

Rochelle Community Hospital Rochelle, IL

Community Health Needs Assessment, Focus Group Findings, and Secondary Data Analysis

April 2019



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INTRODUCTION

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

In January 2019, The Center conferred with leaders from RCH to discuss the objectives of a regional CHNA. 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
- Utilization and perception of local health services
- Perception of community health

Sampling

RCH provided The Center with a count of inpatient hospital admissions by zip code from the previous year. 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 representing the zip codes of inpatient admissions 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 February 2019, the CHNA, a cover letter on RCH's letterhead, and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region (seven zip codes). A press release was sent to local newspapers prior to the survey distribution announcing that RCH would conduct a CHNA throughout the region, in cooperation with The Center.

One-hundred twenty-seven (127) of the mailed surveys were returned, providing a 17.4% 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 7.91. Note that 72 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

A series of focus groups and secondary data analysis were also conducted to add more information to the CHNA findings. Methodology and findings of the secondary data are discussed later in the report and in [Appendix C](#). Content from the survey, focus groups, and secondary data analysis are discussed in the report where topics or findings relate.

When applicable, this report includes comparisons to the 2015 CHNA The Center administered. 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 in [Appendix A](#).

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

SURVEY FINDINGS

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 "Q4".

The Center administered a CHNA for RCH in 2015. Comparative data is included where applicable. In 2015, there was a 19% response rate (N=144) vs. a 17.4% response rate in 2019 (N=127).

Secondary data for Ogle County is also included in the survey findings, when applicable. The entire secondary data report including Ogle, Henry, and LaSalle Counties as well as state and national averages ([Appendix C](#)).

Survey Demographics

The lists below indicate the demographic characteristics of the 2019 survey respondents. (N=127)

In 2019, 83% live in Rochelle, 87% are Caucasian/white, 54% are female, and 48% were ages 56-75. In 2015, 79% of survey respondents lived in Rochelle, 72% were female, and 49% were ages 46-65. In Ogle County, 96% of the population is Caucasian/white.

Survey demographics are consistent with the secondary data for two variables. The median income for Ogle, Henry, and LaSalle counties is consistent with the highest percentage of survey respondents (20% in the \$50,000-\$74,999 range). Education levels appear to be comparable although secondary data only identifies the percentage of population with a high school degree or higher (89%). Variables that are over-represented in survey respondents include:

- Twenty-three percent in survey are 66-75 years of age as compared to secondary data for three counties for ages 65 and above (19%)
- Eighty-three percent in survey respondents are Rochelle residents (Ogle County). Eighty-four percent of the surveys were mailed to Rochelle residents as this represents their market size. An interesting note is that according to secondary data, LaSalle County has more than twice the population (110,067) compared to Ogle (51,063) and Henry (49,328)

Survey demographics under-represented as compared to secondary data include:

- Six percent in survey report as Hispanic/Latino. Ogle and LaSalle counties both report 10%.
- No survey respondents reported as African American. County data reports 1%-3%.

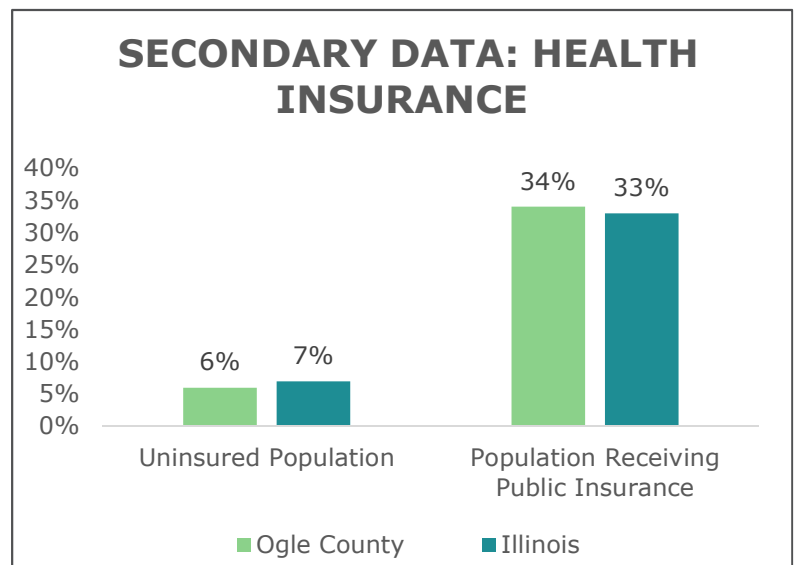
<p>Q33: Place of Residence</p> <ul style="list-style-type: none"> • 83% Rochelle (n=106) • 6% Ashton (n=8) • 3% Creston (n=4) • 2% Franklin Cove (n=3) • 2% Oregon (n=2) • 2% No answer (n=2) • 1% Steward (n=1) • 1% Other (n=1) • 0% Davis Junction (n=0) <p>Q34: Gender</p> <ul style="list-style-type: none"> • 54% Female (n=69) • 38% Male (n=48) • 8% No answer (n=10) • 0% Other (n=0) <p>Q35: Age</p> <ul style="list-style-type: none"> • 0% 18-25 (n=1) • 6% 26-35 (n=8) • 11% 36-45 (n=14) • 9% 46-55 (n=11) • 25% 56-65 (n=32) • 23% 66-75 (n=29) • 19% 76-85 (n=24) • 5% 86+ (n=6) • 2% No answer (n=3) 	<p>Q36: Dominant Ethnicity</p> <ul style="list-style-type: none"> • 87% Caucasian/White (n=11) • 6% Hispanic (n=7) • 5% No answer (n=6) • 2% Other (n=2) • 1% American Indian (n=1) • 0% African American (n=0) • 0% Asian (n=0) • 0% Pacific Islander (n=0) <p>Q37: Employment Status</p> <ul style="list-style-type: none"> • 46% Retired (n=59) • 38% Work full-time (n=48) • 7% No answer (n=9) • 2% Collect disability (n=3) • 2% Work part-time (n=3) • 2% Other (n=3) • 1% Not currently seeking employment (n=1) • 1% Unemployed but looking (n=1) • 0% Student (n=0) <p>Q38: Education Level</p> <ul style="list-style-type: none"> • 27% College degree (n=34) • 27% Some college (n=34) • 22% High school degree (n=28) • 9% No Answer (n=12) • 6% Post graduate degree (n=8) • 6% Graduate degree (n=8) • 2% GED (n=3)
<p>Q39: Household Income</p> <ul style="list-style-type: none"> • 16% Less than \$25,000 (n=20) • 8% \$25,000-\$34,999 (n=10) • 16% \$35,000-\$49,999 (n=20) • 20% \$50,000-\$74,999 (n=26) • 13% \$75,000-\$99,999 (n=16) • 11% \$100,000-\$149,999 (n=14) • 6% \$150,000+ (n=7) • 11% No answer (n=14) 	

Health Insurance & Prescriptions

Q30: What type of health insurance covers the majority of household medical expenses? Thirty-eight percent of survey respondents are covered by an employee-sponsored health plan, and 35% are covered by Medicare.

In Ogle County, 6% of the population is uninsured, which is lower than the state and national average. Two percent of survey respondents stated they did not have health insurance.

- **38% Employer sponsored (n=48)**
- **35% Medicare (n=45)**
- 9% No answer (n=12)
- 4% State/Other (n=5)
- 3% Self paid (n=4)
- 3% Medicaid (n=4)
- 3% Other (n=4)
- 2% VA/Military (n=2)
- 2% None (n=2)
- 1% Health Kids (n=1)
- 0% Agricultural Corp. Paid (n=0)
- 0% Health Savings Account (n=0)



Q31: Reason respondents do not have health insurance. Seven respondents indicated why they don't have health insurance, though only two respondents in Q30 indicated they did not have insurance. The top two reasons were cost and "other", followed by "employer doesn't offer insurance". Respondents could select all that apply, so percentages do not total 100%. (n=7)

In 2015, six of the nine respondents who responded to why they do not have health insurance stated it was due to cost.

- **Cannot afford to pay for health insurance (n=3)**
- Other (n=3)
- Employer does not offer insurance (n=2)
- Cannot get health insurance due to medical issues (n=0)
- Choose not to have health insurance (n=0)

Q32: Are you aware of programs that help people pay for health care expenses? Forty-eight percent (n=60) of respondents are unaware or unsure of programs to help them pay for health expenses. (N=127)

- 37% Yes, but I do not qualify (n=47)
- **32% No (n=40)**
- **16% Not sure (n=20)**
- 10% Yes, and I use them (n=13)
- 6% No answer (n=7)

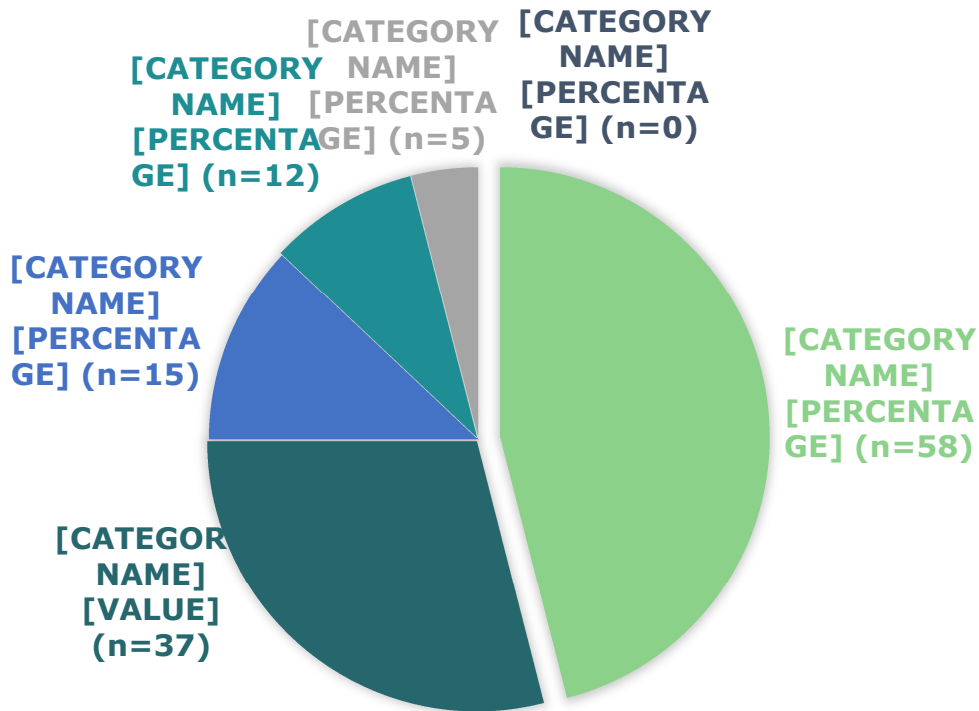
Q29: Has cost prohibited you from getting a prescription or taking your medication regularly? Fourteen percent (n=18) of respondents are not getting or taking medication regularly due to cost. (N=127)

- 77% No (n=98)
- **14% Yes (n=18)**
- 6% Not applicable, I don't take medications (n=8)
- 2% No answer (n=3)

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 understand the impact it has on the local economy and quality of life. (N=127) Overall, 58% of respondents rate

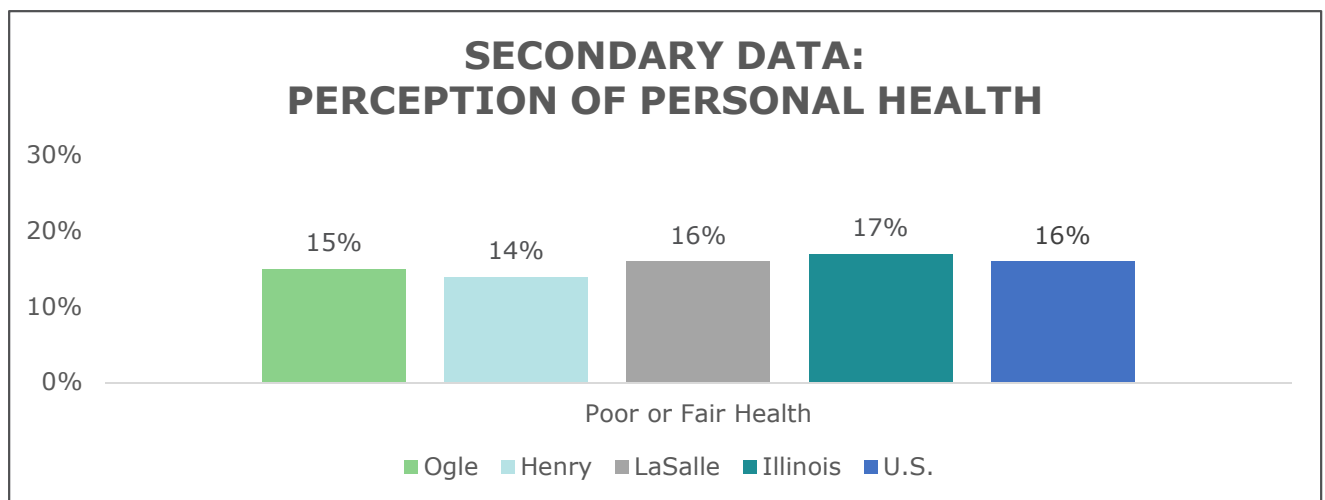
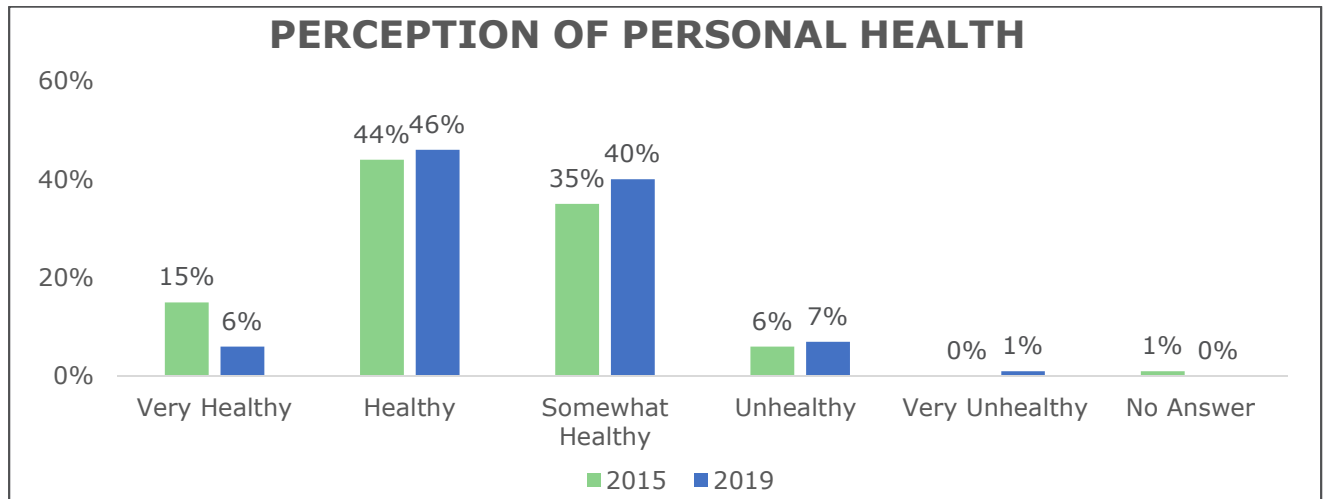
their knowledge as excellent or good.



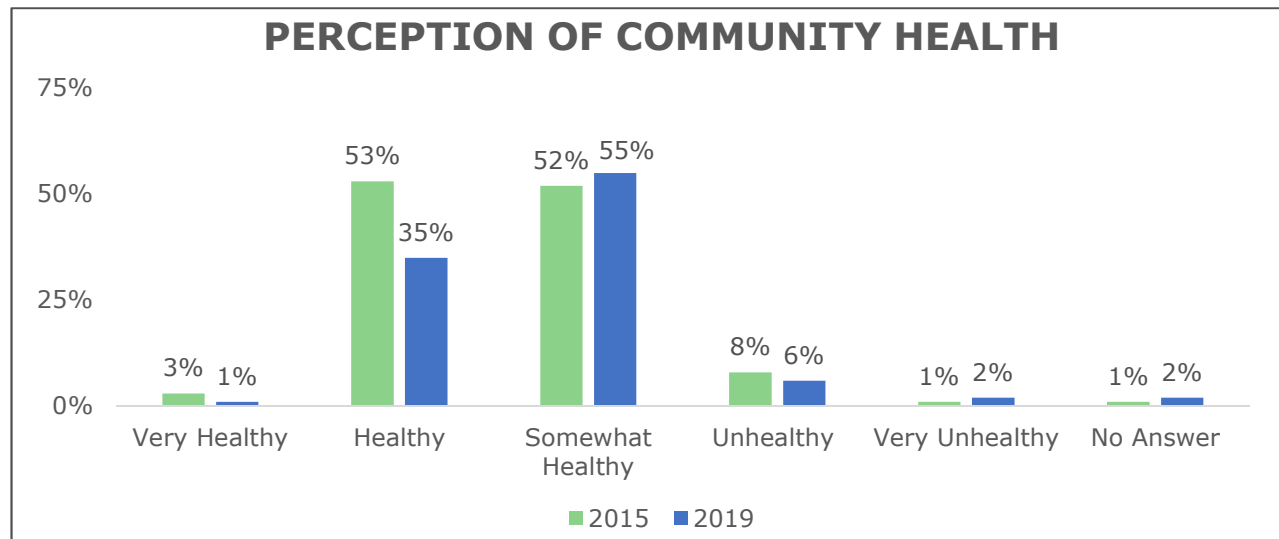
While this was not a specific question in the focus groups, there were frequent comments from attendees, "I didn't know Rochelle had that (service)." This is in line with the survey results which indicate that some community members are not as aware of RCH services as they could be.

Perception of Personal and Community Health

Q4: Overall, how would you rate your personal health? In 2019, there is a higher perception of personal health as being “Healthy” or “Somewhat Healthy” than in 2015. Perception of “Very Healthy” decreased from 2015 to 2019.



Q1: How would you rate the general health of our community? In 2019, respondents perceive the community as 18% less “Healthy” than in 2015. (N=127)



Overall, focus group participants perceived that the health status of Rochelle residents is generally good, but there was concern about overall health with long winters. Comments indicate that there are factions of the community perceived to be “below average” or “poor” health, specifically:

- Hispanic population
- Those in poverty and low incomes who experience problems with access to food, medical care, and other basic needs
- School age population that show a high degree of asthma, food allergies, and challenges in home life

Secondary data indicates that 10% of Ogle County, 6% of Henry County, and 10% of LaSalle County is Hispanic/Latino. This is less than Illinois (17%) and the US (18%). Eleven percent of Ogle County, 13% of Henry County, and 14% of LaSalle County live in poverty. The state of Illinois reports 14% and the US 15% for this same variable. Nine percent of Ogle County, 10% of Henry County, and 11% of LaSalle County live with food insecurity. This percentage is comparable to Illinois (11%) and slightly less than the national average (13%)

Community Health Concerns

Q2: What are the three most serious health concerns in the community?

The top three health concerns in 2019 are similar to 2015. However, in 2019, “Obesity” rose to the top. The concerns of “Heart disease” and “Mental health issues” have increased since 2015. Respondents were asked to select three that apply, so totals do not equal 100%. (N=125)

Health Concerns	n=	2019	2015
Obesity	62	50%	45%
Cancer	54	43%	47%
Alcohol/substance abuse	54	43%	41%
Heart disease	52	42%	32%
Mental health issues	32	26%	19%
Lack of exercise	30	24%	24%
Diabetes	30	24%	24%
Tobacco use	13	10%	17%
Domestic violence	13	10%	8%
Lack of access to health care	11	9%	10%
Stroke	6	5%	3%
Other	6	5%	3%
Child abuse/neglect	5	4%	3%
Motor vehicle accidents	5	4%	3%
Underage alcohol use	2	2%	10%
Lack of dental care	2	2%	8%
Kidney Disease	2	2%	2%

Secondary data indicates a slightly higher rate of physical inactivity in Ogle County (25%) than in Henry county (24%), LaSalle County (23%), Illinois (22%), and national (22%) averages. Ogle County also has a high rate of adult obesity (34%) compared to state (29%) and national (29%) averages.

Cancer screening in the three counties is lower than state and national averages. The rate of current smokers in the three counties (15-17%) are similar to state (16%) and national averages (16%).

Forty-three percent of the survey respondents identified alcohol/substance abuse as the third highest concern. In Ogle County, 21% of adults are at risk for binge or acute drinking, compared to 20% in Henry County and 21% in LaSalle County. The state average is 21% Alcohol-impaired driving deaths are lower in Ogle County than the other two counties, state and national averages. The drug overdose death rate per 10,000 population for ages 15-64 years in Ogle County is 2.2, which is slightly

higher than the state average of 2.1. The opioid overdose death rate for ages 15-64 years in Ogle County is 1.7, slightly higher than the state average of 1.6

Focus group participants described the greatest health needs/issues as mental health and mental wellness services, addiction services, access to services for residents outside of city of Rochelle, care for low income or those with no insurance/affordable care, and access to primary care.

Criteria for a Healthy Community

Q3: Select the three items that you believe are most important for a healthy community. The most frequently selected criteria for a healthy community was "Access to health care and other services" followed closely by "Good jobs and a healthy economy". "Healthy behaviors and lifestyles" were also important to 2019 survey respondents. In 2015, the top answers were similar, but also included "low crime/safe neighborhoods". Respondents were asked to select three that apply, so totals do not equal 100%. (N=127)

Criteria for a Healthy Community	n=	2019	2015
Access to health care and other services	82	65%	58%
Good jobs and healthy economy	52	41%	46%
Healthy behaviors and lifestyles	39	31%	30%
Low crime/safe neighborhoods	37	29%	42%
Good schools	29	23%	26%
Religious or spiritual values	28	22%	22%
Strong family life	28	22%	27%
Affordable housing	23	18%	12%
Clean environment	15	12%	15%
Parks and recreation	13	10%	7%
Low death and disease rates	12	9%	6%
Community involvement	10	8%	5%
Tolerance for diversity	8	6%	2%
Low level of domestic violence	5	4%	6%
Other	2	2%	1%
Arts and cultural events	1	1%	3%

Compared to the state and US, Ogle County has lower access to primary care providers, mental health providers, and dentists.

Rate of Access (population per provider)	Ogle	IL	US
Access to Primary Care Physicians	1,650	1,230	1,330
Access to Mental Health Providers	720	480	440
Access to Dentists	2,320	1,310	1,460

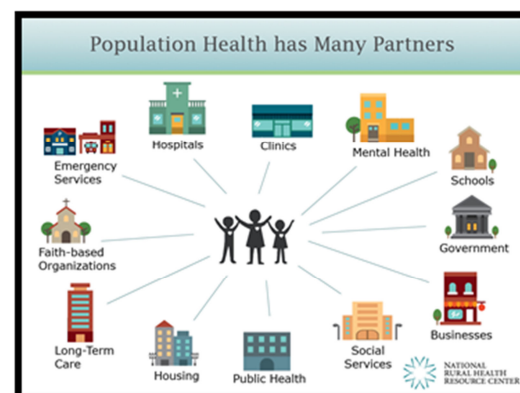
The unemployment rate in Ogle County is 5%, which is the same as the state (5%) and higher than the US (4%). The median household income in Ogle County (\$57,655) is lower than the state average (\$61,229). However, the child poverty rate (16%) is lower than the state (19%) and national (20%) rates.

In Ogle County, access to exercise opportunities (62%) is lower than the state average (91%) and national average (76%).

Community Health Resources

Q7: What community health resources, other than the hospital or clinic, have you used in the last three years? Respondents in both 2019 and 2015 chose “Pharmacy” as the top community resource they’ve used in the last three years. Respondents were asked to select all that apply, so totals do not equal 100%. (N=124)

Resources	n=	2019	2015
Pharmacy	112	90%	84%
Dentist	84	68%	67%
Eye doctor	79	64%	57%
Chiropractor	33	27%	27%
Community Health Center	12	10%	4%
Other	10	8%	2%
Mental health	6	5%	6%
Public health	3	2%	6%
Lutheran Social Services	2	2%	3%
VA	2	2%	5%



Ideas to Improve Access to Health Care

Q8: In your opinion, what would improve our community's access to health care? "More specialists" and "Primary care providers" are the most frequently cited responses. In 2015, the top response was "More specialists". Respondents were asked to select all that apply so percentages do not total 100%. (N=123)

Method to Improve Access	n=	2019	2015
More specialists	58	47%	52%
More primary care providers	53	43%	38%
Greater health education services	40	33%	27%
Outpatient services expanded hours	39	32%	33%
Home health care	31	25%	21%
Improved quality of care	28	23%	21%
Transportation assistance	25	20%	27%
Interpreter services	14	11%	5%
Cultural sensitivity	8	7%	N/A
Other	8	7%	5%
Telemedicine	5	4%	6%

When examining the secondary data, 92% of Ogle County adults self-reported that they do have at least one person who they think of as their personal doctor or health care provider, compared to the state average of 82%.

A similar question was asked in the focus group regarding barriers to care or areas of improvement needed. Themes emerging include:

- Community and providers sometimes are unaware of services
- Language barriers exist with the Hispanic community
- Poverty, those with no insurance, fear of cost of getting care
- Lack of transportation services for those outside the city of Rochelle

Length of Time to Schedule Appointment

Q6: In your experience, what is the average length of time to schedule an appointment with your primary care provider at Family Healthcare Clinic?

In 2019 and 2015, "1-3 days" the most frequently cited time to schedule an appointment. (N=127)

Time to Schedule Appointment	n=	2019	2015
1-3 days	41	32%	32%
4-7 days	28	22%	21%
8-11 days	14	11%	6%
12-14 days	7	6%	3%
No answer	1	1%	1%
15+	0	0%	1%
Not applicable	36	28%	36%

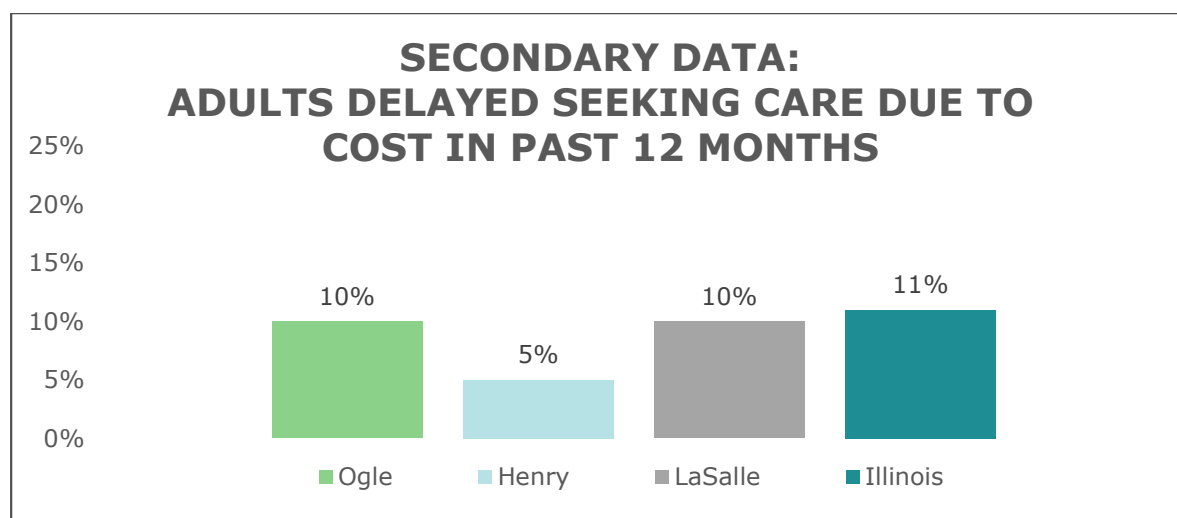
Delayed Health Care Services

Q9: 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 get or delayed getting medical services? Seventeen percent said “Yes, in the past three years, I (household) did NOT get or delayed getting medical services”. In 2015, 24% of respondents said “Yes”. (N=127)

Reasons to Not Receive Health Care Services

Q10: If yes, what were the MOST important reasons why you did not receive health care services? “It costs too much” was the top reason, followed by access issues. In 2015, the top reasons were also access and cost. (N=18)

Reason to Delay	2019 n=	2015 n=
It costs too much	5	3
Office wasn't open when I could go	3	4
My insurance didn't cover it	3	4
Other	2	4
Too long to wait for an appointment	2	2
Didn't know where to go	1	2
Don't like providers	1	2
Not treated with respect	1	N/A
Could not get an appointment	0	2
No insurance	0	3
It was too far to go	0	2
Too nervous or afraid	0	2
Transportation problems	0	2
Language barrier	0	N/A
Unsure if services were available	0	N/A
Could not get off work	0	N/A
Had no one to care for the children	0	N/A



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? "Routine health checkups" and "Routine blood pressure check" were the most utilized services in 2019 and 2015. Respondents were asked to select all that apply, so totals do not equal 100%. (N=124)

Preventive Testing / Services	n=	2019	2015
Routine health checkup	89	72%	60%
Routine blood pressure check	78	63%	60%
Flu shot	67	54%	54%
Cholesterol check	66	53%	49%
Mammography (N=69)	41	59%	49%
Colonoscopy	27	22%	16%
Pap smear (N=69)	21	30%	23%
Immunizations	19	15%	17%
Diabetic services	16	13%	N/A
Children's checkup/Well baby	16	13%	14%
Prostate (PSA) (N=48)	16	33%	13%
None	7	6%	8%
Other	3	2%	3%
Smoking cessation	3	2%	1%

According to secondary data, in Ogle County, 70% had a routine checkup in the past 12 months or less, which is higher than the other two counties and the same as the state average.

The mammogram cancer screening in Ogle County (39%) is lower than state averages (42%) for secondary data but higher according to survey data (59%). The Pap testing rates are also lower in Ogle County (69%) compared to the state (73%) and US (72%). Ogle County colonoscopy or sigmoidoscopy rates (57%) are more than 10% lower than state (69%) or US (70%). However, flu vaccination rates in Ogle County Medicare fee-for-service enrollees (50%) are higher than the other two counties and state (45%). The US rate for all adults aged 65 or older, regardless of insurance type is 65%.

Additional Health Care Services

Q12: What additional health care services would you use if available at Rochelle Community Hospital? The top additional health care service that individuals would use if available is “Ear, Nose & Throat”, which is the same as 2015. Respondents were asked to select all that apply, so totals do not equal 100%. (N=86)

Services	n=	2019	2015
Ear, Nose & Throat	55	64%	46%
Gynecology (women)	26	30%	31%
Pulmonology (heart)	22	26%	20%
Urology (men)	19	22%	15%
Spine	13	15%	20%
Other	11	13%	4%
Smoking cessation	1	1%	N/A

Hospital Care

Q13: In the past three years, have you or a household member received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care) In 2019, **67%** said “Yes, in the past three years, I (household) have received care in a hospital”. In 2015, 71% of respondents received care in a hospital. (N=125)

The secondary data shows that the number of preventable hospital stays in Ogle County (458 per 10,000) are higher than Henry (337) or LaSalle (399) Counties, but lower than the state average (498).

Household's Most Utilized Hospital

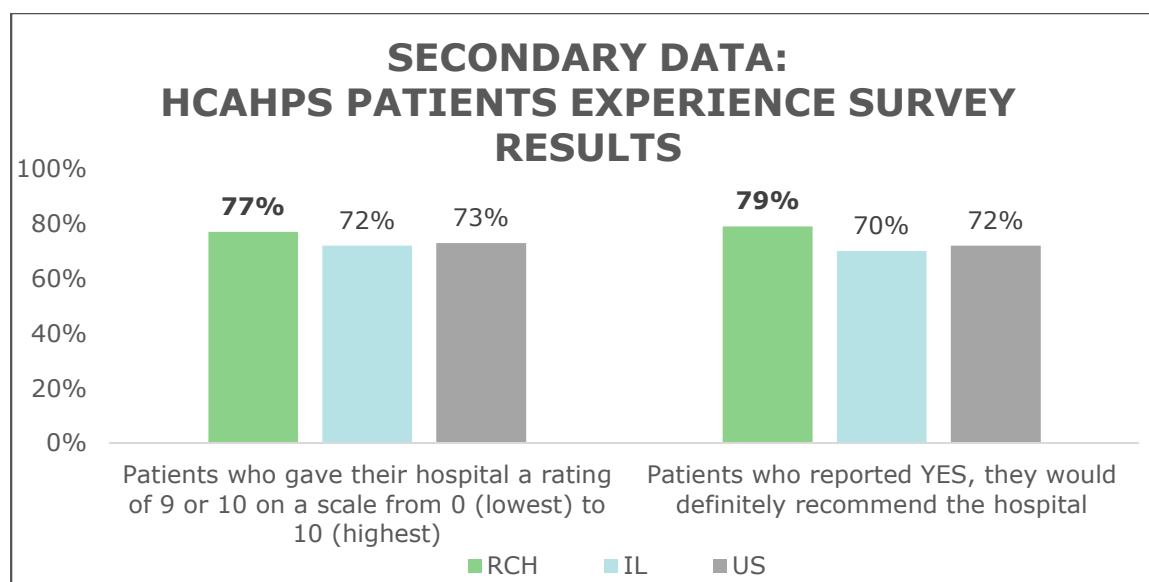
Q14: If yes, which hospital does your household use the MOST for hospital care? In 2019, Rochelle Community Hospital (RCH) is the most frequently utilized hospital with 26% of respondents. In 2015, there were different answer options, so the percentages are not comparable. (N=127)

Hospital Utilized	n=	2019
Rochelle Community Hospital	33	26%
Northwestern Medicine Kishwaukee Hospital	15	12%
Swedish American Hospital	11	9%
KSB Hospital	7	6%
OSF St. Anthony Medical Center	5	4%
Other	3	2%
Mercy Health System/Rockford	1	1%
Van Matre Healthsouth Hospital	1	1%
No Answer	51	40%

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? "Prior experience with hospital" is the top reason for over half of the 2019 respondents. In 2015, the top response was closest to home. Respondents were asked to select three that apply, so totals do not equal 100%. (n=97)

Reason for Selecting Hospital	n=	2019	2015
Prior experience with hospital	59	61%	59%
Referred by physician	49	51%	48%
Closest to home	47	48%	64%
Hospital's reputation for quality	33	34%	42%
Emergency, no choice	25	26%	21%
Required by insurance plan	14	14%	18%
Cost of care	10	10%	6%
Other	8	8%	7%
Recommended by family or friends	8	8%	7%
VA/Military requirement	5	5%	0%
Closest to work	2	2%	7%



HCAHPS data indicate that former patients report a positive experience with RCH. Seventy-seven percent of RCH patients rated the hospital a 9 or 10, which is higher than the state (72%) and the US (73%). Seventy-nine percent of RCH patients reported yes, they would recommend the hospital, which is higher than the state (70%) and the US (72%).

Why Seek Hospital 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 in 2019 and 2015. Respondents were asked to select top three, so totals do not equal 100%. (N=85)

Reason for Seeking Hospital Care Elsewhere	n=	2019	2015
Prior relationship with other health care provider	41	48%	39%
Quality of staff	24	28%	27%
Required by insurance plan	20	24%	17%
Quality of equipment	15	18%	18%
N/A: I/we use local services	14	16%	20%
Other	9	11%	14%
More privacy	6	7%	4%
Cost of care	4	5%	9%
Closest to home	3	4%	5%
Closest to work	2	2%	1%
VA/Military requirement	2	2%	0%

The most common “Other” responses were related to specialty services that were not offered at RCH.

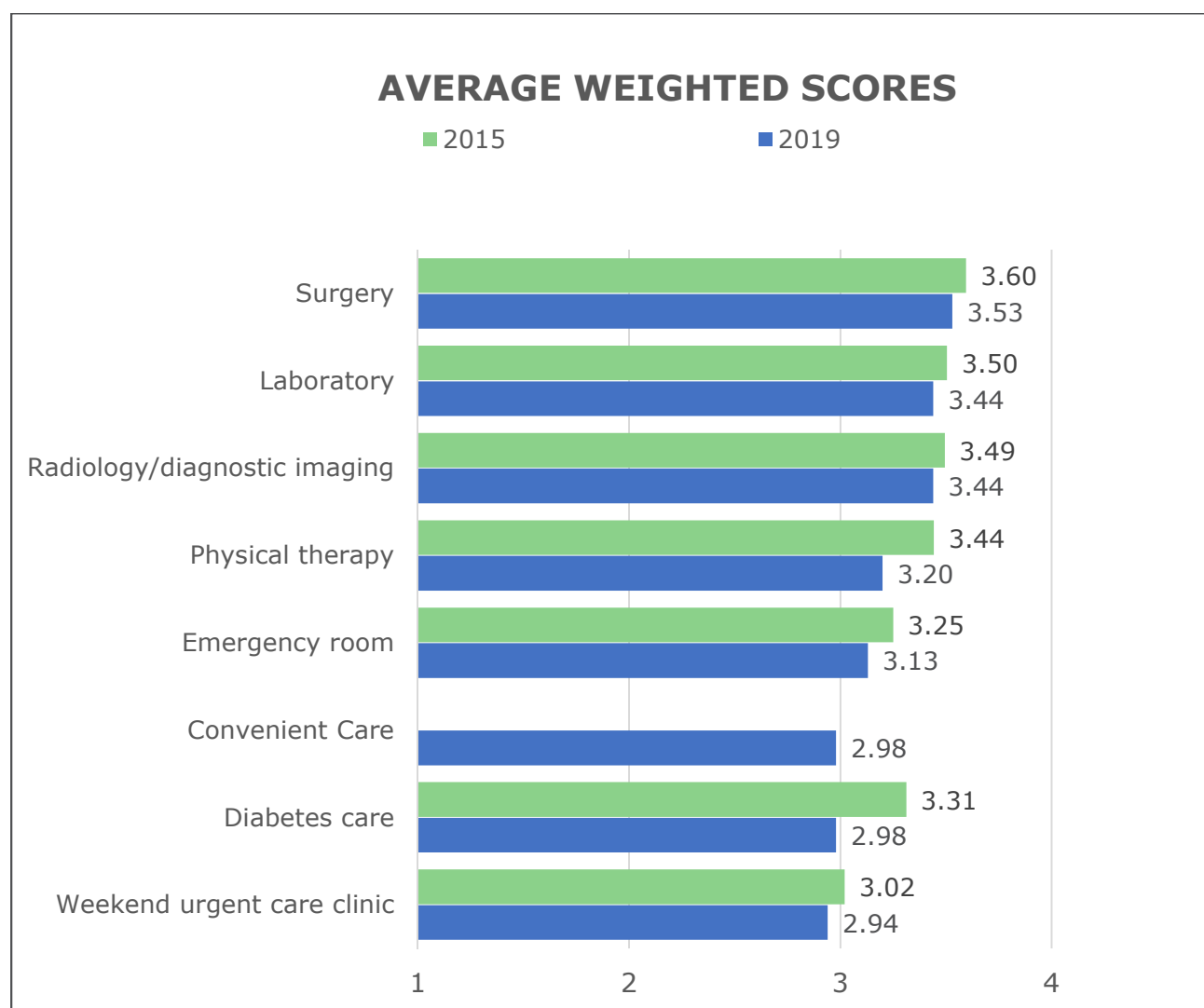
2019 Aspects of Care (counts)	No Answer	Exc = 4	Good = 3	Fair = 2	Poor = 1	Don't know	Average Weighted Score
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Quality of Rochelle Community Hospital Services

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

Respondents were asked to rate the service by using 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 2.98 or higher. **The total average weighted score was 3.25, indicating the overall perception of care was "Good" to "Excellent"**. For all services except convenient care, the average weighted score was slightly lower for 2019 as compared to 2015. (N=127)



Diabetes Care	4	32	42	12	4	33	3.13
Weekend Urgent Care Clinic	4	49	31	8	1	34	3.44
Surgery	9	21	19	7	2	69	3.20
Radiology/Diagnostic	9	39	27	5	1	46	3.44
Physical Therapy	11	22	11	3	0	80	3.53
Laboratory	12	12	24	9	3	67	2.94
Emergency room	13	6	5	3	1	99	2.98
Convenient care	10	12	22	9	2	72	2.98
N=127	-	-	-	-	-	-	3.25

Focus group participants shared many positive comments, indicating that the hospital has a very good reputation and is viewed as a vital asset in the community. No negative comments regarding the quality of care were expressed by any of the participants. Participants were clearly proud of RCH. Several comments were made concerning the status of RCH as a “community” hospital and the hope that it would remain as such.

Preferred Facility for Future Hospitalization

Q18: If you or a household member needed to be hospitalized in the future, which facility would you choose? “RCH” was the most frequently cited hospital for future hospitalization in 2019 and 2015. (N=125)

Preferred for Future Hospitalization	n=	2019	2015
Rochelle Community Hospital	41	32%	45%
Swedish American Hospital	23	18%	17%
Northwestern Medicine Kishwaukee Hospital	21	17%	11%
OSF St. Anthony Medical Center	17	13%	12%
KSB Hospital	7	6%	2%
Mercy Health System/Rockford	5	4%	1%
Other	3	2%	5%
No Answer	10	8%	8%

Focus group participants were asked why they would seek care at an organization other than RCH. The top response concerned lack of access to services, including obstetrics/gynecology, mental health services, dialyses, and orthopedic surgery.

In addition, they stated that there is a misconception that bigger is better, there are financial incentives to go elsewhere, and when providers refer elsewhere the person is unaware they can insist on receiving services at RCH.

PRIMARY CARE

Utilization and Location 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? In 2019, 91% of respondents say “Yes”, they saw a primary care provider in the past three years. In 2015, 90% of respondents said, “Yes”. (N=127)

Primary Care Location

Q20: Where was that primary health care provider located? “Family Healthcare Clinic” was the most frequently cited location for primary care services and showed a 25% increase in 2019 from 2015. (N=127)

Past Location	n=	2019	2015
Family Healthcare Clinic	44	35%	10%
Other	26	20%	17%
Kishwaukee, DeKalb	11	9%	6%
Swedish American, Rochelle	10	8%	6%
Medcare Health Center, Rochelle	6	5%	N/A
Kishwaukee, Rochelle	5	4%	6%
Swedish American, Davis Junction	4	3%	7%
VA	1	1%	2%
No Answer	20	16%	13%

Q23: If you needed primary care services in the future, which facility would you choose? “Family Healthcare Clinic” was identified as the most likely location for future primary care services and showed a 27% increase from 2015 to 2019. (N=127)

Future Location	n=	2019	2015
Family Healthcare Clinic	46	36%	9%
Other	18	14%	18%
Swedish American, Rochelle	15	13%	10%
Kishwaukee, DeKalb	14	11%	8%
Swedish American, Davis Junction	6	5%	8%
Kishwaukee, Rochelle	6	5%	5%
Medcare Health Center, Rochelle	5	4%	N/A
VA	2	2%	2%
No Answer	14	11%	10%

Reason for Selecting the Primary Care Provider

Q21: Why did you select that particular primary care provider (PCP)? Over half of 2019 respondents selected a PCP because of “Prior experience with the clinic”. Respondents were asked to select all that apply, so totals do not equal 100%. (n=114)

Reason for Selecting Primary Care Provider	n=	2019	2015
Prior experience with clinic	63	55%	45%
Closest to home	38	33%	38%
Appointment availability	32	28%	28%
Recommended by family or friends	22	19%	16%
Clinic's reputation for quality	20	18%	19%
Required by insurance plan	17	15%	20%
Length of waiting room time	14	12%	15%
Referred by physician or other provider	9	8%	15%
Other	9	8%	12%
VA/Military requirement	5	4%	2%
Cost of care	4	4%	5%

Reason to Seek Primary Health Care Outside of Rochelle

Q22: If you routinely seek primary health care outside of Rochelle Community Hospital Physicians, why? Having a “Prior relationship with another health care provider” is the most frequently cited reason for utilizing primary care services outside of Rochelle in 2019 and 2015. Respondents were asked to select all that apply, so totals do not equal 100%. (n=100)

Reason for Care Elsewhere	n=	2019	2015
Prior relationship with other health care provider	52	52%	44%
Quality of staff	21	21%	23%
N/A: I/we use local services	20	20%	20%
Required by insurance plan	16	16%	18%
Quality of equipment	11	11%	10%
Other	11	11%	10%
Closest to home	6	6%	5%
Cost of care	5	5%	5%
Closest to work	4	4%	1%
More privacy	4	4%	5%
VA/Military requirement	1	1%	5%
N/A: I/we use local services	20	20%	20%

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? In 2019, **75% say “Yes”**, they saw a specialist in the past three years. In 2015, 76% of respondents saw a specialist in the past three years. (N=127)

Location of Specialty Care: Past & Future

Q25: Where was the health care specialist located? The most frequently cited location for receiving specialty care services, after “Other” was “OSF St. Anthony Medical Center.” Respondents could select all that apply so percentages do not total 100%. (n=101)

Past Specialty Location	n=	2019	2015
Other	35	35%	39%
OSF St. Anthony Medical Center	24	24%	19%
Rochelle Community Hospital	23	23%	25%
Northwestern Medicine Kishwaukee Hospital	21	21%	N/A
Swedish American Hospital	17	17%	19%
KSB Hospital	11	11%	4%
Mercy Health System/Rockford	6	6%	N/A

Q28: If you needed specialty care services in the future, which facility would you choose? Respondents identify “RCH” as their most likely location for future specialty care services in 2019 and 2015. (N=127)

Future Specialty Location	n=	2019	2015
Rochelle Community Hospital	33	26%	35%
Swedish American Hospital	23	18%	17%
Northwestern Medicine Kishwaukee Hospital	20	16%	N/A
OSF St. Anthony Medical Center	14	11%	10%
Other	13	10%	15%
Mercy Health System/Rockford	5	4%	N/A
KSB Hospital	5	4%	1%
No Answer	14	11%	10%

Type of Specialist Seen and Preferred Specialist

Q26: What type of health care specialist was seen? In 2019, over a quarter of respondents saw a “cardiologist” or a “dentist” in the past three years. In 2015, the top responses were cardiologist, dentist, orthopedic surgeon, or dermatologist. (n=108)

Type of Specialist Seen	n=	2019	2015
Cardiologist	36	33%	23%
Dentist	29	27%	23%
Gastroenterologist	24	22%	16%
OB/GYN	19	18%	21%
General surgeon	19	18%	19%
Urologist	19	18%	13%
Orthopedic surgeon	18	17%	24%
Chiropractor	17	16%	15%
ENT (ear/nose/throat)	16	15%	8%
Dermatologist	14	13%	23%
Pediatrician	14	13%	5%
Physical therapist	13	12%	13%
Oncologist	12	11%	7%
Radiologist	10	9%	9%
Pulmonologist	10	9%	5%
Neurologist	9	8%	12%
Podiatry	8	7%	10%
Other	7	6%	4%
Ophthalmologist	6	6%	9%
Neurosurgeon	6	6%	5%

Rheumatologist	6	6%	6%
Allergist	6	6%	3%
Endocrinologist	6	6%	4%
Nephrologist	5	5%	7%
Mental health counselor	5	5%	5%
Dietician	5	5%	2%
Chronic Acute Pain	5	5%	N/A
Occupational therapist	3	3%	2%
Speech therapist	2	2%	1%
Psychiatrist (M.D.)	1	1%	6%
Psychologist	1	1%	2%
Social worker	1	1%	1%
Substance abuse counselor	0	0%	1%

Q27: Choosing from the list of specialists above, please write the one you would like to have access to MOST in our community? In 2019, respondents were asked to write in one specialty from the list shown in Q26 that they would like to have access to MOST in their community. Below are the three most cited answers. Other responses can be found in [Appendix B](#).

- Cardiologist (12)
- ENT (8)
- Dermatologist (6)

The most needed specialty mentioned in the focus group was a broad spectrum of mental health and chemical health services.

According to secondary data, the heart disease death rate per 10,000 population is lower in Ogle County (29.4) than Henry County (36.1) or LaSalle County (36.8), state (32.8), and national (34.6) averages.

FOCUS GROUP FINDINGS

Introduction

The National Rural Health Resource Center (The Center) was contracted by Rochelle Community Hospital (RCH) to conduct focus group interviews to provide qualitative data on the strengths and needs of local health care services. Focus group comments reflect the perceptions of the individual and may differ or support survey and secondary data findings.

Background

In March 2019, four focus groups were held over the course of two days in RCH's service area.

Participant Demographics

Gender: Male (14) and Female (14)

Age: 35-60 years (19) and age 60+ years (9)

Employment status: employed (19) and retired/volunteer (9)

Economic status: All were middle/upper class*

(*) This characterization was based on comments made during the discussion about current and past employment, housing, and lifestyle.

Summary of Major Focus Group Findings

Overall health of people was characterized as generally good, but some concern exists about overall health with long winters. However, there are factions of the community with below average and poor health, specifically:

- Hispanic population;
- those in poverty and low incomes who experience problems with access to food, medical care, and other basic needs
- school age population that show a high degree of asthma, food allergies, and challenges in home life

The greatest health needs/issues in the area are:

- Mental health services and mental wellness services
- Addiction services
- Access to services for residents outside of city of Rochelle
- Care for low income or those with no insurance/affordable care
- Access to primary care

A wide range of **suggestions for the Rochelle Community Hospital for improving health and collaborating with others** were offered. Most notable are:

- Develop a broad spectrum of services to address mental health and chemical dependency. Specifically suggested were crisis care, inpatient, outpatient, and follow-up services.
- Provide outreach and education “where the people are” (rather than offering at the hospital). Go to the churches, community meetings, etc.
- Work to meet the needs of those outside the city of Rochelle and the Hispanic population.

Rochelle Community Hospital’s major strengths:

- “For a community this size, we are very fortunate to have these services”
- Fitness Center
- Several individual departments were identified as excellent: housekeeping, dietary, radiology, chaplain, business office, emergency department
- The status of RCH still being a “community” hospital
- RCH is seen as an excellent collaborator with other community groups

The most often cited **barriers to accessing care as well as areas for improvement:**

- Community and providers sometimes unaware of services
- Language barrier with the Hispanic community
- Poverty, those with no insurance, fear of cost of getting care
- Lack of transportation services for those in county

Regarding **new services that participants would like to see offered** the two most often cited were:

- Broad spectrum of mental health and chemical health services
- Additional specialty services (specific suggestions are noted in the comments)

The **reasons people leave the area for care** are:

- Access to services not available
- Misconceptions that bigger is better
- Financial incentives to go elsewhere
- Providers refer elsewhere, and person is unaware they can insist on receiving services at RCH

The **major advantages of having care available locally** are saving time, quick care in case of emergency, being treated by people one knows and trusts, and business benefits such as drawing more industry.

Limitations

There are two major limitations that should be considered when reviewing these results:

1. The information is based on comments from a small segment of the community, 28 people.
2. Participants represented professional and middle/upper income residents. Many segments of the community are not represented in the findings, specifically those with lower socioeconomic status, (i.e., employed in non-professional jobs and not employed), young adults age 18-35, and youth.

CONCLUSIONS, RECOMMENDATIONS, AND ACKNOWLEDGEMENTS

Conclusions

Overall, Rochelle Community Hospital is perceived very favorably by the community according to those completing the survey and attending the focus groups. RCH is identified as the hospital of choice and feedback indicates that community members seek care elsewhere only when it is not available at RCH, when a previous relationship exists with a PCP, or when their provider or medical coverage requires it. RCH is perceived to be a true “community” hospital which provides quality care and positive patient experience. Respondents noted that they are fortunate to have such a high-quality hospital in a relatively small community, but some did acknowledge that there can be a perception that “bigger is better.” Surveys and focus groups both revealed that many in the community are not aware of the range of services that are offered at RCH.

A top health concern noted in both the survey and focus groups was access to alcohol and substance abuse treatment. Other top concerns differed for the two groups otherwise. Survey information identified obesity and cancer as top issues while focus groups identified concern about lack of mental health/mental wellness services and services for those outside the city of Rochelle and those without financial resources. Almost half of survey respondents stated that they were not fully aware of programs to help pay for health care. Additionally, several comments in the focus groups suggested that language barriers impact the Hispanic population from seeking care.

Interestingly, the perception of the health of the community decreased from 2015 to 2019. In 2015, the community was seen to be very health/healthy (56%) and in 2019, this item was 36%. Secondary data is in line with this perception. Ogle

County had a slightly higher rate of inactivity, a higher rate of adult obesity and smoking, and a lower rate of cancer screening than state and national averages.

Over a quarter of respondents indicate they have seen a cardiologist in the past three years. Cardiology was the number one specialty requested in the survey. This need is in line with the demographics of the community as well as those responding to the survey. Several focus group attendees noted that RCH has worked diligently in the past to bring cardiology to the community.

Recommendations

RCH has an opportunity to increase engagement of vulnerable populations including Hispanic and low income. It would be beneficial to collaborate with representatives from these communities who could speak on their behalf and advise the hospital on the best ways to educate and reach out to these groups. Hospitals are finding that traditional ways of doing this (offering educational programs in the hospital, for instance) are not effective with all populations. It can be more impactful to partner with trusted members of the target community and to take resources to the places these groups convene (i.e., churches, community centers, sporting events, etc.)

It is also recommended the hospital continue with efforts to impact the wellness of the community. This includes campaigns that support a more active community that focuses on decreasing obesity and smoking. Again, partnering with other organizations, churches, businesses, and schools is key.

Finally, as in many communities, there is an opportunity to address issues related to substance abuse and mental illness. As with the previous recommendations, this is not something the hospital can do alone. RCH can leverage the respect and goodwill that was communicated in the survey and focus group to closely collaborate with other community champions on this effort.

Acknowledgements

The Center would like to thank Ms. Kimberly Louis for her contributions and work with developing and distributing the assessment and coordinating the focus groups.

APPENDIX A: SURVEY INSTRUMENT



February 11, 2019

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. Unfortunately, many of the factors that threaten health care services in other rural areas challenge our local health care system as well. However, 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 **March 25, 2019**. 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 April 1, 2019.

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 Rhonda Barcus at 904-321-7607. 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,

Karen S. Tracy
Vice President of Administration, Quality and Risk Management
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"/> Obesity |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of access to health care | <input type="radio"/> Stroke |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of dental care | <input type="radio"/> Tobacco use |
| <input type="radio"/> Diabetes | <input type="radio"/> Lack of exercise | <input type="radio"/> Motor vehicle accidents |
| <input type="radio"/> Domestic violence | <input type="radio"/> Underage alcohol use | <input type="radio"/> Other _____ |
| <input type="radio"/> Kidney disease | <input type="radio"/> Mental health issues | |

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 Clinic? (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)

- | | | | |
|--|-------------------------------------|---|-----------------------------------|
| <input type="radio"/> Pharmacy | <input type="radio"/> Public health | <input type="radio"/> Eye doctor | <input type="radio"/> Other _____ |
| <input type="radio"/> Dentist | <input type="radio"/> Mental health | <input type="radio"/> Community Health Center | |
| <input type="radio"/> Lutheran Social Services | <input type="radio"/> Chiropractor | <input type="radio"/> VA | |

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

- | | | |
|---|--|--|
| <input type="radio"/> Greater health education services | <input type="radio"/> More specialists | <input type="radio"/> Cultural sensitivity |
| <input type="radio"/> Improved quality of care | <input type="radio"/> Transportation assistance | <input type="radio"/> Home health care |
| <input type="radio"/> Interpreter services | <input type="radio"/> Outpatient services expanded hours | <input type="radio"/> Other _____ |
| <input type="radio"/> More primary care providers | <input type="radio"/> 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)

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

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)

- | | | |
|---|--|---|
| <input type="radio"/> Children's check up/Well baby | <input type="radio"/> Mammography | <input type="radio"/> Smoking cessation |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Pap smear | <input type="radio"/> Diabetic services |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Prostate (PSA) | <input type="radio"/> None |
| <input type="radio"/> Flu shot | <input type="radio"/> Routine blood pressure check | <input type="radio"/> Other _____ |
| <input type="radio"/> Immunizations | <input type="radio"/> Routine health checkup | |

12. What additional health care services would you use if available at Rochelle Community Hospital? (Select all that apply)

- | | | | |
|--|---|-------------------------------------|-----------------------------------|
| <input type="radio"/> Ear, Nose & Throat | <input type="radio"/> Pulmonology (heart) | <input type="radio"/> Spine | <input type="radio"/> Other _____ |
| <input type="radio"/> Gynecology (women) | <input type="radio"/> Smoking cessation | <input type="radio"/> 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)

- | | |
|---|--|
| <input type="radio"/> Rochelle Community Hospital | <input type="radio"/> OSF St. Anthony Medical Center |
| <input type="radio"/> Northwestern Medicine Kishwaukee Hospital | <input type="radio"/> Van Matre Healthsouth Hospital |
| <input type="radio"/> Mercy Health System/Rockford | <input type="radio"/> KSB Hospital |
| <input type="radio"/> Swedish American Hospital | <input type="radio"/> Other _____ |

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

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

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

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

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
Convenient 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)

- | | |
|---|--|
| <input type="radio"/> Rochelle Community Hospital | <input type="radio"/> OSF St. Anthony Medical Center |
| <input type="radio"/> Northwestern Medicine Kishwaukee Hospital | <input type="radio"/> KSB Hospital |
| <input type="radio"/> Mercy Health System/Rockford | <input type="radio"/> Other _____ |
| <input type="radio"/> 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"/> Northwestern Medicine Kishwaukee Clinic; DeKalb | <input type="radio"/> Swedish American; Rochelle |
| <input type="radio"/> Northwestern Medicine Kishwaukee Clinic; Rochelle | <input type="radio"/> VA |
| <input type="radio"/> Medcare Health Center, Rochelle | <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"/> Prior relationship with other health care provider |
| <input type="radio"/> Closest to home | <input type="radio"/> Quality of staff | <input type="radio"/> N/A: I/we use local services |
| <input type="radio"/> Closest to work | <input type="radio"/> Required by insurance plan | <input type="radio"/> Other _____ |
| <input type="radio"/> More privacy | <input type="radio"/> VA/Military requirement | |

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"/> Northwestern Medicine Kishwaukee Clinic; DeKalb | <input type="radio"/> Swedish American; Rochelle |
| <input type="radio"/> Northwestern Medicine Kishwaukee Clinic; Rochelle | <input type="radio"/> VA |
| <input type="radio"/> Medcare Health Center; Rochelle | <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"/> OSF St. Anthony Medical Center |
| <input type="radio"/> Northwestern Medicine Kishwaukee Hospital | <input type="radio"/> KSB Hospital |
| <input type="radio"/> Mercy Health System/Rockford | <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"/> Chronic Acute Pain |
| <input type="radio"/> Mental health counselor | <input type="radio"/> Podiatry | <input type="radio"/> Other _____ |

27. Choosing from the list of specialists above, please write the one you would like to have access to **MOST** in our community? (Please select only ONE)

28. 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"/> OSF St. Anthony Medical Center |
| <input type="radio"/> Northwestern Medicine Kishwaukee Hospital | <input type="radio"/> KSB Hospital |
| <input type="radio"/> Mercy Health System/Rockford | <input type="radio"/> Other _____ |
| <input type="radio"/> Swedish American Hospital | |

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

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

30. 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"/> Health Savings Account |
| <input type="radio"/> Employer sponsored | <input type="radio"/> Medicaid | <input type="radio"/> Agricultural Corp. Paid |
| <input type="radio"/> Medicare | <input type="radio"/> VA/Military | <input type="radio"/> Other _____ |
| <input type="radio"/> State/Other | <input type="radio"/> Self paid | |

31. 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 | |

32. 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.

33. Where do you currently live by zip code?

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

34. What is your gender? ☐ Male ☐ Female ☐ Other _____

35. What is your age range?

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

36. With which ethnicity do you most identify?

- ☐ African American ☐ Asian ☐ Pacific Islander ☐ Other _____
☐ American Indian ☐ Hispanic ☐ Caucasian

37. What is your employment status?

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

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

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

39. What was your total household income before taxes during the past 12 months?

- ☐ Less than \$25,000 ☐ \$25,000 to \$34,999 ☐ \$35,000 to \$49,999 ☐ \$50,000 to \$74,999
☐ \$75,000 to \$99,999 ☐ \$100,000 to \$149,999 ☐ \$150,000 or more

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

APPENDIX B: CHNA “OTHER” SURVEY COMMENTS

2. In the following list, what do you think are the **three** most serious health concerns in our community?
 - MS
 - Dementia
 - Drug Addiction
 - Insurance / affordable
 - Health insurance needs
 - Underage substance abuse
3. Select the **three** items below that you believe are the most important for a healthy community.
 - Insurance
 - Affordability
 - Universal care
 - More restaurants – nice ones
7. Which community health resources, other than the hospital or clinic, have you used in the last three years?
 - Massage
 - Podiatrist
 - Counselor
 - Sleep doctor
 - Autism services
 - Physical Therapy
 - Rochelle Wellness and Fitness Center
8. In your opinion, what would improve our community’s access to health care?
 - IDK
 - Affordable
 - Autism services
 - Not in my network
 - Improved urgent care
 - Insurance acceptance
 - Low cost services / free
 - Lower health insurance cost
10. If yes, what were the most important reasons why you did not receive health care services?
 - Deductible too high

- Wouldn't provide me the service
 - No autism services covered by Medicaid
 - Can't afford what my insurance doesn't pay
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?
- I go to DeKalb
 - Mammogram in DeKalb
 - Colaguard
 - Not at RCH however
12. What additional health care services would you use if available at Rochelle Community Hospital?
- N/A (2)
 - Neither
 - None
 - Functional
 - Endocrinologist
 - Pediatric allergist
 - Nutrition/wellness
 - Don't know of any
 - Autism!! Covered by Medicaid!!
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)
- Central DuPage
14. If yes, which hospital does your household use the MOST for hospital care?
- CGH
 - Edgin
 - Kish, DeKalb, IL
 - Rochelle for ER
 - Edwards, Naperville
 - University of Wisconsin
 - Chicago Behavioral Health
15. Thinking about the hospital you use most frequently, what are the **three** most important reasons for selecting that hospital?
- Doc there

- Walk here
- PCP on staff
- Certain services
- Doctor associated
- My choice of in network
- Never busy – short wait time
- Referral by primary care physician

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

- Heart
- Specialists (3)
 - Urologist
 - Specialists not available
 - Need to see specialist- retina spec., dermatologist
- Cost of specialist
- Service not offered
- Primary care doctor
- Surgical requirements
- My GP is in DeKalb, Dermatologist, eye dr.
- Relationship with primary care physician and the hospital

18. If you or a household member needed to be hospitalized in the future, which facility would you choose?

- CGH
- Edwards, Naperville
- It depends on the circumstances
- Whatever the doctor recommends
- Depends
 - Depends on what is needing to be fixed
 - Depends on condition/circumstance
- VA Madison – University of Wisconsin

20. Where was the primary health care provider located?

- KSB Medical Group (3)
 - KSB Oregon (2)
- CGH
- Edgin
- Ashton
- Husband
- Doctors
- Urgent Care

- Lombard, IL
- Mercy Health
- Her own office
- General Rockford
- Edwards, Naperville
- DLX Medical Group
- Rochelle
 - Hospital (2)
 - Walk-in Clinic
- Private Practice
- OSF
 - Cherry Valley
 - Mendota
- Family doctor - Rochelle
- Rockford / Mulford clinic
- NW Med Waterman Clinic
- Sycamore Medical Group
- Swedish American, Byron
- Swedish American – Rockford
- Northwestern Medicine Delner
- Access Health DuPage Martin T. Russo Clinic

21. Why did you select that particular primary care provider?

- My choice (2)
- My physician
- Family doctor
- Female physician
- My doctor retired
- Accepted Medicaid
- Work DOT Physical
- Wanted a functional dr.
- Same doctor for 15 years!
- Problems my previous provider

22. If you routinely seek primary health care outside of Rochelle Community Hospital Physicians, why?

- OB/GYN (2)
 - Gynecologist
 - OB not offered here
- Only if I have to!
- Don't like Rochelle

- My choice – in network
- Pediatrics/specialist
- My choice in network
- Prior used RCH system
- Referred to specialist by doctor
- Did not have the service I wanted
- Rockford Cardiovascular Associates
- Reputation for good treatment of patients
- Might consider a PCP @ Rochelle Hospital
- Wife's Dr. Started up DeKalb clinic years ago

23. If you needed primary care services in the future, which facility would you choose?

- Swedish American – Rockford (2)
- Rochelle (2)
- CGH
- RCH (2)
- Unsure
- Dr. Nitz functional dr.
- Dr. Williams
- Rockford
- Mercy Health
- KSB (3)
 - Oregon
- Current provider
- Waterman Clinic
- DLX Medical Group
- OSF
 - Cherry Valley
 - Mendota
- Swedish American, Bryon

25. Where was the health care specialist located?

- VA (2)
 - Madison
- DeKalb (2)
 - Gyn
- Neither
- Midlands
- Orthoillinois
- Eyecare Clinic

- Allergist
 - Aurora
 - Rochelle
 - Rockford
 - Sycamore
- Rockford
 - Ortho (2)
 - Gastro
 - Urology
 - All Doctors
 - Nephrology
 - Came from Rockford Cardiovascular
- NIU Hearing and Speech Pathology Clinic, DeKalb
- Private Practice
- Wills Chiropractic
- GI
- CGH & various others
- DuPage Medical Center
- University of Wisconsin
- St. Anthony – Cancer dr.
- Peila Regional Health Center
- Monroe Clinic, (Monroe, WI)
- MOI and Northern Illinois ENT
- Rockford Spine Center
- University of Madison/Amita Health
- Sinnissippi, Rochelle RSAC, Oregon
- Advanced pain intervention
- They come to Rochelle from Rockford

26. What type of health care specialist was seen?

- Veins
- Sleep doctor (2)
 - i. Sleep apnea
- Cancer center
- Autism/ABA Therapy
- Kidney care – Rockford

27. Choosing from the list above, please write the one you would like to have access to **MOST** in our community.

- Cardiologist (12)
- ENT (8)

- Dermatologist (6)
- Urologist (4)
- OB/GYN (4)
- Chronic Acute Pain (3)
- Orthopedic surgeon (3)
- Pulmonologist (3)
- Chiropractor (2)
- Endocrinologist (2)
- Gastroenterologist (2)
- Pediatrician (2)
- Rheumatologist (2)
- Oncologist (2)
- Cancer and cancer treatment
- Allergist (2)
 - Pediatric allergist
- None
- Dentist
- Acute pain
- Dietician
- Psychiatrist
- Psychologist
- Neurosurgeon
- Autism services
- General Surgeon
- Both come to Rochelle
- Sleep doctor in network
- Mental Health counselor
- N/A Don't have preference
- I would like an autoimmune specialist
- Don't know
 - Don't know – I hope I don't need any of them
 - I don't know – I assume you have these options already
- The ER really needs to get equipment for infants
- Nephrologist – comes to Rochelle but not enough
- Suboxone/Subutex prescriber that accepts Medicare and Medicaid

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

- CGH
- Not sure
- Depends

- It depends on the need
 - Depends on circumstance
- VA Madison
- Closest available
- Referral
 - Doctor's referral
 - As needed or referred to
- Edwards, Naperville
- One of the Advocate hospitals

30. What type of health insurance covers the **majority** of your household's medical expenses?

- Blue Cross Blue Shield (2)
- VA
- Atena
- Mutual of Omaha
- Coventry/Etna
- I'm lucky I have both
- Because I want to see a functional doctor and they will not take insurance

31. If you do **NOT** have health insurance, why?

- N/A (5)
- Have insurance

33. Where do you currently live by zip code?

- 61068 KINGS

36. With which ethnicity do you most identify?

- White

37. What is your employment status?

- Disabled (2)
- Retiring summer 2019
- Single special needs parent
- Left work to stay home with son

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

- RN – 3-year diploma school of nursing

39. What was your total household income before taxes during the past 12 months?

- Not provided (2)

APPENDIX C: 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, focus groups, 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 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 and with varying methods. This can make direct comparisons of secondary data difficult. See [Appendix D](#) for source details and definitions. Please note, the data collected for this report is the most current information as of March 2019. The types of measures selected to analyze in this report were identified based on data available for Ogle County, Henry County and LaSalle County, Illinois.

For more secondary data information, The Center offers users the ability to extract multiple data elements that are focused on specific scenarios in population health management on the Population Health Portal:

<https://www.ruralcenter.org/population-health-portal/data>

Demographics

	Ogle County	Henry County	LaSalle County	IL	US
Population	51,063	49,328	110,067	12,802,023	325,719,178
Population Change 2010-2017	-4.5	-2.3	-3.4	0.2	5.5
Population Living in Rural	47%	50%	30%	12%	19%
Veterans, 2013-2017	9%	9%	9%	6%	8%
Hispanic/Latino Population	10%	6%	10%	17%	18%
Non-Hispanic African American	1%	2%	3%	14%	13%
Non-Hispanic White	87%	91%	85%	61%	61%
Population Age 65+	18%	20%	19%	15%	16%
Population below 18	23%	23%	22%	23%	23%
Disabled Population under age 65	8%	8%	9%	7%	9%

Social & Economic Factors

Indicators for Ogle County that are equal to or better than the state average are green. Ogle County indicators worse than the state average are pink.

	Ogle	Henry	LaSalle	IL	US
High School Graduate or Higher (age 25+) 2013-2017	89%	89%	89%	89%	87%
Language Other than English Spoken at Home	8%	5%	7%	23%	21%
Median Household Income	\$57,655	\$55,755	\$54,693	\$61,229	\$57,652
Persons in Poverty	11%	13%	14%	14%	15%
Child Poverty Rate	16%	18%	22%	19%	20%
Unemployment Rates	5%	5%	6%	5%	4%
Population Receiving Public Insurance	34%	35%	37%	233	34%
Uninsured Population	6%	5%	6%	7%	11%

Limited Access to Healthy Foods	5%	5%	6%	12%	N/A
Population with Food Insecurity	9%	10%	11%	11%	13%
Access to Exercise Opportunities	62%	76%	82%	91%	N/A
Children Eligible for Free/Reduced Price Lunch	36%	43%	50%	50%	52%
Teen Birth Rate per 10,000	20	24	27	23	25
Violent Crime per 10,000 residents	7.1	40.3	13.0	12.5	38.6

Physical Environment

Indicators for Ogle County that are equal to or better than the state average are green. Ogle County indicators worse than the state average are pink.

	Ogle	Henry	LaSalle	IL	US
Air Pollution – particulate matter	11.5	11.3	12.0	11.5	8.6
Severe housing problems	12%	8%	14%	18%	18%
Severe Housing Cost Burden	10%	7%	12%	15%	15%
Long commute – driving alone	36%	31%	29%	41%	35%

Clinical Care

Indicators for Ogle County that are equal to or better than the state average are green. Ogle County indicators worse than the state average are pink.

	Ogle	Henry	LaSalle	IL	US
Access to Primary Care Physicians	1,650	3,790	2,750	1,230	1,330
Access to Mental Health Providers	720	2,600	1,160	480	440
Access to Dentists	2,320	2,470	1,930	1,310	1,460
Preventable Hospital Stays per 10,000	458	337	399	498	452

Have Primary Care Provider	92%	90%	87%	82%	N/A
Delayed Seeing Doctor Due to Cost	10%	5%	10%	11%	N/A
Last Routine Checkup One Year of Less	70%	65%	68%	70%	N/A

Prevention

Indicators for Ogle County that are equal to or better than the state average are green. Ogle County indicators worse than the state average are pink.

	Ogle	Henry	LaSalle	IL	US
Flu Vaccinations	50%	48%	46%	45%	65%
Ever had Pneumonia Vaccination	31%	38%	25%	N/A	67%
Cancer Screening – Medicare Patients with Mammogram within past 2 years (age 40+)	39%	42%	44%	42%	N/A
Had a Pap in Past 3 Yrs., No Hysterectomy All Races (includes Hispanic), Female, Ages 18+	69%	69%	73%	73%	72%
Cancer Screening – Adults over 50 ever reporting having a Colonoscopy or Sigmoidoscopy	57%	54%	57%	69%	70%

Health Behaviors of Adults

Indicators for Ogle County that are equal to or better than the state average are green. Ogle County indicators worse than the state average are pink.

	Ogle	Henry	LaSalle	IL	US
Physical Inactivity	25%	24%	23%	22%	22%
Current Smokers	15%	16%	17%	16%	16%
Excessive Drinking	21%	20%	21%	21%	N/A

Health Outcomes

Indicators for Ogle County that are equal to or better than the state average are green. Ogle County indicators worse than the state average are pink.

	Ogle	Henry	LaSalle	IL	US
Fair or Poor Health	15%	14%	16%	17%	16%
Poor Physical Health Days	3.7	3.7	3.8	3.8	N/A
Poor Mental Health Days	3.6	3.5	3.7	3.5	N/A
Suicide Death Rate per 10,000	0.8	1.1	1.0	0.8	1.4
Drug Overdose Mortality Rate per 10,000 ages 15-64	2.2	1.0	3.2	2.1	2.3
Opioid Drug Overdose Mortality Rate per 10,000 ages 15-64	1.7	<0.6	2.6	1.6	1.4
Alcohol-impaired Driving Deaths	28%	33%	39%	33%	29%
Injury Deaths per 10,000	6.8	6.2	8.2	5.9	6.7
Infant Mortality Rate per 1,000	6	N/A	6	6	N/A
Low Birth Weight	6%	8%	7%	8%	8%
Chlamydia Infections per 10,000	24.8	26.5	30.3	56.1	49.7
Heart Disease Death Rate per 10,000 ages 35+	29.3	36.8	38.1	32.8	34.6
Estimated Prevalence of COPD	2,679	2,626	5,825	879,200	1,570,000
Adult Obesity	34%	34%	28%	29%	29%
Diabetes Prevalence	10%	11%	10%	9%	9%
Rate of New Cancers per 10,000	45.0	48.1	51.8	48.6	44.0
Cancer Mortality per 10,000	17.4	17.8	19.9	18.1	16.1

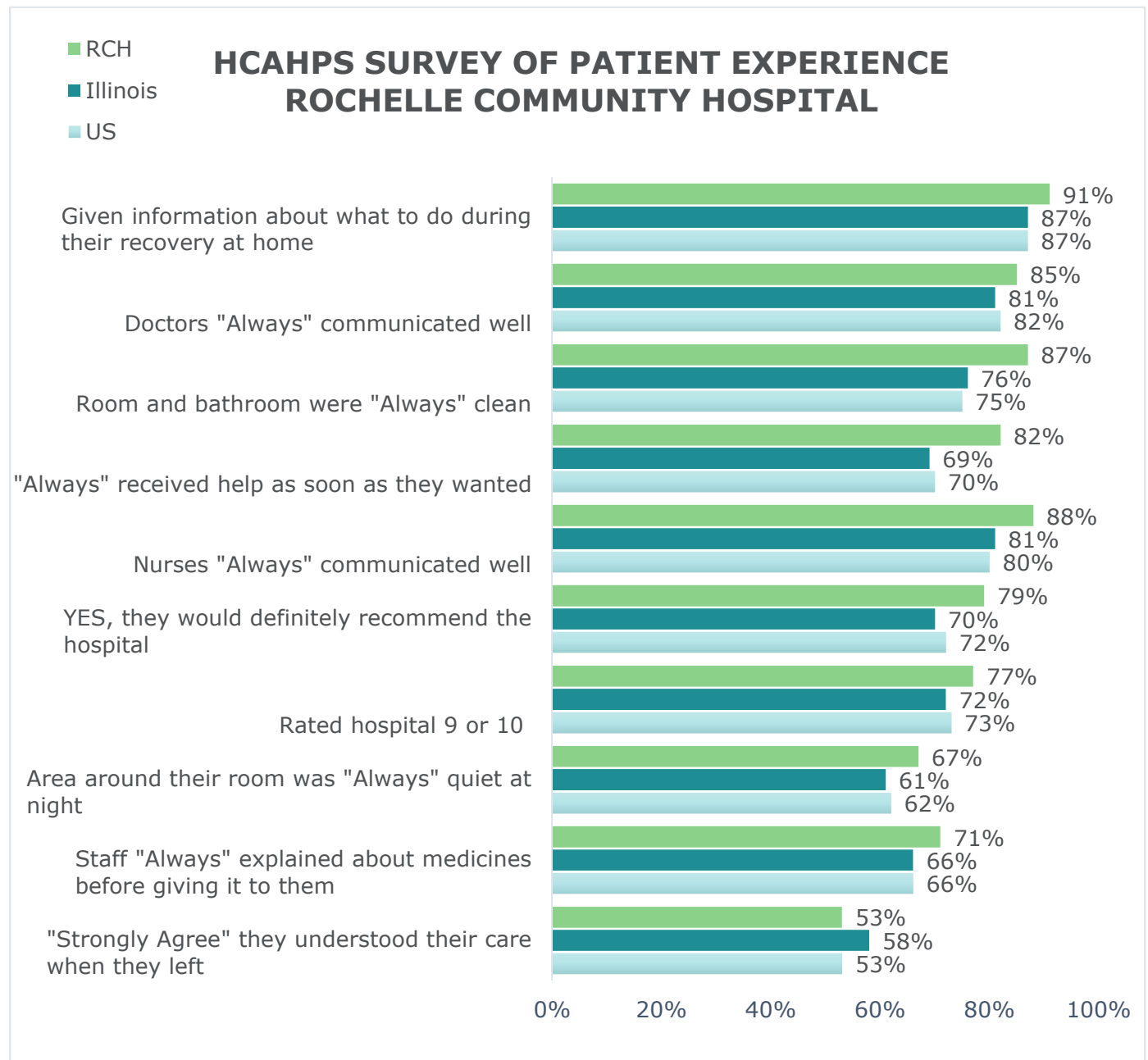
Life Expectancy	79	79	77	79	79
Premature Death <age 75 per 10,000 (age- adjusted) Years of Potential Life Lost (YPLL)	640	590	820	660	690

HOSPITAL COMPARE

Survey of Patients' Experiences

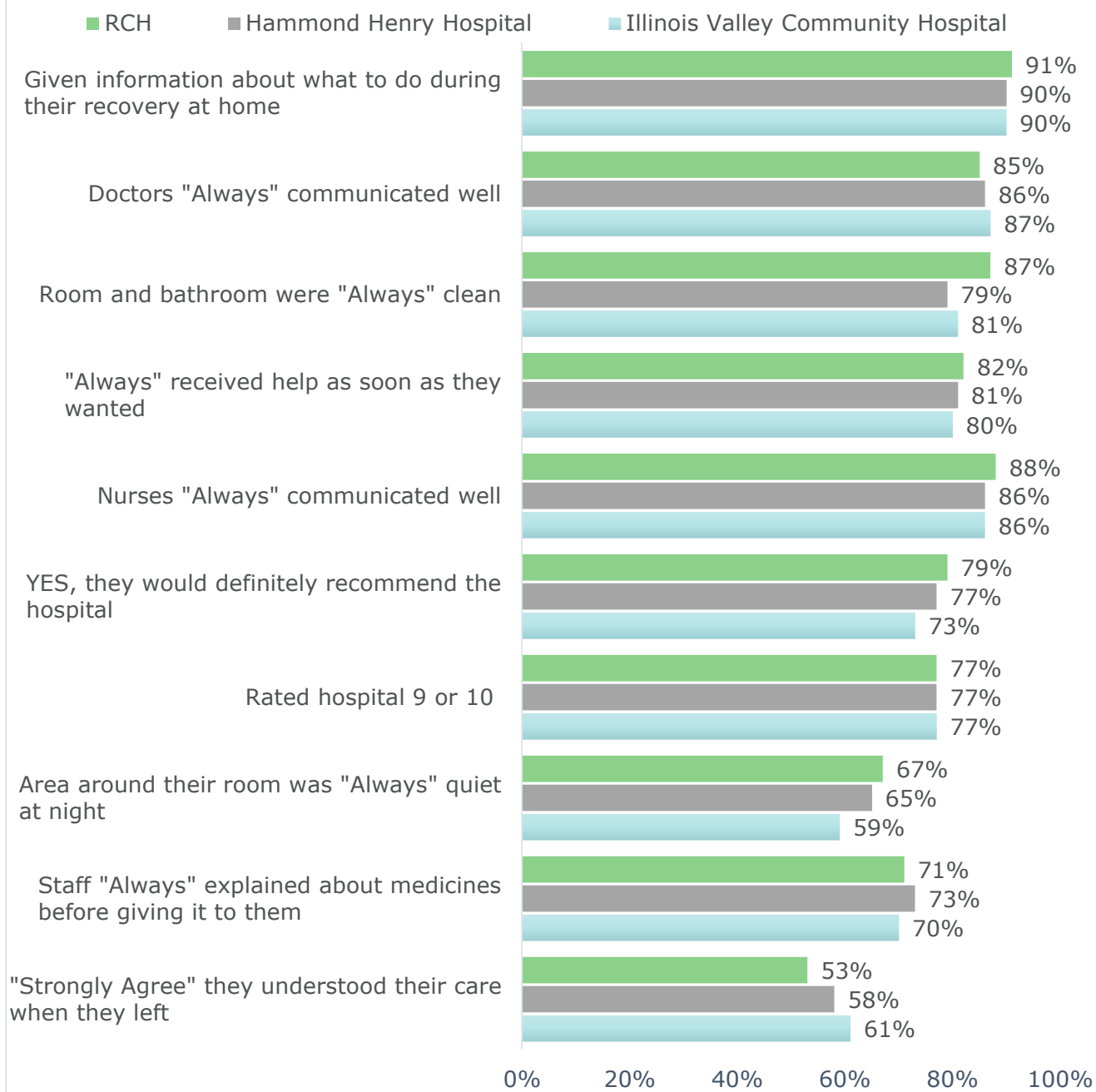
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national survey that asks patients about their experiences during a recent hospital stay. In all but two categories, RCH scores exceed the state and national averages.

Source: [Hospital Compare](#)



Comparative results are included below for hospitals in Ogle (Rochelle Community Hospital), Henry (Hammond Henry Hospital), and LaSalle (Illinois Valley Community Hospital) Counties.

HCAHPS SURVEY OF PATIENT EXPERIENCE OGLE, HENRY, LASALLE COUNTIES



APPENDIX D: Index of Secondary Data Indicators

Data Areas	Description	Source and Dates
Population Estimates	Resident population and net change	<i>US Census Bureau, Population Estimates Program (PEP), Updated annually. Population and Housing Unit Estimates. July 1, 2017</i>
Population Living in Rural	Percentage of population living in rural areas. Rural areas are identified using population density, count, and size thresholds.	<i>US Census Bureau, Decennial Census, 2010</i>
Race	The estimated population that is of Hispanic, Latino, or Spanish origin, non-Hispanic African American, and non-Hispanic White.	<i>U.S. Census Bureau, Population Estimates Program (PEP). Updated annually. Population and Housing Unit Estimates</i> <i>U.S. Census Bureau, American Community Survey (ACS). Updated annually. American Community Survey</i>
Population Change	Total change in total population April 1, 2010 (estimates base) to July 1, 2017, (V2017).	<i>U.S. Census Bureau, Population Estimates Program (PEP), Updated annually. Population and Housing Unit Estimates</i>
Population Age 65+	Estimated percentage of the population in the report area age 65 or older.	<i>U.S. Census Bureau, Population Estimates Program (PEP). Updated annually. Population and Housing Unit Estimates</i> <i>U.S. Census Bureau, American Community Survey (ACS). Updated annually. American Community Survey 2017</i>
Population Below Age 18	Percentage of population under age 18 in the designated geographic area.	<i>U.S. Census Bureau, Population Estimates Program (PEP). Updated annually. Population and Housing Unit Estimates</i> <i>U.S. Census Bureau, American Community Survey (ACS). Updated annually. American Community Survey 2017</i>
Veteran Population	Percentage of the 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	<i>US Census Bureau, American Community Survey. 2013-2017</i>

	Coast Guard, or that served in the U.S. Merchant Marine during World War II.	
Disability Population	Percentage of the total civilian non-institutionalized population with a disability.	<i>US Census Bureau, American Community Survey. 2013-2017</i>
High School Graduate or Higher and persons with a Bachelors Degree (age 25+)	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. 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. For the complete definition, go to ACS subject definitions "Educational Attainment." These data include only persons 25 years old and over. The percentages are obtained by dividing the counts of graduates by the total number of persons 25 years old and over.	<i>U.S. Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 5-Year Estimates. The PRCS is part of the Census Bureau's ACS, customized for Puerto Rico. Both Surveys are updated every year. American FactFinder. 2013-2017</i>
Language Other than English Spoken at Home	Percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well."	<i>U.S. Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 5-Year Estimates. The PRCS is part of the Census Bureau's ACS, customized for Puerto Rico. Both Surveys are updated every year. American FactFinder 2013-2017</i>
Median Household Income	Income in the Past 12 Months - Income of Households: This includes the income of the householder and all other individuals 15 years old and over in the household, whether	<i>U.S. Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 5-Year Estimates. The PRCS is part of the Census Bureau's ACS, customized for Puerto Rico. Both Surveys are updated every</i>

	<p>they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. Although the household income statistics cover the past 12 months, the characteristics of individuals and the composition of households refer to the time of interview. Thus, the income of the household does not include amounts received by individuals who were members of the household during all or part of the past 12 months if these individuals no longer resided in the household at the time of interview. Similarly, income amounts reported by individuals who did not reside in the household during the past 12 months but who were members of the household at the time of interview are included. However, the composition of most households was the same during the past 12 months as at the time of interview.</p>	<p>year. American FactFinder 2013-2017</p>
Persons in Poverty	<p>The U.S. Census Bureau's SAIPE program provides annual estimates of income and poverty statistics for all school districts, counties, and states. The main objective of this program is to provide estimates of income and poverty for the administration of federal programs and the allocation of federal funds to local jurisdictions. In addition to these federal programs, state and local programs use the income and poverty estimates for distributing funds and managing programs. These estimates combine data from</p>	<p><i>U.S. Census Bureau, American Community Survey (ACS). Updated annually. American Community Survey 2017</i></p>

	administrative records, postcensal population estimates, and the decennial census with direct estimates from the American Community Survey to provide consistent and reliable single-year estimates for all ages.	
Child Poverty Rate	The percentage of children in the population who fall below the poverty level.	<i>U.S. Census Bureau, American Community Survey (ACS). Updated annually. American Community Survey 2017</i>
Unemployment Rates	Total unemployment of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted).	<i>US Department of Labor, Bureau of Labor Statistics. 2017</i>
Population Receiving Public Insurance	Percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance).	<i>US Census Bureau, American Community Survey. 2013-2017</i>
Uninsured Population	Percentage of the total civilian non-institutionalized population without health insurance coverage.	<i>US Census Bureau, American Community Survey. 2013-2017</i>
Adults Who Did Not See a Doctor in the Past 12 Months Because of Cost	Adults who reported that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. Percentages are weighted to reflect population characteristics.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-2015</i>
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	<i>Business Analyst, Delorme map data, ESRI, & US Census Tigerline File 2010 & 2018</i>
Population with Food Insecurity	Estimated percentage of the population that experienced food insecurity at some point during the report year.	<i>Feeding America. 2015 and 2016</i>
Limited Access to Healthy Foods	Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. "Low income" is defined as having an annual	<i>Feeding America. 2015 and 2016</i>

	family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile.	
Children Eligible for Free/Reduced Price Lunch	Public school students eligible for Free/Reduced Price lunch.	<i>National Center for Education Statistics, NCES - Common Core of Data. 2015-2016</i>
Long Commute – driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	<i>US Census Bureau, American Community Survey. 2013-2017</i>
Teen Birth Rate	Rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19.	<i>Data on deaths and births were provided by NCHS and drawn from the National Vital Statistics System (NVSS). 2011-2017</i>
Violent Crime per 10,000 Residents	Rate of violent crime offenses reported by law enforcement per 10,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault.	<i>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. 2014-2016</i>
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	<i>US Department of Housing and Urban Development. 2011-2015</i>
Severe Housing Cost Burden	Percentage of households high housing costs	<i>US Department of Housing and Urban Development. 2011-2015</i>
Air Pollution Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	<i>CDC's National Environmental Public Health Tracking Network 2014</i>
Access to	Number per 10,000 population	<i>US Census Bureau, County Business</i>

Exercise Facilities	of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940.	<i>Patterns</i> . Additional data analysis by <i>CARES</i> . 2016
Population with Low Food Access	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.	US Department of Agriculture, Economic Research Service, <i>USDA - Food Access Research Atlas</i> . 2015
Access to Primary Care Physicians	Primary Care Physicians is the ratio of the population to primary care physicians. The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. For example, if a county has a population of 50,000 and has 20 primary care physicians, their ratio would be: 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one Primary Care Physician in the county, and zero indicates there are no registered Primary Care Physicians in the county.	US Department of Health & Human Services, Health Resources and Services Administration, <i>Area Health Resource File</i> . 2016
Access to Mental Health Providers	Mental Health Providers is the ratio of the population to mental health providers. The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. For example, if a county has a population of 50,000 and has 20 mental health providers, their ratio would be: 2,500:1. The value on	<i>CMS National Plan and Provider Enumeration System</i> (NPPES) 2018

	the right side of the ratio is always 1 or 0; 1 indicates that there is at least one Mental Health Provider in the county, and zero indicates there are no registered Mental Health Providers in the county. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.	
Access to Dentists	Dentists is the ratio of the population to dentists. The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. For example, if a county has a population of 50,000 and has 20 dentists, their ratio would be: 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one Dentist in the county, and zero indicates there are no registered Dentists in the county.	<i>US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2017</i>
Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 10,000 Medicare enrollees.	Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool 2016
Have Primary Care Provider	Do you have one person you think of as your personal doctor or health care provider?	2014 County Round 5 Illinois County Behavioral Risk Factor Surveillance System 2010-2014
Delayed Seeing Doctor Due to Cost	Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?	2014 County Round 5 Illinois County Behavioral Risk Factor Surveillance System 2010-2014
Last Routine Checkup One Year or Less	About how long has it been since you last visited a doctor for a routine checkup?	2014 County Round 5 Illinois County Behavioral Risk Factor Surveillance System 2010-2014

Cancer Screening Medicare Patients with Mammogram Within Past Two Years	Percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years.	<i>Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool 2016</i>
Had a Pap in Past 3 Yrs., No Hysterectomy	All Races (includes Hispanic), Female, Ages 18+ County-Level Modeled Estimates combine results from BRFSS and the National Health Interview Survey (NHIS)	<i>Screening and Risk Factors Report for Illinois by County</i> (2008-2010 County Level Modeled Estimate Combining BRFSS & NHIS)
Cancer Screening – Adults over 50 Ever Reporting Having a Colonoscopy or Sigmoidoscopy	Percentage of adults 50 and older who self-report that they have ever had a colonoscopy or sigmoidoscopy. Estimates are based on a statistical model which combines information from the Behavioral Risk Factor Surveillance System and the National Health Interview Survey to correct for nonresponse and undercoverage bias and are enhanced in small areas by borrowing information from similar areas across the nation.	<i>Screening and Risk Factors Report for Illinois by County 2008-2010</i>
Flu Vaccination	Rate of Medicare fee-for-service enrollees receiving seasonal influenza vaccine US estimate for adults ≥ 65 , regardless of insurance coverage type	<i>Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool 2016</i> <i>2016-17 Influenza Season Vaccination Coverage Dashboard</i>
Pneumonia Vaccination age 65+ Within Last Year	Percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine.	<i>County Round 5 Illinois County BRFS 2010-2014</i> Centers for Disease Control and Prevention, <i>AdultVaxView</i> 2016
Physical Inactivity	Adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other	Centers for Disease Control and Prevention, <i>National Center for Chronic Disease Prevention and Health Promotion. 2015.</i>

	than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?".	
Current Smokers	Percentage of adults who are current smokers.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Accessed via the Health Indicators Warehouse . US Department of Health & Human Services, Health Indicators Warehouse . 2016
Excessive drinking	Percentage of adults reporting binge or heavy drinking.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Accessed via the Health Indicators Warehouse . US Department of Health & Human Services, Health Indicators Warehouse . 2016
Fair or Poor Health	Percentage of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?"	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Accessed via the Health Indicators Warehouse . US Department of Health & Human Services, Health Indicators Warehouse . 2016
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Accessed via the Health Indicators Warehouse . US Department of Health & Human Services, Health Indicators Warehouse . 2016
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Accessed via the Health Indicators Warehouse . US Department of Health & Human Services, Health Indicators Warehouse . 2016
Suicide Death Rate	Suicide rate per 10,000	Centers for Disease Control and Prevention Data & Statistics Fatal Injury Report 2017
Drug Overdose	The tool presents age-adjusted	NORC Opioid Misuse Tool CDC National

Mortality Rate	<p>mortality rates for the population aged 15 to 64. The combined population estimates for the time period (either 2007-2011 or 2012-2016) are the denominator for the mortality rates. Five-year average mortality rates were used for this tool in order to maximize the number of counties with a reliable age-adjusted mortality rate. If a county has fewer than 20 deaths over the five-year time period, the mortality rate is considered “unreliable” and we present the crude mortality rate. For counties with fewer than 10 deaths over the five-year time period, the number of deaths is suppressed, and therefore a mortality rate is not provided. When possible, the maximum crude mortality rate was calculated based on the population and the assumption of less than 10 deaths.</p>	<p><i>Center for Health Statistics (NCHS) National Vital Statistics System (NVSS) Multiple Cause of Death File 2012-2016</i></p>
Opioid Overdose Mortality Rate	<p>The tool presents age-adjusted mortality rates for the population aged 15 to 64. The combined population estimates for the time period (either 2007-2011 or 2012-2016) are the denominator for the mortality rates. Five-year average mortality rates were used for this tool in order to maximize the number of counties with a reliable age-adjusted mortality rate. If a county has fewer than 20 deaths over the five-year time period, the mortality rate is considered “unreliable” and we present the crude mortality rate. For counties with fewer than 10 deaths over the five-year time period, the number of deaths is</p>	<p><u>NORC Opioid Misuse Tool</u> CDC National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS) Multiple Cause of Death File 2012-2016</p>

	suppressed, and therefore a mortality rate is not provided. When possible, the maximum crude mortality rate was calculated based on the population and the assumption of less than 10 deaths.	
Alcohol-impaired Driving Deaths	FARS is a census of fatal motor vehicle crashes with a set of data files documenting all qualifying fatalities that occurred within the 50 States, the District of Columbia, and Puerto Rico since 1975. To qualify as a FARS case, the crash had to involve a motor vehicle traveling on a trafficway customarily open to the public, and must have resulted in the death of a motorist or a non-motorist within 30 days of the crash.	Fatality Analysis Reporting System 2013-2017
Infant Mortality per 1,000	Rate of deaths to infants less than one year of age per 1,000 births.	<i>US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2011-2017</i>
Low Birth Weight	Percentage of total births that are low birth weight (Under 2500g).	<i>US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2011-2017</i>
Chlamydia Infections per 10,000	Incidence rate of chlamydia cases per 10,000 population.	<i>US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016</i>
Injury Deaths per 10,000	Injury Deaths is the number of deaths from planned (e.g. homicide or suicide) and unplanned (e.g. motor vehicle deaths) injuries per 10,000 population. This measure	<i>Accessed via CDC WONDER. 2013-2017</i>

	includes injuries from all causes and intents. Rates measure the number of events (i.e., deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare data across counties with different population sizes.	
Heart Disease Death Rate per 10,000 ages 35+	Heart Disease Death Rate per 10,000, ages 35+, All Races/Ethnicities, Both Genders, 2014-2016	<i>3-year average. Rates are age-standardized. County rates are spatially smoothed. The data can be viewed by gender and race/ethnicity. National Vital Statistics System. 2014-2016</i>
Estimated Prevalence of COPD	Estimated number of persons residing in an area currently diagnosed with chronic obstructive pulmonary disease (COPD)	Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) 2016 <i>Centers for Disease Control and Prevention, Basics of COPD 2013</i>
Adult Obesity	Adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese).	<i>Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015</i>
Diabetes Prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	Centers for Medicare and Medicaid Services . 2013
Rate of New Cancer Cases per 10,000	Rates are the number of cases (or deaths) per 100,000 people and are age-adjusted to the 2000 U.S. standard population (19 age groups – Census P25–1130).	<i>Centers for Disease Control and Prevention and National Cancer Institute U.S. Cancer Statistics Data Visualizations Tool, based on November 2017 submission data (1999-2015) Services</i>
Cancer Mortality per 10,000	Rate of death due to malignant neoplasm (cancer) per 10,000 population.	<i>Centers for Disease Control and Prevention and National Cancer Institute U.S. Cancer Statistics Data Visualizations Tool, based on November 2017 submission data (1999-2015) Services</i>
Life Expectancy	Average number of years a person can expect to live.	<i>University of Wisconsin Population Health Institute, County Health Rankings. 2015-2017</i>

Premature Death < age 75 per 10,000 (age- adjusted) Years of Potential Life Lost	<p>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.</p>	<p><i>University of Wisconsin Population Health Institute, County Health Rankings. 2015-2017</i></p>
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