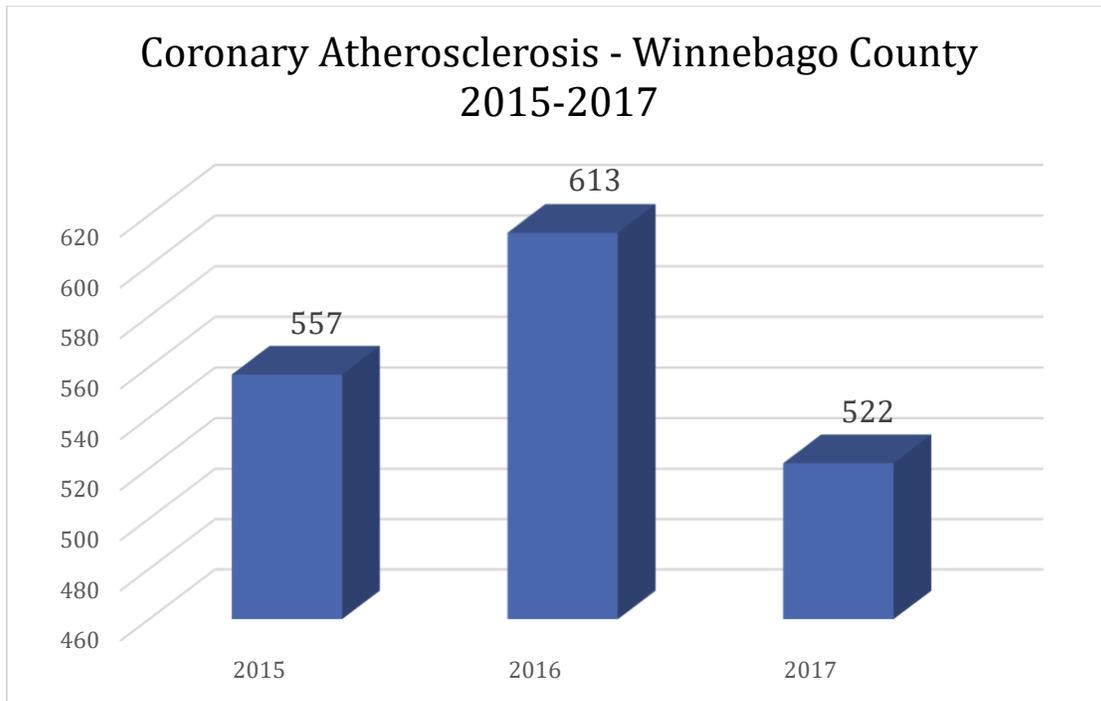
Source: COMPdata 2017

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Winnebago County area hospitals decreased by 86 cases between FY15 and FY16. However, cases of dysrhythmia and cardiac arrest increased by 36 cases between FY16 and FY17. Note that hospital-level data only show hospital admissions.

Cardiac Arrest - Winnebago County 2015-2017
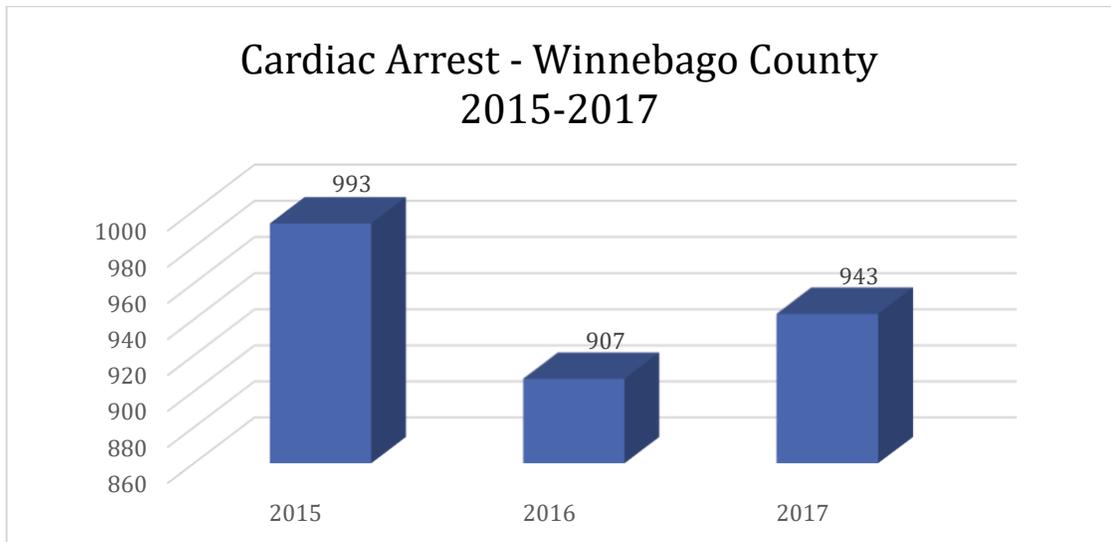
Source: COMPdata 2017

Heart Failure

The number of treated cases of heart failure at Winnebago County area hospitals significantly increased. In FY 2015, 1425 cases were reported, and in FY 2017, there were 1540 cases reported. Note that hospital-level data only show hospital admissions.

Heart Failure - Winnebago County 2015-2017

- 2015: 1425
- 2016: 1567
- 2017: 1540
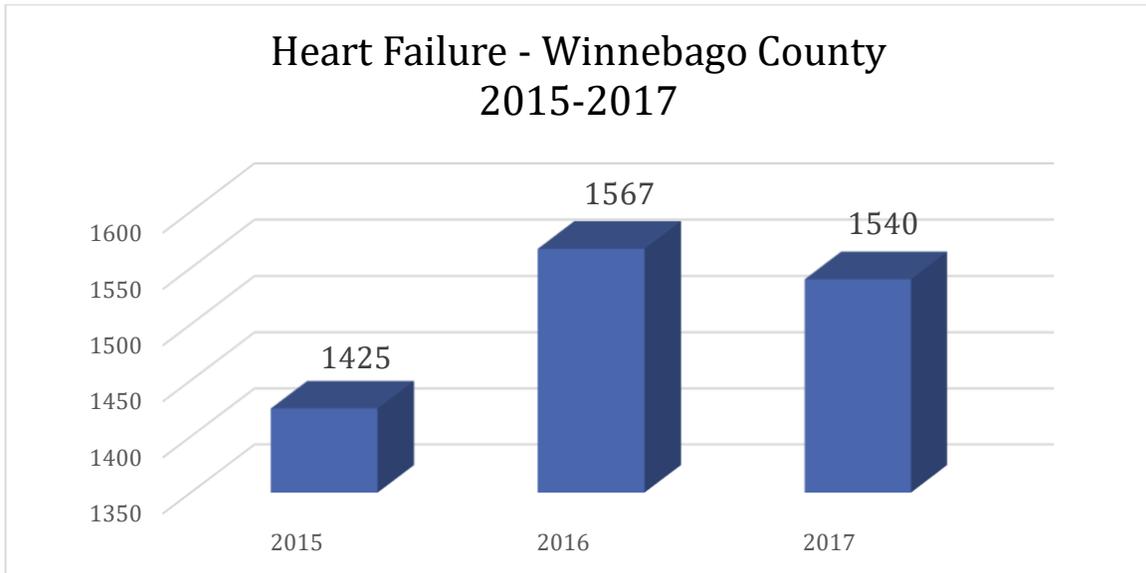
Source: COMPdata 2017

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Winnebago County increased from 758 in 2015 to 836 in 2017. Note that hospital-level data only show hospital admissions.

Myocardial Infarction - Winnebago County 2015-2017

- 2015: 758
- 2016: 865
- 2017: 836
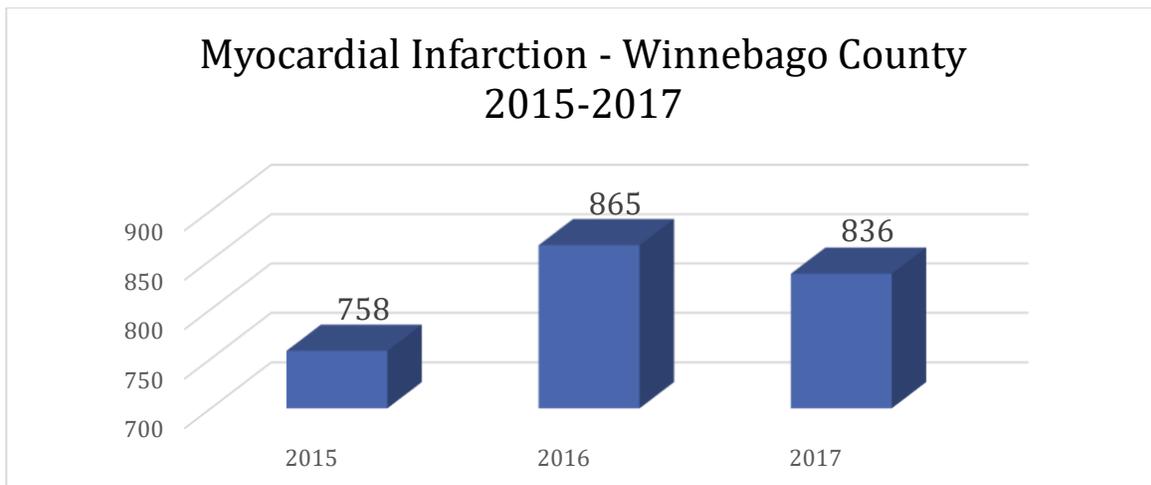
Source: COMPdata 2017

Arterial Embolism

There number of treated cases of arterial embolism at Winnebago County area hospitals decreased from 53 cases in 2015 to 31 cases in 2017. Note that hospital-level data only show hospital admissions.

Arterial Embolism - Winnebago County 2015-2017

Year	Cases
2015	53
2016	50
2017	31
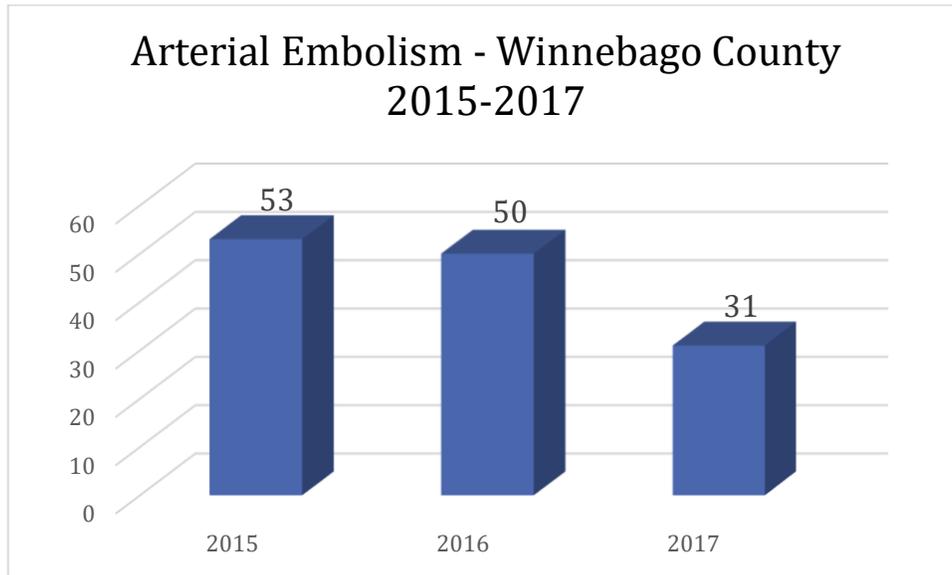
Source: COMPdata 2017

Strokes

The number of treated cases of stroke at Winnebago County area hospitals increased between FY 2015 and FY 2017. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Strokes - Winnebago County 2015-2017

Year	Cases
2015	1017
2016	1054
2017	1094
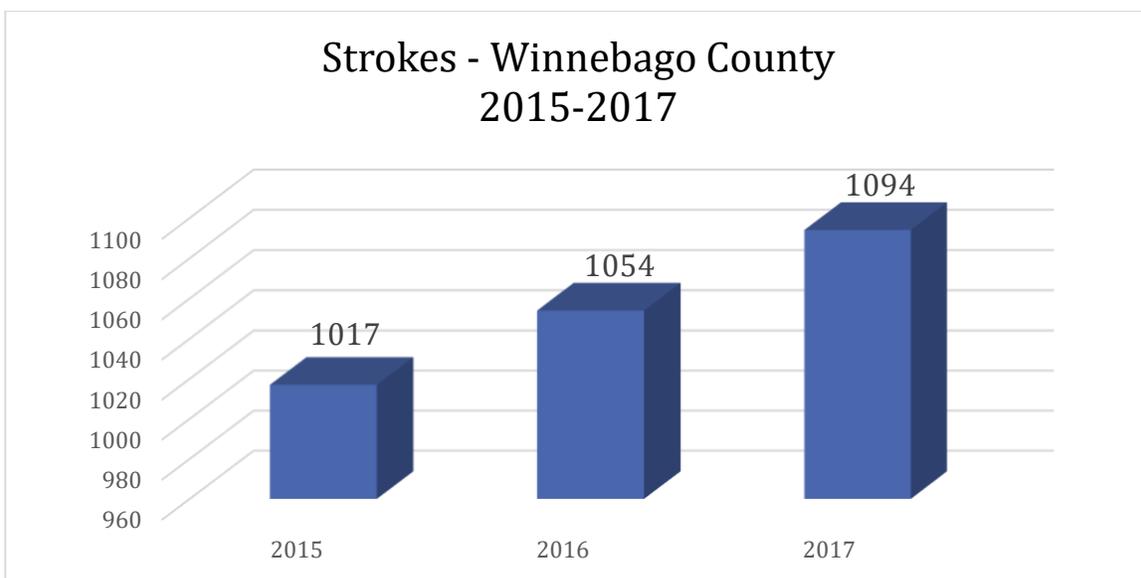
Source: COMPdata 2017

4.4 Respiratory

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

Asthma

The percentage of residents that have been diagnosed with asthma in Winnebago County have decreased between 2007-2009 and 2010-2014, while State averages are increasing slightly. According to the Illinois BRFSS, asthma rates in Winnebago County (11.5%) are lower than the State of Illinois (13.8%). Note that data have not been updated by the Illinois Department of Public Health.
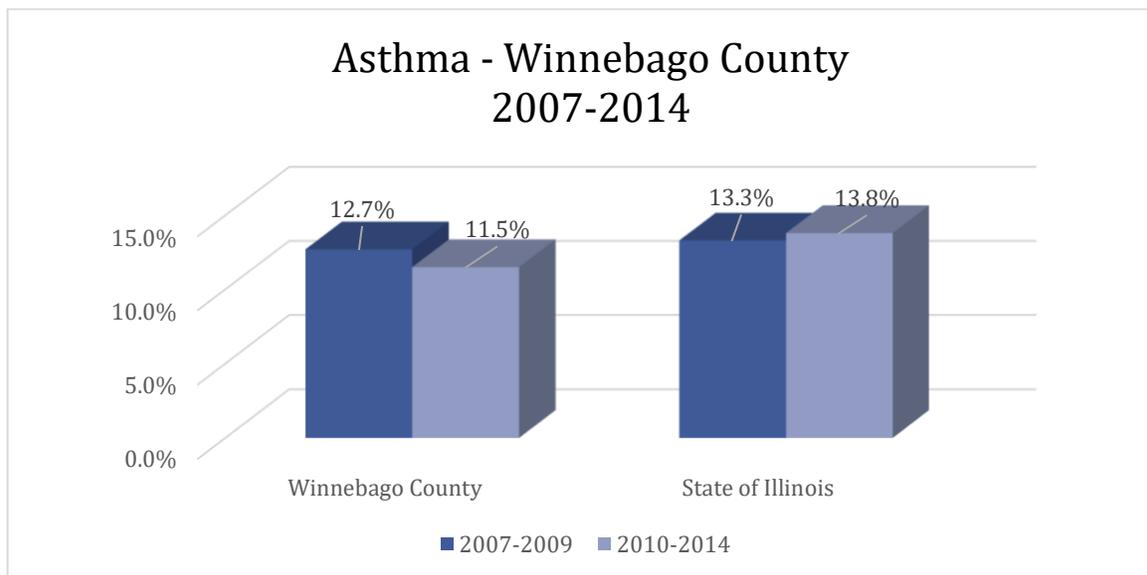
Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Winnebago County area hospitals increased between FY 2015 and FY 2017. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

**Chronic Obstructive Pulmonary Disease -
Winnebago County 2015-2017**
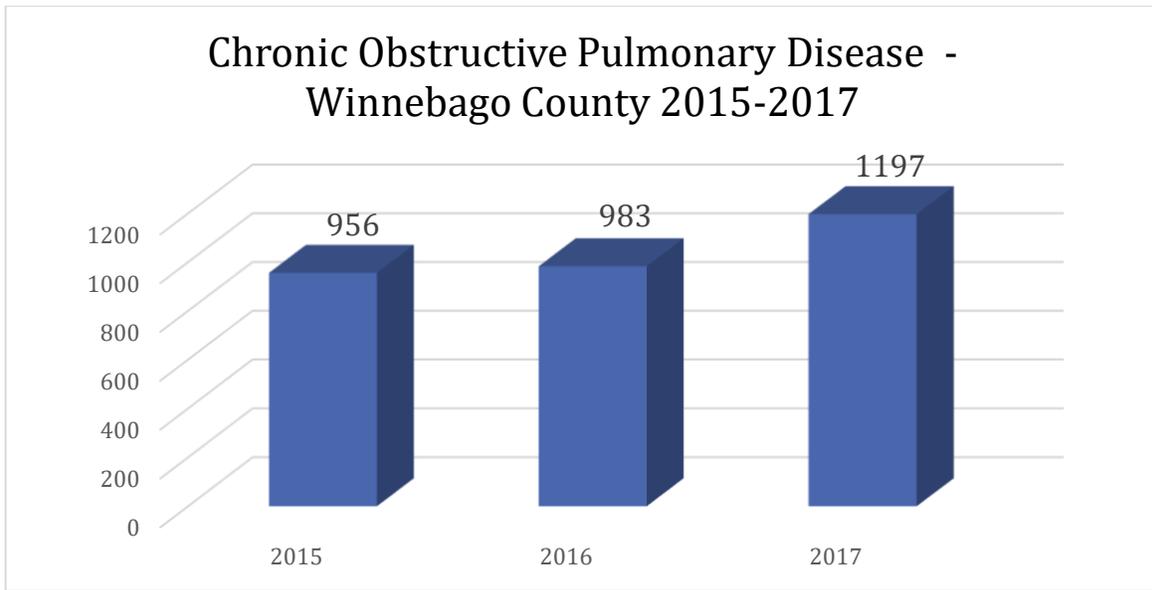
Source: COMPdata 2017

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.

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

**Top 3 Cancer Incidence (per 100,000)
Winnebago County
2009-2013**

Source: http://dph.illinois.gov/sites/default/files/publications/County-Sec1-Site-Specific-Cancer-Incdence-ers1605.pdf
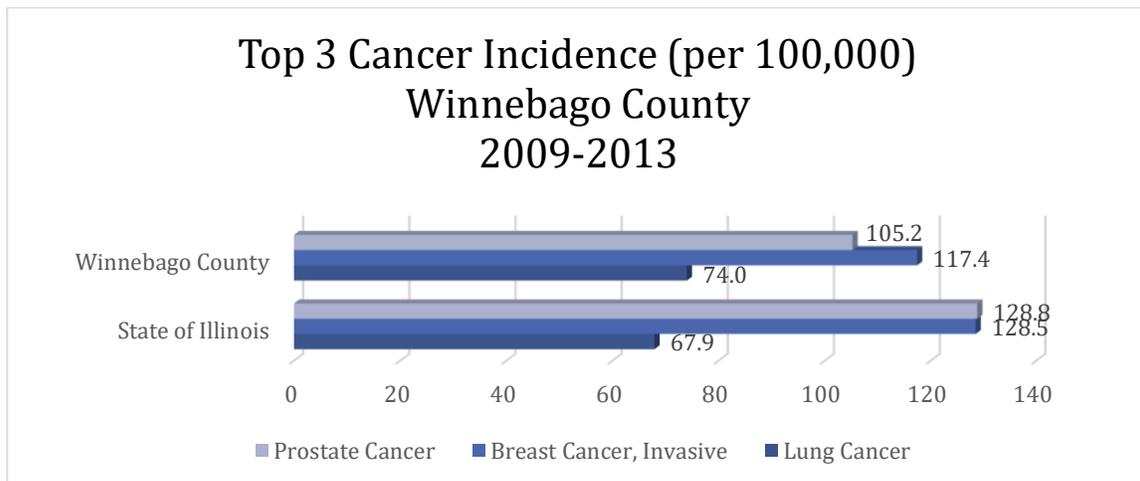
4.6 Diabetes

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 increased between FY 2015 (453 cases) and FY 2017 (596 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Type II Diabetes - Winnebago County 2015-2017

Year	Cases
2015	453
2016	460
2017	596
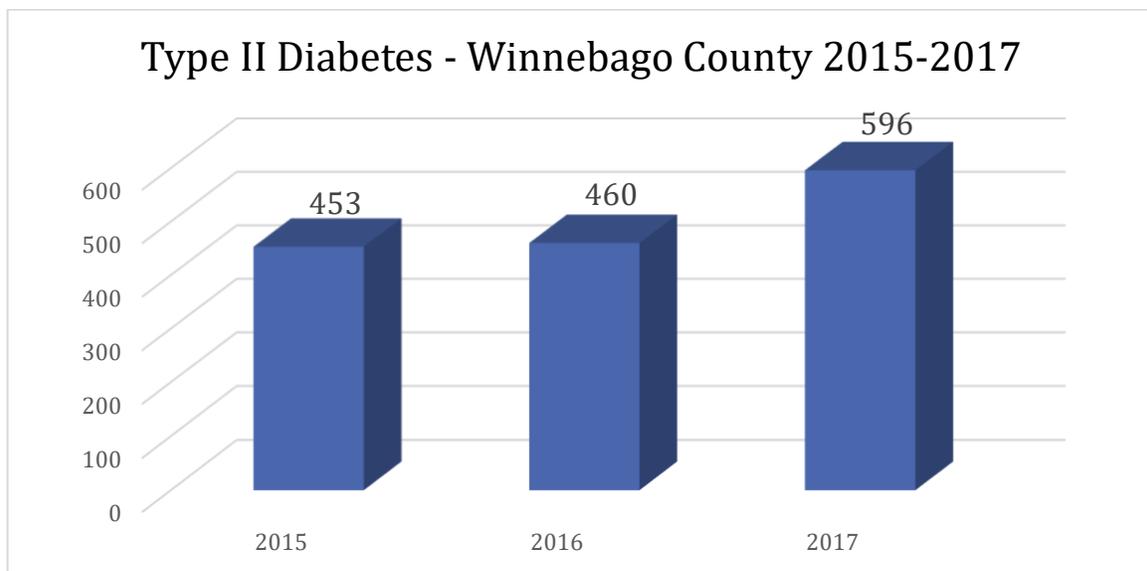
Source: COMPdata 2017

Inpatient cases of Type I diabetes show an increase from 2015 (266) to 2017 (268) for Winnebago County. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Type I Diabetes - Winnebago County 2015-2017

Bar chart showing Type I Diabetes counts: 2015 = 266, 2016 = 267, 2017 = 268. Y-axis ranges from 265 to 268.
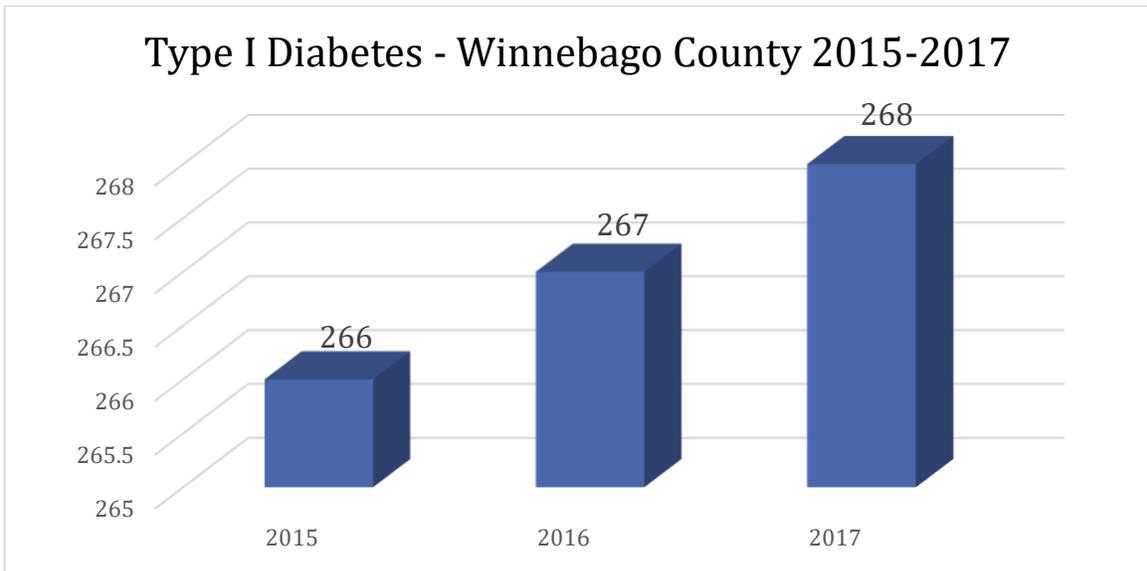
Source: COMPdata 2017

Data from the Illinois BRFSS indicate that 10.2% of Winnebago County residents have diabetes. Trends are concerning, as the prevalence of diabetes is increasing and equal in Winnebago County compared to data from the State of Illinois. Note that data have not been updated by the Illinois Department of Public Health.

Diabetes - Winnebago County 2007-2014

Bar chart comparing diabetes prevalence. Winnebago County: 2007-2009 = 9.2%, 2010-2014 = 10.2%. State of Illinois: 2007-2009 = 8.2%, 2010-2014 = 10.2%. Y-axis ranges from 0.0% to 12.0%.

Legend: ■ 2007-2009 ■ 2010-2014
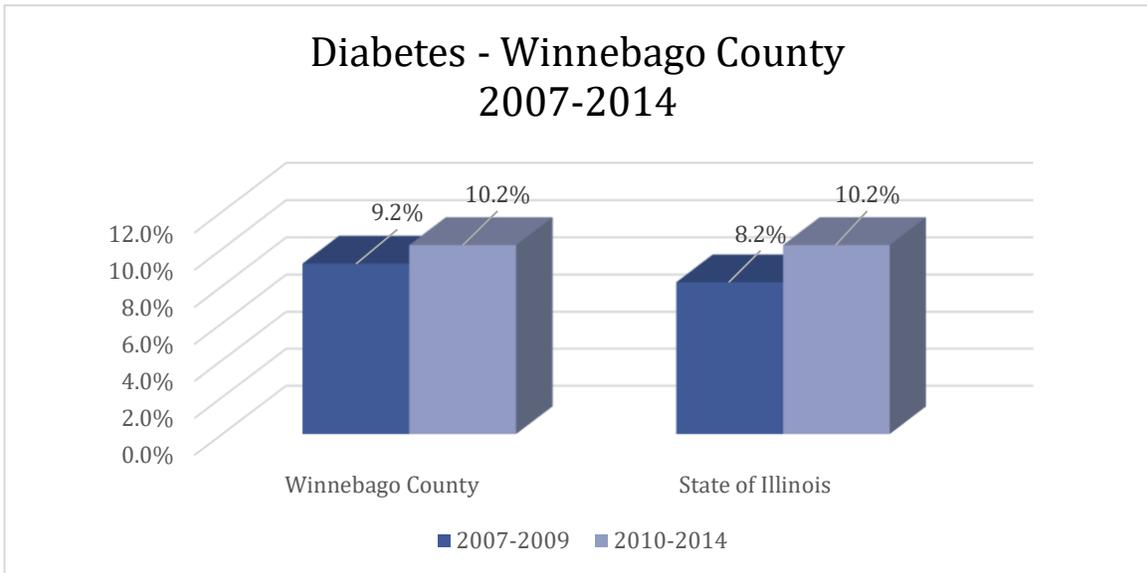
Source: Illinois Behavioral Risk Factor Surveillance System

4.7 Infectious Diseases

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

Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Winnebago County from 2015-2016 indicate a significant increase. There is also an increase of incidence of chlamydia across the State of Illinois. Rates of chlamydia in Winnebago County are higher than State averages.

Chlamydia Incidence (per 100,000)
Winnebago County
2015-2016

	Winnebago County	State of Illinois
2015	601.8	542.5
2016	633.3	562.7
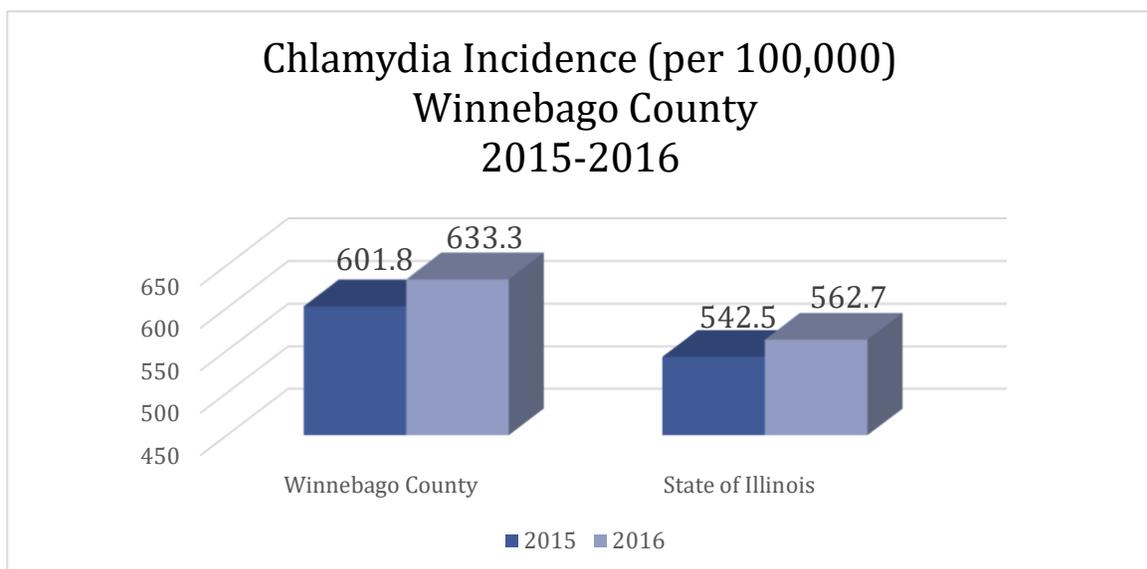
Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Winnebago County indicate a significant increase from 2015-2016. The State of Illinois also experienced a significant increase from 2015-2016. Rates of gonorrhea in Winnebago County are higher than State averages.

Gonorrhea Incidence (per 100,000) Winnebago County 2015-2016

240.8

190.7

165.2

133.5

	Winnebago County	State of Illinois

■ 2015   ■ 2016
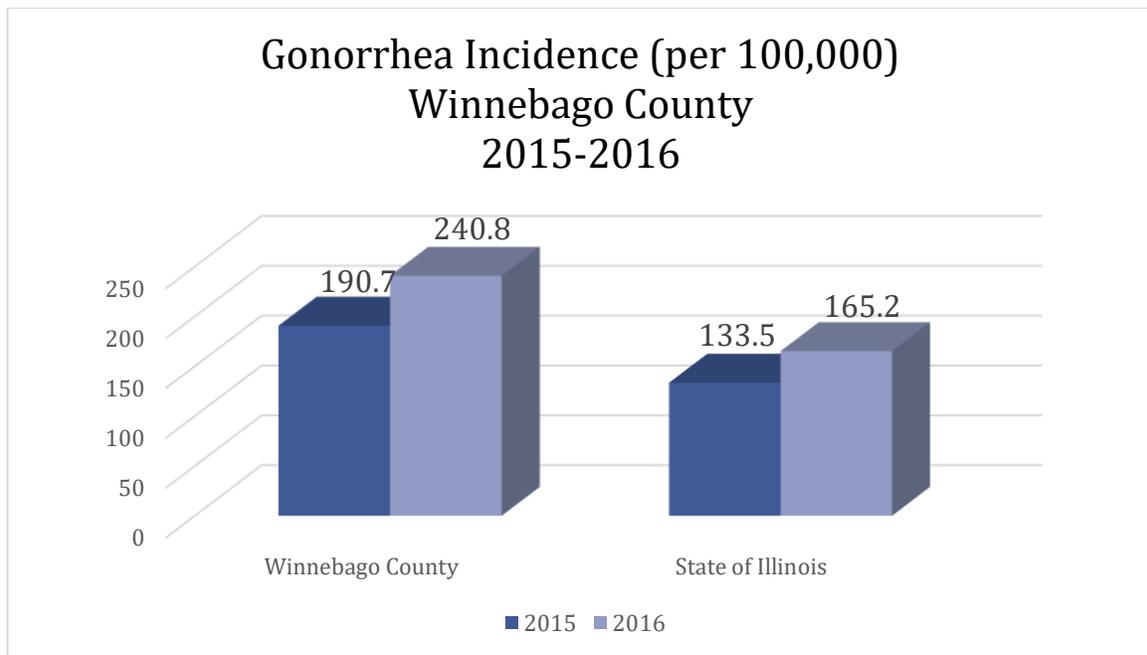
Source: Illinois Department of Public Health

Vaccine preventable diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable death. According to the Illinois Public Health Department, the most common and serious vaccine-preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubeola), Mumps, Rubella (German measles), Diphtheria, Hepatitis B, and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized. Winnebago County has shown no significant outbreaks compared to state statistics, but there are limited data available.[2]

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

Vaccine Preventable Diseases 2013-2016 Winnebago County Region

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

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

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

Source: http://iquery.illinois.gov/DataQuery/Default.aspx

Tuberculosis 2014-2017 Winnebago County Region

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

Source: http://iquery.illinois.gov/DataQuery/Default.aspx

4.8 Injuries

Importance of the measure: Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues. Unintentional injuries can occur, in part, from violent crimes. .

Suicide

The number of suicides in Winnebago County indicate higher incidence than State of Illinois averages, as there were approximately 11.2 per 100,000 people in Winnebago County in 2015.

Suicide Deaths (per 100,000) - Winnebago County 2015
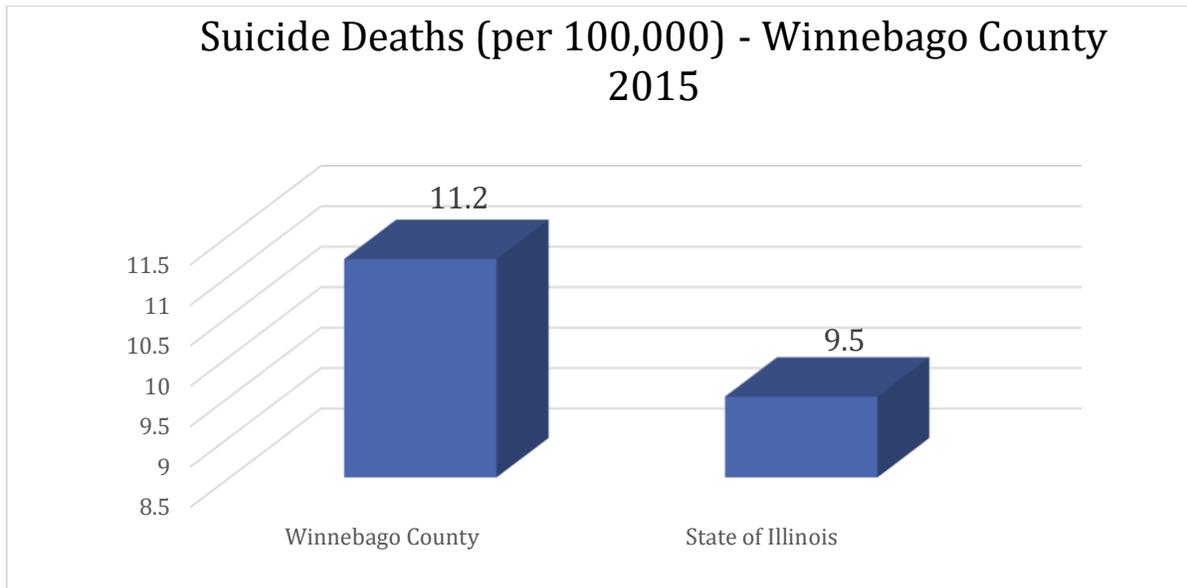
Source: Illinois Department of Public Health

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has decreased significantly for 2014-2018 in Winnebago County.

Violent Crimes Rate (per 100,000) Winnebago County 2014-2018
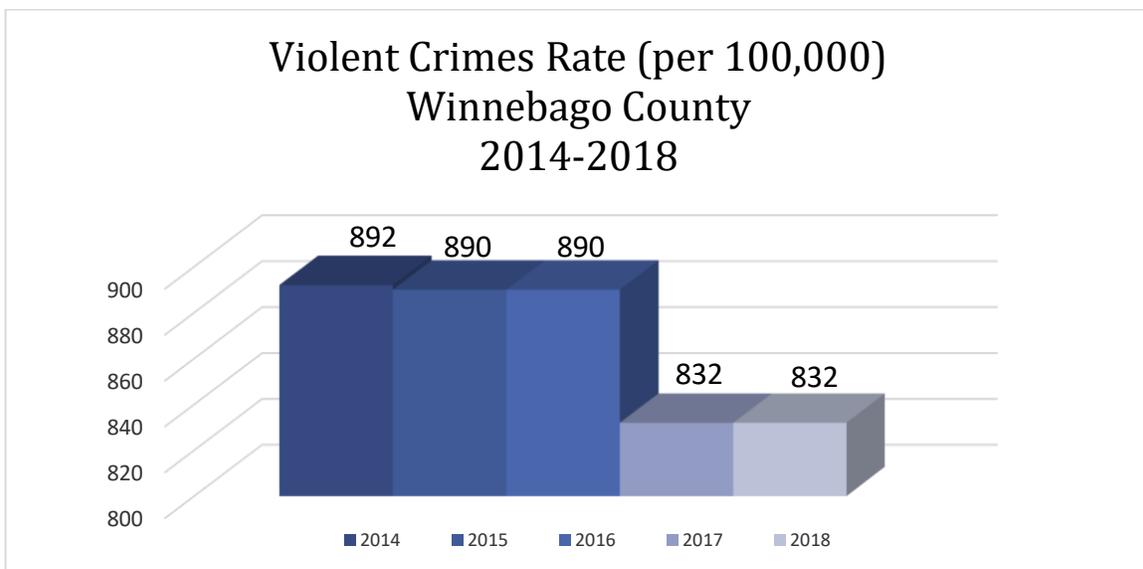
Source: Illinois County Health Rankings and Roadmaps

4.9 Mortality

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

The top two leading causes of death in the State of Illinois and Winnebago County are similar as a percentage of total deaths in 2017. Diseases of the Heart are the cause of 22.5% of deaths and Cancer is the cause of 21.6% of deaths in Winnebago County.

Top 5 Leading Causes of Death for all Races by County, 2017		
Rank	Winnebago County	State of Illinois
1	Diseases of Heart (22.5%)	Diseases of Heart
2	Malignant Neoplasm (21.6%)	Malignant Neoplasm
3	Chronic Lower Respiratory Disease (6.4%)	Cerebrovascular Disease
4	Accidents (6.4%)	Accidents
5	Alzheimer's Disease (5.2%)	Chronic Lower Respiratory Disease

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES IN WINNEBAGO COUNTY ARE SLIGHTLY HIGHER THAN STATE AVERAGES.

- ✓ ASTHMA HAS SEEN A SIGNIFICANT REDUCTION IN WINNEBAGO COUNTY AND IS LOWER THAN STATE AVERAGES.

- ✓ STIS ARE HIGHER THAN STATE AVERAGES.

- ✓ CANCER AND HEART DISEASE ARE THE LEADING CAUSES OF MORTALITY IN WINNEBAGO COUNTY.

CHAPTER 5
PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 10 different options. Note that respondents could choose up to three health issues, so total percentages are greater than 100.

The health issue that rated highest was mental health (62%), followed by obesity/overweight (45%), diabetes (31%), cancer (31%) and aging issues (30%). These five factors were significantly higher than other categories based on *t-tests* between sample means.

Note that perceptions of the community were accurate in some cases. For example, mental health and obesity are important concerns and the survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.
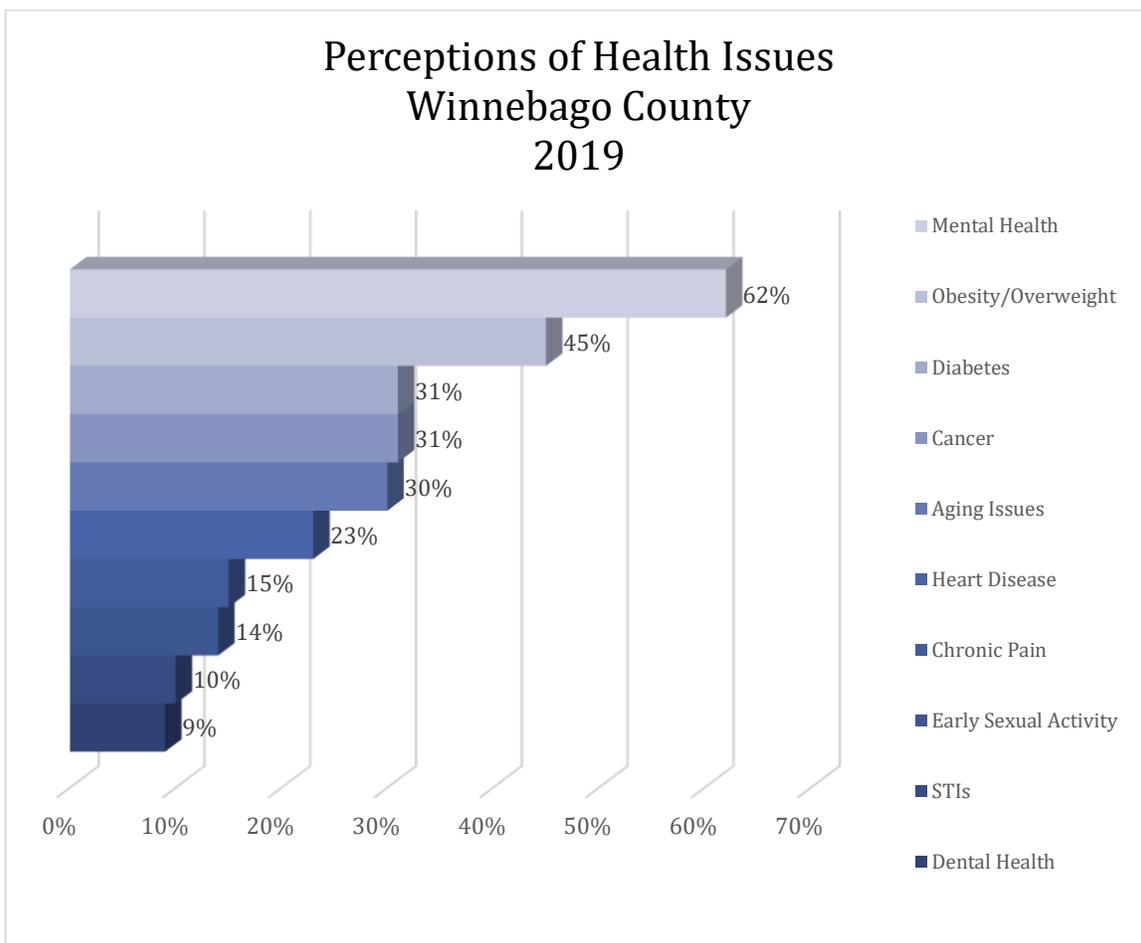
Source: CHNA Survey

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 two unhealthy behaviors that rated highest were drug abuse (illegal) at 50% and anger/violence at 38%. Note that drug abuse (legal) rated relatively high (31%) given the increase, in part, of opioid abuse.

Perceptions of Unhealthy Behaviors
Winnebago County
2019

- 50% — Drug Abuse (illegal)
- 38% — Anger/Violence
- 34% — Domestic Violence
- 32% — Alcohol Abuse
- 31% — Drug Abuse (legal)
- 24% — Poor Eating Habits
- 18% — Smoking/Vaping
- 18% — Lack of Exercise
- 17% — Child Abuse
- 11% — Risky Sexual Behavior
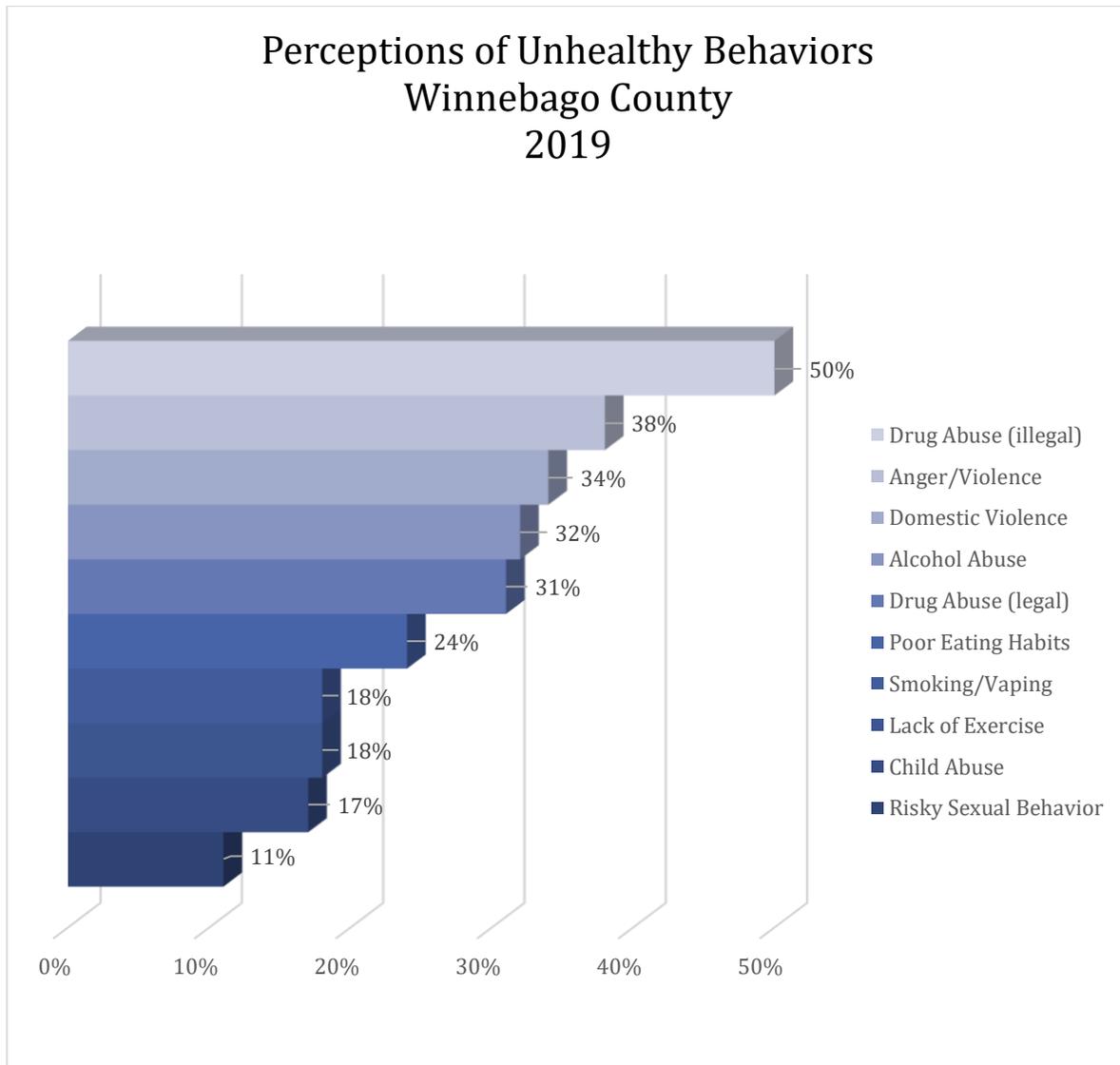
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The issues impacting well-being that rated highest were less violence (40%) access to health (40%). It was followed by safer neighborhoods (37%), job opportunities (35%) and healthy food choices (33%). These five factors were significantly higher than other categories based on *t-tests* between sample means.

**Perceptions of Issues that Impact Well Being
Winnebago County
2019**

Issue	Percentage
Less Violence	40%
Access to Health	40%
Safer Neighborhoods	37%
Job Opportunities	35%
Healthy Food Choices	33%
Less Hatred	24%
Less Poverty	20%
Affordable Housing	15%
Public Transportation	9%
Available Child Care	7%
Better School Attendance	6%
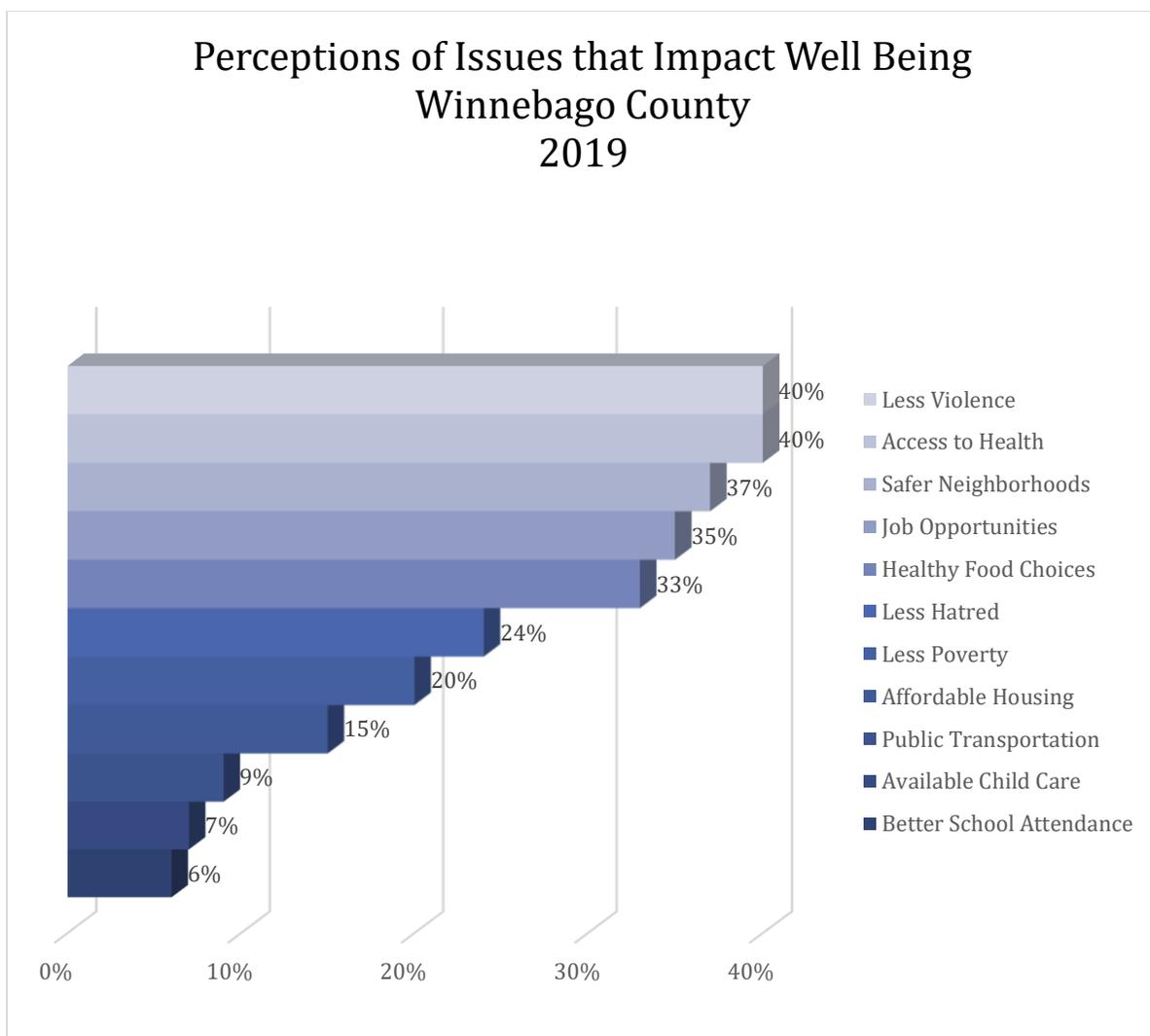
Source: CHNA Survey

5.4 Summary of Community Health Issues

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

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

- Total population is decreasing
- Aging population
- Interest in Telehealth

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

- Dental care access
- 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:

- Tobacco usage
- Substance abuse
- Overweight/obesity
- Risk factors for 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
- Asthma
- Diabetes is trending upwards
- Cancer and heart disease are 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 7 potential categories. Based on similarities and duplication, the 7 potential areas considered are:

- **Aging issues**
- **Healthy behaviors – nutrition & exercise**
- **Behavioral health**
- **Overweight/Obesity**
- **Substance abuse**
- **Access – dental**
- **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 7 health-related areas were being addressed. A resource matrix can be seen in Appendix 5 relating to the 7 health-related issues.

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

5.6 Significant Needs Identified and Prioritized

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

- **Healthy Behaviors** – *defined as active living and healthy eating, and their impact on obesity*
- **Behavioral Health** – *including mental health and substance abuse*
- **Lung Cancer** – *including prevention and screening*

HEALTHY BEHAVIORS – ACTIVE LIVING, HEALTHY EATING AND SUBSEQUENT OBESITY

ACTIVE LIVING. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being. Note that 23% 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 reasons for not exercising are not having enough energy (31%) or time (31%).

HEALTHY EATING. Almost two-thirds (57%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 8%. The most prevalent reason for failing to eat more fruits and vegetables was the lack of importance and expense involved according to survey respondents.

OBESITY. In Winnebago County, two-thirds (68.1%) of residents were diagnosed with obesity and being overweight. In the 2019 CHNA survey, respondents indicated that being overweight was the second most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Winnebago County. The US Surgeon General has characterized obesity as "the fastest-growing, most threatening disease in America today." According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded $3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 47% indicated they felt depressed in the last 30 days and 39% indicated they felt anxious or stressed. Respondents were also asked if they spoke with anyone about their mental health in the last 30 days. Of respondents 31% indicated that they spoke to someone, the most common response was to a doctor/nurse (36%). In regard to self-assessment of overall mental health, 5% of respondents stated they have poor overall mental health. In the 2019 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE ABUSE. Survey respondents were asked "On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?" Of respondents, 14% indicated they use substances to make themselves feel better. Substance abuse values and behaviors of students is a leading indicator of adult substance abuse in later years. Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Winnebago County is at or above State averages in all categories among 8th graders. Among 12th graders, Winnebago County is at or above State averages in all categories. CHNA survey data show 3% smoke or vape more than 12 times per day. Survey results show that drug abuse (illegal) was rated as the unhealthiest behavior in the community.

LUNG CANCER

LUNG CANCER. 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. While prostate cancer and breast cancer are lower than the State of Illinois, lung cancer rates are higher than the State of Illinois. Specifically, lung cancer rates in Winnebago County are 74.0 per 100,000 residents and the State of Illinois is 67.9 per 100,000 residents.

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:

Cathy Barsema is the Director of Guest Services at Carpenter's Place. Cathy graduated from Rock Valley College with an Associate's Degree in nursing and then from NIU with a Bachelor's in Nursing. Cathy worked at Rockford Memorial Hospital for 25 years in bedside nursing, 21 of those in Surgical Intensive Care. She and her husband, Allan, were the co-founders of Carpenters Place in June 2000. Cathy initially volunteered at Carpenter's Place for 5 years before retiring from RMH in 2005 and coming on full time as Director of Guest Services. Cathy currently oversees the dayroom, case managers and the 5 housing programs.

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

Mary Cacioppi is the Executive Director of One Body Collaboratives, a faith-based non-profit organization, with a mission to mobilize, further develop, and coordinate church and faith resources to rebuild lives and transform communities. In this role, Mary manages the overall operations of the organization including fund development, marketing and communications, and community outreach. She is also the Project Manager of the Compassionate Impacts Project, a project of Transform Rockford managed by One Body Collaboratives. Mary's professional background in community and economic development provide her with a unique insight of our region. Through her previous role with the Rockford Area Economic Development Council (RAEDC), she worked on many community projects including Alignment Rockford and Transform Rockford. In a volunteer capacity, Mary produced the inaugural TEDxRockford event celebrating the many positive contributions of the region. Mary currently serves on the Rockford Area Case Management Initiative (RACMI) Steering Committee, and well as the Multi-Disciplinary Team for Focused Deterrence & Procedural Justice Team for Region 1 Planning. She is past board member of Next Rockford, the Rockford Area Economic Development Council, Rockford Network of Professional Women, and the Boylan Alumni Network. Mary holds a B.A. in business administration from Madison University and graduated with Honors Cum Laude. 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.

Paula Carynski, is President of OSF Saint Anthony Medical Center with 29 years of hospital leadership experience. Paula is a graduate of the Saint Anthony College of Nursing, Rockford University, and has her Master of Science in Nursing Administration from the University of Illinois at Chicago. Paula is board certified as a Fellow of the American College of Healthcare Executives and Advanced Nursing

Administration.   In 2012 Paula was the recipient of the Rockford Chamber Business Manager of the Year and one of the Twenty People You Should Know. In 2014 Paula was honored with the YWCA Business Award and Award of Distinction from Rockford University. Most recently, 2017, Paula was named to Becker's Hospital Review's "130 Women Hospital and Health System Leaders to Know". Paula has served on multiple not-for-profit boards and very active in the community.

Courtney Geiger is the director of Mission Services at the Goodwill Industries of Northern Illinois. She has been with Goodwill Industries since 2006. Courtney has her Bachelor's Degree from Rockford University and her Master's Degree in Business Administration from Judson University. Goodwill Industries of Northern Illinois serves over 20,000 individuals annually in its diverse programs for individuals with barriers, including employment and training services and financial support services. Goodwill is committed to providing holistic and collaborative programs and services and is an active partner in the community in many different programs and initiatives.

Karen Gill, CADC, MBA, is currently the Vice-President of Operations for Remedies Renewing Lives which is a multi-service agency providing both outpatient substance abuse treatment including Opioid Maintenance Therapy and domestic violence shelter and services. She has been a CADC since 1985. Her career interests include criminal justice, mental health, gender specific services, integrated programming for female victims of domestic violence who also suffer from addiction, female addicts' pregnancy and parenting issues and teen dating violence.

Nancy Halverson is the Chief Quality Officer at Crusader Community Health where she has also served as Director of Community Services, Director of Women & Children's Services, and Belvidere Site Manager. Prior to her work at Crusader, Nancy practiced as a Genetics Counselor for 10 years at Rockford Memorial Hospital. She also served as the Director of Operations for Carpenter's Place during its early years as an organization from 2002-2004. Nancy has an undergraduate degree in Biology from Augustana College and a Master's Degree in Medical Genetics from the University of Wisconsin. Nancy has served on various non-profit boards in the community including Family Counseling Services, Alignment Rockford, and the Rock River Valley Pantry. She is currently the president of the board of Remedies Renewing Lives.

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

Kris Machajewski is the President and CEO of YWCA Northwestern Illinois; a position she has held since 2006 following a four year YWCA board commitment. In addition, Kris holds the position of President, Aurora Women's Empowerment Foundation.
Kris's experiences encompass government, for-profit, and non-profit leadership. Having began her professional career in the U.S. Army, assigned to the Military District of Washington working in personnel management to a position of Senior Consultant at a Naperville, Illinois philanthropic consulting firm providing major gifts expertise to a wide range of non-profits and privately held foundations, to President/CEO of a national Association, she has achieved a unique look at how non-profits should be evolving to meet today's economic demands and society's needs. Kris has led several mergers, dissolutions, and start-ups in the nonprofit community. An inaugural member of Next Rockford, Kris served as the first female president of the grassroots organization. She serves on multiple boards of directors in the community including the OSF Saint Anthony Council of Advisors, Rockford Alliance Against Sexual Exploitation, and is Vice President of the National Association of YWCA Executives. Under Kris's leadership, YWCA Northwestern Illinois was awarded the 2010 Excelsior Award by the Rockford Register Star and the 2013 YWCA USA Association of Excellence Award in Racial Justice. In addition, Kris has been recognized by the Rockford Chamber of Commerce as the 2011 Woman Business Manager of the Year, and in 2014 as one of the 20 People You Should Know. In 2011, she was honored with the NAACP Jane Adams Award for Social Justice, and in 2012, was selected as one of 40 individuals across the state of Illinois to be inducted into the Edgar Fellows Program at the University of Illinois, Institute for Government and Public Affairs.   Kris has a passion for empowering women and families and strives to promote equity in her community; she believes we can create an inclusive, diverse and empowering community that embraces and values all residents by working together.

Kathy Perry is the Director of Patient Experience at OSF Saint Anthony Medical Center. Kathy has worked in the healthcare industry in clinical and non-clinical roles since she was 16 years old. For the last 33 years she has served in educator and leadership roles at OSF Saint Anthony Medical Center. Her scope of responsibility and expertise includes patient satisfaction, patient complaints/grievances, interpreter services, volunteer services, mission integration, community health needs assessment and telecommunications. Kathy earned her Bachelor of Arts degree at Augustana College in Rock Island, IL and then pursued her registry in respiratory therapy through Northwestern University in Chicago. Kathy holds a Green Belt in 6 Sigma, and facilitator certifications from Development Dimensions International, Real Colors, and Partners in Leadership.

Sarah Parker-Scanlon is the Executive Director of Shelter Care Ministries in Rockford, which for over 30 years has worked to end homelessness for hundreds of families. In addition, staff at Shelter Care's Jubilee Center has provided advocacy and social opportunities to thousands of adults living with chronic mental illness in our community. Sarah began her career as a case manager in Shelter Care's family housing program in 2002. In 2011 she became the Director of Family Programs and accepted the position of Executive Director in 2015. Sarah earned a Bachelor's degree from Western Illinois University and a Master's degree from Rockford University. Her community involvement includes serving on the board of directors of the Rock River Homeless Coalition and the Rockford Road Runners, where she serves as secretary.

Sue Scott, BSN, RN-BC is a Faith Community Nurse working with 3 local churches. After graduation from St. Anthony School of Nursing, she completed her BSN at Northern IL University. For the last 24 years she has worked with Emmanuel Lutheran Church, Macedonia Baptist, and St. Paul Lutheran Church and various short term projects at other area churches. Previous to the FCN role, her nursing experience was in Burn/Trauma ICU, Nursing Supervision, Daycare Surgery, and Post-Anesthesia Recovery Room.

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

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

Michelle A. Carrothers (Coordinator) is currently the Vice President of Strategic Reimbursement for OSF Healthcare System, a position she has served in since 2014. She serves as a Business Leader for the Ministry Community Health Needs Assessment process.   Michelle has over 35 years of health care experience. Michelle obtained both a Bachelor of Science Degree and Masters of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and has earned her Fellow of the Healthcare Financial Management Association Certification in 2011. Currently she serves on the National Board of Examiners for HFMA. Michelle serves on various Peoria Community Board of Directors and Illinois Hospital Association committees.

Dawn Tuley (Coordinator) is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and has acted as the coordinator for 13 Hospital Community Health Need Assessments. In addition, she has coordinated the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over ten years. Dawn served as the Vice President, President-Elect and two terms as a Chapter President on the board of Directors with the McMahon-Illini HFMA Chapter. She currently serves as a Director on the board.

Dr. Laurence G. Weinzimmer, Ph.D. (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management in the Foster College of Business at Bradley University in Peoria, IL. An internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous *Fortune 100* companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national best sellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many

prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principal investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2. ACTIVITIES RELATED TO 2016 CHNA PRIORITIZED NEEDS

Three major health needs were identified and prioritized in the Winnebago County 2016 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs.

1. Access to Health Services Goal

Goal: *Facilitate access to appropriate medical services for residents of Winnebago County.*

Access to Health Services Measurement and Impact

Tracking of thirty day all-cause readmission rate for patients discharged to a skilled nursing facility.
- Created metrics to improve readmission rates of patients discharged to a skilled nursing facility. Achieved improvements in metrics making ongoing target 8%.

Tracked ratio of campus prompt care visits to Emergency Department at levels one, two and three.
- The prompt care opened April of 2018. The current ratio is 61.2%.

Tracked percentage of new primary care patient appointments made within seven days.
- Percentage ranged from 40-50%. OSF Healing Pathways Cancer Resource Center had unique clients accessing free services in all years with at least 12 new clients per quarter.

Tracked number of unique primary care patients.
- Patient number increased each year with over 150,000 through the three years.

Tracked the growth rate of the OSF On-Call virtual Emergency Department/Prompt Care visits.
- Served over 3500 annually in the OSF on-call.

Partnered to provide the Parish Nursing Program for community engagement.
- OSF Healing Pathways Cancer Resource Center had unique clients accessing free services in all years with at least 12 new clients per quarter.
- Three parish nurses serve approximately 2000 clients in our community each year. All services are provided free of charge and include home, hospital, nursing home visits, office visits, education events, blood pressure screenings and Advanced Care Planning. Providing over 70 participants with free skin checks annually and referrals to specialists for suspicious lesions.
- Center for Cancer Care provided over 60 participants with free skin checks each year and makes referrals to specialists for suspicious lesions.

2. Mental Health Goal

Goal: To improve the mental health of individuals living within Winnebago County.

Mental Health Measurement and Impact

Tracked readmission rate of patients with a mental health ICD-10 dx codes.
- Readmission rates of patients with a mental health diagnosis average 10%.

Tracked percentage of completed annual depression screens performed at primary care office.
- Active participation in system-wide Behavioral Health initiative, the goal of which is the development of the OSF future state behavioral health delivery network that takes into account the needs of the community we serve and the community resources that are already in place. Performed a continuum of care functional assessment of mental health screening at all access points. Evaluated and enhanced primary pediatric anxiety and depression screening tools and interventions throughout the pediatric service line. Target of 80% has been made each year.

Tracked growth rate of the On Call virtual Emergency Department and Prompt Care Visits.
- Have been able to serve over 8,000 patients.

Tracked the number of Social Service placements facilitated through Rosecrance, the local Mental Health provider.
- Exceeded targets by incorporating mental health screening tools into disease specific support groups.

Ratio of participants in Post-Partum Clinics to deliveries, including screenings were tracked.
- Target of 90% was met each year.

3. Obesity

Goal: To provide opportunities in order to combat adult and childhood obesity.

Obesity Measurement and Impact

Tracked number of residents receiving nutritional consults by a licensed provider.
- Educated over 3,000 community members on nutritional consults in three years.

Tracked number of participants accessing basic health screening tests at community events.
- Educated over 1,200, exceeding targets.

Increased collaboration with community partners.
- Partnered with St. Elizabeth Center's by collecting excess fresh produce from local gardens for their food pantry. Total collection was approximately 4000lbs of fresh produce. Increased our participation each year.

Tracked participants who met or exceeded national criteria each quarter in a 3-4 Week Weight Loss programs.

- Decision Free Diet program had 89% meet their goal (Gold standard 86% National average 59%).
- Healthy Solutions program had 63% meet their goal (Gold standard 77% National average 58%).
- Phase 2 program had 67% met their goal (Gold standard 82% National average 62%).
- Participated in Health fairs and events. A pre and post survey was completed. After receiving educational information and answering all the questions, over 50% of those individuals stated that they would change their diet and/or activity and would contact their Primary Care Physician to determine their eligibility for FIT testing.

APPENDIX 3. SURVEY

COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, so we are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 10 minutes to complete. All of your individual responses are 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
- [ ] Cancer
- [ ] Chronic pain
- [ ] Dental health (including tooth pain)
- [ ] Diabetes
- [ ] Other _____

- [ ] Early sexual activity
- [ ] Heart disease/heart attack
- [ ] Mental health issues, such as depression, hopelessness, anger
- [ ] Obesity/overweight
- [ ] Sexually transmitted infections

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 abuse (illegal drugs)
- [ ] Other _____

- [ ] Drug abuse   (legal drugs)
- [ ] Lack of exercise
- [ ] Poor eating habits
- [ ] Risky sexual behavior
- [ ] Smoking

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

- [ ] Access to health services
- [ ] Affordable clean housing
- [ ] Availability of child care
- [ ] Better school attendance
- [ ] Good public transportation
- [ ] Healthy food choices

- [ ] Job opportunities
- [ ] Less hatred & more social acceptance
- [ ] Less poverty
- [ ] Less violence
- [ ] Safer neighborhoods/schools
- [ ] Other _____

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?   (Please choose only one answer).

- [ ] Clinic/Doctor's office
- [ ] Urgent Care Center
- [ ] Emergency Department
- [ ] Health Department
- [ ] I don't seek medical attention
- [ ] Other _____

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.
☐ Couldn't afford to pay my co-pay or deductible.   ☐ Didn't have a way to get to the doctor.   .
Are there any other reasons why you could not access medical care?

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.   ☐ The pharmacy refused to take my insurance or Medicaid.
☐ Couldn't afford to pay my co-pay or deductible.   ☐ Didn't have a way to get to the pharmacy.
Are there any other reasons why you could not access prescription medicine?

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

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

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

☐ Didn't have dental insurance.   ☐ The dentist refused my insurance/Medicaid
☐ Couldn't afford to pay my co-pay or deductible.   ☐ Didn't have a way to get to the dentist.
Are there any other reasons why you could not access a 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 my insurance/Medicaid
☐ Couldn't afford to pay my co-pay or deductible.   ☐ Embarrassment.
☐ Didn't have a way to get to a counselor.
Are there any other reasons why you could not access a mental-health counselor?

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

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

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

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.
Are there any other reasons why you could not exercise in the last week?

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   ☐ 3 - 5   ☐ More than 5

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
Are there any other reasons why you do not eat fruits/vegetables?

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

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

6. What are the biggest challenges to eating healthy in our community? (Please choose all that apply).

☐ Knowledge   ☐ Convenience   ☐ People don't care   ☐ Physical challenge/Disability
☐ Cost   ☐ Time   ☐ No healthy options   ☐ Transportation   ☐ Other

7. Please check the box next to any of the 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 #9: Smoking.

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

8. If you identified any conditions in Question #7, how often do you follow an eating plan to manage your condition(s)? ☐ Never   ☐ Sometimes   ☐ Usually   ☐ Always   ☐ Not applicable

Smoking

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

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

General Health

10. Where do you get most of your medical information? (Please choose only one answer).

☐ Doctor   ☐ Friends/family   ☐ Internet   ☐ Pharmacy   ☐ Nurse at my church

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

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

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

13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?

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

14. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?

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

15. In the last YEAR have you talked with anyone about your mental health?

☐ Yes (please answer #16)   ☐ No (please go to #17)

16. If you talked to anyone about your mental health, who was it?

☐ Doctor/nurse   ☐ Counselor   ☐ Family/friend   ☐ Other _____

17. On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?

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

18. When you were a child, did a parent or other adult often swear at you, insult you or make you feel afraid?

☐ Yes   ☐ No

19. Do you feel safe where you live?   ☐ Yes   ☐ No

20. In the past 5 years, have you had a:
    Breast/mammography exam   ☐ Yes   ☐ No   ☐ Not applicable
    Prostate exam   ☐ Yes   ☐ No   ☐ Not applicable
    Colonoscopy/colorectal cancer screening   ☐ 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. How interested would you be in health services provided through Internet or phone?

☐ 1   ☐ 2   ☐ 3
Not interested   Somewhat interested   Extremely interested

2. Can you get free wi-fi in public locations? ☐ Yes   ☐ No

3. Do you have Internet in your home (or where you live)? For example, can you watch Youtube?
☐ Yes (please go to next section – BACKGROUND INFORMATION) ☐ No (please answer #4)

4. If don't have Internet, why not?   ☐ Cost   ☐ No available Internet provider   ☐ Data limits
       ☐ I don't know how   ☐ Other _____

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   ☐ Private/Commercial   ☐ None (Please answer #4)

4. If you answered "none" to the question about health insurance, why **don't** you have insurance?
(Please choose all that apply).

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

5. What is your gender?   ☐ Male   ☐ Female

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

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

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

8. 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   ☐ Bachelor's degree
☐ Graduate or professional degree   ☐ Other: _____

9. 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

10. What is your housing status?

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

11. How many people live with you? _____

12. What is your job status? **(**Please choose only one answer).

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

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
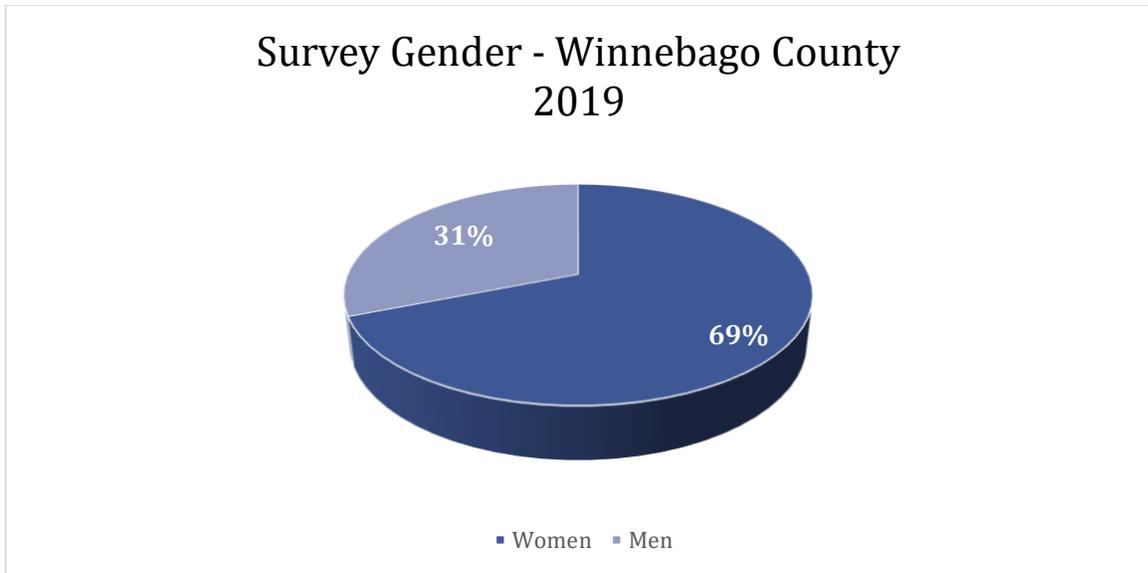
Survey Gender - Winnebago County 2019
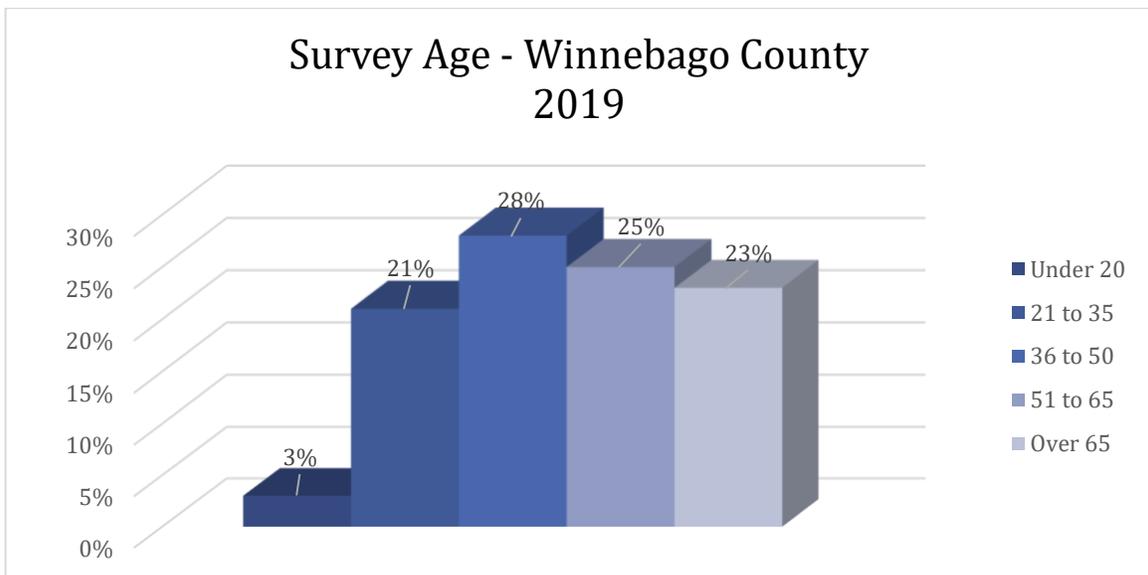
31%

69%

■ Women ■ Men

Source: CHNA Survey

Survey Age - Winnebago County 2019

28%

25%

21%

23%

3%

■ Under 20
■ 21 to 35
■ 36 to 50
■ 51 to 65
■ Over 65

30%
25%
20%
15%
10%
5%
0%

Source: CHNA Survey

Survey Race - Winnebago County 2019

Source: CHNA Survey

Survey Education - Winnebago County 2019

Source: CHNA Survey

Survey Living Arrangements - Winnebago County 2019

Source: CHNA Survey

Number of People in Household - Winnebago County 2019
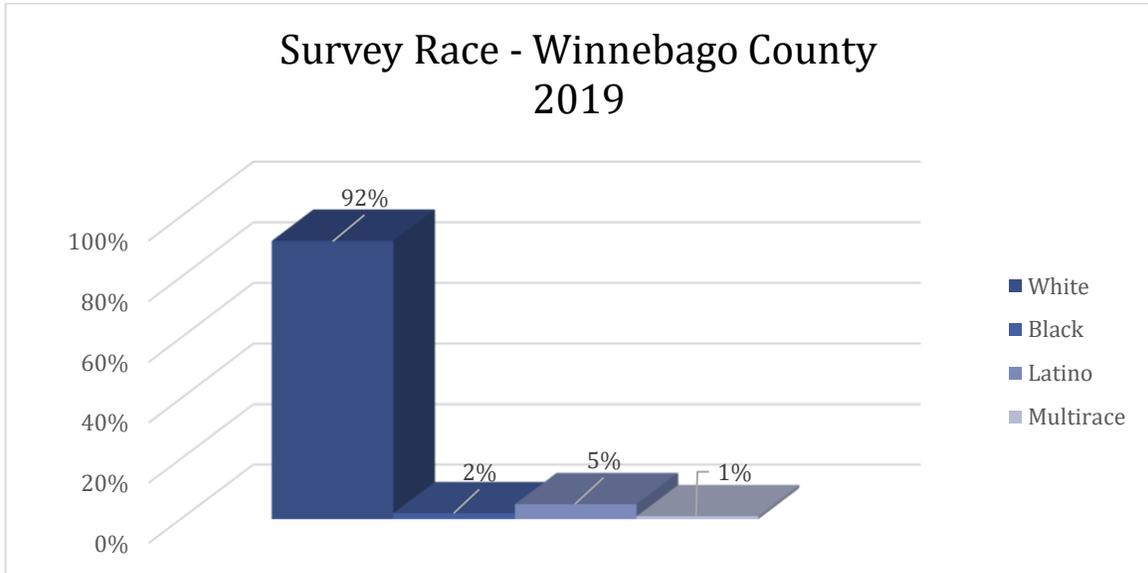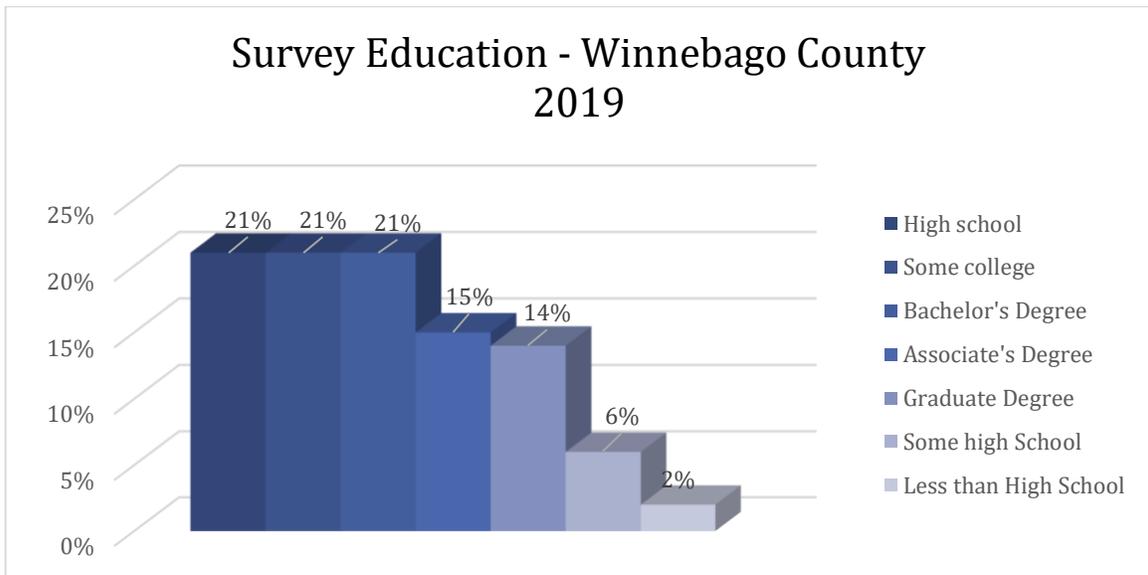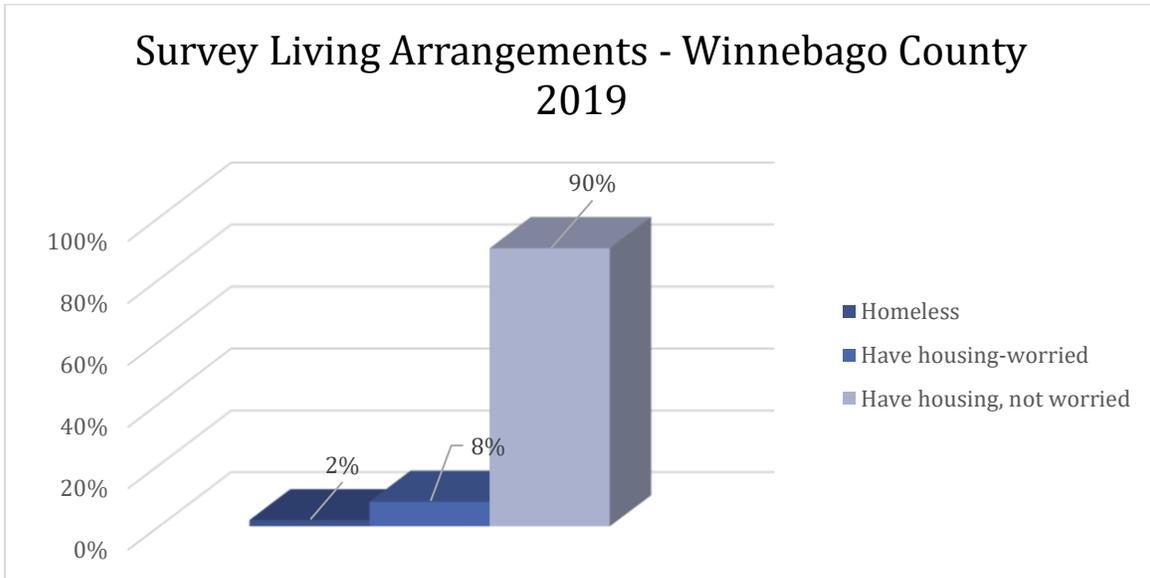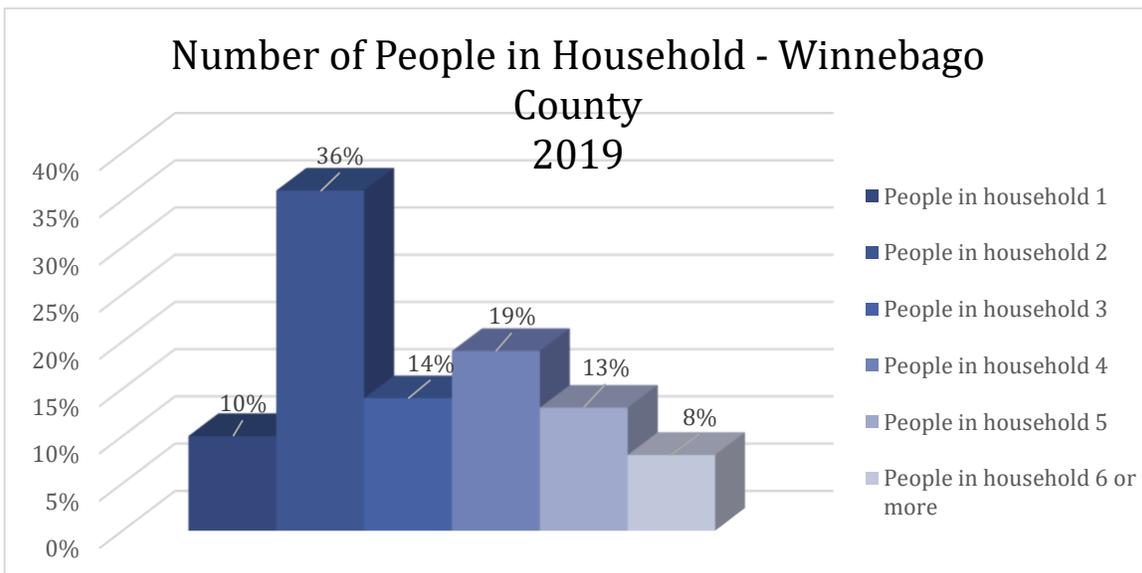
Source: CHNA Survey

APPENDIX 5. RESOURCE MATRIX*

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

	Aging population	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Overweight /Obesity	Substance Abuse	Dental Access	Lung Cancer
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		1			
Easter Seals Children's Development Center		2		2		1	
Family Counseling Services			3				
Family Matters - PACT			2				
God's Glory Food Pantry		2					
Goodwill Industries of Northern IL		2					
Grounds For Life Soup Kitchen		2					
Group Hope - Depression and Bipolar Support			2				
Haven Network			?				
Healing Pathways Cancer Resource Center		2					2
Illinois Crisis Prevention Network			2				
Lifescape Community Services, Inc.	3	2					
Love Inc.		1					
Lutheran Social Services	3		2		?		
Lydia Home Association			2				
MERIT University of IL College of Medicine - Rockford			1				
Milestone Inc.			1			2	

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

	Aging population	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Overweight /Obesity	Substance Abuse	Dental Access	Lung Cancer
Youth Services Network			2		2		
YWCA - La Voz Latina		2					
Hospitals / Clinics							
Crusader Community Health		3	2	2		3	
OSF HealthCare Saint Anthony Medical Center	2	3	1	3	2		3
Mercy Health System		3	3	3			3
SwedishAmerican Health System - Division of UW Health		3	2	3	3		3
The Bridge Clinic							
University Psychiatric Services UICOM at Rockford			3				

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

APPENDIX 6. DESCRIPTION OF COMMUNITY RESOURCES

Recreational Facilities

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OSF Healing Pathways Cancer Resource Center
Healing Pathways-Cancer Resource Center offers free supportive services to cancer patients, survivors and their loved ones. Our programs, classes and educational resources help ease the emotional and physical side effects of cancer and its treatment. In addition, they offer guidance in choosing healthy

lifestyles that promote optimal health into survivorship. Core programs focusing on Optimal Nutrition, Stress Management, Gentle Exercise, and Connection with Others are all complementary to medical treatment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rosecrance Health Network
Rosecrans offers comprehensive addiction services for adolescents and adults, including prevention, intervention, detoxification, inpatient and outpatient treatment, experiential therapies, dual-diagnosis

care and family education. Rosecrans also offers high-quality, efficient and effective outpatient mental health services for children, adults and families through a variety of programs.

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

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

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

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

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

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

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

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

Hospitals/Clinics

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.

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[3]
Screen out health problems based on the following feasibility factors:
> *Propriety* – Is a program for the health problem appropriate?
> *Economics* – Does it make economic sense to address the problem?
> *Acceptability* – Will a community accept the program? Is it wanted?
> *Resources* – Is funding available for a program?
> *Legality* – Do current laws allow program activities to be implemented?

Step 4. Use Voting Technique to Narrow Potential Issues

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

1. Magnitude – size of the issue in the community. Considerations include, but are not limited to:
> - *Percentage of general population impacted*
> - *Prevalence of issue in low-income communities*
> - *Trends and future forecasts*

2. Severity – importance of issue in terms of relationships with morbidities, comorbidities and mortality. Considerations include, but are not limited to:
> - *Does an issue lead to serious diseases/death*
> - *Urgency of issue to improve population health*

3. Potential for impact through collaboration – can management of the issue make a difference in the community?
> Considerations include, but are not limited to:
> - *Availability and efficacy of solutions*
> - *Feasibility of success*

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