



# Community Health Needs Assessment



# Rochelle Community Hospital

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## PROCESS

### Purpose

Rochelle Community Hospital is dedicated to strengthening health by excelling in care. In the past, Rochelle Community Hospital has employed many different methods to assess the health needs of the communities it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require Rochelle Community Hospital to conduct a local Community Health Needs Assessment, following specific guidelines, every three years and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

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Assessing community health needs through a review of available health data and discussion with area health care partners, community leaders and representatives of the many groups served by the hospital give Rochelle Community Hospital and its health care partners the opportunity to identify and address the area's most pressing health care needs.

### Scope of Assessment

Rochelle Community Hospital elected to conduct a Community Health Needs Assessment in 2012. The Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 51 member hospitals, is an independent network governed by a nine-member board of directors with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Rochelle Community Hospital is a member of the Illinois Critical Access Hospital Network.

The Community Health Needs Assessment will serve as a guide for planning and implementation of health care initiatives that will allow the hospital and its partners to best serve the emerging health needs of the Rochelle area.



## Methodology and Gap Analysis

The Community Health Needs Assessment was conducted through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney and former educator and community development specialist, met with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

External group participants included the director of the Ogle County Health Department, a variety of individuals from local and state governmental agencies, and leaders from community-based organizations, foundations, and associations. These participants are experts in a range of areas including public health, minority populations, and disparities in health care, social determinants of health, health and social services. The group's input helped to ensure that Rochelle Community Hospital identified and responded to the most pressing community health care needs.

Possible avenues for gathering primary data were reviewed and it was determined to proceed with three focus groups, comprised of area health care professionals and partners, community officials, and community leaders and groups. Following the focus group meetings, it was determined that a gap remained in information from Rochelle area schools. A key contact interview was conducted with Rochelle High School Superintendent Richard J. Craven.

Potential information gaps exist in the service area because of the absence of population concentrations in Rochelle and the Rochelle Community Hospital primary service area that could represent target groups of concern in other locations, except the population of persons of Hispanic origin. This assessment has explored the insular needs of the identified group by specifically seeking input from persons with knowledge of the specific health concerns. Input was also sought from members of the service area charged professionally with advancing the health and education of the community, including school officials dealing daily with youth and families.

As with many rural areas, secondary data is often a year or more out-of-date, which highlights the importance of historic trends in that data in the service area.

Secondary data from state and federal sources, which are cited in text, were reviewed by the consultant and compared to the primary data gathered. Identified needs were prioritized through that process and presented to hospital administration for review.



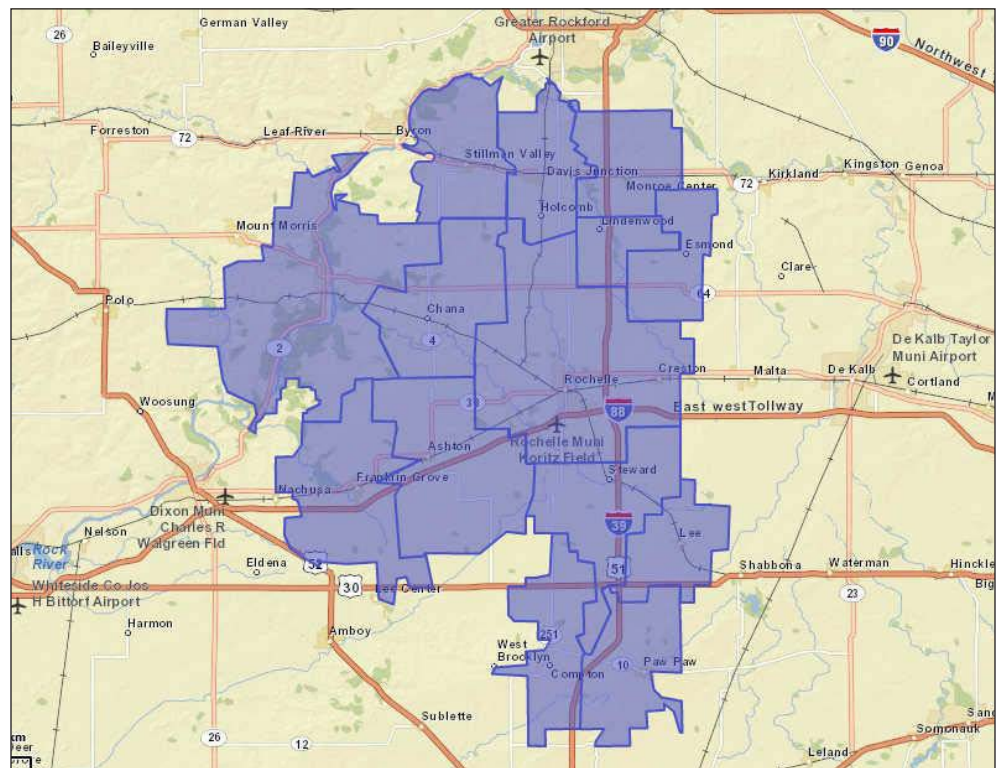
# COMMUNITY

## Geographic Assessment Area Defined

The Rochelle Community Hospital (RCH) service area was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary hospital catchment area, which includes all or portions of the zip code service areas surrounding Rochelle, Esmond, Steward, Ashton, Chana, Davis Junction, Franklin Grove, Lindenwood, Monroe Center, Oregon, Stillman Valley, Paw Paw, Compton, and Lee. This geographic area definition of community is well-suited to Rochelle Community Hospital, a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics, and specialty clinics to residents of a rural area.

The Rochelle Community Hospital service community is located primarily in Ogle County. Major medical centers in Rockford receive patients from the service area.

Illustration 1. Rochelle Community Hospital Service Area



(ESRI, 2012)

*Rochelle Community Hospital is a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics, and specialty clinics to residents of a rural area.*



## Demographic Profile

**Table 1. Population by Race – Rochelle Community Hospital Service Area**

| RACE and ETHNICITY         | 2011   |         | 2016   |         |
|----------------------------|--------|---------|--------|---------|
|                            | Number | Percent | Number | Percent |
| White                      | 31,634 | 91.1%   | 31,986 | 89.9%   |
| Black                      | 380    | 1.1%    | 451    | 1.3%    |
| American Indian            | 77     | 0.2%    | 79     | 0.2%    |
| Asian                      | 159    | 0.5%    | 165    | 0.5%    |
| Pacific Islander           | 16     | 0.0%    | 15     | 0.0%    |
| Other                      | 1,956  | 5.6%    | 2,304  | 6.5%    |
| Two or More Races          | 518    | 1.5%    | 572    | 1.6%    |
| Hispanic Origin (any race) | 4,340  | 12.5%   | 5,067  | 14.2%   |

(ESRI, 2012)

The race and ethnicity makeup of the Rochelle Community Hospital service area indicates that more than 12% of the population is of Hispanic origin. Other race and ethnicity numbers are typical of rural Illinois. There are no large changes in the profile projected over the next five years.

The broad demographic profile of the Rochelle Community Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following charts and data profile trends in the demographic environment surrounding the Rochelle Community Hospital service area.

**Table 2. Demographic and Household Trends – RCH Service Area**

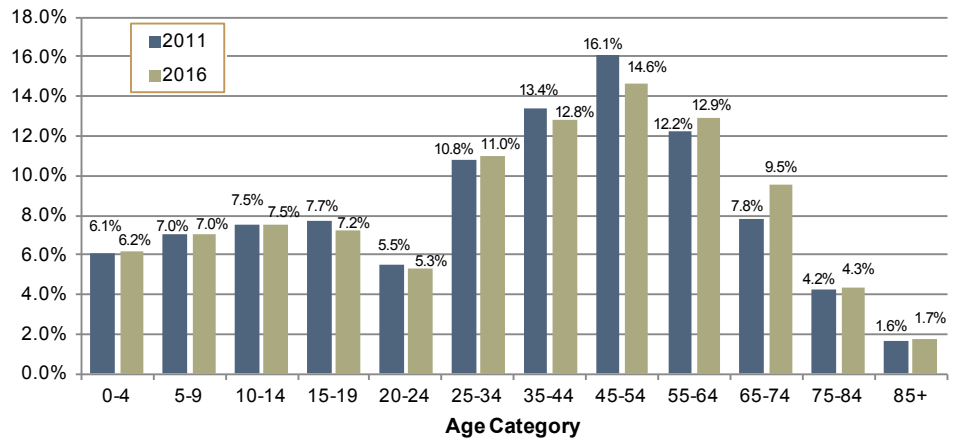
| SUMMARY                       | 2010   | 2011   | 2016   |
|-------------------------------|--------|--------|--------|
| Population                    | 34,726 | 34,740 | 35,572 |
| Households                    | 12,977 | 12,988 | 13,378 |
| Families                      | 9,387  | 9,391  | 9,587  |
| Average Household Size        | 2.66   | 2.66   | 2.64   |
| Owner Occupied Housing Units  | 9,929  | 9,851  | 10,240 |
| Renter Occupied Housing Units | 3,048  | 3,137  | 3,138  |
| Median Age                    | 39.0   | 39.2   | 39.6   |
| TRENDS: 2011-2016 Annual Rate | AREA   | STATE  | U.S.   |
| Population                    | 0.47%  | 0.00%  | 0.67%  |
| Households                    | 0.59%  | 0.00%  | 0.71%  |
| Families                      | 0.41%  | 0.00%  | 0.57%  |
| Owner Households              | 0.78%  | 0.00%  | 0.91%  |
| Median Household Income       | 2.07%  | 0.00%  | 2.75%  |

(ESRI, 2012)

The overall population of the service area is trending toward a modest increase with expected increases in most related demographic categories. The median age is projected to continue to increase over the next five years to 39.6 years of age. The generally positive projected growth in most categories will, nonetheless, be short of national trends.



**Table 3. Population by Age – Rochelle Community Hospital Service Area**



(ESRI, 2012)

The Rochelle Community Hospital service area is projected to gain population distribution in all groupings over age 55 and experience small increases in the 0-4 and 25-34 age groups. This pattern is typical of rural Illinois.

### Economic Profile

**Table 4. Household Income Profile – RCH Service Area**

| HOUSEHOLDS BY INCOME     | 2011     |         | 2016     |         |
|--------------------------|----------|---------|----------|---------|
|                          | Number   | Percent | Number   | Percent |
| <\$15K                   | 1,322    | 10.2%   | 1,236    | 9.2%    |
| \$15K-\$24K              | 1,160    | 8.9%    | 844      | 6.3%    |
| \$25K-\$34K              | 1,167    | 9.0%    | 883      | 6.6%    |
| \$35K-\$49K              | 1,961    | 15.1%   | 1,779    | 13.2%   |
| \$50K-\$74K              | 2,807    | 21.5%   | 3,354    | 25.1%   |
| \$75K-\$99K              | 2,124    | 16.4%   | 2,577    | 19.3%   |
| \$100K-\$149K            | 1,846    | 14.2%   | 2,002    | 15.0%   |
| \$150K-\$199K            | 397      | 3.1%    | 494      | 3.7%    |
| \$200K+                  | 204      | 1.6%    | 209      | 1.6%    |
| Median Household Income  | \$55,707 |         | \$61,727 |         |
| Average Household Income | \$67,361 |         | \$73,207 |         |
| Per Capita Income        | \$25,269 |         | \$27,618 |         |

(ESRI, 2012)

Median household income for 2011 was \$55,707 in the Rochelle Community Hospital service area, compared to \$54,442 for all U.S. households. The median household income in Illinois was \$50,761 for 2011. Median household income is projected to be \$61,727 in five years. Median household income is the amount where one-half of the households in an identified area have a higher income and one-half of the households have a lower income. (ESRI, 2012)





Median home value in the area is \$161,984, compared to a median home value of \$157,913 for the U.S. In five years, median value is projected to increase to \$197,111. (ESRI, 2012)

According to the Illinois Department of Employment Security, Local Employment Dynamics Data, 966 new jobs were created in Ogle County during the first quarter of 2011. The average over Q1/2011 and the prior three quarters was 840 new jobs. That is the most recent data reported for the county. The average net job flow (jobs created minus jobs lost) for the same period was -76. (IDES, May 2012)

Ogle County’s annual average unemployment rate for 2011 was 12.1% compared to 9.8% for Illinois and 8.9% for the U.S. In April 2012, the monthly rate was 10% compared to 8.6% in Illinois and 7.7% for the U.S. (IDES, May 2012)

**Table 5. Collected Sales Tax Trends – RCH Service Area**

|                | <u>Rochelle</u> | <u>Stillman Valley</u> | <u>Paw Paw</u> |
|----------------|-----------------|------------------------|----------------|
| <b>FY 2011</b> | \$1,597,902     | \$68,440               | \$37,558       |
| <b>FY 2010</b> | \$1,498,563     | \$54,771               | \$37,955       |
| <b>FY 2009</b> | \$1,021,802     | \$39,081               | \$44,391       |

The percent of post high school attainment in the service area is lower than that for the U.S. overall in the categories of associate’s degree, bachelor’s degree and graduate or professional degree.

**Table 6. Educational Attainment for Persons Over 25 – RCH Service Area**

|  |
|--|
| In 2011, the educational attainment of the population aged 25 years or older in the area was distributed as follows: |
| 14.7 percent had not earned a high school diploma (14.8% in the U.S.)  |
| 46.3 percent were high school graduates only (29.6% in the U.S.)   |
| 6.4 percent had completed an Associate’s degree (7.7% in the U.S.)   |
| 8.9 percent had a Bachelor’s degree (17.7 % in the U.S.)   |
| 3.6 percent earned a Master’s/Professional/Doctorate degree (10.4% in U.S.)  |

(ESRI, 2012)

Low-income students are pupils ages 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds or eligible to receive free or reduced-price lunches.



The percentage of low-income students is the count of low-income students, divided by the total fall enrollment, multiplied by 100. Ogle County has ten public school districts reflecting the following levels of low income students:

| District                     | Percent of Low Income Students |      |
|------------------------------|--------------------------------|------|
|                              | 2000                           | 2011 |
| Byron CUSD 226               | 6.4                            | 17.8 |
| Creston CCSD 161             | 33.9                           | 41.9 |
| Eswood CCSD 269              | 8.6                            | 28.6 |
| Forrestville Valley CUSD 221 | 10.3                           | 22.7 |
| Kings CSD 144                | 11.9                           | 30.2 |
| Meridian CUSD 223            | 7.1                            | 24.2 |
| Oregon CUSD 220              | 17.9                           | 37.6 |
| Polo CUSD 222                | 16                             | 41.5 |
| Rochelle CCSD 231            | 22.2                           | 55.8 |
| Rochelle THSD 212            | 7.7                            | 27.6 |

The population of low income students in Illinois rose from 36.7% in 2000 to 48.1% low income students in 2011.

The RCH service area is experiencing recovering employment numbers and sales tax revenue overall. Numbers of children eligible for free or reduced lunch are increasing but remain generally low when compared to many rural districts and which, with one exception, are below the statewide trend.

**Table 7. Employment by Industry – RCH Service Area**

| CATEGORY   | EMPLOYED      | % OF WORKING POPULATION |
|--|---------------|-------------------------|
| Manufacturing  | 3,766         | 19.1%                   |
| Health care and social assistance                        | 2,322         | 11.8%                   |
| Retail trade   | 2,192         | 11.1%                   |
| Educational services                                     | 1,552         | 7.9%                    |
| Construction   | 1,529         | 7.7%                    |
| Accommodation and food services                          | 1,290         | 6.5%                    |
| Transportation and warehousing                           | 1,227         | 6.2%                    |
| Other services, except public administration             | 886           | 4.5%                    |
| Administrative and support and waste management services | 726           | 3.7%                    |
| Finance and insurance                                    | 725           | 3.7%                    |
| Wholesale trade  | 695           | 3.5%                    |
| Public administration                                    | 682           | 3.5%                    |
| Agriculture, forestry, fishing and hunting               | 559           | 2.8%                    |
| Professional, scientific and technical services          | 547           | 2.8%                    |
| Information  | 273           | 1.4%                    |
| Arts, entertainment and recreation                       | 273           | 1.4%                    |
| Utilities  | 236           | 1.2%                    |
| Real estate, rental and leasing                          | 236           | 1.2%                    |
| Mining, quarrying, and oil/gas extraction                | 28            | 0.1%                    |
| Management of companies and enterprises                  | 2             | 0.0%                    |
| <b>TOTALS:</b>   | <b>19,746</b> | <b>100.0%</b>           |

(ESRI, 2012)



The area is projected to experience higher incomes and corresponding home value increases over the next five years. The service area is in a better economic position than many rural communities in Illinois today.

The service area enjoys diverse employment opportunities overall. The second largest employment group is health care and social assistance. Rochelle Community Hospital and its supporting services and partners are included in this group. Rochelle Community Hospital plays an important role in the economic health and vitality of the area.

The service area's social and economic picture is influenced by the fact that just over 75% of the land area in Ogle County consists of farms, according to 2007 data from the USDA. Forty-three percent of local farm operators also work off the farm. *(Atlas of Rural and Small Town America, 2011)*

The Rochelle Community Hospital service area is marked by several small communities relying primarily on small businesses and industries, agriculture and service providers for its local employment but also looks to short commutes to nearby larger communities for jobs.

The demographic/economic profile of the Rochelle Community Hospital service area is more positive than many rural Midwest communities. In the near term, the profile is expected to remain substantially similar, while improving slightly in many categories reviewed for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.



# INPUT

## Health Profiles from Existing Studies and other Secondary Data

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside the doctor's office. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

*(County Health Rankings and Roadmaps, 2012)*

Ogle County is ranked 14th out of the 102 Illinois counties in the Rankings released in April 2012. The following observations from the rankings are of interest to the health needs assessments of the Rochelle Community Hospital service area.

**Table 8. Ogle County Health Rankings**

| Observation  | Ogle County | Illinois |
|--|-------------|----------|
| Adults reporting poor or fair health               | 16%         | 16%      |
| Adults reporting no leisure time physical activity | 29%         | 25%      |
| Adult obesity                                      | 28%         | 27%      |
| Children under 18 living in poverty                | 16%         | 19%      |

*(County Health Rankings and Roadmaps, 2012)*

The County Health Rankings also show a motor vehicle crash death rate of 22 deaths per 100,000 population in Ogle County, compared to a rate of 11 deaths per 100,000 population statewide.

The Illinois Behavioral Risk Factor Surveillance System provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services.



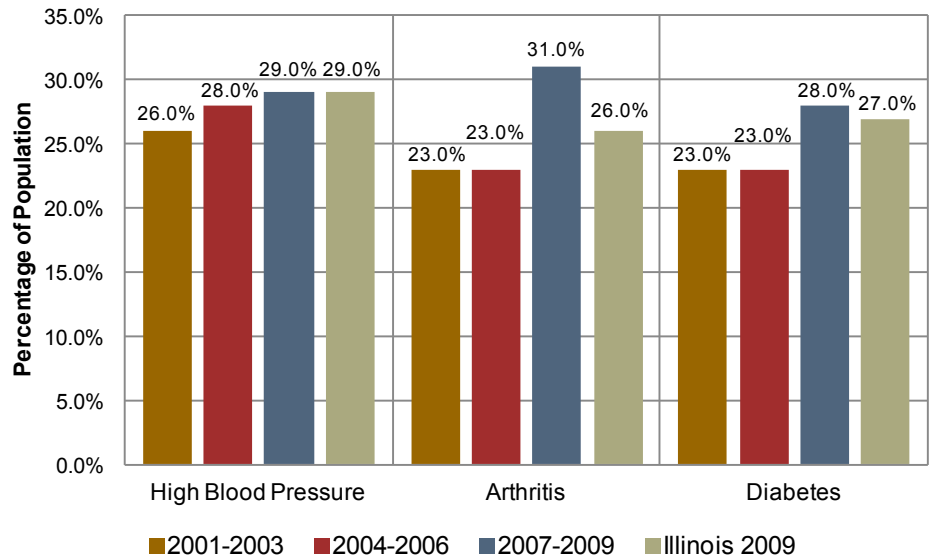
Secondary data reports and other resources were carefully reviewed for this health needs assessment in order to provide points of comparison for the primary facts and anecdotes offered through the primary information collection process.

Those secondary data resources included:

- Kaiser State Health Facts – The Kaiser Family Foundation
- Illinois County Health Rankings – Robert Wood's Foundation
- State Cancer Profiles – The National Cancer Institute
- Community Health Status Indicators – U.S. Department of Health and Human Services
- Illinois Behavioral Risk Factor Surveillance System (IBRFSS), which provides health data trends through the Illinois Department of Public Health, in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services and the Ogle County IPLAN. (Illinois Project for Local Assessment of Needs – Illinois Department of Public Health)
- County Health Rankings

The following table reflects longitudinal information from the IBRFSS that indicate areas of likely health care needs.

**Table 9. Health Risk Factors – Ogle County**

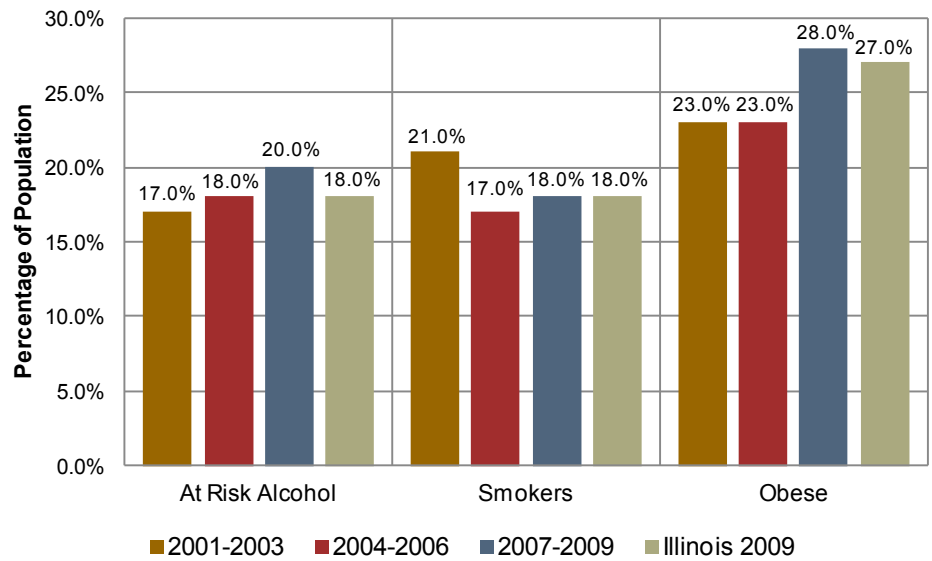


(IBRFSS, 2012)

Since 2003, reports of diagnosis of high blood pressure have risen slowly to match the state level and reports of diagnosis of arthritis and diabetes have risen to exceed state levels. The health risk factors outlined in Table 10 show increases over time that now exceed state trends in the categories of persons at risk for alcohol issues and those diagnosed with obesity. Smoking in Ogle County is equal to the state level.



**Table 10. Health Risk Factors – Ogle County**



(IBRFSS, 2012)

The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent data available for Ogle County, showing the causes of death within the county, is set out below.

**Table 11. Mortality by Cause – Ogle County**

| <u>Disease Type</u>                          | <u>Number of Deaths</u> |
|--|-------------------------|
| Diseases of the heart                        | 93                      |
| Malignant neoplasm                           | 98                      |
| Cerebro-vascular diseases (stroke)           | 32                      |
| Lower respiratory diseases                   | 29                      |
| Accidents                                    | 18                      |
| Alzheimer's disease                          | 23                      |
| Diabetes mellitus                            | 13                      |
| Influenza and pneumonia                      | 10                      |
| Nephritis, nephrotic syndrome, and nephrosis | 13                      |
| Septicemia                                   | 7                       |
| Intentional self harm (suicide)              | 9                       |
| Chronic liver disease, cirrhosis             | 2                       |
| All other causes                             | 95                      |
| <b>TOTAL DEATHS</b>                          | <b>442</b>              |

(Illinois Behavioral Risk Factor Surveillance System, 2011)

The mortality numbers are much as one would expect with diseases of the heart, cancer, stroke, and lower respiratory diseases as leading factors.



The State Cancer Profiles compiled by the National Cancer Institute list Ogle County at Priority Level 8 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and has been falling during the recent past. (*National Cancer Profiles, State Cancer Profiles through 2009*).

A recent study by the University of Illinois College of Medicine determined that the prevalence of Multiple Sclerosis in Ogle County of 91.1 cases per 100,000 population was lower than the national rate of 100 cases per 100,000 population. However, the rates for the RCH service area communities of Compton at 855.9 and Paw Paw at 369.5 were well above the national rate and among the third highest rates within individual Illinois zip codes in the study. (*Multiple Sclerosis Prevalence in Thirteen Northwest Illinois Counties. University of Illinois, College of Medicine, Joel B. Cowen, Principal Investigator 2009*)

### **IPLAN**

The Ogle County Health Department completed a countywide IPLAN (Illinois Project for Local Assessment of Needs) in 2011. The following is taken verbatim from the IPLAN:

As described under the Needs Assessment section, committee members met over a period of four months. Ogle County data was thoroughly reviewed and IPLAN committee members were allowed ample opportunity to evaluate county needs and to share thoughts about areas of greatest concern.

Members distributed information on their own programs as well as shared personal concerns.

The forum was open and comments were recorded for further review. From the brainstorming list, members each selected their own top three items as priority needs. The topics which received the most votes became the priority list for Ogle County.

### **Ogle County Priority List**

1. With the 2009 closing of the Ogle County Health Department Family Planning Program, there are now fewer options within the county for family planning services for women with limited income.
2. There is decreasing availability of mental health services for people with limited financial resources.
3. In times of crisis, individuals and families have difficulty accessing or locating appropriate resources; therefore, potential “fixable” problems become chronic, entrenched or exacerbate into medical, mental or legal institutionalization.

All three of these priority issues can translate into access to care and are issues which have been the primary topic of study and concern at a national level. The Affordable Care Act attempts to address many of these concerns in its rules and regulations for



implementation. Mental health issues are also often an underlying concern for some of the population who end up in difficult financial situations and impact RCH's #1 and #3 priorities as well. Many of the committee members felt that "in the ideal world, we would have an assigned 'caseworker' or a 'mom' who would attach to each person who was trying to access any care system, and would assist that person or family in crisis to navigate the avenues of care and programs helping them to find and also utilize the most effective service." (*Ogle County Health Department, IPLAN 2011*)

### Synthesized Secondary Data

The demographics for Rochelle Community Hospital's service area reflect overall favorable income when compared to other rural areas and throughout all of Illinois.

Ogle County reports a higher percent of population diagnosed with arthritis and reporting diabetes and obesity than state averages and a rising percent of residents who have been diagnosed with high blood pressure. Diseases of the heart and cancer are the two leading causes of death by a wide margin. Although cancer, in all forms is a leading cause of death, the cancer rate has been reported to be falling over recent years. Death from motor vehicle crashes is reported as being two times the statewide rate.

### Summary

The secondary data and previous planning conclusions draw attention to several common issues or rural demographics and economies of the day and draw emphasis to health issues related to the elderly, mental health, education, and risky behavior with regard to alcohol, obesity, and related issues.





## Primary Source Information

### Focus Group #1 – Community Officials and Employers

A focus group comprised of community officials and employers met on March 20, 2012. The small group included the Ogle County states attorney, the Ogle County assessor, the acting CEO of Rochelle Community Hospital, and a Rochelle community leader.

The group first discussed positive developments in the Rochelle Community Hospital service area in the recent past. They identified the following changes:

- Feeling of community and familiarity at the hospital
- Addition/expansion at the hospital, added services
- Clinic at Walmart (hospital-owned)
- Better collaboration among law enforcement and hospital
- Access to services locally – expanded
- Hospital as employer (3rd or 4th or 5th)
- Hospital's positive impact on economic development
- Orthopedic practice (Midwest Orthopedic)
- Bringing 64-slice CT and permanent MRI
- Vision of management and staff in identifying and finding solutions
- Chemo infusion

The group then discussed a wide variety of health needs and health care concerns in several general categories, including:

- Domestic violence
- Education/marketing/PR of available local services
- Specialists in rheumatology, pulmonology, ENT, gynecology, and pediatrics
- Mental health services
  - treatment at/for jail – contract general practice physician
  - access to out-of-facility care
- Drugs
  - prescriptions and their abuse
  - family theft
  - adult doctor shopping/surfing
  - pharm parties
  - alcohol
  - synthetics
  - heroin
- Multiple Sclerosis seems to be more common than it should be
- Dialysis – outpatient (Kishwaukee is closest)



## Focus Group #2 – Community Leaders and Groups

A focus group comprised of community leaders and representatives of community groups met on March 21, 2012. The group included representatives of a financial institution, local media, a senior center and a day care provider.

The second focus group session opened with the identification of several positive events that took place within the Rochelle Community Hospital service area during the past five years. The following developments were cited:

- Urgent Care (at the Travel Plaza) and Fast Care (Walmart)
- Local access to services has improved, including tests and procedures
- Improvements in ER, including staff, efficiency, attitudes, and a more child-friendly experience
- Community health education from the hospital
- Sense of community and care at the hospital
- Food service at the hospital serves the community
- Quality and professionalism of staff
- Lee/Ogle Transportation System (LOTS) bus
- Physical therapy and cardiac rehab improvements
- Case management for transition out of hospital
- Wellness programs

The group then discussed a wide variety of health needs and health care concerns in several general categories, including:

- Specialists needed for ENT and pediatrics
- Access for underinsured/uninsured and high deductibles
- Access to prescriptions
- Access to doctors/doctors without privileges
- Access to fast care – not always open when supposed to be; alignment with insurance plans
- No OB doctor
- No gynecologist
- Home health care and VNA is needed
- Marketing and public relations for hospital
- MS – seems like a lot of diagnosed cases
- Asthma/allergy in kids – both 3 and under and 10-year-olds were cited
- Upper respiratory – year-round
- Obesity
- Smoking among older teens
- Synthetic drugs



### Focus Group #3 –Health Care Professionals/Partners

A focus group comprised of community leaders and elected officials met on March 22, 2012. The group included an O.D., M.D., pharmacist, the director of the county health department, the Rochelle fire chief, administrators of a rehab center and a care center, and the manager of emergency services at Rochelle Community Hospital.

The third focus group session opened with the identification of several positive events that took place within the Rochelle Community Hospital service area during the past five years. The following developments were cited:

- Better relationship with Rockford cardiology
- Urgent care clinic (Walmart)
- Inpatient hospice at Serenity Hospice and Home in Oregon
- Better trained RNs are graduating
- Contract with University of Illinois-Chicago for emergency room doctors
- Equipment updates at hospital, including CT and MRI
- Relationship with Midwest Orthopedics
- Physical therapy at RCH
- Stroke care with Central DuPage Hospital
- Telemedicine
- New emergency room, with new heliport
- Access to specialists
- Federally Qualified Health Center (FQHC) in Rock Falls
- Better communication, coordination, and cooperation among agencies
- Palliative care certification for more nurses and doctors
- Lee/Ogle Transportation System (LOTS) bus

The group then discussed a wide variety of health needs and health care concerns in several general categories, including:

- Care for underinsured and uninsured is harder to find
- Dermatologist
- ENT Specialist
- Education for alternative transportation
- Mental Health – more facilities needs; post-hospital placement concerns
- Dialysis
- Ambulance costs/rates
- Late referrals for hospice; post-hospital care planning
- Education about hospice
- Education about charitable care
- More access for Medicaid patients with doctors
- Education on chronic illness prevention, especially in Hispanic community
- Education and assistance needed for finding these services: pulmonology, rheumatology, and pediatrics
- MS
- Cancer
- Kidney disease (seems high in the Byron area)
- Breast health
- COPD



- Pneumonia
- Bronchitis
- Diabetes
- Lung cancer
- Heart disease
- Smoking
- Pregnant women
- Obesity
- Substance abuse
  - alcohol
  - prescription drugs
  - synthetics
  - methamphetamines
  - heroin

### **Key Contact Interview**

Subsequent to the focus group sessions, a key contact interview was arranged with Richard J. Craven, Superintendent of Rochelle Township High School District No. 212. Superintendent Craven identified several areas of outreach by Rochelle Community Hospital as positive developments in the delivery of health care in the recent past. Those areas included education programs, including CPR and AED courses for school staff, aerobics for teachers, and school sports physicals at reduced rates.

He then identified what he felt were health needs for the population he serves, including nutrition education, and substance education and prevention in the community and for adults that match the level in the schools. He pointed out the youth in the community are not generally purchasing their household's groceries. He also identified the need for local specialists for sports injuries and observed that it seems that those cases seem to be referred out of the local area for care and rehabilitation. He also observed that the high school's trainer was not associated with the hospital.

Superintendent Craven reported he believed that substance abuse appeared to be on the decline. He expressed concern, however, over the risk of sleep deprivation among youth and the impact of trends toward year-round sports' involvement, including the costs to youth and their developing bodies from the lack of downtime and the specialized use of limbs and muscles.



## PRIORITIZATION

### Reconciliation of Primary Source Information with Secondary Data

All three focus groups mentioned a high perceived level of Multiple Sclerosis (MS) cases in the service area. A recent study by the University of Illinois College of Medicine determined that the prevalence of MS in Ogle County of 91.1 cases per 100,000 population was lower than the national rate of 100 cases per 100,000 population. However, the rates for the RCH service area communities of Compton at 855.9 and Paw Paw at 369.5 were well above the national rate and among the three highest rates in individual zip codes in the study. *(Multiple Sclerosis (MS) Prevalence in Thirteen Northwest Illinois Counties. University of Illinois, College of Medicine, Joel B. Cowen, Principal Investigator 2009)*

Countywide secondary data for Ogle County for 2007 from the National Cancer Institute suggests cancer levels are stable in the service area, although mortality tables indicate that it is the second most common cause of death. The primary information gathering process resulted in discussion of concerns over kidney and breast cancer.

### Summary of Findings and Recommendations

The facilitated primary information gathering process resulted in the identification of issues and concerns that were prioritized during discussion by participants and repetition among groups by the outside consultant to a list of concerns falling into the overarching categories of delivery of mental health services, prevention of substance abuse, issues falling under wellness education, access to services for all residents, and planning for securing and maintaining local availability of medical specialists. Subsequent review of these issues by the consultant determined that they were consistent with the needs identified from the secondary information collected and observed.

The following community health needs were identified and prioritized based on the primary and secondary information and data collected and the identification and prioritization of concerns through the focus group process, which included participants representing local health care professionals, including the county health department, community leaders, a school superintendent (all of whom are identified in the appendix) and Dr. Diane Alanis, a physician who is recognized for providing care to the local Hispanic community.



### **Wellness education and services for all ages**

This was identified as a need for better availability of information on wellness education and care opportunities for the community in general and also improved information to the community about the services available at Rochelle Community Hospital, its clinics and other health care resources, including services and options for the underinsured and uninsured.

### **Prevention and treatment of substance abuse**

This is an area that requires the cooperation of health care providers and the community to address. This issue is intertwined with a need for improved mental health services post-arrest or post-care.

### **Planning for continued local availability of medical specialists**

While there was general satisfaction expressed with current availability of local and regional physicians and specialists, there was discussion of the need for succession planning for the medical community and identification of specific specialists that are not immediately available, although those specialties are available in nearby Rockford and/or DeKalb.



# RESOURCE INVENTORY

## Rochelle Community Hospital

Rochelle Community Hospital features a multi-specialty center and a fitness center on-site and provides a variety of health and wellness services for Ogle, northern Lee, and western DeKalb counties. In addition to emergency care, services include: diagnostic imaging, home healthcare resources, rehabilitation services, occupational health, inpatient and outpatient surgery, as well as a variety of outpatient services, including assistance with pain management and diabetes self-management.

### Cardiology

Cardiology services are offered at RCH in conjunction with Rockford Cardiovascular Associates Ltd. Cardiology services offered include:

- Initial consultation and ongoing care
- Electrocardiograms (EKGs)
- Echocardiograms
- Stress testing
- Nuclear cardiac testing
- Individualized cardiac rehabilitation program focusing on education, exercise in our fitness center and assessment of nutritional needs

### Hematology/Oncology

### Neurology

### Orthopaedics

### Podiatry

### Urology

### Outpatient Services

#### Cardiac Rehabilitation

The program will help patients learn about their heart, how it works, and what important signs and symptoms should be reported to their doctor.

- Identify specific exercises plus the appropriate intensity, duration, and pace that are best suited for your health
- Discover your own physical capabilities
- Gain confidence in resuming your favorite activities at a safe, progressive rate after a cardiac incident



### **Diabetic Self-Management**

This outpatient program is for individuals with diabetes. The program is a collaborative process involving the individual with diabetes, their physician, and educators with expertise in the areas of diabetes management. This individualized program meets the needs of diabetics with Type 1, Type 2, or gestational diabetes. Educational sessions are designed to help people with diabetes make lifestyle changes to successfully manage their disease.

National Standards for diabetes self-management education provide the structure for the program.

Care teams include:

- Primary care physician
- Nurses
- Dietician
- Pharmacist
- Exercise physiologist

Content education areas include:

- Diabetes disease process
- Nutritional management
- Physical activity
- Medications
- Monitoring
- Prevention of acute complications
- Prevention of chronic complications
- Goal-setting and problem-solving
- Psychosocial adjustment to living with diabetes

### **Diagnostic Imaging**

Electronic images taken by Diagnostic Imaging are interpreted by board certified radiologists from Camelot Radiology Associates, d.b.a. Northern Illinois Radiologists.

### **General Radiography**

Radiation (x-rays) is used to produce black-and-white images of anatomy. The images are captured on computer or videotape. X-rays may be used to detect bone fractures, find foreign objects in the body, and demonstrate the relationship between bone and soft tissue. They are also used to detect ulcers in the stomach or blockages in the colon or when the doctor suspects kidney stones, just to name a few. The most common type exam is a chest x-ray.

### **CT and CTA Scans**

CTA scans are used in place of invasive, time-consuming procedures to visualize blood flow in the body. Types of CTA include a heart scan, which views overall structure of the heart including arteries, valves, and chambers as well as overall heart function. A vascular CTA visualizes large arteries and veins, such as the ones that





feed the lungs and kidneys. Doctors may use CTA to check the health of arteries to the liver, examine the condition of arteries to the lungs, identify unusual structures in major blood vessels or check the condition of arteries through the body.

### **Mammograms**

All mammograms at Rochelle Community Hospital are now digital.

### **MRI – Magnetic Resonance Imaging**

A mobile MRI van comes to Rochelle Community Hospital twice each week.

### **Nuclear Medicine**

Using very small amounts of radioactive material, nuclear medicine can diagnose – and sometimes treat – disease. Nuclear medicine can help detect a wide variety of conditions such as cancer, heart disease, arthritis and infection.

### **Nuclear Cardiac Scan**

A nuclear cardiac scan is a test that uses a radioactive substance, known as a tracer, to produce images of the heart muscle. When combined with a stress test, the nuclear cardiac scan helps determine if areas of the heart are not receiving enough blood. The stress nuclear cardiac scan is especially useful in diagnosing coronary heart disease, the presence of blockages in the coronary arteries (the vessels that supply oxygen-rich blood to the heart muscle).

### **Ultrasound**

Ultrasound is a medical procedure that uses sound waves to “see” inside the body. It is used to study the heart or to help check the health of an unborn baby. Ultrasound is used to help diagnose many medical conditions, such as cancer, gallbladder disease, blood clots, and eye disorders.

### **Bone Density or DEXA (Dual Energy X-ray Absorptiometry)**

This test is performed for diagnosing osteoporosis. X-rays are used to take a picture of the insides of your bones to determine if they have become porous due to osteoporosis. The DEXA test measures your bone mineral density and compares to an established benchmark/normal level.

### **Emergency Room Services**

Staffed by board certified emergency medicine physicians from the University of Illinois at Chicago (UIC), emergency room physicians, and ACLS certified nurses are dedicated to delivering 24/7 healthcare and coverage.



### **HealthWorks Fitness Center**

Staff promotes a healthier lifestyle through exercise and education after an illness or surgery and by training in prevention as well. HealthWorks helps satisfy the health and fitness needs of the community by providing fitness equipment, training, and special individualized exercise prescriptions.

Through an individualized program, an exercise physiologist will work with patients to meet personal needs and goals through education and exercise.

HealthWorks fitness equipment consists of:

- Elliptical stepper with heart rate monitor
- Recumbent bikes with heart rate monitor
- Treadmills
- NuSteps
- Concept rowing machines
- Hoist multi-fitness center

### **Wellness Services**

Wellness services are available to help patients learn more about healthier living. Services offered include health-related classes and computerized assessments on a variety of topics to help clients make positive lifestyle changes.

Also offered through Wellness Services are assessments and testing in the areas of:

- Body fat analysis
- Fitness
- Flexibility (strength and aerobic)
- Girth measurements
- Nutrition

### **Infusion Room**

The Infusion Room is located on the medical/surgical floor and provides outpatient care to include, but not limited to, the following therapies:

Chemotherapy administration, blood and blood product transfusions, electrolyte replacement (hydration), SQ/IM injections, procrit and neupogen injections, tysabri infusions, iron therapy, solu-medrol, antibiotic therapy, thrombolytic therapy, rhoGAM therapy, rabies vaccine series, IV immunoglobulin, prolactin (alpha-1-protein inhibitor) therapy, vancomycin dosing per inpatient pharmacy, phlebotomy from venous access devices, maintenance/management of central venous access devices, dressing changes of wound, central lines, PICCs and midlines, Port-A-Cath access (for patients with long-term needs), therapeutic phlebotomy and other services as indicated, such as diabetes or blood pressure.

Oncologists from OSF Saint Anthony Health Center for Cancer Care and Swedish American Regional Cancer Center see patients weekly at Rochelle Community Hospital's Multi-Specialty Center.



## Laboratory

The RCH Laboratory provides routine and STAT testing for basic laboratory procedures for all age groups of patients. A daily courier service to OSF St. Francis Hospital in Peoria and Swedish American Hospital in Rockford makes referred lab testing, and pathology specimen testing possible.

## Occupational Health

The clinic is staffed daily by a nurse practitioner who provides physicals, care of work-related injuries, and some convenient care for the traveling population. The nurse practitioners are overseen by a physician. The clinic strives to perform occupational health services with no waiting time to get employees back to work quickly.

The occupational health program at Rochelle Community Hospital was begun in 1993 as a way to provide healthcare services to local employers in a cost-efficient manner, utilizing the services already in place at RCH.

The program has provided occupational health services to over 160 area employers, including those located in Rochelle, Ashton, Creston, Lee, Amboy, Sublette, and DeKalb. There is also a random drug and alcohol testing program for area trucking companies, along with farmers and township supervisors to help them meet the requirements of the Department of Transportation at a low cost. There is a program to provide care and follow-up of work-related injuries at cost discounts to the employers.

RCH opened a clinic that provides nothing but occupational health services at the Rochelle Travel Plaza. This location was chosen based on the fact that over two million people visit the travel plaza annually. Many visitors are commercial truck drivers who fall under Department of Transportation requirements to have random drug and alcohol testing as well as physicals every two years.

Services include:

Pre-employment physicals, urine drug screens, audiology testing, pulmonary function tests, care and follow-up of work-related injuries, functional capacity testing of back, shoulders and knees, on-site wellness services such as blood pressure screening, cholesterol and glucose screening, flu shots, Hepatitis B shots, job site analysis and fingerprinting for the Transportation Safety Administration

On-site educational classes include:

CPR, First Aid, blood borne pathogen training, workplace violence preparedness, and supervisor training for alcohol and drug awareness

## Orthopedics

Services include initial consultation, physical therapy, surgical procedures including carpal tunnel, arthroscopy, total joint replacement, spinal surgery, and follow-up care.



### **Pain Management**

Treatment of patients with chronic pain or pain as a result of injury or illness is provided by Medical Pain Management Services of Rockford in the same-day surgery unit. All physicians are board certified in anesthesiology and pain management. Patients are seen in the same day surgery unit for both consultation and treatment.

### **Rehabilitation Services**

Licensed physical therapists offer a wide range of services to create a customized rehabilitation program.

### **Orthopedic Rehab**

Relieves pain and restores strength and function for patients recovering from orthopedic surgery as well as patients suffering from arthritis, back pain, carpal tunnel, cervical strain, fibromyalgia, fractures and torn ligaments, including work-related injuries

### **Physical Therapy**

A physical therapist works with you to help you recover – physical therapy can include exercises with weights, theraband, treadmill, stationary bicycle or recumbent stepper to build strength.

### **Whirlpool Therapy**

Offered to patients with wounds or acute injuries

### **Therapeutic Treatments**

Include heat/ice, electrical stimulation, therapeutic massage, and ultrasound to relax muscles and manage pain

### **Speech Therapy**

A speech therapist helps patients improve oral motor skills required for speech and swallowing

### **Vestibular Rehab**

A successful alternative treatment for patients with chronic, non-resolved motion intolerance and imbalance problems (frequent falling)

### **Respiratory Therapy**

Staff includes six full-time and two part-time respiratory therapists

Services offered include:

Pulmonary function tests, holter monitors, stress tests, EEGs, education on respiratory disease within the outpatient setting and the community



## Surgery

Rochelle Community Hospital offers both outpatient and inpatient surgical services.

### Advanced Surgery Department

- Two state-of-the-art surgery suites
- Seven-bed, same-day surgery unit

### Inpatient/Outpatient, Same-Day and Emergency Surgeries

- Ophthalmology (cataract surgery, eyelid lift and more)
- Orthopaedics (arthroscopies, hip and knee surgery, including joint replacement, ACL repair, rotator cuff repair)
- Steroid injections for pain management
- Gynecology (hysterectomies, tubal ligations, D&Cs)
- Urology (cystoscopies, vasectomies, bladder surgery)
- Podiatry (bunionectomy, hammer toe repair and more)
- General surgery
- Tonsillectomy
- Scopes (bronchial, colon, stomach)

## Area Health Services Review

### Clinics

#### **Family HealthCare Center – Ashton**

Staffed by a pediatrician/family practitioner, and physician/nurse practitioners

#### **Family HealthCare Center – Rochelle**

Staffed by family practitioners and an internal medicine specialist

#### **FastCare (inside Walmart) – Rochelle**

Treatments include: athlete's foot, bronchitis, cold sores, conjunctivitis, cold and flu symptoms, ear ache/infections, insect bites/stings, laryngitis, minor burns, minor skin infections/rashes, minor sunburn, physicals, poison ivy/oak, seasonal allergies, sinus infections, sore throat, styes, suture removal, upper respiratory infections and urinary tract infections. Lab services offered include: pregnancy test, rapid influenza, rapid strep, urinalysis and monostat. Other services include free blood pressure checks and immunizations.

#### **On-the-Go Healthcare Clinic (at Petro) – Rochelle**

On-the-Go Care offers: diagnosis and treatment of minor illnesses and injuries, drug and alcohol screenings, DOT and bus driver physicals, random drug testing, industrial audiology services, flu shots and fingerprinting for the Transportation Safety Administration

#### **Rochelle Medical Group Urgent Care**

For diagnosis and treatment of minor acute health problems



### **Domestic Violence Agency**

H.O.P.E. of Ogle County – Rochelle

### **Extended Nursing Home Facilities**

Bethany Healthcare and Rehab Center – DeKalb  
Pine Acres Care Center (with Alzheimer's Unit) – DeKalb  
Oak Crest – DeKalb  
Claremont of Lee County Rehab Living Center – Dixon  
Dixon Healthcare Center (with Alzheimer's Unit) – Dixon  
Heritage Square – Dixon  
Franklin Grove Living and Rehabilitation Center – Franklin Grove  
The Meadows of Franklin Grove – Franklin Grove  
Pine Crest Community (with Alzheimer's Unit) – Mt. Morris  
Oregon Living and Rehabilitation Center – Oregon  
Rochelle Gardens Care Center – Rochelle  
Rochelle Rehab and Health Care Center -- Rochelle  
Transitions Nursing and Rehab – Rock Falls  
Shabbona Healthcare Nursing Home – Shabbona  
Willow Crest – Sandwich  
San Gabriel Assisted Living – Rochelle

### **Home Healthcare Services**

The following agencies provide a comprehensive range of services in the home, including registered and certified nurses, aides for bath assistance, therapies (physical, occupational and speech), social workers and case management.

### **Home Health Care Agencies**

Able Home Health, LLC – Rockford  
Autumn Home Care – Rockford  
Converge Home Health Care – Rockford  
DeKalb County Home Care – DeKalb  
Homebound Healthcare – Rockford  
KSB Hospital Home Care – Dixon  
Lutheran Social Services of Illinois – Sterling  
Maxim Healthcare Services (No Medicare) – Rockford  
Mendota Community Hospital Home Health – Mendota  
Mercy Nursing Services – Sterling  
Midwest Physical Therapy and Rehab – Rochelle  
OSF Saint Anthony Health Care – Rockford  
Swedish American Home Health Care – Rockford  
VNA (Visiting Nurses Association) – Rockford

### **Hospice Care**

Ogle County Hospice – Oregon  
Unity Hospice – Rochelle



### **Mental/Behavioral Health**

Sinnissippi Centers – Rochelle

### **Nephrology**

Rockford Nephrology – Rockford

### **OP Dialysis Center**

DaVita – Sycamore

### **Pharmacies**

Walgreens Pharmacy – Rochelle

WalMart Pharmacy – Rochelle

Rochelle Pharamcy – Rochelle

### **Pulmonology**

Rockford Pulmonology – Rockford

### **Substance Abuse**

Rosecrance – Rockford

### **Transportation System**

Lee-Ogle Transportation System – Lee/Ogle County



## REMARKS

The Rochelle Community Hospital Community Health Needs Assessment was conducted in the Spring of 2012. The process followed interim IRS guidelines allowing for a more confident focus of effort and resources.

ICAHN is grateful to Rochelle Community Hospital staff for their participation in the development of this project, which will benefit many of their ICAHN partners in the years to come.

ICAHN and Rochelle Community Hospital are grateful to the health care professionals, community leaders, and citizens who offered their thoughtful input for the assessment.

This report was submitted to the administration of Rochelle Community Hospital in June 2012, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.





# APPENDIX

## Focus Group and Interview Participants

**Ben Roe**  
Ogle County State's Attorney

**Robert Elliott**  
Ogle County Assessor

**Ray Schwartz**  
Rochelle Community Leader

**John Shank, Publisher**  
Rochelle News-Leader

**Gary Petersen, General Manager**  
WRHL Radio

**Scott Tilton, President**  
First National Bank

**Jessica Hughes, Director**  
Rochelle Child Care Center

**Brian Johnson, Chief**  
Rochelle Fire Department

**Diane Alanis, M.D.**  
Rochelle Medical Group

**Dorine O'Brien, Director**  
Ogle County Health Department

**David Lenzo, Administrator**  
Rochelle Gardens Care Center

**Debbie Futrell, Administrator**  
Rochelle Rehab and Health Care Center

**Jennifer Montgomery, Manager**  
Emergency Services  
Rochelle Community Hospital

**Carrie Dietzen**  
San Gabriel Assisted Living

**Emily Dickow, R. Ph.**  
Walgreen's Pharmacy

**Ruth Carter, Director**  
H.O.P.E. of Ogle County

**Jennifer Beckman**  
Ogle County Director  
United Way of Rock River Valley

**Richard J. Craven, Superintendent**  
Rochelle High School



## COLLABORATORS

The Rochelle Community Hospital community health needs assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 51 member hospitals, is an independent network governed by a nine-member board of directors with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Rochelle Community Hospital is a member of the Illinois Critical Access Hospital Network.

Terry Madsen, M.A., J.D., a former community development specialist and University of Illinois Extension educator, was the lead collaborator for this project. Mr. Madsen is a member of the City Council and Commissioner for Public Health and Safety for the City of Princeton, Illinois, which owns a critical access hospital. He has participated in specialized training in community needs assessment, community organization, diversity, ethics, community and youth development and project evaluation.

Through ICAHN, Mr. Madsen has direct access to data services and specialized production equipment as well as educational, management and marketing support from in-house staff and consultants.

Curt Zimmerman, ICAHN Director of Business Services and Development, and Stephanie Cartwright, ICAHN Communications and Media Specialist, provides technical support, design/layout direction, proofreading and editorial support for the community health needs assessments' projects provided through ICAHN and Mr. Madsen.



## NOTES:

## **Community Health Needs Assessment | 2012**

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