

# Community Health Needs Assessment Final Report

Community Health Needs Assessment 2016  
SwedishAmerican Hospital

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*June 30, 2016*

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# Executive Summary

## *Process*

SwedishAmerican Hospital (SAH) participated in the Rockford Health Council 2014 Healthy Community Study (Healthy Community Study) and contracted with RSM to conduct a Community Health Needs Assessment (CHNA), as required by Internal Revenue Code Section 501(r).

A division of UW Health, SwedishAmerican Hospital (the “Hospital”) is a non-profit hospital serving the greater Rockford region, northern Illinois and southern Wisconsin. SwedishAmerican Hospital defined its community for the CHNA as Boone and Winnebago Counties, Illinois, since over 84% of inpatients draw from this area. Both primary and secondary data were collected to identify health needs within the hospital’s community.

Primary data was collected from the Healthy Community Study and the Key Informant Questionnaire which are included in the Healthy Community Study. The hospital also requested the collection of secondary data on a broad array of health indicators and demographic information.

Secondary data was collected using databases created by other agencies or organizations. Types of data collected included demographic information, chronic disease and morbidity/mortality information, health status indicators and health behaviors, family planning and births, general community/environment information, and local, state and national benchmarks.

## *Summary Findings*

### ***A Community of Resources and Collaborative Spirit***

Community stakeholders voiced their optimism and faith in the longevity and vibrancy of the community: despite its current challenges, it holds promise if people continue to work together and build on its capacity. In general, there seems to be a genuine desire to improve community health and well-being.

### ***Areas of Health Concern***

Eight primary health concerns have resulted from a comprehensive review and assessment of primary and secondary data. These areas align seamlessly with community health concerns discussed regularly in weekly leadership meetings, leading to the natural selection of the internal CHNA project team to take the lead in the prioritization process. The prioritization discussion around community needs resulted in the following order:

1. Cancer
2. Obesity
3. Smoking
4. Poverty and Unemployment
5. Economic and Logistical Access to Care
6. Vulnerable Populations: Hispanic/Latino Population
7. Heart Care
8. Women and Children

## ***Cancer***

Cancer is one of the leading causes of death within the hospital community. It is the highest of all disease mortality rates in Winnebago and Boone Counties. The most prevalent cancers in the hospital service area include breast, cervical, colon and rectum, lung and prostate cancers.

## ***Obesity***

This health concern relates to two pathways: factors that lead to development of the condition and diseases that result from the condition. The category stems from the majority of survey respondents and key informants identifying this issue as a primary factor influencing community health. Secondary data supports this through high rates of obesity, physical inactivity, diabetes, hypertension, and heart disease mortality within the community.

## ***Smoking***

Smoking was mentioned by a close majority of community stakeholders as a health concern within the community. Lung cancer is the second most common cancer in both men and women. Secondary data supports this concern, as smoking rates within the community are higher than state and national averages.

## ***Poverty and Unemployment***

A considerable number of the key informants noted that poverty and unemployment are the most pressing concerns regarding social determinants of health within the community. Secondary data supports this assertion through high rates of unemployment, poverty and low educational attainment within the community. Poverty and unemployment deeply affect one's ability to afford access and navigate the health care system. Low educational attainment deeply affects an individual's ability to understand how to maintain health as well as how to follow through on treatment recommendations. Further, concomitant environmental factors impacting those living in poverty, such as poor housing conditions, living in high crime areas and the existence of "food deserts" where access to nutritional food options is limited, also significantly affect one's health status and overall quality of life.

## ***Economic and Logistical Access to Care***

Key informants continue to express concern about the barriers that the uninsured or underinsured face when trying to access health care services. A considerable number of community residents experience challenges in affording health care despite many community efforts to help alleviate economic barriers to care. Local Emergency Rooms become the most convenient choice for residents when they do not have the understanding where they can find affordable care. Secondary data reinforces this category in reflecting the number of low-income individuals who are not currently served by Federally Qualified Health Centers (FQHC), such as Crusader Community Health, within the hospital community.

Data collected highlights the logistical barriers that considerably deter a person's ability to access health care services. Key informants noted concerns about inadequate capacity of health care providers to serve vulnerable populations, limited transportation options for patients to get to health care appointments. Secondary data supports this category through medically underserved area (MUA) and health professional shortage area (HPSA) designations and high population to physician ratios within the community.

### ***Vulnerable Populations***

The following populations within the community were noted as particularly vulnerable, and adversely impacted by many of the health concerns noted:

- Seniors
- Latinos/Hispanics
- African Americans
- Children
- Heart Care
- Women and Children

### ***Heart Care***

On a yearly basis, more Americans die of symptoms related to heart disease than any other cause. Heart Disease is one of the leading causes of death in the State of Illinois, Boone County and Winnebago County. There are new methods of diagnosing and treating heart disease and studies have showed that the earlier it's detected the greater the likelihood it can be slowed, stopped or even reversed.

### ***Women and Children***

Premature births and low birthweight are concerns in the community. Many providers in the community are focused on providing prenatal care to vulnerable and low income populations to ensure adequate care for the mother and their children. The teen birth rates for Boone County exceeds the rate for the United States while the teen birth rate for Winnebago County exceeds the rate for the United States, Illinois and Cook County.

## Community Health Needs Assessment Background

### *Requirements*

SAH participated in the Rockford Health Council 2014 Healthy Community Study and contracted with RSM to conduct a Community Health Needs Assessment (CHNA) for each of its two hospital facilities, as required by Internal Revenue Code, Section 501(r). The CHNA process is designed to assess health issues within the hospital community through collecting and analyzing primary and secondary data related to demographic information, health access, vulnerable populations, health status and disparity, and health behaviors of community residents. As required by the Patient Protection and Affordable Care Act (PPACA) of 2010, the CHNA will include the following:

- A definition of the community served by the hospital facility
- Demographics of the community
- Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- How data was obtained
- The significant needs of the community
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- The process for identifying and prioritizing community health needs and services to meet the community health needs
- The process for consulting with persons representing the community's interests
- Information gaps that limit the hospital facility's ability to assess the community's health needs

### *Previous Assessments*

Previous assessments or reports that include data that relates to community health needs or existing programming within the hospital service area of Boone and Winnebago Counties:

- Winnebago and Boone Counties, 2014 Healthy Community Study; Conducted by Rockford Health Council; December 2014
- SwedishAmerican Hospital Community Benefit Report; Conducted by SwedishAmerican Hospital; 2014
- SwedishAmerican Hospital Community Benefit Report; Conducted by SwedishAmerican Hospital; 2013
- SwedishAmerican Hospital, Community Health Needs Assessment; April 2013
- SwedishAmerican Hospital Community Benefit Report; Conducted by SwedishAmerican Hospital; 2012
- Winnebago and Boone Counties, 2010 Healthy Community Study; Conducted by Rockford Health Council; December 2010

## Methodology

### *Collaboration*

SAH in Rockford, Illinois and SwedishAmerican Medical Center (SAMC) in Belvidere, Illinois collaborated for the purposes of executing the Community Health Needs Assessment. Both hospital facilities defined their communities geographically in the same way, serve the same demographic and geographic areas, work with the same community organizations and strategic partners, and currently work in the same arenas for community benefit activities. Additionally, SAH and SAMC share a leadership team and overall are very closely aligned organizations.

### *Report Methodology*

Information related to the highest priority health and demographic indicators is presented in the report document itself, with detailed supplemental secondary data and primary data transcripts available in the appendices.

### *Secondary Data Methodology*

Secondary data was collected using databases created by other agencies or organizations. RSM utilized the Healthy Community Study which collected secondary data from a variety of sources and about a variety of different issues. Types of data collected included demographic information, chronic disease and morbidity/mortality information, health status indicators and health behaviors, family planning and births, general community/environment information, and local, state and national benchmarks. Due to the nature of secondary data available, data was collected on the level of zip code, city, or county for the defined hospital community. Most health indicator data was available on a county-level basis, while demographic information was available in greater detail on a city- or zip code-level basis.

After data was collected, secondary data measures were compared to US and Illinois measures. Measures for Boone and Winnebago Counties (or their corresponding cities and zip codes) that were particularly different from Illinois or national measures were considered to be of priority.

### *Primary Data: Healthy Community Survey and Key Informant Questionnaire*

RSM utilized the Healthy Community Study and the Key Informant Questionnaire that were contained in Healthy Community Study. The Healthy Community Study consists of two sections. Section I contains questions relating to four categories – general health (17 items), behavioral health (12 items), maternal, prenatal, and early childhood health (10 items) and chronic disease and obesity (12 items). Section II contains six demographic questions. Surveys were developed in English and Spanish language format with written and electronic versions. The surveys were distributed in three phases. In Phase 1, the surveys were distributed to students in Rockford Public School District 205. In Phase 2, surveys were distributed to residents of Boone and Winnebago County through a third party vendor through mail. In Phase 3, a postcard was delivered to a random sample of households in Winnebago County providing access information to the survey on the Rockford Health Council Website. The Rockford Health Council identified a group of 49 individuals as Key Informants and distributed a questionnaire to them that asked them to rate their awareness of efforts to address each of the key focus areas identified in the 2010 Healthy Community Study that needed improvement.

## Methodology

### *Prioritization Methodology*

Health needs within the community were identified through the analysis delineated above. Health indicators within the community identified to have ‘high’ or ‘moderate’ importance were listed and categorized by health needs indicated, resulting in six primary health needs within the community, each having both primary and secondary data components.

The identified health needs align seamlessly with community health concerns discussed regularly in SAH/SAMC weekly leadership meetings, leading to the natural selection of the SAH/SAMC internal CHNA project team to take the lead in the prioritization and selection process. The SAH/SAMC internal CHNA project team consisted of executive leaders and stakeholder representatives from across the hospital organization. Because the Rockford and Belvidere Hospital sites share internal leadership members as well as service area definitions, this process was carried out jointly for the two facilities. Although priorities will be in alignment, implementation strategy roles may differ based upon individual hospital resources available.

The team reviewed the primary and secondary data, deliberated at length, and prioritized needs based upon group consensus, resulting in the final prioritized list of health needs. In the discussion process, secondary data weighed heavily in prioritization decisions, as it affirmed direction and encouraged existing partnership and programming. Criteria utilized in deliberation process included:

- The need’s importance to the community
- Severity of the need based on primary and secondary data collected
- Existing programming and community resources
- Alignment with hospital mission, vision, and goals

### *Information Gaps*

Every attempt was made to collect relevant and recent primary and secondary data reflecting the health status and social determinants of health in the SAH community. In some cases, the ability of SAH to assess all community health needs may have been limited by a lack of existing or recent small-area estimate information pertaining to Boone and Winnebago Counties.

## Hospital and Community

### *SwedishAmerican Hospital Description*

A division of UW Health, SAH is a 333-bed, full-service, non-profit hospital serving the greater Rockford region, Northern Illinois and Southern Wisconsin. SAH is also a teaching hospital that hosts the University of Illinois College of Medicine's residency program. Founded in 1911, SAH has earned a reputation for its commitment to quality healthcare, including clinical excellence, outcome measurements and placing the needs and concerns of patients first. The Hospital's many programs include those aimed at improving the health of the community in which it operates with a focus on the elderly and the underserved.

### *Hospital Community*



SAH defined its community for the purposes of the CHNA geographically as Boone and Winnebago Counties. The community was defined based upon internal patient origin information by zip code for SAH and SAMC's combined emergency room visit and inpatient discharge information. As shown in the table below, the defined community encompasses over 89% of emergency room patients and 84% of inpatients.

★ SwedishAmerican Rockford Facility

★ SwedishAmerican Belvidere Facility

### *Emergency Department Patients by Zip Code, 2015*

| Zip Code | City           | County           | Number of ED Patients | Percent of ED Patients |
|----------|----------------|------------------|-----------------------|------------------------|
| 61104    | Rockford       | Winnebago        | 12,283                | 16%                    |
| 61008    | Belvidere      | Boone            | 11,298                | 15%                    |
| 61109    | Rockford       | Winnebago        | 7,599                 | 10%                    |
| 61102    | Rockford       | Winnebago        | 6,055                 | 8%                     |
| 61101    | Rockford       | Winnebago        | 5,715                 | 7%                     |
| 61108    | Rockford       | Winnebago        | 5,618                 | 7%                     |
| 61103    | Rockford       | Winnebago        | 4,822                 | 6%                     |
| 61107    | Rockford       | Winnebago        | 4,777                 | 6%                     |
| 61111    | Loves Park     | Winnebago, Boone | 2,654                 | 3%                     |
| 61115    | Machesney Park | Winnebago        | 2,327                 | 3%                     |
| 61065    | Poplar Grove   | Boone            | 2,214                 | 3%                     |
| 61114    | Rockford       | Winnebago        | 1,394                 | 2%                     |

## Hospital and Community

### *Inpatients by Zip Code, 2015*

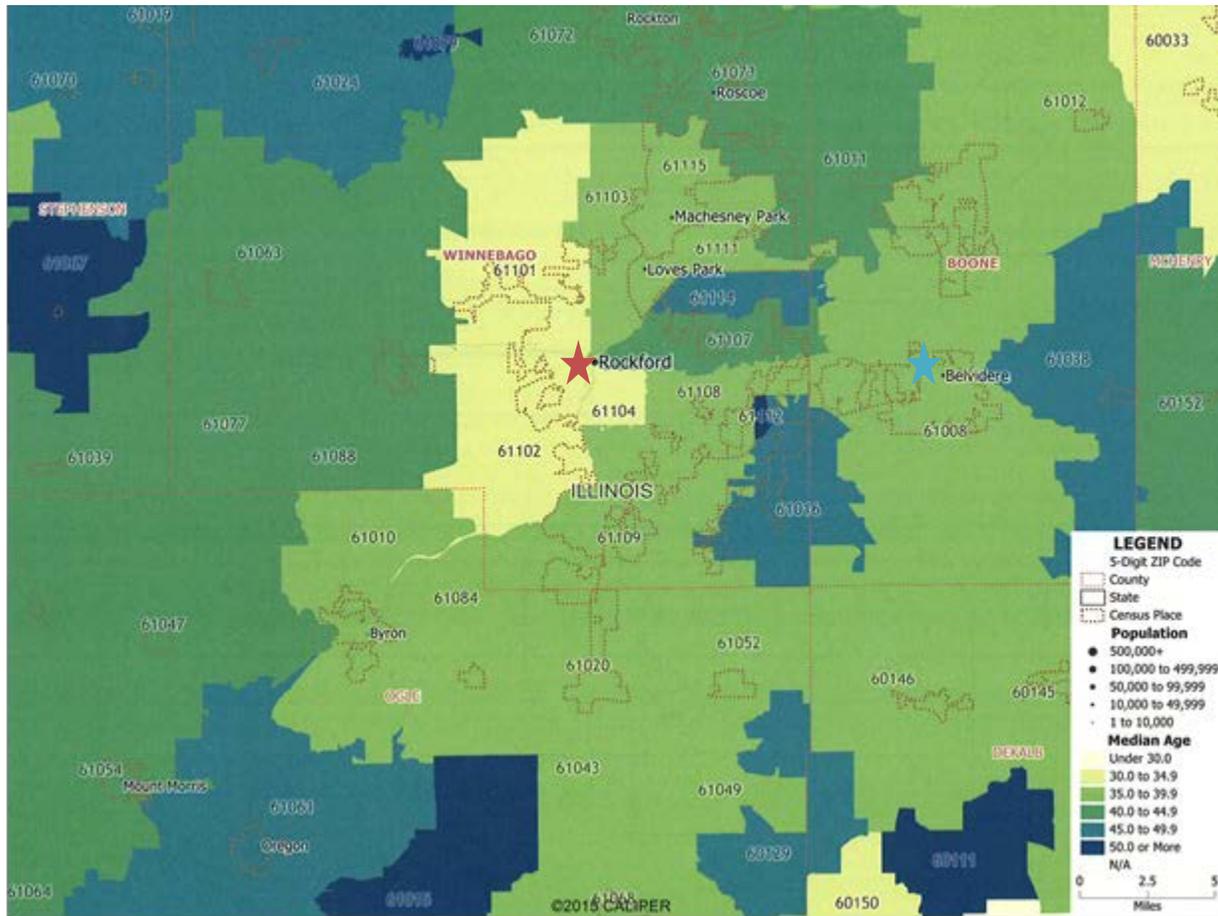
| <b>Zip Code</b> | <b>City</b>       | <b>County</b>       | <b>Number of Inpatients</b> | <b>Percent of Inpatients</b> |
|-----------------|-------------------|---------------------|-----------------------------|------------------------------|
| <b>61104</b>    | Rockford          | Winnebago           | 1,856                       | 11%                          |
| <b>61109</b>    | Rockford          | Winnebago           | 1,612                       | 9%                           |
| <b>61108</b>    | Rockford          | Winnebago           | 1,507                       | 9%                           |
| <b>61008</b>    | Belvidere         | Boone               | 1,411                       | 8%                           |
| <b>61107</b>    | Rockford          | Winnebago           | 1,348                       | 8%                           |
| <b>61101</b>    | Rockford          | Winnebago           | 1,161                       | 7%                           |
| <b>61103</b>    | Rockford          | Winnebago           | 1,080                       | 6%                           |
| <b>61102</b>    | Rockford          | Winnebago           | 1,074                       | 6%                           |
| <b>61111</b>    | Loves Park        | Winnebago,<br>Boone | 825                         | 5%                           |
| <b>61115</b>    | Machesney<br>Park | Winnebago           | 750                         | 4%                           |
| <b>61114</b>    | Rockford          | Winnebago           | 537                         | 3%                           |
| <b>61073</b>    | Roscoe            | Winnebago           | 435                         | 3%                           |
| <b>61065</b>    | Poplar Grove      | Boone               | 335                         | 2%                           |
| <b>61072</b>    | Rockton           | Winnebago           | 235                         | 1%                           |



# Community Profile

## Age

Median Age by Zip Code, 2015



★ SwedishAmerican Rockford Facility

★ SwedishAmerican Belvidere Facility

The median age of people in the hospital community is fairly consistent, with the exception of a zip code in Winnebago County (61019) that has a much higher median age at 50.3 and a zip code near Rockford (61104) in Winnebago County that has a much lower median age at 30.2 than the surrounding communities.

## Community Profile

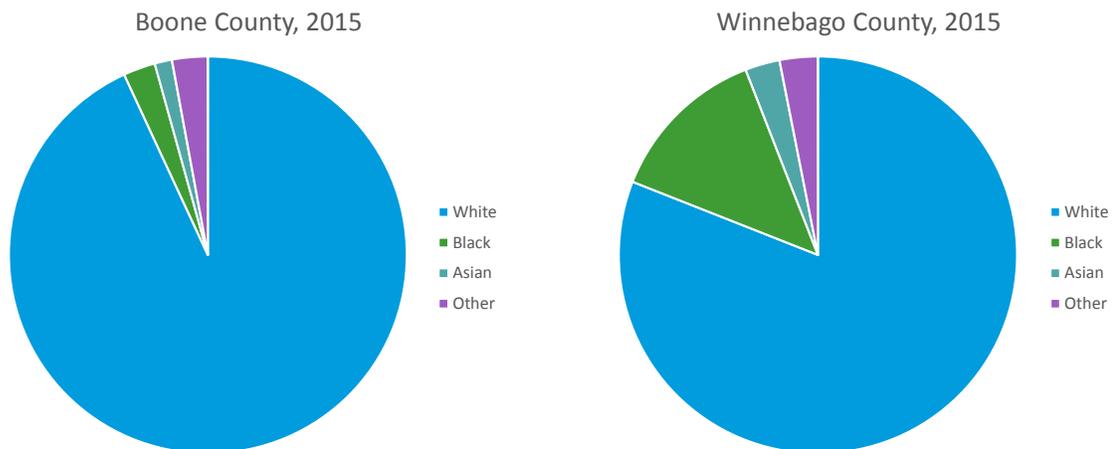
### Projected 65 and Older Population

|                         | 2000       | 2005       | 2010       | 2016       | 2021       | 2026       | 2031       |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|
| State of Illinois       | 12%        | 12%        | 13%        | 14%        | 16%        | 17%        | 18%        |
| Cook County             | 12%        | 12%        | 12%        | 13%        | 15%        | 16%        | 18%        |
| <b>Boone County</b>     | <b>11%</b> | <b>11%</b> | <b>12%</b> | <b>14%</b> | <b>15%</b> | <b>16%</b> | <b>16%</b> |
| <b>Winnebago County</b> | <b>13%</b> | <b>13%</b> | <b>14%</b> | <b>15%</b> | <b>16%</b> | <b>17%</b> | <b>16%</b> |

www.ildceo.net

As shown in the chart above, the senior population in Boone and Winnebago Counties is growing and will likely continue to increase in the coming years. The 65 and over population of the hospital community is expected to grow substantially within the next 15 years. In the case of Boone County, this population segment is expected to double. Winnebago County is expected to grow at nearly the same rate as the Illinois state average at six percent. This indicates that the vulnerable population of seniors in the hospital community will become a larger proportion of residents in the coming years. In this sense, health issues for seniors are likely to become more prominent in the coming years.

### Race



The most common race in the hospital community is white, followed by the African American population. The two communities have small Asian population segments as well.

## Community Profile

### Projected African American Population

|                         | 2000       | 2005       | 2010       | 2016       | 2021       | 2026       | 2031       |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|
| State of Illinois       | 15%        | 15%        | 15%        | 14%        | 13%        | 13%        | 13%        |
| Cook County             | 26%        | 26%        | 25%        | 23%        | 22%        | 21%        | 19%        |
| <b>Boone County</b>     | <b>1%</b>  | <b>1%</b>  | <b>2%</b>  | <b>1%</b>  | <b>1%</b>  | <b>1%</b>  | <b>2%</b>  |
| <b>Winnebago County</b> | <b>11%</b> | <b>11%</b> | <b>12%</b> | <b>11%</b> | <b>12%</b> | <b>13%</b> | <b>13%</b> |

www.ildceo.net

Winnebago County had the largest African American population of the service area in 2010 at 12%, followed distantly by Boone County. As evidenced in the chart above, the African American population in the two counties within the hospital community is expected to remain relatively stable until 2031.

### Ethnicity

#### Projected Hispanic Population

|                         | 2000       | 2005       | 2010       | 2016       | 2021       | 2026       | 2031       |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|
| State of Illinois       | 12%        | 13%        | 14%        | 18%        | 21%        | 23%        | 25%        |
| Cook County             | 20%        | 22%        | 24%        | 27%        | 31%        | 34%        | 37%        |
| <b>Boone County</b>     | <b>12%</b> | <b>13%</b> | <b>20%</b> | <b>23%</b> | <b>26%</b> | <b>29%</b> | <b>32%</b> |
| <b>Winnebago County</b> | <b>7%</b>  | <b>7%</b>  | <b>11%</b> | <b>12%</b> | <b>14%</b> | <b>16%</b> | <b>19%</b> |

www.ildceo.net

Boone County had the largest Hispanic population in 2010 at 20%, followed by Winnebago County at 11%. As shown in the chart above, the Hispanic population is projected to grow the most in Winnebago County, remaining relatively stable in Boone County until 2031.

### Socioeconomic Status and Education

#### November 2015 and 2012 Unemployment Rates

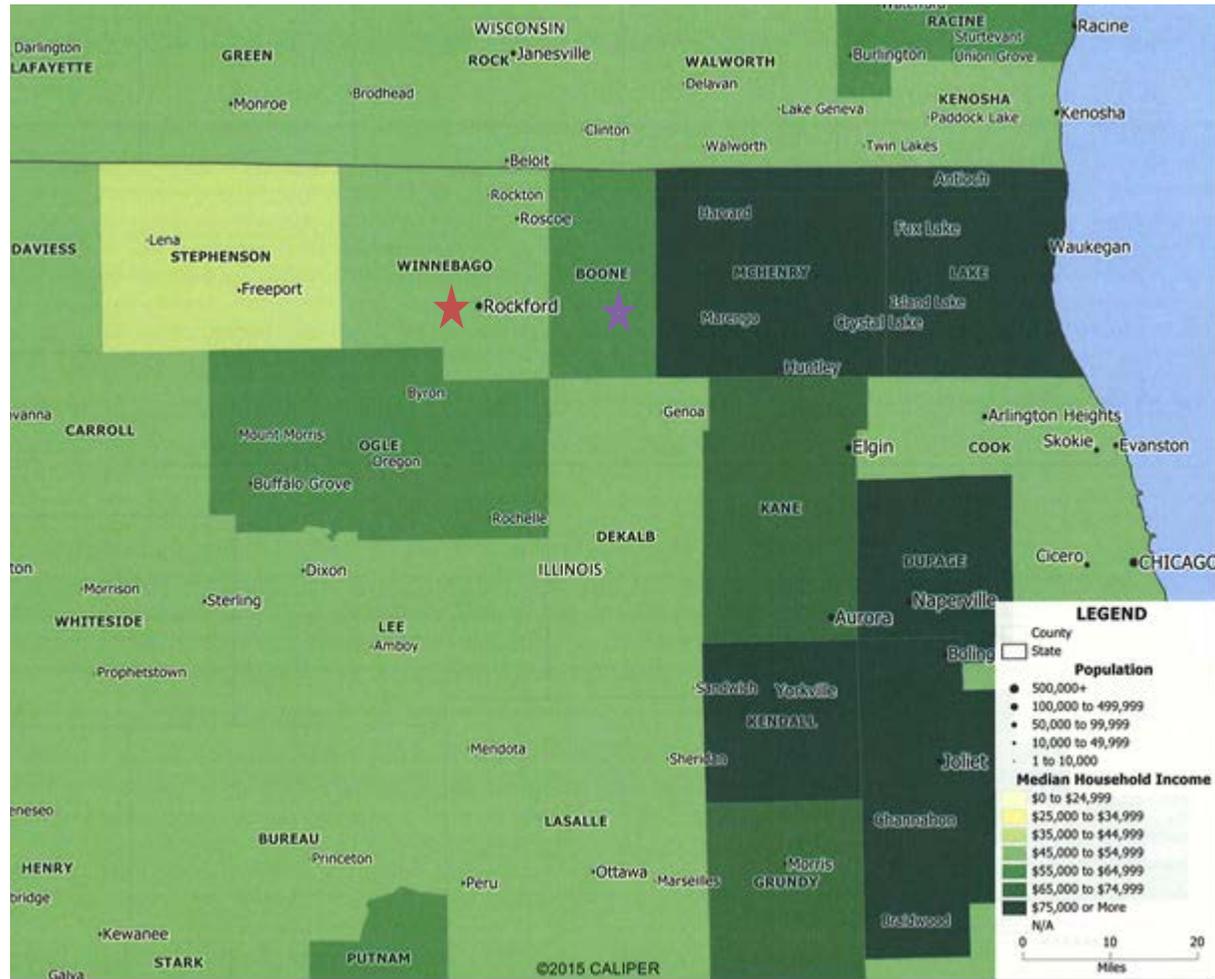
|                         | 2015 Unemployment Rate | 2012 Unemployment Rate |
|-------------------------|------------------------|------------------------|
| United States           | 5.00%                  | 7.40%                  |
| Illinois                | 5.80%                  | 8.60%                  |
| Cook County             | 5.60%                  | 8.80%                  |
| <b>Boone County</b>     | <b>6.70%</b>           | <b>10.00%</b>          |
| <b>Winnebago County</b> | <b>7.50%</b>           | <b>10.70%</b>          |

www.bls.gov

The hospital community as a whole suffers from challenges related to the poor economy and unemployment. Many community stakeholders cited the economy, lack of jobs, and high poverty levels as the primary reason that health status issues exist within the community. Unemployment rates in the hospital community are higher than state or national average at 5.8% and 5.0%, respectively. Winnebago County has the highest unemployment rate within the hospital community at 7.5%, followed by Boone at 6.7%, respectively.

# Community Profile

## Median Income by County, 2015



★ SwedishAmerican Rockford Facility

★ SwedishAmerican Belvidere Facility

Winnebago County’s median household income is significantly lower than the other counties or state and national average as well. It is 17% lower than state average. Not surprisingly, the child poverty rate in Winnebago County is 37% higher than Boone County and 33% higher than the state of Illinois Average.

### Poverty Rates, Percent at or Below 100% of Federal Poverty Level (2014)

|                         | Total Population in Poverty | Under Age 18 in Poverty | Age 5 -17 in Families in Poverty | Median Household Income |
|-------------------------|-----------------------------|-------------------------|----------------------------------|-------------------------|
| United States           | 16%                         | 22%                     | 20%                              | \$53,482                |
| Illinois                | 16%                         | 22%                     | 20%                              | \$57,166                |
| Cook County             | 17%                         | 25%                     | 25%                              | \$54,828                |
| <b>Boone County</b>     | <b>12%</b>                  | <b>17%</b>              | <b>18%</b>                       | <b>\$60,166</b>         |
| <b>Winnebago County</b> | <b>18%</b>                  | <b>27%</b>              | <b>24%</b>                       | <b>\$47,523</b>         |

www.census.gov

## Community Profile

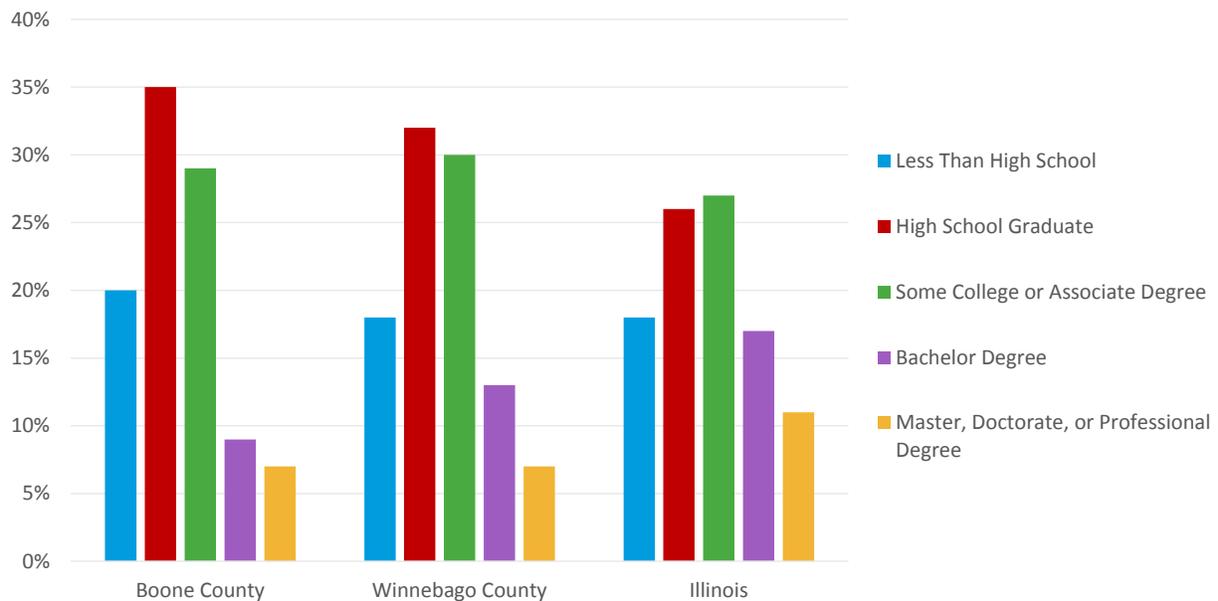
In the Key Informant questionnaires, poverty was mentioned as the most pressing social determinant of health within the community by a close majority of community stakeholders. High unemployment and intractable poverty over many generations account for the continuous impact of this concern in the community. One person noted that the opportunities of children could be limited as a result of their families' limited resources or drug abuse. Organizations that were noted as trying to improve employment opportunities and technical skills are the Workforce Connection, Rock Valley College, the Rockford Area Development Council, the Chamber of Commerce, and "Alignment Rockford."

Poverty rates (the percent of people at or below 100% FPL in a given year) in Winnebago County are significantly higher than Boone County, Illinois and national averages.

### Education

Overall educational attainment, as measured by the average percentage of the population over 25 years of age who pursue a bachelor's degree or higher over the five year period from 2016 to 2021, is significantly lower in the hospital community than in the state of Illinois or in the United States as a whole.

**Educational Attainment, 25 Years and Older, 2006-2016**



[www.census.gov/acs](http://www.census.gov/acs)

## Community Profile

### *Social Environment*

#### ***Violent Crime Rate (2013)***

|                         | <b>Violent Crime Rate per<br/>100,000 Population</b> |
|-------------------------|--|
| United States           | 368  |
| Cook County             | 801  |
| <b>Boone County</b>     | <b>145</b>   |
| <b>Winnebago County</b> | <b>926</b>   |

www.fbi.gov

The violent crime rate in Winnebago County is by far the higher of the two counties in the hospital community at 926 crimes per 100,000 population, compared to Boone at 145.

In focus groups conducted by Rockford Health Council (RHC) in 2009, several groups cited the high crime rate, perceived increase in violence, and the presence of gangs as major community issues affecting the health of residents.

In the household survey conducted by RHC in 2009, three of the top four community issues identified by respondents included: gangs/delinquency, crime, and violence/guns. Respondents noted a desire to decrease crime, guns, and violence as second in rank as the most needed community improvement.

#### ***Rate of Child Abuse and Neglect (2013)***

|                         | <b>Rate of Child Abuse and<br/>Neglect (Rate per 1,000)</b> |
|-------------------------|---|
| United States           | 9.30  |
| Illinois                | 9.50  |
| Cook County             | 6.20  |
| <b>Boone County</b>     | <b>12.80</b>  |
| <b>Winnebago County</b> | <b>19.80</b>  |

www.voices4kids.org

The rate of child abuse and neglect in Boone County and Winnebago County are significantly higher than Illinois state average.

## Community Profile

### *Community Assets*

Community stakeholders were asked to identify the community's strongest assets, which make up the fabric of the community. They not only help improve the health of the community, but make it a vibrant and livable place to reside and raise a family.

Community stakeholders identified a myriad of community assets that improve the health of residents of the hospital community. Assets that were the most heavily referred include:

- Landscape and recreational opportunities
  - Riverfront
  - Golf courses
  - Area and state parks
- Faith-based organizations and churches
- Social network and leadership
- Employers
  - Public sector
  - Service industry
  - Health systems
- Civic and nonprofit organizations
- Economic development corporations
- Educational resources
  - Public and private school systems
  - Rock Valley College
  - University of Illinois College of Medicine
- Medical community
  - Health system
  - Health providers
- Neighborhoods, community pride, and spirit of collaboration

In the household survey conducted by RHC in 2009, respondents identified the residents' favorite community resources within Boone and Winnebago Counties as parks/related organizations and the "good people" who make up the community.

## Access to Care

### *MUA and HPSA Information*

Winnebago County has MUAs in the White Rock Service Area (MUA 916) and in the Winnebago Service Area (MUA 7011), respectively. The MUA designation is developed by the Health Resources and Services Administration (HRSA) and indicates that a combination of four components exists in the area:

- A low ratio of primary medical care physicians per 1,000 population
- A high infant mortality rate
- A high percentage of the population with incomes below the poverty level
- A high percentage of the population age 65 or over.

Boone and Winnebago counties have HPSAs for primary care providers, dental providers, and/or mental health providers. The HPSA designation is developed by HRSA, and indicates that an area or population either:

- Has a population to full-time-equivalent primary care physician ratio of at least 3,500:1
- Has a population to full-time equivalent primary care physician ratio of less than 3,500:1, but greater than 3,000:1 and have unusually high needs for primary care services or insufficient capacity of existing primary care providers

HPSAs for primary care providers include:

- The low-income population of Boone County
- Three census tracts within Boone County
- Crusader Community Health
- The Rockford Westside low-income population
- 22 census tracts within Winnebago County

HPSAs for dental providers include:

- The low-income population of Belvidere
- Three census tracts within Boone County
- Crusader Community Health
- The Southwest Rockford low-income population
- 22 census tracts within Winnebago County
- Milestone Dental Clinic of Winnebago County

HPSAs for mental health providers include:

- Crusader Community Health

### *Logistic Access to Care*

Community stakeholders identified logistical access to care as one of the biggest barriers to health in the hospital community. This area includes challenges to accessing health care that include transportation availability and affordability, culturally appropriate communication, language barriers, convenient clinic hours, and provider supply and availability. Community stakeholders cited transportation issues and language barriers specifically as the two largest factors contributing to this issue.

## Access to Care

Lack of transportation is a critical issue for both the elderly and low-income populations within the hospital community, both in urban and rural areas. Community stakeholders mentioned that the local bus system is insufficient in timing and range, and medical transportation options are not affordable, especially for the senior population. Hospital or non-profit provided transportation systems were suggested as a potential solution to address this issue.

For the Hispanic population, language is a formidable barrier to overcome when accessing healthcare and treatment. This issue is specifically acute when the provider is not bilingual or bilingual services are not available. Interviewees observed that there is a wide gap in the Rockford area between Spanish-speaking residents seeking health care and available Spanish-speaking health care services. Many bilingual providers in the area are no longer accepting new patients. Two health services noted for no bilingual availability were mental health and family planning. One person specifically commented that Hispanic children are not appropriate translators for their parents or other family members, as using them in this role violates patient confidentiality. Furthermore, assurances need to be made that Spanish-speaking patients truly understand their diagnosis and treatment. This effort is considerable given cultural differences, patient anxiety about their health, and language. Potential solutions suggested by community stakeholders include increasing the number of bilingual providers in the area, increasing the number of available medical interpreters, and continuing outreach to vulnerable populations.

### *Preventable Hospitalizations (2010)*

#### *Discharge Rate for Ambulatory Care Sensitive Conditions (ACSC) per 1,000 Medicare Enrollees*

|                         | Rate         |
|-------------------------|--------------|
| Illinois                | 75.00        |
| Cook County             | 72.58        |
| <b>Boone County</b>     | <b>66.00</b> |
| <b>Winnebago County</b> | <b>71.00</b> |

[www.dartmouthatlas.org](http://www.dartmouthatlas.org)

Despite access issues, the rate of preventable hospitalizations due to ambulatory care sensitive conditions (ACSC) in the hospital community is significantly lower than the Illinois state average. Surprisingly, as shown in the primary care physician to population ratio, there are significantly fewer primary care physicians per resident in Boone and Winnebago Counties than the state of Illinois average. In particular, Boone County has about half the number of primary care physicians per person than Illinois state average.

### *Primary Care Population to Physician Ratio (2011)*

|                         | Ratio         |
|-------------------------|---------------|
| Illinois                | 1042:1        |
| Cook County             | 806:1         |
| <b>Boone County</b>     | <b>1698:1</b> |
| <b>Winnebago County</b> | <b>1220:1</b> |

[www.hrsa.gov/data-statistics](http://www.hrsa.gov/data-statistics)

## Access to Care

Community stakeholders had very positive views of the health care providers within the community. Community stakeholders mentioned that health care is very accessible and high quality in general, though the local systems can be difficult to navigate. Most responded that the local FQHC, Crusader Community Health, was an asset in terms of services offered to vulnerable populations and very competent in the populations it serves. Some also noted that the FQHC could enhance capacity and hours to improve access for the Hispanic population. The majority of interviewees perceive that local care coordination efforts are just beginning to take effect. Overall, this is an area of major focus in Healthy People 2020. In terms of access to care, major Healthy People 2020 objectives include increasing the number of practicing primary care providers, improving the proportion of people who have a consistent primary care provider, and decreasing emergency room wait time.

### *Economic Access to Care*

Economic access to care was frequently mentioned as a pressing health concern in interviews. Community stakeholders specifically referred to unemployment rates, job readiness, poverty, high costs of medical care, and insurance difficulties.

As discussed, unemployment rates in the hospital community are very high. Community stakeholders noted that it is difficult to find jobs and that many residents do not have appropriate vocational training for the non-industrial jobs that are available within the community. An overall lack of education and depressed local economy are major contributing factors to this issue. Solutions to this issue identified by community stakeholders include increasing capacity for community organizations providing job training, and employment support.

In focus groups conducted by Rockford Health Council (RHC) in 2009, high unemployment and the current economic condition were mentioned as the leading problems facing the local areas within Boone and Winnebago Counties. In particular, low-income population access to medical and dental services was identified as especially challenging to obtain. This was frequently associated with the community service gaps related to awareness of existing services, lack of available services for the working poor, additional housing assistance, and difficulties faced by Medicaid enrollees in obtaining dental care.

In the household survey conducted by RHC in 2009, community respondents noted that high health costs represent the second most pressing community issue within Boone and Winnebago Counties. In response to important improvements needed within the community, the top response related to the need for jobs and an improved economy. Among health-related financial situations, respondents identified the most pressing issues to include the inability to afford dental care, inability to afford medical care, and inability to afford prescriptions. Not surprisingly, the primary reasons cited for not attaining needed medical care included financial concerns, lack of insurance, and inability to afford deductible or co-pay.

## Access to Care

High costs of medical care, lack of affordable insurance options, and difficulty of Medicaid acceptance by local providers were all cited in interviews as major contributors to difficulties in economic access to care. Residents often have trouble affording insurance coverage, in a large part due to unemployment and underemployment. Several community stakeholders mentioned that Medicaid patients experience challenges in finding a local provider who accepts their health insurance. It was also noted that Crusader Community Health helps to bridge this gap within the community, though some community stakeholders felt that they do not have enough existing resources to fully address the community need.

## Health Outcomes, Behaviors, and Risk Factors

### *Community Need Index*

The Community Need Index (CNI) in the hospital community indicates that there are relatively high socio-economic barriers to health care in the cities of Rockford, Rochelle, South Beloit, Oregon, and Belvidere. The CNI accounts for the underlying economic and structural barriers that affect access to health care, related to income, culture/language, education, insurance, and housing. A CNI score of 1 represents less community need, and a score of 5 represents the highest community need.

#### *Boone County Community Need Index, 2015*

| Zip Code | CNI Score | Population | City           | County | State    |
|----------|-----------|------------|----------------|--------|----------|
| 61008    | 3.4       | 34000      | Belvidere      | Boone  | Illinois |
| 61011    | 1.6       | 3532       | Caledonia      | Boone  | Illinois |
| 61012    | 3         | 2525       | Capron         | Boone  | Illinois |
| 61038    | 2         | 1422       | Garden Prairie | Boone  | Illinois |
| 61065    | 2.4       | 10600      | Poplar Grove   | Boone  | Illinois |

#### *Winnebago County Community Need Index, 2015*

| Zip Code | CNI Score | Population | City           | County    | State    |
|----------|-----------|------------|----------------|-----------|----------|
| 61016    | 2         | 5301       | Cherry Valley  | Winnebago | Illinois |
| 61024    | 2.4       | 3146       | Durand         | Winnebago | Illinois |
| 61063    | 1.6       | 4586       | Pecatonica     | Winnebago | Illinois |
| 61072    | 1.8       | 10715      | Rockton        | Winnebago | Illinois |
| 61073    | 1.8       | 17745      | Roscoe         | Winnebago | Illinois |
| 61080    | 3         | 9591       | South Beloit   | Winnebago | Illinois |
| 61088    | 1.4       | 6938       | Winnebago      | Winnebago | Illinois |
| 61101    | 5         | 24103      | Rockford       | Winnebago | Illinois |
| 61102    | 4.8       | 20174      | Rockford       | Winnebago | Illinois |
| 61103    | 4         | 23954      | Rockford       | Winnebago | Illinois |
| 61104    | 5         | 19720      | Rockford       | Winnebago | Illinois |
| 61107    | 3         | 32865      | Rockford       | Winnebago | Illinois |
| 61108    | 3.6       | 28462      | Rockford       | Winnebago | Illinois |
| 61109    | 4.2       | 26816      | Rockford       | Winnebago | Illinois |
| 61111    | 2.8       | 24801      | Loves Park     | Winnebago | Illinois |
| 61112    | 3         | 257        | Rockford       | Winnebago | Illinois |
| 61114    | 3.2       | 17128      | Rockford       | Winnebago | Illinois |
| 61115    | 2.4       | 23524      | Machesney Park | Winnebago | Illinois |

www.dignityhealth.org

## Health Outcomes, Behaviors, and Risk Factors

### *Mortality Indicators*

#### *Percent of Deaths by Cause in 2010 and 2012*

|  | 2010     |       |           | 2012     |       |           |
|--|----------|-------|-----------|----------|-------|-----------|
|  | Illinois | Boone | Winnebago | Illinois | Boone | Winnebago |
| Heart Disease                                | 25%      | 27%   | 28%       | 24%      | 21%   | 24%       |
| Cancer                                       | 25%      | 25%   | 26%       | 24%      | 25%   | 25%       |
| Chronic Lower Respiratory Disease            | 5%       | 6%    | 6%        | 5%       | 7%    | 6%        |
| Cerebrovascular Disease (Stroke)             | 5%       | 6%    | 7%        | 5%       | 4%    | 6%        |
| Accidents                                    | 4%       | 4%    | 5%        | 4%       | 6%    | 7%        |
| Alzheimer's Disease                          | 3%       | 3%    | 4%        | 3%       | 3%    | 3%        |
| Diabetes                                     | 3%       | 3%    | 3%        | 3%       | 0%    | 2%        |
| Kidney Diseases (Nephritis, Nephrosis, etc.) | 3%       | 2%    | 2%        | 2%       | 0%    | 3%        |
| Flu and Pneumonia                            | 2%       | 2%    | 2%        | 2%       | 0%    | 2%        |
| Septicemia                                   | 2%       | 2%    | 1%        | 2%       | 0%    | 1%        |
| Suicide                                      | 1%       | 1%    | 1%        | 1%       | 0%    | 1%        |
| Liver Disease and Cirrhosis                  | 1%       | 1%    | 1%        | 1%       | 0%    | 1%        |
| Other  | 20%      | 17%   | 13%       | 24%      | 34%   | 19%       |

wonder.cdc.gov

The leading causes of death in the hospital community include heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, accidents, and Alzheimer's disease. The causes of death in Boone and Winnebago Counties do not differ significantly from Illinois state averages.

## Health Outcomes, Behaviors, and Risk Factors

### Cancer

Cancer in the state of Illinois and in the hospital community is a large concern, both from a mortality perspective and from a community concern perspective. Community stakeholders mentioned lung cancer in particular as being a large concern in the community. This is likely related to the community's high smoking rates.

#### Mammography Screening (2012)

|                            | Percent    |
|----------------------------|------------|
| Healthy People 2020 Target | 81%        |
| United States              | 72%        |
| Illinois                   | 66%        |
| Cook County                | 62%        |
| <b>Boone County</b>        | <b>64%</b> |
| <b>Winnebago County</b>    | <b>66%</b> |

www.dartmouthatlas.org

Mammography screening in Boone County is slightly lower than Illinois state average, while Winnebago County screening is exactly equal to Illinois state average.

#### Cancer Incidence (2009-2013)

|                       | Illinois                         | Boone                            | Winnebago                        |
|-----------------------|----------------------------------|----------------------------------|----------------------------------|
|                       | Rate Per 100,000<br>Male, Female | Rate Per 100,000<br>Male, Female | Rate Per 100,000<br>Male, Female |
| Prostate              | 128.8, 0                         | 139.0, 0                         | 105.2, 0                         |
| Invasive Breast       | 1.3, 128.5                       | 0, 174.0                         | 1.2, 117.4                       |
| Lung and Bronchus     | 81.0, 58.5                       | 104.0, 78.0                      | 86.5, 65.0                       |
| Colorectal            | 53.4, 38.9                       | 59.0, 54.0                       | 46.3, 38.8                       |
| Bladder               | 38.2, 9.5                        | 42.0, 11.0                       | 38.9, 9.5                        |
| Corpus and Uterus     | 0, 28.9                          | 0, 44.0                          | 0, 29.2                          |
| Non-Hodgkins Lymphoma | 23.5, 16.2                       | 25.0, 30.0                       | 26.7, 16.3                       |
| Kidney                | 23.2, 16.2                       | 16.0, 10.0                       | 24.9, 12.5                       |
| Skin Melanoma         | 22.6, 15.0                       | 38.0, 25.0                       | 30.1, 20.6                       |
| Leukemia              | 17.1, 10.5                       | 24.0, 19.0                       | 20.8, 12.7                       |
| Oral/Pharyngeal       | 18.0, 6.5                        | 20.0, 9.0                        | 16.5, 5.9                        |
| Pancreas              | 15.0, 11.6                       | 20.0, 13.0                       | 15.1, 12.9                       |
| Ovary                 | 0, 11.9                          | 0, 19.0                          | 0, 11.8                          |
| Multiple Myeloma      | 7.6, 5.1                         | 14.0, 12.0                       | 7.5, 5.3                         |

www.idph.state.il.us

## Health Outcomes, Behaviors, and Risk Factors

The most prevalent cancers in the hospital service area based on data from 2005-2009 include prostate, breast, lung/bronchial, colorectal, and uterine cancers. Incidence for cancers in the service area is similar to the Illinois state averages, with the exception of some notable examples, including:

- Boone and Winnebago Counties Lung and Bronchus Cancer rates in females (78.0 and 65.0 per 100,000 respectively, compared to 58.5 per 100,000 statewide)
- Boone County Bladder Cancer rates in males (42.0 per 100,000 compared to 38.2 per 100,000 statewide)
- Boone County Skin Melanoma Cancer rates in females (25.0 per 100,000 compared to 15.0 statewide)
- Boone County Leukemia rates in males (24.0 per 100,000 compared to 17.1 statewide)
- Boone County Ovarian Cancer rates (19.0 per 100,000 compared to 11.9 statewide)

Healthy People 2020 objectives related to cancer include decreasing cancer mortality rates, including invasive colorectal and prostate cancers. Other key cancer objectives relate to increasing screening and cancer awareness through primary health care providers.

### *Obesity*

A majority of community stakeholders specified that lifestyle patterns related to obesity, inactivity, and poor nutrition are strongly affecting the rates of chronic disease conditions in the community.

#### *Adult Obesity (2014)*

|                            | Percent    |
|----------------------------|------------|
| Healthy People 2020 Target | 31%        |
| United States              | 29%        |
| Illinois                   | 29%        |
| Cook County                | 25%        |
| <b>Boone County</b>        | <b>31%</b> |
| <b>Winnebago County</b>    | <b>29%</b> |

[www.cdc.gov/chronicdisease](http://www.cdc.gov/chronicdisease)

A close majority of participants in interviews expressed concern at the community's high rates of overweight and obese people. The percent of overweight adults in Boone and Winnebago Counties is slightly higher than state of Illinois average.

# Health Outcomes, Behaviors, and Risk Factors

## Physical Inactivity (2014)

|                         | Percent    |
|-------------------------|------------|
| United States           | 20%        |
| Illinois                | 23%        |
| Cook County             | 21%        |
| <b>Boone County</b>     | <b>25%</b> |
| <b>Winnebago County</b> | <b>27%</b> |

[www.cdc.gov/chronicdisease](http://www.cdc.gov/chronicdisease)

Many interviewees expressed that residents in the hospital community lack physical activity. Though there is not a significant disparity between the hospital community and Illinois state average percent of adults who engage in little or no leisure time physical activity, community concern over this issue is robust. As noted above in the chart, the rates of physical inactivity in Boone, and Winnebago Counties are close to the national and state average. These rates are indicative of the nationwide problem of obesity, overweight adults and children, and low levels of physical activity.

Poor nutrition and a lack of nutritious food available in the hospital community represent an area of great concern in the community based on key informant interviews. It is difficult for people in poverty and low-income populations to afford and find healthy foods. One key informant mentioned that the area is a “food desert” and that it is difficult to obtain food locally. High fast food availability within the area compounds the problem. Suggested solutions to this issue made by community stakeholders include creating more community gardens, improving grocery store options in low-income neighborhoods, providing nutritional education, increasing school programming and nutritional quality, increasing the number of community recreational activities available, creating better sidewalks and walking paths in Rockford, and developing employer incentives for healthy lifestyles. The YMCA was noted as a potential viable partner in addressing these issues.

## Diabetes (2014)

|                         | Percent    |
|-------------------------|------------|
| United States           | 9%         |
| Illinois                | 9%         |
| Cook County             | 9%         |
| <b>Boone County</b>     | <b>9%</b>  |
| <b>Winnebago County</b> | <b>11%</b> |

[www.cdc.gov](http://www.cdc.gov)

As shown in the chart above, diabetes rates in the hospital community are slightly higher in Ogle and Winnebago Counties than Illinois state average.

## Health Outcomes, Behaviors, and Risk Factors

### *Hypertension in Adults Over Age 18 (2014)*

|               | Percent |
|---------------|---------|
| United States | 29.0%   |
| Illinois      | 30.1%   |

www.cdc.gov

Hypertension and heart disease are prevalent in the state of Illinois. Hypertension prevalence in the 35 and over population of Illinois is 30.1%, similar to the national rate of 29.0%. In 2010, heart disease was the leading cause of death in the state of Illinois and in Boone and Winnebago Counties.

In the household survey conducted by RHC in 2014, the top two leading diseases or conditions across all age groups included hypertension (23.0%) and high cholesterol (18.4%).

Healthy People 2020 objectives are very robust in this category in particular. Specifically, the organization is promoting reducing obesity and diabetes rates, increasing the availability and access to healthy foods such as fresh fruits and vegetables, and increasing physical activity levels within the United States.

### *Births and Sexually Transmitted Infections*

Premature births and low birthweight were mentioned twice in key informant interviews. Many providers in the community work to provide prenatal care to vulnerable and low-income populations and to ensure maternal and child health. A current, new model involving Human Services at Rockford is emerging as a new way to reach at-risk women of child-bearing age. It involves the collaboration of La Vox Latina, Easter Seals/March of Dimes, Rockford School District, and Rockford Health District.

### *Teen Birth Rate (2014)*

|                         | Rate per 1,000 |
|-------------------------|----------------|
| United States           | 24.00          |
| Illinois                | 35.00          |
| Cook County             | 42.00          |
| <b>Boone County</b>     | <b>30.00</b>   |
| <b>Winnebago County</b> | <b>46.00</b>   |

www.cdc.gov/nchs

The teen birth rate within Winnebago County in particular is significantly higher than Illinois state average.

## Health Outcomes, Behaviors, and Risk Factors

### *Low Birthweight, Percent of Babies Born Weighing Less Than 2,500 Grams (2014)*

|                         | Percent   |
|-------------------------|-----------|
| United States           | 8%        |
| Illinois                | 8%        |
| Cook County             | 9%        |
| <b>Boone County</b>     | <b>7%</b> |
| <b>Winnebago County</b> | <b>9%</b> |

[www.cdc.gov/nchs](http://www.cdc.gov/nchs)

### *Premature Birth Rate, Percent of Babies Born at Less Than 37 Weeks Gestation (2010)*

|                            | Rate per 1,000       |
|----------------------------|----------------------|
| Healthy People 2020 Target | 11.4%                |
| Illinois                   | 10.1%                |
| Cook County                | Over 12.2%           |
| <b>Boone County</b>        | <b>11.0% – 12.2%</b> |
| <b>Winnebago County</b>    | <b>Over 12.2%</b>    |

[www.marchforbabies.org](http://www.marchforbabies.org)

The highest percent of premature babies born in the hospital community is in Winnebago County, followed by Boone County.

### *Sexually Transmitted Infections – Chlamydia (2014)*

|                         | Chlamydia Rate<br>per 100,000 |
|-------------------------|-------------------------------|
| United States           | 456.00                        |
| Illinois                | 526.00                        |
| Cook County             | 725.00                        |
| <b>Boone County</b>     | <b>328.00</b>                 |
| <b>Winnebago County</b> | <b>592.00</b>                 |

[www.cdc.gov/nchhstp](http://www.cdc.gov/nchhstp)

The rate of Chlamydia within Winnebago County is also significantly higher than the state of Illinois or national average.

## Health Outcomes, Behaviors, and Risk Factors

### *Smoking and Alcohol Abuse*

Smoking represents an area of great concern within the community. Community stakeholders frequently cited smoking in particular when asked why chronic diseases in the hospital community are so high.

#### *Smoking (2014)*

|                            | Percent    |
|----------------------------|------------|
| Healthy People 2020 Target | 12%        |
| United States              | 17%        |
| Illinois                   | 18%        |
| Cook County                | 18%        |
| <b>Boone County</b>        | <b>16%</b> |
| <b>Winnebago County</b>    | <b>21%</b> |

[www.cdc.gov/brfss](http://www.cdc.gov/brfss)

Smoking rates in Winnebago County is both higher than Illinois state average, while Boone County exhibits significantly lower smoking rates.

#### *Excessive Drinking (2014)*

|                         | Percent    |
|-------------------------|------------|
| United States           | 16%        |
| Illinois                | 20%        |
| Cook County             | 21%        |
| <b>Boone County</b>     | <b>17%</b> |
| <b>Winnebago County</b> | <b>18%</b> |

[www.cdc.gov/brfss](http://www.cdc.gov/brfss)

Excessive drinking rates do not differ significantly in the hospital community relative to Illinois state average and did not represent an area of large concern in key informant interviews.

## Community Health Resource Review

There are many different providers and medical resources available within the hospital community, even though they may not be sufficient to meet community needs or be numerous enough to meet industry benchmarks.

Five different facilities exist within the community to address inpatient care needs, all of which offer care discounts or charity care to uninsured and needy patients.

There are 73 primary care outpatient facilities for adults located within the hospital community, all of which offer medical care regardless of ability to pay, charity care assistance to those in financial need, or discounts to uninsured patients. Of these, 41 facilities offer primary care services, while the remaining 32 offer outpatient specialty services.

Within the hospital community, there are 13 children's outpatient care primary care facilities and one children's outpatient surgery facility. All of these offer care regardless of ability to pay, discounted care for uninsured patients, or charity care assistance to those in need.

Mental health services available within the hospital community include seven facilities, all of which offer discounts or charitable support to uninsured and low-income populations.

## Prioritized Health Needs

Health needs were considered and prioritized by the SAH/SAMC internal CHNA project team, and the following order of priority of needs in the community was determined:

1. Cancer
2. Obesity
3. Smoking
4. Poverty and Unemployment
5. Economic and Logistical Access to Care
6. Vulnerable Populations: Hispanic/Latino Population
5. Heart Care
6. Women and Children

## Appendix: Community Health Resources

The following resources were identified within the hospital community to address inpatient care needs:

| Facility Name                                 | City      | Type of Services        |
|---|-----------|-------------------------|
| OSF-St. Anthony Medical Center                | Rockford  | Full-Service Hospital   |
| Rockford Memorial Hospital (RMH)              | Rockford  | Full-Service Hospital   |
| SwedishAmerican Hospital                      | Rockford  | Full-Service Hospital   |
| SwedishAmerican Medical Center/Belvidere      | Belvidere | Full-Service Hospital   |
| Van Matre HealthSouth Rehabilitation Hospital | Rockford  | Rehabilitation Hospital |

The following resources were identified within the hospital community to address outpatient care needs for adults:

| Facility Name  | City           | Type of Services                   |
|--|----------------|------------------------------------|
| Crusader Community Health                                | Rockford       | Primary Care                       |
| Crusader Community Health                                | Belvidere      | Primary Care                       |
| Crusader Community Health - Woodward Campus              | Rockford       | Primary Care                       |
| OSF - Center for Health - Belvidere                      | Belvidere      | Specialty, including screenings    |
| OSF - Center for Health - Rock Cut                       | Loves Park     | Primary Care                       |
| OSF - Cherry Valley                                      | Cherry Valley  | Primary Care                       |
| OSF - Fertility Care Center - Rockford                   | Cherry Valley  | Fertility Care                     |
| OSF - Guilford Square                                    | Rockford       | Primary Care                       |
| OSF - Illinois Neurological Institute                    | Rockford       | Neurology                          |
| OSF - Joslin Diabetes Center Affiliate at OSF HealthCare | Rockford       | Diabetes                           |
| OSF - PromptCare and primary care - Rock Cut             | Loves Park     | Primary Care                       |
| OSF - Promptcare (UrgentCare) Southridge                 | Rockford       | Primary Care                       |
| OSF - Rockford Cardiovascular Associates                 |                | Cardiology                         |
| OSF - Roxbury Family Medicine                            | Rockford       | Primary Care                       |
| OSF - Saint Anthony - Ambulatory Care Center             | Rockford       | Ambulatory Care Center             |
| OSF - Specialty Clinic Guilford Square                   | Rockford       | Home Health, Hospice, Elderly Care |
| OSF - Springcreek  | Rockford       | Primary Care                       |
| OSF - Surgical Group - Rockford                          | Rockford       | Surgery                            |
| OSF - Wal-Mart Clinic (Northridge Drive)                 | Rockford       | Primary Care                       |
| OSF - Wal-Mart Clinic (Walton Street)                    | Rockford       | Primary Care                       |
| OSFMG - Cosmetic and Reconstructive Plastic Surgery      | Rockford       | Cosmetic                           |
| OSFMG - Endocrinology and Diabetes                       | Rockford       | Endocrinology                      |
| OSFMG - OB/GYN Garrett Lane                              | Rockford       | Obstetrics/Gynecology              |
| OSFMG - Orthopedics                                      | Pontiac        | Orthopedics                        |
| OSFMG - Pulmonology                                      | Rockford       | Pulmonology                        |
| RMH Physicians - Winnebago                               | Winnebago      | Primary Care                       |
| RMH - The Women's Center at Rockford Health System       | Rockford       | Women's Services and Primary Care  |
| RMH - Visiting Nurses                                    | Rockford       | Women's Services and Surgery       |
| RMH Physicians - Belvidere                               | Belvidere      | Primary Care                       |
| RMH Physicians - Mulford                                 | Rockford       | Primary Care                       |
| RMH Physicians - Perryville                              | Rockford       | Primary Care                       |
| RMH Physicians - Rockton                                 | Rockford       | Primary Care                       |
| RMH Physicians - Roscoe                                  | Roscoe         | Primary Care                       |
| RMH-Physicians - Byron                                   | Byron          | Primary Care                       |
| Rockford Ambulatory Surgery Center                       | Rockford       | Outpatient Surgery                 |
| Rockford Rescue Mission Hope Clinic                      | Rockford       | Primary Care                       |
| SAH - BetterLife Wellness Center                         | Rockford       | Wellness Center                    |
| SAH - Brookside Immediate & Occupational Care            | Rockford       | Primary Care                       |
| SAH - Brookside Specialty Center                         | Rockford       | Specialty, Including Audiology     |
| SAH - Cardiothoracic Surgery                             | Rockford       | Cardiothoracic                     |
| SAH - Center For Women                                   | Rockford       | Women's Services and Primary Care  |
| SAH - Davis Junction Clinic                              | Davis Junction | Primary Care                       |
| SAH - Heart Hospital                                     | Rockford       | Cardiac                            |
| SAH - Maternal-Fetal Medicine                            | Rockford       | Maternal/Fetal                     |

|  |            |                                   |
|--|------------|-----------------------------------|
| SAH - MG Five Points                                   | Rockford   | Primary Care                      |
| SAH - Midwest Heart Specialists                        | Rockford   | Cardiology                        |
| SAH - Neuro & Headache Center                          | Rockford   | Neurology                         |
| SAH - Northern Illinois Vein Clinic                    | Rockford   | Vascular                          |
| SAH - Regional Cancer Center/ACT                       | Rockford   | Oncology                          |
| SAH - Rochelle Clinic                                  | Rochelle   | Primary Care                      |
| SAH - Rockford Vascular Surgery                        | Rockford   | Vascular                          |
| SAH - Roscoe Immediate Care                            | Roscoe     | Primary Care                      |
| SAH - State Street-OB/GYN                              | Rockford   | Women's Services                  |
| SAH - UW Health Surgery                                | Rockford   | Surgical Care                     |
| SAH - Wound Care and Hyperbaric Clinic                 | Rockford   | Wound Clinic                      |
| SAMG - Belvidere                                       | Belvidere  | Primary Care                      |
| SAMG - Byron   | Byron      | Primary Care                      |
| SAMG - Midtown   | Rockford   | Primary Care                      |
| SAMG - Ob/Gyn  | Rockford   | Women's Services and Primary Care |
| SAMG - Orthopedics                                     | Rockford   | Orthopedics                       |
| SAMG - Pulmonology                                     | Rockford   | Pulmonology                       |
| SAMG - Rock Valley Women's Health Center               | Rockford   | Women's Services and Primary Care |
| SAMG - Roscoe  | Roscoe     | Primary Care                      |
| SAMG - Valley  | Rockford   | Primary Care                      |
| SAMG - Woodside  | Rockford   | Primary Care                      |
| Shelter Care Ministries                                | Rockford   | Primary Care                      |
| SwedishAmerican Orthopedic & Sports Therapy Center     | Loves Park | Orthopedics                       |
| SwedishAmerican Regional Cancer Center                 | Rockford   | Oncology                          |
| UIC - L.P. Johnson Clinic                              | Rockford   | Primary Care                      |
| UIC - Rockford Primary Care Clinic                     | Rockton    | Primary Care                      |
| UIC - The F.W. Shappert University Primary Care Clinic | Belvidere  | Primary Care                      |
| UIC - University Outreach Services at Rochelle         | Rochelle   | Women's Services and Primary Care |
| UIC - Women and Children's Center                      | Rockford   | Women's Services and Primary Care |

The following resources were identified within the hospital community to address outpatient care needs for children:

| Facility Name  | City       | Type of Services    |
|--|------------|---------------------|
| Crusader Community Health                            | Rockford   | Primary Care        |
| Crusader Community Health - Loves Park               | Loves Park | Primary Care        |
| Crusader Community Health - Woodward Campus          | Rockford   | Primary Care        |
| OSF - Children's Hospital of Illinois - Rockford     | Rockford   | Children's Services |
| OSF - Rock Cut Pediatrics                            | Loves Park | Primary Care        |
| OSF - Wal-Mart (Children 18 months and older)        | Rockford   | Primary Care        |
| OSF - Wal-Mart Walton (Children 18 months and older) | Rockford   | Primary Care        |
| Rockford Ambulatory Surgery Center                   | Rockford   | Outpatient Surgery  |
| Ronald McDonald Care Van-travels to 5 counties       |            | Primary Care        |
| SAH - Brookside Immediate & Occupational Care        | Rockford   | Primary Care        |
| SAH - Rock Valley Pediatrics                         | Rockford   | Pediatrics          |
| SAH - Roscoe Immediate Care                          | Roscoe     | Primary Care        |
| SAMG - Five Points                                   | Rockford   | Primary Care        |
| UIC - Rockford Primary Care Clinic, Belvidere Site   | Belvidere  | Primary Care        |
| UIC - University Outreach at Rochelle                | Rochelle   | Primary Care        |
| UIC - Women and Children's Health Center             | Rockford   | Primary Care        |

The following resources were identified within the hospital community to address mental health needs:

| <b>Facility Name</b>  | <b>City</b> | <b>Type of Services</b>                          |
|---|-------------|--|
| <b>Rockford Memorial Behavioral Health</b>                    | Rockford    | Inpatient Mental Health Treatment                |
| <b>Rosecrance Belvidere Clinic</b>                            | Belvidere   | Outpatient adult mental health & substance abuse |
| <b>Rosecrance Berry Campus</b>                                | Rockford    | Child and teen mental health treatment           |
| <b>Rosecrance Griffin Williamson Campus</b>                   | Rockford    | Inpatient Drug Abuse Treatment                   |
| <b>Rosecrance Mulberry Center</b>                             | Rockford    | Crisis Stabilization                             |
| <b>Rosecrance Ware Center</b>                                 | Rockford    | Outpatient Mental Health Treatment               |
| <b>SwedishAmerican Behavioral Health Resources</b>            | Rockford    | Outpatient Mental Health Treatment               |
| <b>SwedishAmerican Center for Mental Health (main campus)</b> | Rockford    | Inpatient and Outpatient Mental Health Treatment |
| <b>University Psychiatric Services (UIC affiliate)</b>        | Rockford    | Outpatient Mental Health Treatment               |