

Rochelle Community Hospital Rochelle, Illinois

Community Health Needs Assessment, Secondary Data and Focus Group Findings

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NATIONAL
RURAL HEALTH
RESOURCE CENTER

525 S. Lake Avenue, Suite 320 | Duluth, Minnesota 55802

218-727-9390 | info@ruralcenter.org

Get to know us better: www.ruralcenter.org



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INTRODUCTION

Rochelle Community Hospital is a 25-bed critical access hospital located in Rochelle, Illinois. Rochelle Community Hospital (Rochelle) participated in Community Health Needs Assessment services administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the summer of 2015, The Center conferred with leaders from Rochelle to discuss the objectives of a regional community health assessment. A mailed survey instrument was developed to assess the health care needs and preferences in the service area. The survey instrument was designed to be easily completed by respondents. Responses were electronically scanned to maximize accuracy. The survey was designed to assemble information from local residents regarding:

- Demographics of respondents
- Utilization and perception of local health services
- Perception of community health

The survey was based on a design that has been used extensively in the states of Minnesota, Montana, Wyoming, Washington, Alaska, and Idaho.

Sampling

Rochelle provided The Center with a list of inpatient hospital admissions. Zip codes with the greatest number of admissions were stratified in the initial sample selection. Each area would be represented in the sampling proportionately to both the overall served population and the number of past admissions. Eight hundred residents were selected randomly from PrimeNet Data Source, a marketing organization. Although the survey samples were proportionately selected, actual surveys returned from each population area varied. This may result in slightly less proportional results.

Survey Implementation

In August 2015, the community health needs assessment, a cover letter on Rochelle's letterhead, and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region (7 zip codes). A press release was sent to local newspapers prior to the survey distribution announcing that Rochelle would conduct a Community Health Needs Assessment throughout the region, in cooperation with The Center.

One hundred and forty-four of the mailed surveys were returned, providing a 19% response rate. Based on the sample size, surveyors are 95% confident that the

responses are representative of the service area population, with a margin of error of 5.77%. Note that 42 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

This report includes comparisons to national averages from The Center's Community Health Needs Assessment (CHNA) Database when applicable. Recommendations are included for developing and implementing program plans to address key health issues identified by the community. A copy of the survey instrument is included at the end of the report (Appendix A). This is the second Community Health Needs Assessment survey Rochelle has done. The first survey was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN) in 2012.

In addition to the mailed survey, The Center conducted in-person focus groups to learn more about the community's perception of local health care services. Personal letters and phone calls were sent to community members and key stakeholders inviting them to share their opinions about local health care services. A copy of the focus group interview questions and invitation is included at the end of the report (Appendix B).

Report Findings May be Used For:

- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community's engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development

Community Education about Local Health Care:

Community support of the local health care system is vital if the system is to remain viable. Informed citizens are more likely to use and support the local health care system if they have an understanding of the impact it has on the local economy and quality of life.

SURVEY DEMOGRAPHICS



The following lists indicate the demographic characteristics of survey respondents. Percentages may not total 100% as some respondents did not answer all questions. Most respondents are retired Caucasian women, ages 66-75, many of whom have a high school degree or some college and are currently living in Rochelle. N=144

Q32: Place of Residence

- **79% Rochelle (n=114)**
- 7% Creston (n=10)
- 4% Steward (n=6)
- 3% Ashton (n=5)
- 3% Davis Junction (n=4)
- 3% Oregon (n=4)
- 1% Franklin Cove (n=1)

Q33: Gender

- **72% Female (n=103)**
- 27% Male (n=39)

Q34: Age

- 1% 18-25 (n=1)
- 7% 26-35 (n=10)
- 9% 36-45 (n=13)
- 16% 46-55 (n=23)
- 22% 56-65 (n=31)
- **27% 66-75 (n=39)**
- 11% 76-85 (n=16)
- 8% 86+ (n=11)

Q35: Dominant Ethnicity

- **97% Caucasian/White (n=140)**
- 2% Hispanic (n=3)
- 1% Other (n=1)

Q36: Employment Status

- **47% Retired (n=68)**
- 31% Work full-time (n=45)
- 6% Work part-time (n=9)
- 4% Collect disability (n=6)
- 4% No Answer (n=6)
- 3% Unemployed, but looking (n=5)
- 2% Other (n=3)
- 1% Not seeking employment (n=2)

Q37: Education Level

- **33% High school degree (n=47)**
- 29% Some college (n=42)
- 19% College degree (n=28)
- 10% Graduate degree (n=14)
- 6% No Answer (n=9)
- 1% Post graduate degree (n=2)
- 1% GED (n=2)

HEALTH INSURANCE & PRESCRIPTIONS

Thirty-eight percent (n=55) of respondents use an employee sponsored insurance plan to cover the majority of household medical expenses, closely followed by Medicare at 35% (n=50). Forty-two percent of all respondents say they know about the programs to help pay for health care expenses, but they do not qualify, while 21% say they don't know about these programs. **N=144**

Q29: Type of Majority Health Insurance

- **38% Employer sponsored (n=55)**
- **35% Medicare (n=50)**
- 13% No Answer (n=19)
- 2% None (n=3)
- 2% State/Other (n=3)
- 2% Medicaid (n=3)
- 2% VA/Military (n=3)
- 2% Self paid (n=3)
- 1% Healthy Kids (n=2)
- 1% Other (n=2)
- 1% Health Savings Account (n=1)

Q30: Reason Respondents Do Not Have Health Insurance (Select all that apply). An additional five respondents answered this question who previously indicated in Q29 that they did not have health insurance. Please note that respondents could select all that apply, so percentages do not total 100%. N=8

- **75% respondents say they "Cannot afford to pay it" (n=6)**
- 25% respondents say they "Cannot get health insurance due to medical issues" or responded "Other" (n=2)
- 13% replied "Employer does not offer insurance" (n=1)

Q31: Awareness of Programs to Help Pay for Health care Expenses

- **42% Yes, but I do not qualify (n=60)**
- **21% No (n=30)**
- 14% No Answer (n=20)
- 12% Yes, and I use them (n=17)
- 12% Not sure (n=17)

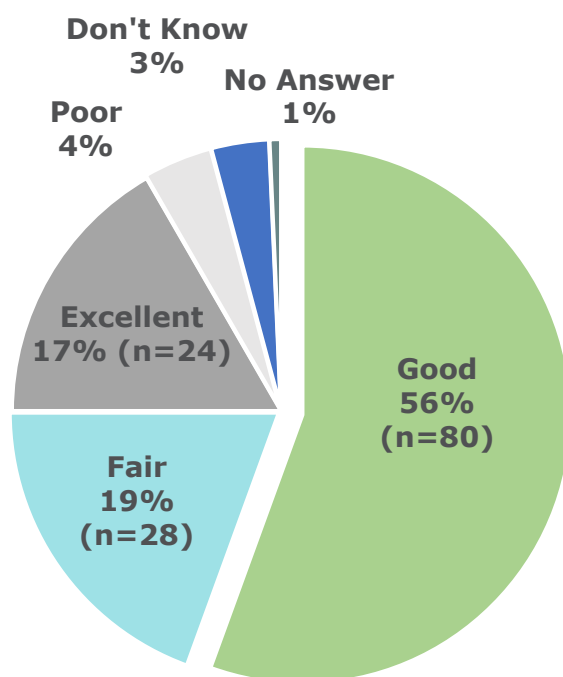
Q28: Has cost prohibited you from getting a prescription or taking your medication regularly? 17% (n=25/144) say **"YES"**. This is higher than the national average of 13%, according to The Center's CHNA Database.

SURVEY FINDINGS

The Center has been administering Community Health Needs Assessments (CHNA) in rural communities across America for over 25 years, which enables historical and comparative analysis if applicable. Comparative analysis from the CHNA Database is included when questions, field selections and methodology are standardized. In the following tables and graphs, the question asked on the mailed survey is emboldened and the question number from the mailed survey is appropriately labeled as “Q5”.

Knowledge of Rochelle Community Hospital’s Health Services

Q5: How do you rate your knowledge of health services that are available at Rochelle Community Hospital? Community support of the local health care system is vital if the system is to remain viable. Informed citizens are more likely to use and support the local health care system if they have an understanding of the impact it has on the local economy and quality of life. **(N=144)**

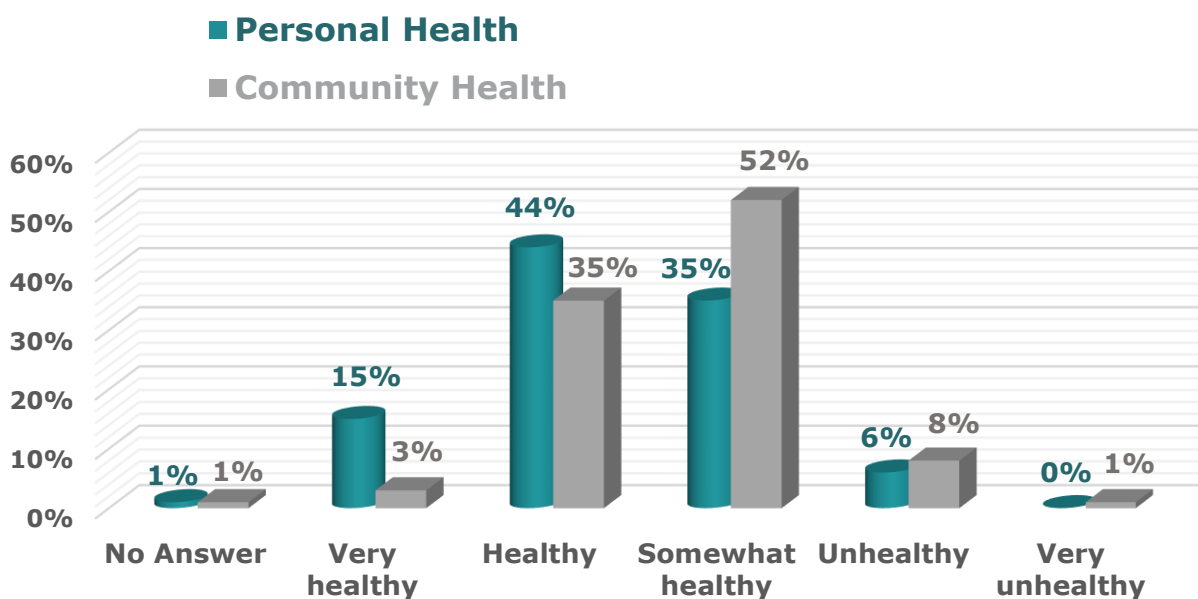


Perception of Personal Health

Q4: Overall, how would you rate your personal health? Forty-four percent (n= 63) of respondents perceive themselves to be “Healthy”, which is 4% higher than the national average of 40%. **(N=144)**

Perception of Community Health

Q1: How would you rate the general health of our community? The majority of respondents, fifty-two percent (n=75) of respondents rated the community as “Somewhat Healthy”. Based on The Center’s CHNA Database, 41% of respondents nationwide rate their community as “Healthy” and 41% as “Somewhat Healthy”.



Perception of Personal Health (N=144)					
No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
n=1	n=22	n=63	n=50	n=8	n=0
Perception of Community Health (N=144)					
No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
n=2	n=5	n=50	n=75	n=11	n=1

Community Health Concerns

Q2: In the following list, what do you think are the three most serious health concerns in our community? Cancer, Obesity, Alcohol/substance abuse, Heart disease and Diabetes are the top five health concerns nationwide. This correlates with Rochelle's top five community health concerns as well. "Lack of exercise" and "Mental health issues" are 7 and 9% higher respectively in Rochelle when compared to national averages. Respondents were asked to select three that apply, so totals do not equal 100%. **(N=144)**

Health Concerns	n=	Rochelle	Nation
Cancer	67	47%	49%
Obesity	65	45%	33%
Alcohol/substance abuse	59	41%	56%
Heart disease	46	32%	27%
Diabetes	35	24%	25%
Lack of exercise	34	24%	17%
Mental health issues	28	19%	10%
Tobacco use	25	17%	16%
Underage alcohol use	15	10%	16%
Lack of access to health care	14	10%	9%
Domestic violence	12	8%	7%
Lack of dental care	11	8%	6%
Child abuse/neglect	5	3%	7%
Stroke	5	3%	5%
Motor vehicle accidents	5	3%	8%
Other	5	3%	4%
Kidney Disease	3	2%	n/a

"Many chronic conditions can be prevented by not smoking, being physically active and eating nutritious foods."

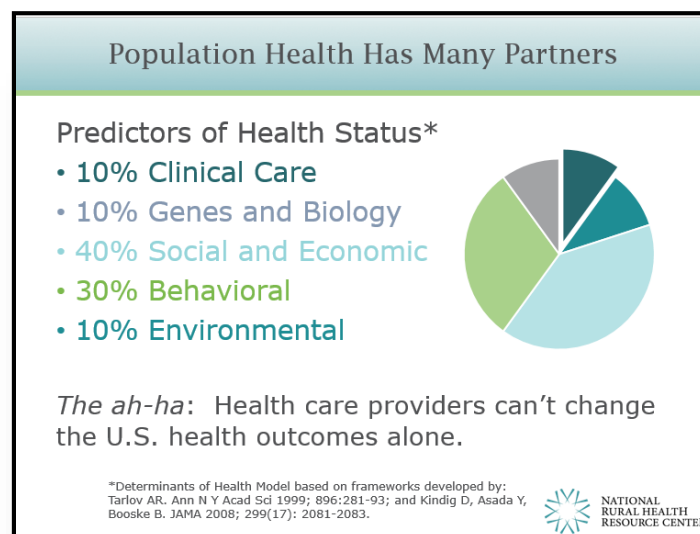
Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. (2010).

Criteria for a Healthy Community

Q3: Select the three items below that you believe are the most important for a healthy community. Respondents identified that “Low crime/safe neighborhoods” is one of the top three criteria for creating a healthy community.

Rochelle’s response for that criteria is more than double national averages. Note the low rating of “Parks and recreation” and “Low death and disease rates”, despite cancer, obesity, heart disease, diabetes and lack of exercise being identified as the top 1, 2, 4, 5 and 6 health concerns from question 2. Respondents were asked to select three that apply, so totals do not equal 100%. **(N=144)**

Criteria for a Healthy Community	n=	Rochelle	Nation
Access to health care and other services	83	58%	62%
Good jobs and healthy economy	66	46%	46%
Low crime/safe neighborhoods	60	42%	20%
Healthy behaviors and lifestyles	43	30%	36%
Strong family life	39	27%	32%
Good schools	37	26%	23%
Religious or spiritual values	32	22%	25%
Clean environment	21	15%	17%
Affordable housing	17	12%	18%
Parks and recreation	10	7%	5%
Low death and disease rates	9	6%	5%
Low level of domestic violence	9	6%	3%
Community involvement	7	5%	9%
Arts and cultural events	4	3%	2%
Tolerance for diversity	3	2%	n/a
Other	2	1%	2%



Ideas to Improve our Community's Access to Health Care

Q8: In your opinion, what would improve our community's access to health care? "More specialists" and "More primary care providers" are the most frequently cited responses for Rochelle which is consistent with other community health needs assessments conducted by The Center. Respondents are also requesting expanded hours for outpatient services. There appears to be an elevated request for "Transportation assistance" in Rochelle compared to the nation. Respondents were asked to select all that apply so percentages do not total 100%. **(N=133)**

Method to Improve Access	n=	Rochelle	Nation
More specialists	69	52%	40%
More primary care providers	51	38%	43%
Outpatient services expanded hours	44	33%	25%
Greater health education services	36	27%	21%
Transportation assistance	36	27%	16%
Improved quality of care	28	21%	27%
Home health care	28	21%	n/a
Telemedicine	8	6%	8%
Interpreter services	7	5%	2%
Other	7	5%	10%



Access to health care plays a vital role in the health of individuals in the community

Community Health Resources Used

Q7: Which community health resources, other than the hospital or clinic, have you used in the last three years? The majority of respondents have been using the pharmacy, dentist, eye doctor and chiropractor. Respondents were asked to select three that apply, so totals do not equal 100%. **(N=142)**

Health Resources Used	n=	Rochelle
Pharmacy	119	84%
Dentist	95	67%
Eye doctor	81	57%
Chiropractor	38	27%
Public health	9	6%
Mental health	9	6%
VA	7	5%
Community Health Center	6	4%
Lutheran Social Services	4	3%
Other	3	2%

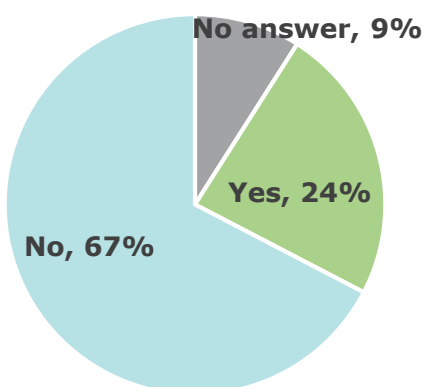
Health Services at Rochelle

Q12: What additional health care services would you use if available at Rochelle Community Hospital? Dermatology services are the most requested specialists, nationwide, according to The Center's CHNA Database which is consistent with respondents in the Rochelle Community Hospital service area. Respondents were asked to select all that apply, so totals do not equal 100%. **(N=124)**

Health Services Would Use if Available	n=	Rochelle
Dermatology (skin)	75	60%
Ear, Nose & Throat	57	46%
Gynecology (women)	39	31%
Pulmonology (heart)	25	20%
Spine	25	20%
Urology (men)	18	15%
Other	5	4%

Delayed Health Care Services

Q9: In the past three years, was there a time when you a member of your household thought you needed healthcare services, but did not get or delayed getting medical services? Close to one third (24%, n=34) of local respondents reported delaying healthcare services when needed. Although this is comparable to the national average of 27% reporting delayed care. **(N=144)**



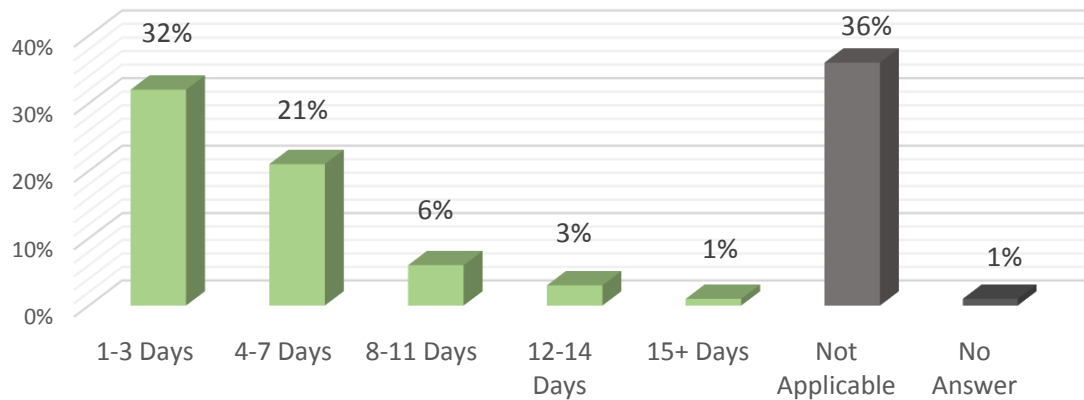
Reason to Delay or Not Receive Health Care Services

Q10: If yes, what were the MOST important reasons why you did not receive health care services? Twenty-seven local respondents answered this question. Note that cost does not appear to be as large of an inhibitor in receiving healthcare services locally as compared to the nation. **(n=27)**

Reason to Delay	n=	Rochelle	Nation
Office wasn't open when I could go	4	15%	15%
My insurance didn't cover it	4	15%	20%
Other	4	15%	16%
It costs too much	3	11%	48%
No insurance	3	11%	26%
Didn't know where to go	2	7%	4%
Don't like providers	2	7%	11%
Could not get an appointment	2	7%	17%
Too long to wait for an appointment	2	7%	24%
It was too far to go	2	7%	6%
Too nervous or afraid	2	7%	8%
Transportation problems	2	7%	5%

Average Length of Time to Schedule Primary Care Provider

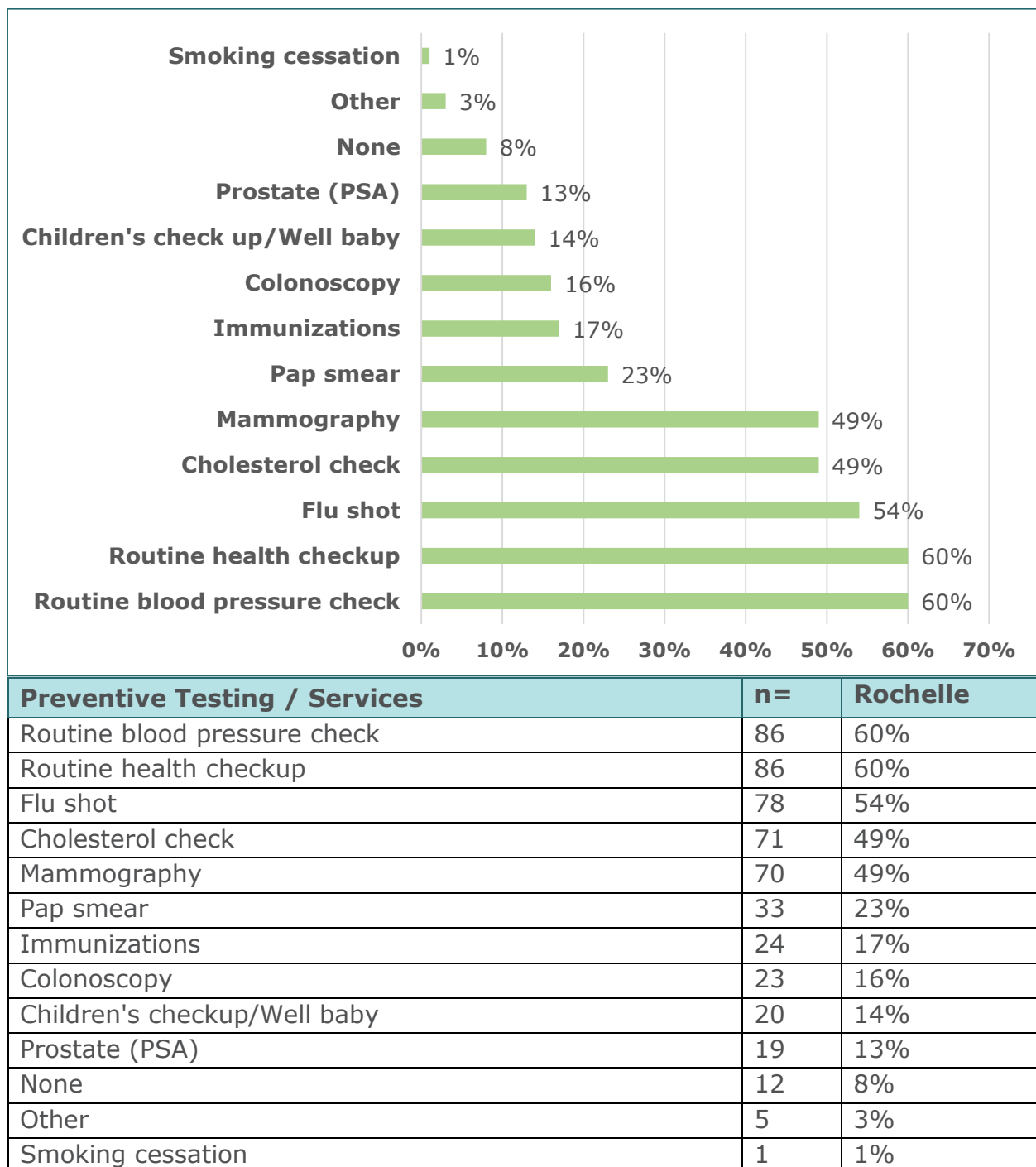
Q6: In your experience, what is the average length of time to schedule an appointment with your primary care provider at Family Healthcare Center or Rochelle Medical Group? "1-3 Days" is the most frequently cited time it takes to schedule an appointment with a local primary care provider (32%, n=46) which is comparable to the national average of "1-3 days" at 37%. **(N=144)**



Time to Schedule Appointment	n=	Rochelle
Not applicable	52	36%
1-3 days	46	32%
4-7 days	30	21%
8-11 days	9	6%
12-14 days	4	3%
15+	2	1%
No Answer	1	1%

Preventative Testing and Services

Q11: Preventative testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year? This is a newer question, so comparison data is not available. Respondents were asked to select three that apply, so totals do not equal 100%. **(N=144)**



HOSPITAL CARE

Q13: In the past three years, has anyone in your household received care in a hospital?

71% said “Yes, in the past three years, I (household) have received care in a hospital” (**n=102/144**)



Household's Most Utilized Hospital

Q14: If yes, which hospital does your household use the MOST for hospital care? Respondents have identified “Rochelle Community Hospital” as the hospital used most frequently by members of their household. (**N=144**)

Hospital	n=	Rochelle
Rochelle Community Hospital	62	43%
No Answer	41	28%
Swedish American Hospital	12	8%
St. Anthony Medical Center	12	8%
Kishwaukee Community Hospital	10	7%
Other	5	3%
KSB Hospital	2	1%

Preferred Facility for Future Hospitalization

Q18: If you or a household member needed to be hospitalized in the future, which facility would you choose? “Rochelle Community Hospital” was the most frequently cited hospital of choice by respondents for future hospitalization, which indicates customer loyalty and a positive reputation. The other hospitals rose in popularity from the current hospital utilization reported in Q14. (**N=144**)

Preferred for Future Hospitalization	n=	Rochelle
Rochelle Community Hospital	65	45%
Swedish American Hospital	24	17%
St. Anthony Medical Center	17	12%
Kishwaukee Community Hospital	16	11%
No Answer	11	8%
Other	7	5%
KSB Hospital	3	2%
Rockford Memorial Hospital	1	1%

Reasons for Selecting the Hospital

Q15: Thinking about the hospital you use most frequently, what were the three most important reasons for selecting that hospital? “Closest to home” is the most frequently identified reason for selecting a hospital. This response is also the top response nationwide, according to The Center’s CHNA Database. Note that Rochelle is 11% higher than the nation on selecting a hospital based on the insurance plan requirements. Respondents were asked to select three that apply, so totals do not equal 100%. **(N=144)**

Reason for Selecting Hospital	n=	Rochelle	Nation
Closest to home	74	64%	59%
Prior experience with hospital	68	59%	44%
Referred by physician	55	48%	39%
Hospital's reputation for quality	48	42%	28%
Emergency, no choice	24	21%	27%
Required by insurance plan	21	18%	7%
Closest to work	8	7%	7%
Recommended by family or friends	8	7%	9%
Other	8	7%	6%
Cost of care	7	6%	3%
VA/Military requirement	0	0	3%



Reason for Seeking Care Outside of Rochelle Community Hospital

Q16: If you routinely seek hospital care outside of Rochelle Community

Hospital, why? "Prior relationship with other health care provider" is the most frequently identified reason for seeking care elsewhere. Respondents were asked to select three that apply, so totals do not equal 100%. **(N=144)**

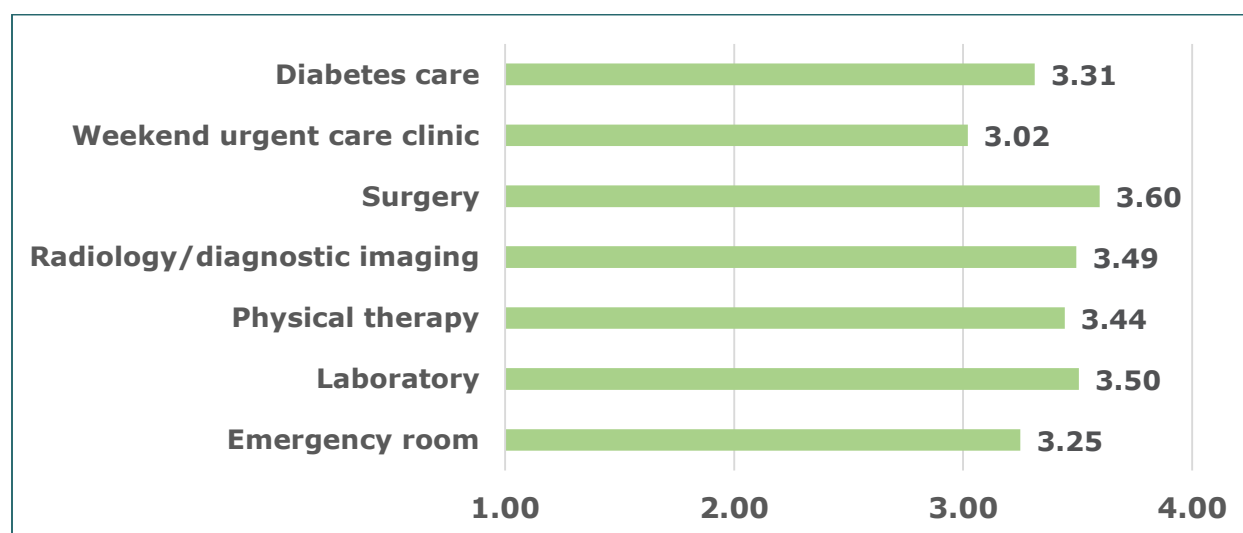
Reason for Seeking Hospital Care Elsewhere	n=	Rochelle
Prior relationship with other health care provider	36	39%
Quality of staff	25	27%
N/A: I/we use local services	19	20%
Quality of equipment	17	18%
Required by insurance plan	16	17%
Other	13	14%
Cost of care	8	9%
Closest to home	5	5%
More privacy	4	4%
Closest to work	1	1%
VA/Military requirement	0	0



Quality of Rochelle Community Hospital Services

Q17: The following services are available at Rochelle Community Hospital. .

Respondents were asked to use a Likert scale of 1-4 where 4= Excellent, 3= Good, 2= Fair, and 1= Poor; "Don't Know" was also an available option. Non-numerical selections were eliminated and the sums of the average weighted scores were calculated. All services listed received an average weighted score of 3.02 or higher. The total average weighted score was 3.39, indicating the overall quality of care as "Good" to "Excellent". The average range of overall quality of services in other rural Community Health Needs Assessments conducted by The Center is 2.93-3.52.



Aspects of Care	Excellent 4	Good 3	Fair 2	Poor 1	Don't Know	No Answer	Average Weighted Score
Diabetes Care	6% (n=8)	3% (n=5)	2% (n=3)	0	n=111	n=17	3.31
Weekend Urgent Care Clinic	14% (n=20)	10% (n=15)	8% (n=11)	3% (n=4)	n=82	n=12	3.02
Surgery	22% (n=31)	9% (n=13)	2% (n=3)	0	n=83	n=14	3.60
Radiology/ Diagnostic	35% (n=51)	24% (n=35)	3% (n=4)	1% (n=1)	n=44	n=9	3.49
Physical Therapy	27% (n=39)	17% (n=24)	4% (n=6)	1% (n=1)	n=64	n=10	3.44
Laboratory	43% (n=62)	28% (n=40)	5% (n=7)	0	n=30	n=5	3.50
Emergency room	33% (n=47)	27% (n=39)	10% (n=15)	2% (n=3)	n=35	n=5	3.25
N=	258	171	49	9	449	72	3.39

PRIMARY CARE

Utilization of Primary Care Provider

Q19: In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services?

90% (n=130/144) of respondents say “**Yes**”, they saw a primary care provider in the past three years which is comparable to the national average of 93%.

Location of the Primary Care Provider

Q20: Where was that primary health care provider located? “Rochelle Medical Group” was the most frequently cited location for primary care services, followed by “Other”. (**N=144**)

Location	n=	Rochelle
Rochelle Medical Group	49	34%
Other	25	17%
No Answer	18	13%
Family Healthcare Clinic	14	10%
Swedish American; Davis Junction	10	7%
Swedish American; Rochelle	9	6%
Kishwaukee; DeKalb	8	6%
Kishwaukee; Rochelle	8	6%
VA	3	2%

Popular “Other” Comments:

- Rockford (x9)
- Swedish American (x3)
- Doctor’s office (x3)
- [listed specific doctor] (x4)
- Oregon, IL (x2)
- KMA Sycamore (x2)
- DeKalb (x2)

Reason for Selecting the Primary Care Provider

Q21: Why did you select that particular primary care provider? The top responses nationwide are “Closest to home” and “Prior experience with the clinic”. The latter being the top selection for Rochelle respondents. Respondents were asked to select all that apply, so totals do not equal 100%. (n=131)

Reason for Selecting Primary Care Provider	n=	Rochelle	Nation
Prior experience with clinic	59	45%	51%
Closest to home	50	38%	57%
Appointment availability	37	28%	31%
Required by insurance plan	26	20%	5%
Clinic's reputation for quality	25	19%	26%
Recommended by family or friends	21	16%	17%
Length of waiting room time	20	15%	11%
Referred by physician or other provider	20	15%	-
Other	16	12%	8%
Cost of care	7	5%	6%
VA/Military requirement	3	2%	3%

Reason to Seek Primary Health Care Outside of Rochelle

Q22: If you routinely seek primary health care outside of Rochelle Community Hospital Physicians, why? Establishing a “Prior relationship with another health care provider” is the most frequently cited reason for utilizing primary care services outside of Rochelle. This is also the most common reason indicated by national responses in The Center’s CHNA Database. Respondents were asked to select all that apply, so totals do not equal 100%. (n=112)

Reason for Care Elsewhere	n=	Rochelle	Nation
Prior relationship with other health care provider	49	44%	29%
Quality of staff	26	23%	22%
N/A: I/we use local services	22	20%	26%
Required by insurance plan	20	18%	4%
Quality of equipment	11	10%	14%
Other	11	10%	18%
Cost of care	6	5%	7%
Closest to home	6	5%	11%
More privacy	6	5%	8%
VA/Military requirement	6	5%	7%

Future Primary Care Location

Q23: If you needed primary care services in the future, which facility would you choose? “Rochelle Medical Group” was identified as the most likely location for future primary care services. **(N=144)**

Location	n=	Rochelle
Rochelle Medical Group	43	30%
Other	26	18%
No Answer	15	10%
Swedish American; Rochelle	14	10%
Family Healthcare Clinic	13	9%
Kishwaukee; DeKalb	12	8%
Swedish American; Davis Junction	11	8%
Kishwaukee; Rochelle	7	5%
VA	3	2%

Popular “Other” Comments:

- *DeKalb (x12)*
- *Rockford specialist (x12)*
- *CGH clinic in Dixon, IL (x3)*
- *VA – Madison (x2)*
- *Rush (x2)*
- *Loyola (x2)*

SPECIALTY CARE

Utilization of Specialty Care

Q24: In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/ family doctor) for health care services? 76% (n=109/144) say **"Yes"**, they saw a specialist in the past three years. The national average is 74%.

Location of Specialist

Q25: Where was the health care specialist located? (Select all that apply)

The most frequently cited response for the location of receiving specialty care services were locations not identified in the assessment, followed by "Rochelle Community Hospital". "Kishwaukee Community Hospital" closely followed, with 23%. (n=113)

Location	n=	Rochelle
Other	44	39%
Rochelle Community Hospital	28	25%
Kishwaukee Community Hospital	26	23%
St. Anthony Medical Center	22	19%
Swedish American Hospital	21	19%
Rockford Memorial Hospital	7	6%
KSB Hospital	5	4%

Future Specialty Care Location

Q27: If you needed primary care services in the future, which facility would you choose? "Rochelle Medical Group" was identified as the most likely location for future specialty care services. **(N=144)**

Location	n=	Rochelle
Rochelle Medical Group	50	35%
Swedish American Hospital	24	17%
Other	21	15%
Kishwaukee Community Hospital	16	11%
No Answer	15	10%
St. Anthony Medical Center	15	10%
Rockford Memorial Hospital	2	1%
KSB Hospital	1	1%

Type of Specialist Seen

Q26: What type of healthcare specialist was seen? “Orthopedic surgeon” was the most frequently seen specialist. Respondents were asked to select all that apply, so totals do not equal 100%. 111 respondents answered this question.

Type of Specialist Seen	n=	Rochelle
Orthopedic surgeon	27	24%
Cardiologist	26	23%
Dentist	26	23%
Dermatologist	26	23%
OB/GYN	23	21%
General surgeon	21	19%
Gastroenterologist	18	16%
Chiropractor	17	15%
Physical therapist	14	13%
Urologist	14	13%
Neurologist	13	12%
Podiatry	11	10%
Ophthalmologist	10	9%
Radiologist	10	9%
ENT (ear/nose/throat)	9	8%
Nephrologist	8	7%
Oncologist	8	7%
Psychiatrist (M.D.)	7	6%
Rheumatologist	7	6%
Mental health counselor	5	5%
Neurosurgeon	5	5%
Pediatrician	5	5%
Pulmonologist	5	5%
Endocrinologist	4	4%
Other	4	4%
Allergist	3	3%
Psychologist	2	2%
Occupational therapist	2	2%
Dietician	2	2%
Substance abuse counselor	1	1%
Social worker	1	1%
Speech therapist	1	1%

SECONDARY DATA ANALYSIS

Introduction

There are two different types of sources used to conduct a community health needs assessment. The first type is a primary source that is the initial material that is collected during the research process. Primary data is the data that The Center collects using methods such as surveys, direct observations, interviews, as well as objective data sources. Primary data is a reliable method to collect data as The Center knows the source, how it was collected and analyzed. Secondary data is from “outside” sources. Secondary data analysis is commonly known as second-hand analysis. It is simply the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity in order to further a study. Secondary data analysis is useful for organizational planning to complement primary data or if there is not time or resources to gather raw data. It has its drawbacks however, as data from the different agencies is collected during different timeframes. This can make direct comparisons of secondary data difficult. Please note, the data collected for this report is the most current information as of January 2016. The types of measures selected to analyze in this report were identified based on data available for Ogle County, Henry County and LaSalle County, IL.

For more secondary data information, The Center offers cross tabulations on key metrics associated with population health management available on the Population Health Portal: <https://www.ruralcenter.org/population-health-portal/data>

Demographics

The population in Ogle County is growing at a higher rate than the comparable counties and state. There are more children in Ogle between the ages of 5-17 than Henry and LaSalle, as well as the state and national averages. Ogle County's Hispanic population is higher than Henry and LaSalle, with more of a need for language interpreting.

	Ogle	Henry	LaSalle	Illinois	Nation
Population Density (per square mile)	70.01	61.09	99.83	231.49	88.23
Population	53,092	50,260	113,295	12,848,554	311,536,591
Population Hispanic or Latino	9.01%	4.98%	8.29%	16.04%	16.62%
Population Change 2000 - 2010	4.83%	-1.05%	2.14%	3.34%	9.75%
Hispanic Population Change	54.63%	63.74%	57.74%	32.5%	42.93%
Population Median Age	41	41.8	41.3	36.8	37.3
Population Age 65+	15.7%	17.46%	16.71%	12.9%	13.43%
Population Age 5-17	18.74%	17.73%	17.05%	17.63%	17.28%
Families with Children (% of total households)	30.42%	28.45%	29.91%	32.74%	32.65%
Population Age 5+ with Limited English Proficiency	3.12%	1.76%	2.49%	9.41%	8.63%
Veteran Population	10.22%	11.3%	10.42%	7.49%	8.99%

Social & Economic Factors

Ogle County has a substantially lower rate of violent crimes compared to LaSalle, Henry Counties, the state and the nation.

	Ogle	Henry	LaSalle	Illinois	Nation
High School Graduates	88.9%	89.7%	88.4%	87.3%	86%
Bachelor's Degree Graduates	19.9%	19.8%	15.9%	31.4%	28.8%
Per Capita Income	\$26,634	\$27,116	\$25,708	\$29,666	\$28,154
Persons Below Poverty Level	11.4%	13.7%	13.6%	14.4%	14.8%
Population Receiving Medicaid	16.20%	17.81%	19.79%	20.08%	20.21%
Unemployment Rates	6.4	6.1	7.1	6.0	5.6
Uninsured Population	8.75%	8.31%	10.18%	13.00%	14.87%
Population with Food Insecurity	12.56%	11.42%	13.36%	13.62%	15.21%
Households with No Motor Vehicle	4.99%	5.61%	5.97%	10.74%	9.07%
Adults with Lack of Social or Emotional Support	14.0%	18.3%	15.2%	20.4%	20.7%
Violent Crime per 100,000 residents	65.6	155.1	118.2	432.7	395.5

Physical Environment

Low income residents in Ogle County have greater access to super markets or large grocery stores than comparative counties, the state and the nation.

	Ogle	Henry	LaSalle	Illinois	Nation
Recreation and Fitness Facility Access rate	7.48	7.92	7.90	10.20	9.70
Population Living in a "Food Desert"	14.13%	23.93%	24.28%	20.44%	23.61%

Clinical Care

Ogle County residents are more likely to have a consistent primary care provider than other counties, the state and nation.

	Ogle	Henry	LaSalle	Illinois	Nation
Population Living in a Health Professional Shortage Area	100%	100%	57.8%	45.94%	34.07%
Access to Primary Care Physicians	48.7	33.9	42.5	79.0	74.5
Lack of a Consistent Source of Primary Care	14.12%	0%	16.87%	17.9%	22.07%
Preventable Hospital Stays	61.0	64.4	82.1	65.2	59.2
Access to Dentists	34.4	36.1	48.1	68.8	63.2
Medicare Mammograms	67.2%	62.1%	62.9%	64.4%	63%
Colonoscopy or Sigmoidoscopy	50.4%	63.7%	50.1%	57.7%	61.3%

Health Behaviors of Adults

Over half of Ogle County residents who use tobacco have tried quitting at least one day in the last year. Close to 80% of Ogle County residents are consuming less than 5 fruits and vegetables in a day. Adults residing in Ogle County are more likely to be overweight with a Body Mass Index between 25 and 30 and have poor dental health where six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection.

	Ogle	Henry	LaSalle	Illinois	Nation
Current Smokers	18.4%	26.3%	24.3%	18.4%	18.1%
Tobacco Quit Attempts	53.77%	32.03%	78.88%	61.21%	60.02%
Physical Inactivity	21.6%	26.9%	24.2%	21.8%	22.6%
Excessive Drinking	20.9%	18.7%	27.3%	20.4%	16.9%
Inadequate Fruit/Veggie Consumption	79.3%	78.2%	73.4%	76.3%	75.7%
Adults Overweight	41.1%	27.4%	30.6%	36.4%	35.8%
Adults with Obesity	27.8%	29.9%	27.9%	27%	27.1%
Adults with Diabetes	9.6%	8.6%	9.5%	8.67%	9.11%
Adults with Heart Disease	7.4%	1.9%	2.8%	3.8%	4.4%
Adults with High Blood Pressure	26.6%	No data	28%	28.2%	28.16%
Adults with High Cholesterol	29.93%	32.65%	51.01%	38.03%	38.52%
Medicare Population with Depression	14.7%	12.4%	12.8%	14.7%	15.4%
Poor Dental Health	20.2%	12.4%	24.1%	14.7%	15.7%

Health Outcomes

Ogle County has a higher rate of suicide mortality rate and higher rate of motor vehicle fatalities than the comparative counties, state and nation.

	Ogle	Henry	LaSalle	Illinois	Nation
Suicide Mortality	14.6	12.3	13.6	9.4	12.3
Cancer Mortality	168.6	189.9	191.8	176.5	168.9
Heart Disease Mortality	168.4	176.2	207.9	177.4	175
Lung Disease Mortality	44.9	44.2	50	39.5	42.2
Stroke Mortality	42.7	39.7	42.7	38.2	37.9
Motor Vehicle Accident Mortality	16.9	14.2	11.5	7.8	10.8
Unintentional Injury Mortality	41.5	40.1	53.1	31.9	38.6
Mentally Unhealthy Days per 30 days	2.7	3.2	2.7	3.3	3.6

FOCUS GROUP INTERVIEWS

Introduction

The National Rural Health Resource Center (The Center) of Duluth, Minnesota was contracted by Rochelle Community Hospital (Rochelle) to conduct key informant interviews to provide qualitative data to hear directly from local residents on the strengths and needs of local health care services.

Focus Group Methodology

Four focus groups were scheduled in Rochelle, IL in November, 2015. Focus group participants were identified as people living in Rochelle and the surrounding area. Invitations were mailed with the focus group questions attached (Appendix C). The focus groups were designed to represent various consumer groups of local health services including senior citizens, young parents, health care providers and community leaders. Eighty-two people participated in total. Focus groups were held at the hospital and in the community. Each focus group session was approximately 60 minutes in length and included the same questions. The questions and discussions at the focus groups were led by Kami Norland of The Center.

Focus Group Findings

1. Describe the overall health of this community.

- The perception of Rochelle is poor, but we are getting better as we are all working together to change the image of being “just a bedroom community”
- “The economic situation in this area is below the national medium; our growth is stagnant which could negatively impact the hospital”
- “The hospital is the community’s largest asset as access to healthcare is exceptionally important”
- We are very blessed to have such high quality, personalized care provided to us through the hospital (x7)
- The level of care and convenience in having such a great hospital locally is excellent (x20)
- “This community is socially very healthy and very friendly”
- The community rallies to meet health needs (x24)
- “Women are more involved in the community than men; we are always the one’s participating in committees; the men around here seem to have challenges working together socially”

2. What is the greatest health need in your community?

- Cancer
- Heart disease
- Obesity
- MS
- Tobacco rates that are higher than the state average
- "I don't think there are any smoking cessation programs around town..."
- "E-cigarette use is skyrocketing with youth" (x6)
- Pesticides
- Access to specialists
- Long term family care physicians
- Mental health care for children (x5)
- Social determinants of health need to be addressed, particularly with individuals with mental health needs
- High stress levels amongst healthcare providers (x8)
- Access to dental health care as several local dentists are nearing retirement
- "Access to dental care is abysmal for those without insurance"
- Availability of maternity care and birthing options in Rochelle
- Women's health and OB/GYN provider (x3)
- Pediatrics
- Dermatology (x3)
- Orthodontics (x2)
- Endocrinology
- Healthcare providers that speak Spanish (x10)
- Free or low cost basic health and dental care, especially for children
- Lack of awareness of local health services (x14)
- Lack of a community health navigator
- Education on how to navigate the health care system for both internal and external referrals (x8)
- Lack of access to wellness services and integrative health (x4)
- Lack of indoor sports/wellness facilities (aquatic therapy); in the winter time it's hard to be active (x4)
- "There is no gathering spot for people of ages to convene and be healthy... Can a partnership be made with the Parks and Rec Department?"
- Lack of healthy dining options locally (x6)
- "People in Rochelle have a reputation for being grumpy because they suffer from lack of sleep due to the noise from all of the trains"
- "Community members need to be aware of our health issues so we can all work together to resolve them" (x12)

3. What do you think Rochelle Community Hospital could do to increase the health of the community?

- Hire more specialists (dermatology, urology, pulmonology, endocrinology, OB/GYN, pediatrics)
- Integrate mental health into primary care
- Collaborate with the community to address mental health needs
- Include suggestions/resources/contacts for social determinants of health in hospital discharge summaries
- "Get government out of healthcare"
- Offer free physicals
- Collaborate more with schools, AA, the Hispanic population, parks and rec, churches, the Hispanic population
- "We recommend the hospital have at least one Spanish speaking staff member working at all times; especially in the ER"
- Address language and cultural barriers with the Hispanic population
- Consolidate hospital services with community partners
- Advertise all of the community benefit the hospital offers
- "The hospital should engage restaurants on how to make healthier meals"
- "Offer diabetic education and prevention services with all, but target the Hispanic population"
- "Open up the high school or hospital for seniors to walk the halls in the winter"
- Offer a support group for people with MS and their family members
- Offer a "Play 60" minutes program where kids can learn to exercise and play outside for 60 minutes a day
- Coordinate more community wellness events like 5k runs, health fairs
- Have a designated community educational room at the hospital where community members can use the room for wellness classes; "think about all aspects of wellness: social, spiritual, physical, mental, economic, etc."
- Provide educational programs on nutrition and cooking

4. In your opinion, what are some of the strengths (availability, quality) of the health services offered at Rochelle Community Hospital?

- Excellent, high quality care from dedicated providers (x30)
- "Very good"
- "I'm not just a number, people know my name (when I go to the hospital)"
- "The best meal I've ever eaten was here at the hospital"

- “The heated gowns are great and are an excellent example of luxury care”
- Innovative, competent care
- “Positive, statewide role model”
- Up to date equipment
- Diverse and comprehensive access to specialty care services
- “Many people travel to Rochelle for care because it has such an excellent reputation for high quality care” (x4)
- Communication with other staff and with partners is effective, accurate, timely
- Transfers with the ambulance and air flights is excellent
- Transfers between the hospital and nursing home and hospice is excellent
- “Rochelle has better communication than larger facilities in the area”
- Doctors seem to know when it’s appropriate to transfer to a larger facility
- “One of the greatest strengths is the organizational culture of the hospital; everyone seems to love their job and is proud of working at the hospital. I always hear about how much fun and how rewarding it is to be employed at the hospital”
- “Working here is like being part of a really happy, positive family” (x4)
- “Leadership is top notch and the best there is around the country. We are very fortunate to have such a great, innovative team here in little Rochelle”
- “Leadership is fantastic and visionary”
- “Leadership is innovative and knows how to lead effectively”
- “I had a bad experience in the ER. I spoke with the CEO and he listened with empathy and then changes were made. But, they also went the extra mile with the changes. Because of this, I will now be back as a patient and I have told all of my family and friends about my situation”
- There is a culture of continuous performance improvement
- “Stellar reputation with outreach and collaboration with businesses”

5. In your opinion, what are some of the barriers of the health services available in Rochelle?

- “The billing department is complicated and messy; I recommend consolidating some of the bills so I don’t get one of the hospital, one from the lab, one from the ER, one from my insurance company, etc.”

- “Rochelle doesn’t offer OB/GYN or deliver babies any more so people leave and then end up finding a new doctor out of town because that’s where the delivery took place; it’s a missed opportunity for Rochelle” (x5)
- Language and cultural barriers with the Hispanic population
- “The need to travel outside of Rochelle for specialty services”
- Cost of care
- Cost of medication
- Cost of transportation to medical appointments outside of Rochelle
- Logistics of finding a ride to specialty care services, particularly for mental health care
- “The government and all of the reporting requirements”

6. What new health care services would you like to see available locally?

- Dermatology
- Endocrinology
- Women’s health, OB/GYN
- Pediatrician
- More mental health providers
- Mental health support groups
- Psychiatric help and counseling
- “Many people suffer from untreated trauma”
- Substance abuse counselors
- MS support groups
- Wellness classes for all ages (x7)
- Wellness coordinator/educator/collaborator (x12)
- Community health navigator (x8)
- Worksite wellness programs; “healthy employees equal a healthy economy”
- “Efficiently staffed walk-in clinic with evening hours”
- A free clinic

7. What are some of the benefits of having health services available locally?

- Convenient (x30)
- Save time and money by having care locally
- The hospital attracts other businesses, retirees and home owners
- “Access to local care is the best”
- “Everybody know you; it’s like being cared by family- within all departments”
- The surgery department is high quality
- “It’s not over crowded and you get the attention care that you need”
- Lower cost, better care
- Positive economic impact on the community (x9)

- “The staff at Rochelle understand and know the community and its needs”

Focus Group Conclusion

Based on the above qualitative information, it appears that the majority of community members utilize health services at Rochelle Community Hospital for the convenience and the excellent level of quality care. Rochelle has a very positive reputation for demonstrating strong leadership with dedicated, knowledgeable and caring staff. It is regarded as a very desirable location to receive care. It is also recognized as an exemplary place of employment. Community members commended the hospital for its outreach and collaboration with local businesses and partners, although expressed that there was also opportunity for expanding these relationships. The most frequently cited areas for collaborating with the community included topics related to prevention/wellness education and navigated the health system. There was a strong recommendation to increase language and cultural competencies with the Hispanic population. Integrating mental health and/or increasing access to mental health services was frequently cited as opportunity for improving the health of the community.

CONCLUSIONS, RECOMMENDATIONS, AND ACKNOWLEDGEMENTS

Conclusions

Rochelle Community Hospital received positive feedback related to overall quality of services with an average weighted score of 3.39 out of 4.00. Both survey respondents and focus group participants acknowledged that proximity to home is a factor for seeking healthcare services from hospital and primary care services. However, community members are likely to leave the area for specialty care services. There was some lack of awareness of what specialty care services were available locally. Mental health services and community health navigation were services recommended by focus group participants. There were several positive comments on how Rochelle collaborates with the community effectively and encouraged a continuation of these efforts.

Recommendations

Noting the changes in health care reimbursement structures, hospitals will begin to be reimbursed based on the population's health outcomes. This transformation is changing the definition of hospital volume from the number of procedures and interventions to the number of patients being seen in the service area. Capture a greater market share by expanding efforts towards individuals that are currently healthy and not currently utilizing local health services by engaging the community in prevention/wellness activities and health education.

It is also recommended the hospital increase efforts on role modeling wellness and expanding collaborative community partnerships to improve the overall coordination of care for patients. Reference the section below on "[Improving Population Health in Your Community](#)", as cited below.

There is also an opportunity to improve customer processes and perception of quality care by implementing management frameworks such as Baldrige, the Balanced Scorecard, Lean and/or Studer methodologies. These frameworks evaluate and monitor the effectiveness and efficiencies of staff processes, manage ongoing performance improvement, and help create a positive work culture that can result in greater staff and patient satisfaction. Please contact The Center for more information and guidance on these services or go to www.ruralcenter.org for further details.

Share results and communicate proposed strategies that address community needs as this will promote customer loyalty. It is advised to create a communications strategy for releasing the report findings. It is important to be clear on the intent of these communications (e.g., to share information or to stimulate action).

Acknowledgements

The Center would like to thank Ms. Kimberly Louis and Mr. Mark Batty for their contributions and work with developing and distributing the assessment and the coordination of focus groups.

ESTABLISHING HEALTH PRIORITIES

Sufficient resources frequently are not available to address all the health concerns identified in a Community Health Needs Assessment. Identify issues to work on in the short to intermediate term (one to three years). Priorities should reflect the values and criteria agreed upon by the hospital board and community stakeholders, which should include public health.

Once priorities have been established, set aside time to develop, implement and monitor an action plan that assesses progress

Criteria that can be used to identify the most significant health priorities include:

- The magnitude of the health concern
(the number of people or the percentage of population impacted)
- The severity of the problem
(the degree to which health status is worse than the state or national norm)
- A high need among vulnerable populations

Criteria that can be used to evaluate which health issues should be prioritized include:

- The community's capacity to act on the issue, including any economic, social, cultural, or political considerations
- The likelihood or feasibility of having a measurable impact on the issue
- Community resources (programs, funding) already focused on an issue
(to reduce duplication of effort and to maximize effectiveness of limited resources)
- Whether the issue is a root cause of other problems
(thereby possibly affecting multiple issues)

Consider a comprehensive intervention plan that includes multiple strategies (educational, policy, environmental, programmatic); uses various settings for the implementation (hospital, schools, worksites); targets the community at large as well as subgroups; and addresses factors that contribute to the health priority. Be sure to document and monitor results over the next one to three years to assure that community needs identified within the assessment are being addressed. Maintain records of assessment processes and priorities for obtaining base line information and for pursuing ongoing process improvements. *(Adapted from materials by the Association for Community Health Improvement)*

IMPROVING POPULATION HEALTH IN YOUR COMMUNITY

**“If you don’t help your community to thrive and grow
–How will your organization thrive and grow?”**

The U.S. health care industry is undergoing profound change in financing and service delivery, as it shifts from a financial system that rewards “volume” to one that is based on “value”. Driven by the health marketplace itself, the new health industry goals are articulated in the Institute for Health Improvement’s Triple Aim: better population health, better health quality and lower health costs. Payers are increasingly factoring in population health outcomes into reimbursement formulas.

[Population Health Portal](#)

Navigate the journey towards improved population health by accessing a Critical Access Hospital Readiness Assessment, resources and educational modules that offer step-by-step instructions of common population health analytical procedures.

[Small Rural Hospital Transition Guides and Toolkit](#)

Informational guides developed by field experts and a toolkit developed by Rural Health Innovations that concentrates on best practices and strategies to support small rural hospital performance improvement and preparation for transitioning to value-based care and purchasing.

Critical Population Health Success Factors

The following section summarizes the 2014 “[Improving Population Health: A Guide for Critical Access Hospitals](#)”, created by The Center and Stratis Health

Leadership

- Develop awareness and provide education on the critical role of population health in value-based reimbursement
- Shift hospital culture, processes, facilities and business models to include a focus on population health
- Lead the way and model behaviors. Participate in programs, be active in community outreach

Strategic Planning

- Incorporate population health approaches as part of ongoing strategic planning processes

- Engage multiple stakeholders and partners to coordinate strategies aimed at improving the population's health
- Prioritize – what are the one or two things that would make the biggest difference for the population you serve

Engagement

- Use the community health needs assessment (CHNA) process as an opportunity for community and patient engagement
- Articulate vision of hospital contributing to population health based on community conversations
- Engage all types of health care and social service providers to coordinate transitions of care and address underlying needs

Leadership

- Develop awareness and provide education on the critical role of population health in value-based reimbursement
- Shift hospital culture, processes, facilities and business models to include a focus on population health
- Lead the way and model behaviors. Participate in programs, be active in community outreach

Workforce

- Establish wellness programs for employees and role model these programs in the community
- Develop a workforce culture that is adaptable to change in redesigning care to address population health
- Embed a community focused mind-set across the organization so engagement, coordination and cooperation are expectations of staff interaction

Operations and Efficiency

- Maximize the efficiency of operational, clinical, and business processes under current payment structures
- Utilize health information technology (HIT) (such as electronic medical records, health information exchange and telemedicine) to support population health goals

Measurement, Feedback & Knowledge Management, Impact & Outcomes

- Identify measurable goals that reflect community needs
- Utilize data to monitor progress towards strategic goals on population health

- Publicly share goals, data and outcomes. Use it as an opportunity to engage partners and the community

Population Health Critical Access Hospital Case Studies

Leadership

Clearwater Valley Hospital in Idaho is utilizing a dyad management model which is a two-pronged approach to physician/hospital integration. This model places the organization's leadership under the management of qualified physician and non-physician teams aimed to incorporate the concept of value into health care decision-making where departments have been restructured to meet patient needs in both the inpatient and outpatient settings. This facility has received multiple awards for incorporating this management model. For more information:

<http://healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Orofino%20Case%20Study%20November%202011.pdf>

Strategic Planning

Essentia Health Fosston in Minnesota incorporated community health needs assessment findings to improve the health of the community toward retaining a quality and viable agricultural industry. For more information:

<http://www.ruralcenter.org/tasc/resources/applying-community-health-assessments-rural-hospital-strategy>

Partners, Patients, Community

The Community Connector Program was established by Tri County Rural Health Network in Helena, Arkansas which aims to increase access to home and community-based services by creating alternatives to institutionalized living and improving the quality of life for elderly and adults with physical disabilities while maintaining or decreasing costs. The return on investment was \$3 of every \$1 invested, or a 23.8 percent average reduction in annual Medicaid spending per participant, for a total reduction in spending of \$2.619 million over three years. For more information:

<http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/CommunityConnectors.pdf>

Workforce and Culture

Mason District Hospital in Illinois is implementing a three tiered approach to a worksite wellness program which includes a care coordination plan for employees with multiple chronic illnesses. After two years, the hospital has seen nearly \$360,000 in reduced employee health care costs and has started offering the program to local businesses which both improves health locally and provides an additional revenue stream for the program. For more information:

http://www.ica hn.org/files/White_Papers/ICAHN_PopHealthManagement_Print_FIN AL.pdf (page 19)

Operations and Efficiency

Mercy Health Network in Iowa has adopted a Process Excellence tool modeled after Lean to improve operations, efficiency and patient safety. Each hospital in the network was assigned accountabilities, selected process improvements and helped educate the hospital board. After 18 months, process improvements results in a 51 percent decrease in patient falls and a 37 percent decrease in medical errors. For more information:

<http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/MercyHealthNetwork.pdf>

Measurement, Feedback, & Knowledge Management, Impact & Outcomes

Marcum & Wallace Memorial Hospital in Hazard, Kentucky has adopted the Performance Excellence Blueprint as indicators for their system (Catholic Health Partnership) strategies. Leadership developed a dashboard to track program towards targets in each of the seven Performance Excellence Components. For more information:

<https://ruralcenter.org/tasc/resources/marcum-wallace-memorial-hospital-performance-excellence>

APPENDIX A



August 12, 2015

Dear Resident:

Participate in our Community Health Survey and have a chance to WIN a \$100.00 Visa Card!

Rochelle Community Hospital (RCH) is partnering with the National Rural Health Resource Center to administer a Community Health Survey. The Community Health Survey is a requirement of the Patient Protection and Affordable Care Act.

You are probably aware of many challenges facing rural health care, such as access to services and affordability. Many of the factors that threaten health care services in other rural areas challenge our local health care system as well. By completing the enclosed survey, you can help guide RCH in developing comprehensive and affordable health care services for our area residents.

Your name has been randomly selected as a resident who lives in RCH's primary service area. **Your help is critical in determining health priorities and future needs.** The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to meet present and future community health and wellness needs.

Once you complete your survey, simply return it AND **one** of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by **September 23, 2015. Keep the other raffle ticket in a safe place.** The winning raffle ticket number will be announced in the Rochelle News Leader, Ashton Gazette and Ogle County Life newspapers, on the hospital's Facebook page and on the hospital's website at www.rochellehospital.com the week of October 5, 2015.

We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. RCH is offering you this chance to win \$100 as a **thank you** for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call Kami Norland at 1-800-997-6685, ext. 223. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Mark J. Batty
Chief Executive Officer
Rochelle Community Hospital

**Community Health Needs Assessment
Rochelle, IL**

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. If you need assistance completing the survey, please contact the National Rural Health Resource Center at 1-800-997-6685. **All responses will be kept confidential.**

1. How would you rate the general health of our community?

- ☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

2. In the following list, what do you think are the **three** most serious health concerns in our community? **(Select 3 that apply)**

- | | | |
|---|---|---|
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Heart disease | <input type="radio"/> Mental health issues |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of access to health care | <input type="radio"/> Obesity |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of dental care | <input type="radio"/> Stroke |
| <input type="radio"/> Diabetes | <input type="radio"/> Lack of exercise | <input type="radio"/> Tobacco use |
| <input type="radio"/> Domestic violence | <input type="radio"/> Underage alcohol use | <input type="radio"/> Motor vehicle accidents |
| <input type="radio"/> Kidney Disease | <input type="radio"/> Other _____ | |

3. Select the **three** items below that you believe are most important for a healthy community. **(Select 3 that apply)**

- | | |
|--|--|
| <input type="radio"/> Access to health care and other services | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Clean environment | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Community involvement | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good jobs and healthy economy | <input type="radio"/> Strong family life |
| <input type="radio"/> Good schools | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Other _____ |

4. Overall, how would you rate your personal health?

- ☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

5. How do you rate your knowledge of the health services that are available at Rochelle Community Hospital?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't Know

6. In your experience, what is the average length of time to schedule an appointment with your primary care provider at Family Healthcare Center or Rochelle Medical Group? **(Please select only ONE)**

- ☐ 1-3 days ☐ 4-7 days ☐ 8-11 days ☐ 12-14 days ☐ 15+ ☐ Not applicable

7. Which community health resources, other than the hospital or clinic, have you used in the last three years?

(Select all that apply)

- ☐ Pharmacy ☐ Public health ☐ Eye doctor ☐ Other _____
☐ Dentist ☐ Mental health ☐ Community Health Center
☐ Lutheran Social Services ☐ Chiropractor ☐ VA

8. In your opinion, what would improve our community's access to health care? (Select all that apply)

- ☐ Greater health education services ☐ More specialists ☐ Cultural sensitivity
☐ Improved quality of care ☐ Transportation assistance ☐ Home health care
☐ Interpreter services ☐ Outpatient services expanded hours ☐ Other _____
☐ More primary care providers ☐ Telemedicine

9. In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT receive or delayed receiving medical services?

- ☐ Yes ☐ No (If no, skip to question 11)

10. If yes, what were the MOST important reasons why you did not receive health care services?

((Please select only ONE))

- ☐ Could not get an appointment ☐ It costs too much ☐ Not treated with respect
☐ Too long to wait for an appointment ☐ Could not get off work ☐ Too nervous or afraid
☐ Office wasn't open when I could go ☐ Didn't know where to go ☐ Language barrier
☐ Unsure if services were available ☐ It was too far to go ☐ Transportation problems
☐ Had no one to care for the children ☐ My insurance didn't cover it ☐ Don't like providers
☐ No insurance ☐ Other _____

11. Preventative testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year? (Select all that apply)

- ☐ Children's check up/Well baby ☐ Mammography ☐ Routine health checkup
☐ Cholesterol check ☐ Pap smear ☐ Smoking cessation
☐ Colonoscopy ☐ Prostate (PSA) ☐ None
☐ Flu shot ☐ Routine blood pressure check
☐ Immunizations ☐ Other _____

12. What additional health care services would you use if available at Rochelle Community Hospital?

(Select all that apply)

- ☐ Dermatology (skin) ☐ Gynecology (women) ☐ Spine ☐ Other _____
☐ Ear, Nose & Throat ☐ Pulmonology (heart) ☐ Urology (men)

13. In the past three years, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care)

☐ Yes ☐ No (If no, skip to question 17)

14. If yes, which hospital does your household use the MOST for hospital care? (Please select only ONE)

- ☐ Rochelle Community Hospital ☐ St. Anthony Medical Center
☐ Kishwaukee Community Hospital ☐ KSB Hospital
☐ Rockford Memorial Hospital ☐ Other _____
☐ Swedish American Hospital

15. Thinking about the hospital you use most frequently, what are the **three** most important reasons for selecting that hospital? (Select 3 that apply)

- ☐ Cost of care ☐ Hospital's reputation for quality ☐ Required by insurance plan
☐ Closest to home ☐ Prior experience with hospital ☐ VA/Military requirement
☐ Closest to work ☐ Recommended by family or friends ☐ Other _____
☐ Emergency, no choice ☐ Referred by physician

16. If you routinely seek hospital care outside of Rochelle Community Hospital, why? (Select all that apply)

- ☐ Cost of care ☐ Quality of equipment ☐ Required by insurance plan
☐ Closest to home ☐ Quality of staff ☐ VA/Military requirement
☐ Closest to work ☐ More privacy ☐ N/A: I/we use local services
☐ Prior relationship with other health care provider ☐ Other _____

17. The following services are available at Rochelle Community Hospital. Please rate the overall quality for each service. (Please mark DK if you have not used the service)

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Don't Know = DK

- | | | | | | |
|------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Emergency room | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Laboratory | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Physical therapy | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Radiology/diagnostic imaging | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Surgery | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Weekend urgent care clinic | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Diabetes care | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |

18. If you or a household member needed to be hospitalized in the future, which facility would you choose? (Please select only ONE)

- ☐ Rochelle Community Hospital ☐ St. Anthony Medical Center
☐ Kishwaukee Community Hospital ☐ KSB Hospital
☐ Rockford Memorial Hospital ☐ Other _____
☐ Swedish American Hospital

19. In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services?

☐ Yes ☐ No (If no, skip to question 23)

20. Where was that primary health care provider located? (Please select only ONE)

- | | |
|--|--|
| <input type="radio"/> Family Healthcare Clinic | <input type="radio"/> Swedish American; Davis Junction |
| <input type="radio"/> Kishwaukee; DeKalb | <input type="radio"/> Swedish American; Rochelle |
| <input type="radio"/> Kishwaukee; Rochelle | <input type="radio"/> VA |
| <input type="radio"/> Rochelle Medical Group | <input type="radio"/> Other _____ |

21. Why did you select that particular primary care provider? (Select all that apply)

- | | | |
|---|---|--|
| <input type="radio"/> Appointment availability | <input type="radio"/> Length of waiting room time | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Clinic's reputation for quality | <input type="radio"/> Prior experience with clinic | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Closest to home | <input type="radio"/> Recommended by family or friends | <input type="radio"/> Other _____ |
| <input type="radio"/> Cost of care | <input type="radio"/> Referred by physician or other provider | |

22. If you routinely seek primary health care outside of Rochelle Community Hospital Physicians, why? (Select all that apply)

- | | | |
|--|--|--|
| <input type="radio"/> Cost of care | <input type="radio"/> Quality of equipment | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Closest to home | <input type="radio"/> Quality of staff | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Closest to work | <input type="radio"/> More privacy | <input type="radio"/> N/A: I/we use local services |
| <input type="radio"/> Prior relationship with other health care provider | <input type="radio"/> Other _____ | |

23. If you needed primary care services in the future which facility would you choose? (Please select only ONE)

- | | |
|--|--|
| <input type="radio"/> Family Healthcare Clinic | <input type="radio"/> Swedish American; Davis Junction |
| <input type="radio"/> Kishwaukee; DeKalb | <input type="radio"/> Swedish American; Rochelle |
| <input type="radio"/> Kishwaukee; Rochelle | <input type="radio"/> VA |
| <input type="radio"/> Rochelle Medical Group | <input type="radio"/> Other _____ |

24. In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family doctor) for health care services?

☐ Yes ☐ No (If no, skip to question 27)

25. Where was the health care specialist located? (Please select all that apply)

- | | |
|---|--|
| <input type="radio"/> Rochelle Community Hospital | <input type="radio"/> St. Anthony Medical Center |
| <input type="radio"/> Kishwaukee Community Hospital | <input type="radio"/> KSB Hospital |
| <input type="radio"/> Rockford Memorial Hospital | <input type="radio"/> Other _____ |
| <input type="radio"/> Swedish American Hospital | |

26. What type of health care specialist was seen? (Select all that apply)

- | | | |
|---|--|---|
| <input type="radio"/> Allergist | <input type="radio"/> Nephrologist | <input type="radio"/> Psychiatrist (M.D.) |
| <input type="radio"/> Cardiologist | <input type="radio"/> Neurologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Neurosurgeon | <input type="radio"/> Pulmonologist |
| <input type="radio"/> Dentist | <input type="radio"/> OB/GYN | <input type="radio"/> Radiologist |
| <input type="radio"/> Dermatologist | <input type="radio"/> Occupational therapist | <input type="radio"/> Rheumatologist |
| <input type="radio"/> Dietician | <input type="radio"/> Oncologist | <input type="radio"/> Speech therapist |
| <input type="radio"/> Endocrinologist | <input type="radio"/> Ophthalmologist | <input type="radio"/> Social worker |
| <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Orthopedic surgeon | <input type="radio"/> Substance abuse counselor |
| <input type="radio"/> Gastroenterologist | <input type="radio"/> Pediatrician | <input type="radio"/> Urologist |
| <input type="radio"/> General surgeon | <input type="radio"/> Physical therapist | <input type="radio"/> Other _____ |
| <input type="radio"/> Mental health counselor | <input type="radio"/> Podiatry | |

27. If you needed specialty care services in the future, which facility would you choose? (Please select only ONE)

- | | |
|---|--|
| <input type="radio"/> Rochelle Community Hospital | <input type="radio"/> St. Anthony Medical Center |
| <input type="radio"/> Kishwaukee Community Hospital | <input type="radio"/> KSB Hospital |
| <input type="radio"/> Rockford Memorial Hospital | <input type="radio"/> Other _____ |
| <input type="radio"/> Swedish American Hospital | |

28. Has cost prohibited you from getting a prescription or taking your medication regularly?

- ☐ Yes ☐ No ☐ Not Applicable, I don't take medications

29. What type of health insurance covers the **majority** of your household's medical expenses?
(Please select only ONE)

- | | | |
|--|------------------------------------|---|
| <input type="radio"/> None | <input type="radio"/> Healthy Kids | <input type="radio"/> Self paid |
| <input type="radio"/> Employer sponsored | <input type="radio"/> Medicaid | <input type="radio"/> Health Savings Account |
| <input type="radio"/> Medicare | <input type="radio"/> VA/Military | <input type="radio"/> Agricultural Corp. Paid |
| <input type="radio"/> State/Other | | <input type="radio"/> Other _____ |

30. If you do **NOT** have health insurance, why? (Select all that apply)

- | | |
|---|---|
| <input type="radio"/> Cannot afford to pay for health insurance | <input type="radio"/> Employer does not offer insurance |
| <input type="radio"/> Choose not to have health insurance | <input type="radio"/> Other _____ |
| <input type="radio"/> Cannot get health insurance due to medical issues | |

31. Are you aware of programs that help people pay for health care expenses?

- ☐ Yes, and I use them ☐ Yes, but I do not qualify ☐ No ☐ Not sure



Demographics - All information is kept confidential and your identity is not associated with any answers.

32. Where do you currently live by zip code?

- ☐ 61068 Rochelle ☐ 60113 Creston ☐ 61006 Ashton ☐ 60553 Steward
☐ 61061 Oregon ☐ 61020 Davis Junction ☐ 61031 Franklin Cove

33. What is your gender? ☐ Male ☐ Female

34. What is your age range?

- ☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ 66-75 ☐ 76-85 ☐ 86+

35. With which ethnicity do you most identify?

- ☐ African American ☐ Asian ☐ Pacific Islander
☐ American Indian ☐ Hispanic ☐ Caucasian/White ☐ Other_____

36. What is your employment status?

- ☐ Work full time ☐ Student ☐ Not currently seeking employment
☐ Work part time ☐ Collect disability ☐ Other_____
- ☐ Retired ☐ Unemployed but looking

37. What is the highest education level you have obtained?

- ☐ High school degree ☐ GED ☐ Some college
☐ College degree ☐ Graduate degree ☐ Post graduate degree

Please return in the postage paid envelope enclosed with this survey or mail to:

National Rural Health Resource Center, 525 South Lake Avenue Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential



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APPENDIX B

Community Health Needs Assessment “Other” Survey comments

2. In the following list, what do you think are the three most serious health concerns in our community?
 - Neurodegenerative disease (MS/ALS/Parkinsons) (x2)
 - Other: Lack of affordable dental care, All of the above, Insurance coverage, Gangs
3. Select the three items below that you believe are most important for a healthy community.
 - All the above
 - Drug problem and gangs; do away with gangs, clean up town
4. Overall, how would you rate your personal health?
 - I am in good health, I have worked out my entire life, no smoking/drinking, I am obese
7. Which community health resources, other than the hospital or clinic, have you used in the last three years?
 - None (x3)
 - MOI
 - [dentist] Rockford
8. In your opinion, what would improve our community’s access to health care?
 - Reduced costs (x2)
 - Better urgent care hours (x2)
 - Other: Doctors who remain in the community, Accepting Medicaid/Medicare, Affordability
10. If yes, what was the MOST important reason why you did NOT receive health care services?
 - Long ER wait
 - [selected No] I drive one hour to a hospital where I believe I get better care.
 - No timely renewal of prescription
 - Urgent care was closed
 - My deductible is so high
11. Preventative testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year?
 - Eye doctor
 - Bone density test
 - Scans

- STD panel
- Routine bloodwork

12. What additional health care services would you use if available at Rochelle Community Hospital?

- Walk-in clinic for drugs and mental health, where you can get help especially if you don't have the means
- Allergy
- Urology (women)
- Pain management
- Anti-aging medicine
- None – not covered by insurance

14. If yes, which hospital does your household use the MOST for hospital care?

- RCH
- Centegra
- OSF Peoria – Perry Memorial, Priceton
- Edwards in Naperville
- Delnor
- N/A
- Kishwaukee Health Care System
- [selected Swedish American Hospital] only because Dr. Luc is not affiliated with

15. Thinking about the hospital you use most frequently, what are the three most important reasons for selecting that hospital?

- That's the one my doctor worked at (x2)
- Other: Had the specialist I needed, Room size, Speed of lab work, Staff spent time with patient - very knowledgeable, [I] work there, N/A

16. If you routinely seek hospital care outside of Rochelle Community Hospital, why?

- PCP referred (x4)
- No eye specialist (x2)
- Other: My doctors go there, Care for condition not available here, KSB/Hospital/Clinic, Pregnant, Cancer Center, Specialist, [selected More privacy, Prior relationship] Don't trust it will be kept confidential at Rochelle, Medical records are there, N/A

17. The following services are available at Rochelle Community Hospital. Please rate the overall quality for each service.

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Don't Know = DK

- MRI not available during the night

18. If you or a household member needed to be hospitalized in the future, which facility would you choose?
- Not sure (x2)
 - Depends on condition/needs (x3)
 - [selected KSB] Unless I have to go to a different hospital because of the doctor
 - Other: Edwards, Depends on where the doctor goes, VA - Madison
20. Where was that primary health care provider located?
- Rockford (x9)
 - Swedish American (x3)
 - Doctor's office (x3)
 - [listed specific doctor] (x4)
 - Oregon, IL (x2)
 - KMA Sycamore (x2)
 - DeKalb (x2)
 - Other: Naperville – Edwards, KSB Dixon, Loyola, Gunderson Lutheran - LaCrosse WI, Loves Park Crusades, South Carolina, Rochelle independent provider, CGH Sterling IL
21. Why did you select that particular primary care provider?
- Family/long-term doctor (x6)
 - Good doctor (x2)
 - Wanted female doctor (x2)
 - Other: Cultural sensitivity, Lived in LaCrosse, Pediatrician specialty, Dr Persaud changed his affiliation
22. If you routinely seek primary health care outside of Rochelle Community Hospital Physicians, why?
- Referred by family physician (x2)
 - Other: [it's my] doctor's hospital, OB/GYN – pregnant, None of the local hospitals have a good reputation, Eye specialist, No doctors were taking new patients at the time, Pediatrician, Not available in Rochelle
23. If you needed primary care services in the future which facility would you choose?
- Rockford (x6)
 - [listed specific doctor] (x4)
 - KMA Sycamore (x2)
 - Mendota Health Clinic
 - Other: Oregon, IL
 - Swedish American, Valley Groups, St. Anthony Medical, KSB Dixon, Don't know, Crusades, Rochelle independent provider, I haven't done research yet for a PCP
25. Where was the health care specialist located?
- DeKalb (x12) - Sycamore, Hauser Ross, MOI, Derm/Allergy, Northern ENT
 - Rockford specialist (x12) – dermatology, orthopedic, urology, gastroenterology
 - CGH clinic in Dixon, IL (x3)

- VA – Madison (x2)
- Rush (x2) - Coplen, Presbyterian
- Loyola (x2)
- Other: Women’s Healthcare Clinic – Peru, IL, Centegra, Edwards, Mayo clinic, Crusades, UW Madison, multiple, Chicago

27. If you needed specialty care services in the future which facility would you choose?

- Depends on care needed (x5)
- Depends on where doc sends me (x4)
- Not sure (x3)
- Other: RHA, VA – Madison, KSB, Private practice, Loyola, DeKalb or Rockford office, Rochelle if applicable, Kishwaukee in DeKalb
- [selected RCH] if they had available otherwise St. Anthony Medical Ctr
- [selected RCH] if specialists come here
- [selected St Anthony] location

28. Has cost prohibited you from getting a prescription or taking your medication regularly?

- [selected No] Without insurance I could not afford them
- [selected No] Medicaid pays

29. What type of health insurance covers the majority of your household’s medical expenses?

- United Care
- BSBC IL
- Additional insurance
- UA Insurance

30. If you do NOT have health insurance, why?

- [Added “to part timers” to Employer does not offer insurance]
- Trying to find a job, and since I’m a temp I have no insurance until a company hires me on directly

31. Are you aware of programs that help people pay for health care expenses?

- [selected Yes, and I use them] Medicare, Tricare for life

36. What is your employment status?

- Social security
- Trying for disability since ‘06, haven’t been able to work since ‘01
- Temp – Work full time with no benefits for 500 hours, and even then I may not be hired since I am a temp and am paid low wages

APPENDIX C: FOCUS GROUP AND KEY INFORMANT INVITE AND QUESTIONS



NATIONAL
RURAL HEALTH
RESOURCE CENTER

October 22, 2015

Dear Community Leader:

Please accept this invitation to participate in a focus group conducted by the National Rural Health Resource Center on behalf of Rochelle Community Hospital. Focus groups are an excellent way for individuals to express their opinions in a candid and confidential environment. The goal of this focus group is to assist Rochelle Community Hospital in identifying strengths and needs of health services for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health issues. This process was developed to maintain quality health care to serve the continuing and future needs of the community.

Participants for focus groups were identified as those living in the area that represents various groups of health care consumers including seniors, family caregivers, business leaders, and health care providers. Whether you or a family member are involved with local health care services or not, this is your opportunity to help guide responsive, high quality local health services in the future.

We invite you to participate in the focus group scheduled for **Tuesday, November 17 from 12:00-1:00 pm at Teen Town** (101 S. 8th Avenue, Rochelle, MN 56136). Your identity is not part of the focus group report and your individual responses will be kept confidential. Refreshments will be provided by Rochelle Community Hospital.

To confirm your attendance, please contact Bridget at the National Rural Health Resource Center at 1-800-997-6685, Ext. 239 or e-mail bhart@ruralcenter.org by July 31. We look forward to your participation. Thank you.

Sincerely,
Kami Norland, Community Program Manager
National Rural Health Resource Center

Rochelle Community Hospital Focus Group Questions

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in Hendricks. No identifiable information will be disclosed in the report and the results will assist the medical center with future care and planning.

Describe the overall health of this community.

What is the greatest health need in the community?

What do you think Rochelle Community Hospital could do to increase the health of the community? Where are the opportunities to collaborate?

In your opinion, what are some of the strengths (availability, quality) of the health services offered at Rochelle?

In your opinion, what are some of the barriers of the health services available at Rochelle?

What new health care services would you like to see available locally?

Why might people leave the community for health care?

What are some of the benefits of having health services available locally?

DESCRIPTION OF DEMOGRAPHIC AREAS

Data Areas	Description	Source and Dates
Population	Total Population 2009-13	United States Census Bureau 2010
Population Density (per square mile)	Population density per square mile	United States Census Bureau 2010
Population change 2000 - 2010	The percentage of population change	United States Census Bureau 2010
Hispanic Population Change	Population Change (2000-2010) by Hispanic Origin	United States Census Bureau 2010
Population Median Age	The median age by gender	United States Census Bureau 2010
Population Age 65 +	Percentage of population age 65 +	United States Census Bureau 2010
Population Age 5-17	Percentage of population age 5-17	United States Census Bureau 2010
Families with Children	Households with one or more child(ren) under the age of 18	American Community Survey . 2009-2013
Veteran Population	Age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.	American Community Survey . 2009-2013
High School Graduates	High School Graduates include people whose highest degree was a high school diploma or its equivalent, people who attended college but did not receive a degree, and people who received an associate's, bachelor's, master's, or professional or doctorate degree. People who reported completing the 12th grade but not receiving a diploma are not included.	US Census Bureau 2009-2013
Bachelor's Degree Graduates	Persons with a Bachelor's Degree or Higher are those who have received a bachelor's degree from a college or university, or a master's, professional, or doctorate degree	US Census Bureau 2009-2013
Per Capita Income	The per capita income for the report area is \$24,014. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance,	American Community Survey . 2009-2013

	retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.	
Unemployment Rates	Percentage of population ages 16 and older unemployed but seeking work. Demographic information in the table above is from Year 2015, the Nation rate is from Year 2013. Range in Washington: 5.2-11.8% (2013)	County Health Rankings 2015
Persons Below Poverty Level	The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).	US Census Bureau 2009-2013
Uninsured Population	Percentage of population under age 65 without health insurance. Demographic information in the table above is from Year 2015, the Nation rate is from Year 2012. Range in Washington: 13-25% (2011)	County Health Rankings 2015
Population Receiving Medicaid	This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.	American Community Survey . 2009-2013
Percent of Population Living in a "Food Desert"	This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.	USDA - Food Access Research Atlas . 2010
Percent of Population with Food Insecurity	This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is	Feeding America . 2012

	the household-level economic and social condition of limited or uncertain access to adequate food.	
Percent of Households with No Motor Vehicle	This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.	American Community Survey . 2009-2013
Adults with Lack of Social or Emotional Support	Adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time.	Health Indicators Warehouse . US Department of Health & Human Services, Health Indicators Warehouse . 2006-12.
Violent Crime	This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports . Additional analysis by the National Archive of Criminal Justice Data . Accessed via the Inter-university Consortium for Political and Social Research . 2010-12
Primary Care Physicians	Ratio of population to primary care physicians. Demographic information in the table above is from Year 2015, the Nation ratio is from Year 2012. Range in Washington: 3,995:1-825:1 (2012)	County Health Rankings 2015
Lack of a Consistent Source of Primary Care	Adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Additional data analysis by CARES . 2011-12.
Preventable Hospital Stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. Demographic information in the table above is from Year 2015, the Nation ratio is from Year 2012. Range in Washington: 19-64 (2012)	County Health Rankings 2015
Adults Overweight	Adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight).	Centers for Disease Control and Prevention

Adults with Diabetes	This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes.	Centers for Disease Control and Prevention
Adults with Heart Disease	Adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina.	Centers for Medicare and Medicaid Services . 2012
Adults with High Blood Pressure	Adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.	Centers for Medicare and Medicaid Services . 2012
Adults with High Cholesterol	This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol.	Behavioral Risk Factor Surveillance System 2012
Medicare Population with Depression	This indicator reports the percentage of the Medicare fee-for-service population with depression.	Centers for Medicare and Medicaid Services 2012
Current Smokers	Adults age 18 or older self-report currently smoking cigarettes some days or every day.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Accessed via the Health Indicators Warehouse .
Tobacco Quit Attempts	Attempted to quit smoking for at least 1 day in the past year.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Additional data analysis by CARES . 2011-12.
Poor Dental Health	Adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Additional data analysis by CARES . 2006-10.
Access to Dentists	This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.	S Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File . 2013.

Medicare Mammograms Cancer Screening	Female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years.	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.
Colonoscopy or Sigmoidoscopy Cancer Screening	Adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy.	US Department of Health & Human Services, Health Indicators Warehouse . 2006-12.
Physical Inactivity	Adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion . 2012.
Inadequate Fruit/Veggie Consumption	Adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day.	US Department of Health & Human Services, Health Indicators Warehouse . 2006-12.
Excessive Drinking	Percentage of adults reporting binge or heavy drinking. Demographic information in the table above is from Year 2015, the Nation rate is from Years 2006-2012.	County Health Rankings 2015
Suicide Mortality	Rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.	Centers for Disease Control and Prevention, National Vital Statistics System . Accessed via CDC WONDER . 2009-13.
Cancer Mortality	This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because cancer is a leading cause of death in the United States.	Centers for Disease Control and Prevention, National Vital Statistics System . Accessed via CDC WONDER . 2009-13.
Heart Disease Mortality	Within the report area the rate of death due to coronary heart disease per 100,000 population is 143.02. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the United States.	Centers for Disease Control and Prevention, National Vital Statistics System . Accessed via CDC WONDER . 2009-13.

Lung Disease Mortality	This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because lung disease is a leading cause of death in the United States.	Centers for Disease Control and Prevention, National Vital Statistics System . Accessed via CDC WONDER . 2009-13.
Stroke Mortality	Within the report area there are an estimated 48.2 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because stroke is a leading cause of death in the United States.	Centers for Disease Control and Prevention, National Vital Statistics System . Accessed via CDC WONDER . 2009-13.
Infant Mortality	This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.	Centers for Disease Control and Prevention, National Vital Statistics System . Accessed via CDC WONDER . 2009-13.
Premature Death	This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.	Centers for Disease Control and Prevention, National Vital Statistics System . Accessed via CDC WONDER . 2009-13.
Mentally Unhealthy Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted). Range in Illinois is 1.5-4.9.	County Health Rankings 2015
Unintentional Injury Mortality	This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.	Centers for Disease Control and Prevention, National Vital Statistics System . Accessed via CDC WONDER . 2009-13.
Motor Vehicle Accident Mortality	This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision.	Centers for Disease Control and Prevention, National Vital Statistics System . Accessed via CDC WONDER . 2009-13.

