

# Rochelle Community Hospital

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Focus Group Findings, Key Stakeholder Interviews, and  
Secondary Data Analysis

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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 Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center. In September 2021, The Center conferred with leaders from RCH to discuss the objectives of a regional CHNA.



A secondary data analysis, a series of focus groups, and key stakeholder interviews were conducted. Methodology and findings of the focus groups, key stakeholder interviews, and secondary data are discussed later in the report.

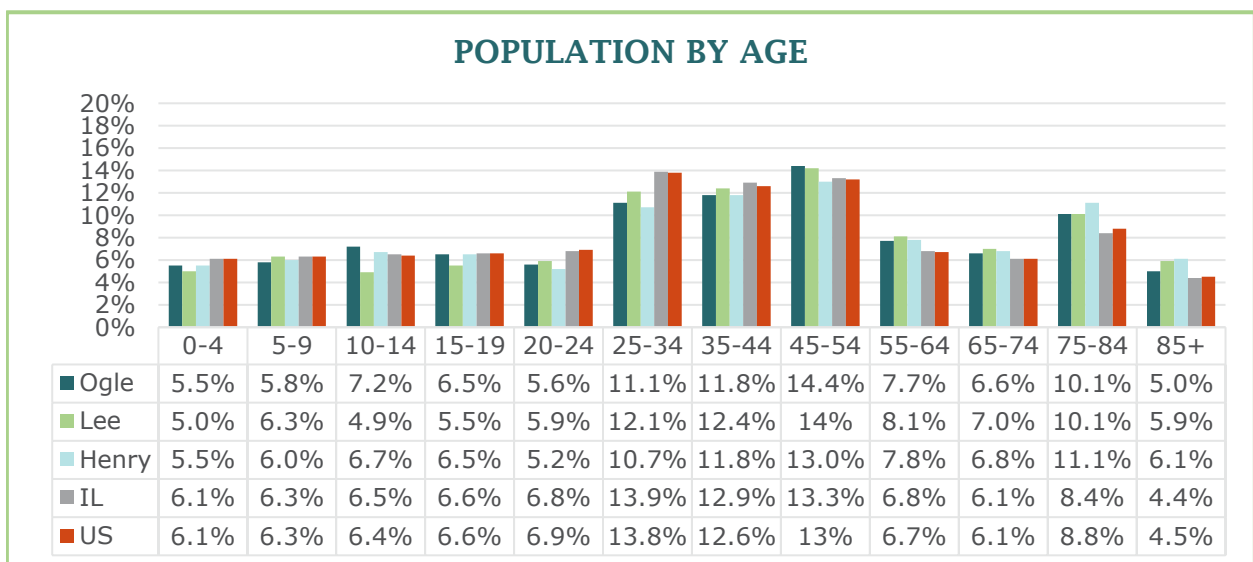
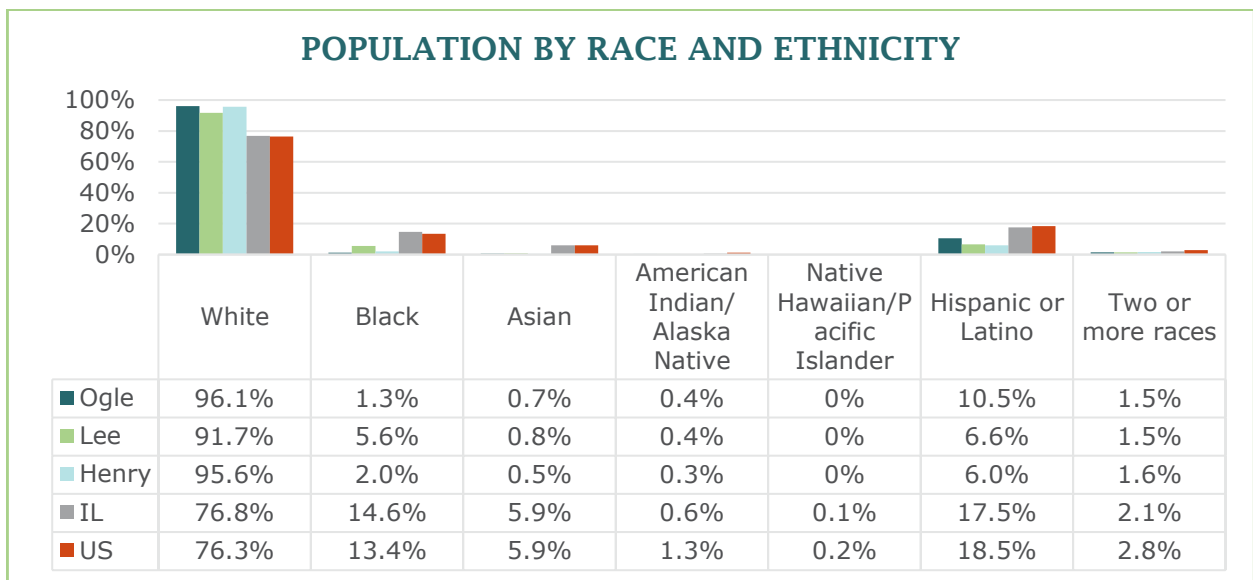
**Report findings may be used for:**

- 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

Secondary Data	Perception of Community Health	Utilization and Perception of Local Health Services
		

# Demographics

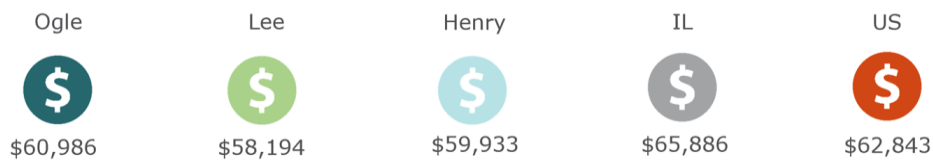
The population in the three counties is largely White. In Ogle County, there is a notable Hispanic or Latino population of 10.5%. The 45-54 age range has the highest percentage of residents and is slightly higher than IL and US for Ogle and Lee counties. This is followed by the 35-44 age range. The number of residents in the 75-84 and 85+ age ranges are higher than IL and US. The number of residents in the 25-34 age range are lower than for IL and US.



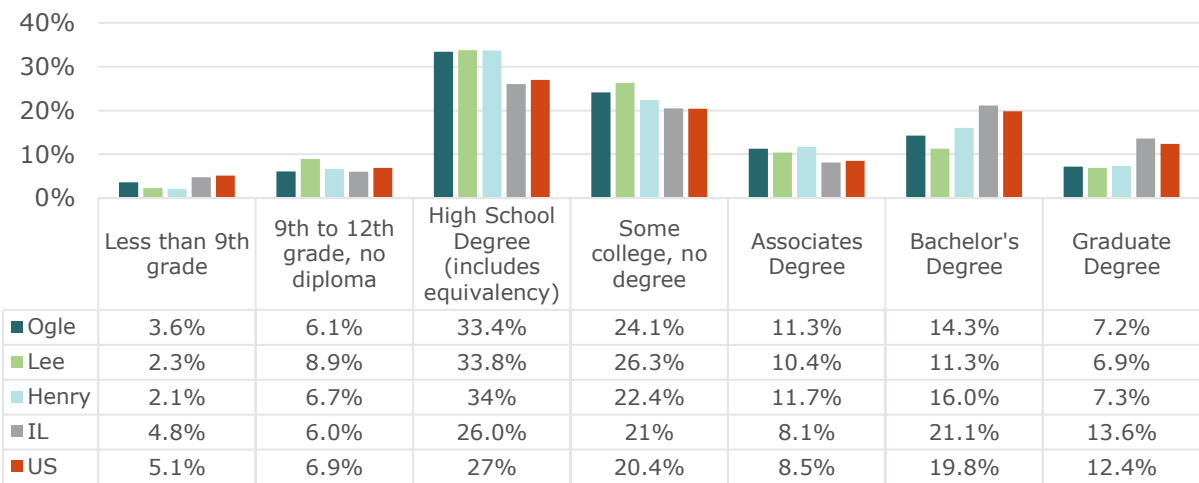
# Social and Economic Factors

The median income for the three counties is lower than IL and US. The unemployment rate in Ogle County is higher than the other counties, IL, and US. Ogle County (8%) has a lower percentage of residents living below the poverty level while Lee (11%) and Henry (10%) are comparable to the state and US (both at 11%). Concerning children living in poverty, Ogle and Henry (both at 13%) have a lower percentage than IL (16%) and Lee is slightly higher (17%). All three counties have a lower percentage of population under the age of 65 without health insurance as compared to IL (8%) and US (10%). Concerning education levels, all three counties have a higher percentage of residents with high school and some college as compared to IL and but lower for bachelors or graduate degree.

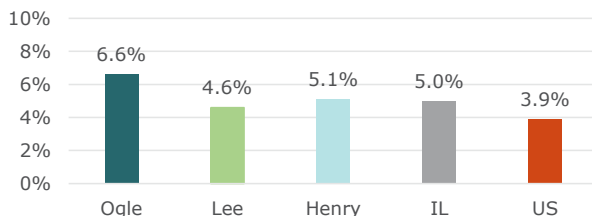
Median Household Income



LEVEL OF EDUCATION

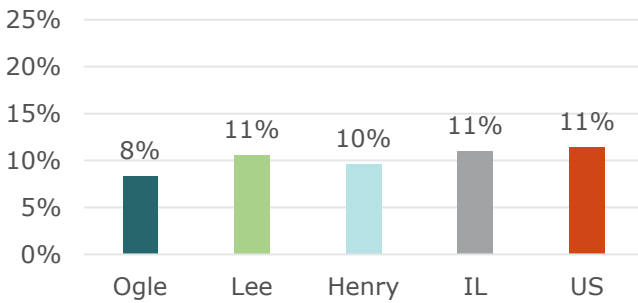


UNEMPLOYMENT RATE, Feb 2022



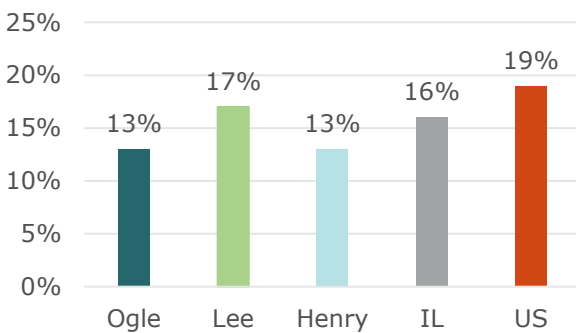
All counties have lower median household income than IL and US. Unemployment rate for Ogle is higher than the other counties, IL, and US.

### INDIVIDUALS BELOW THE POVERTY LEVEL

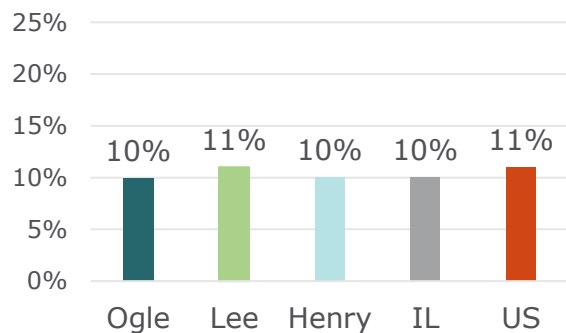


Ogle County has lower rates of those living below the poverty level as compared to the state and nation. Lee County has a higher rate of children living in poverty than Ogle and Henry.

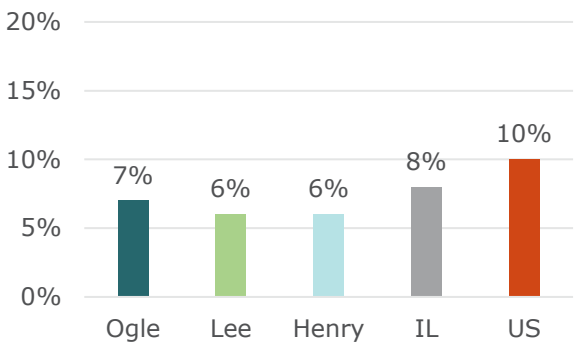
### CHILDREN IN POVERTY



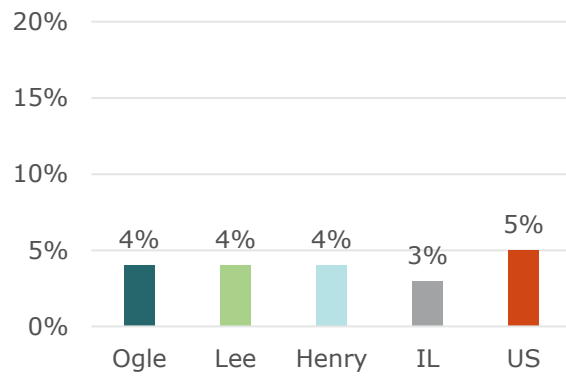
### FOOD INSECURITY



### POPULATION UNDER AGE 65 WITHOUT HEALTH INSURANCE

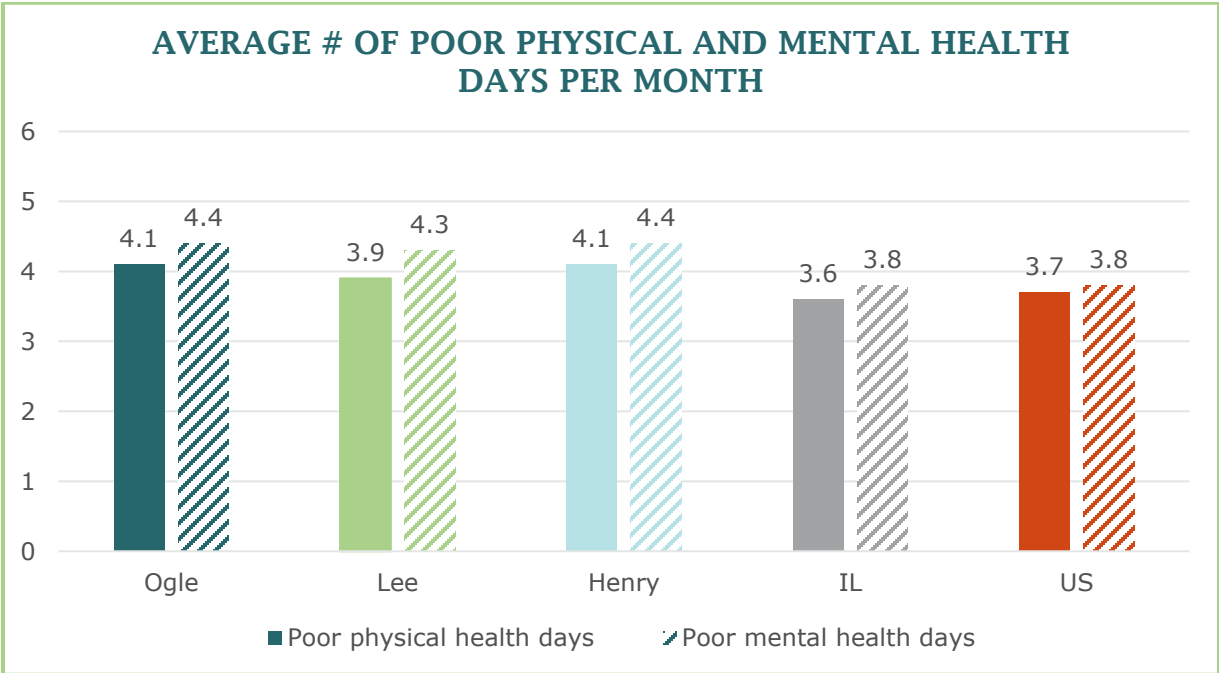


### CHILDREN WITHOUT HEALTH INSURANCE



# Quality of Life

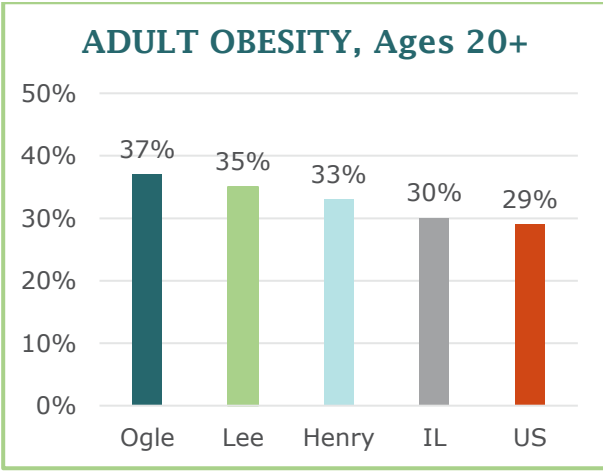
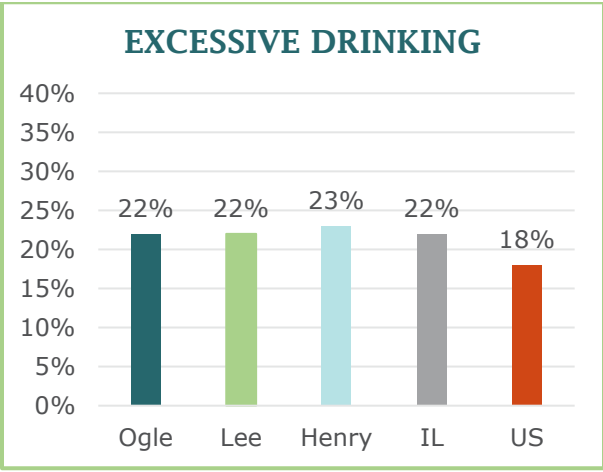
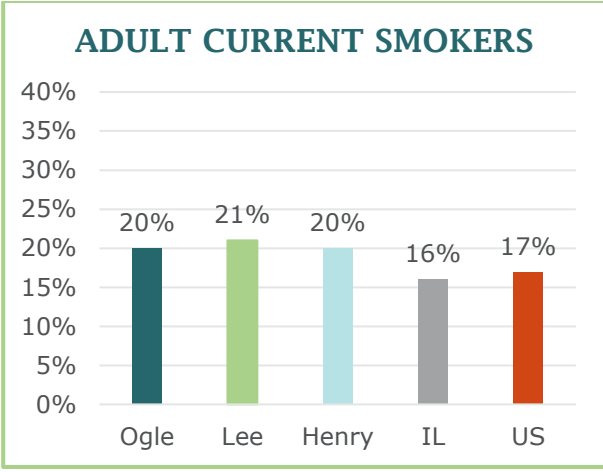
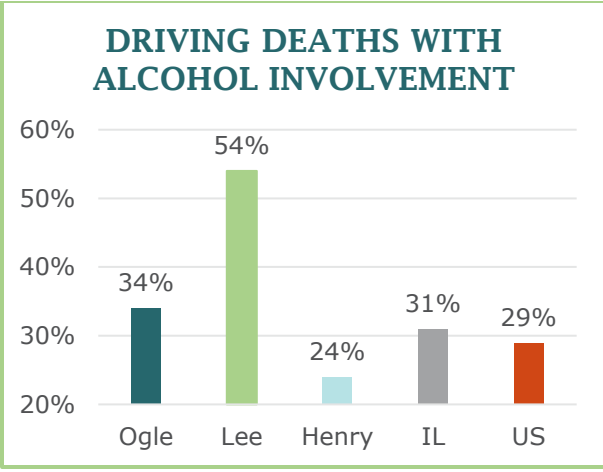
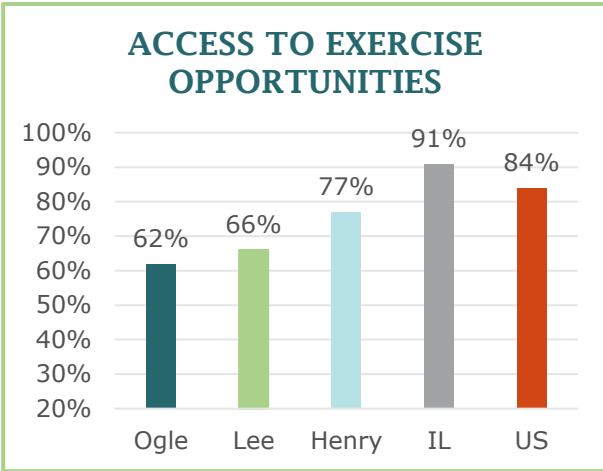
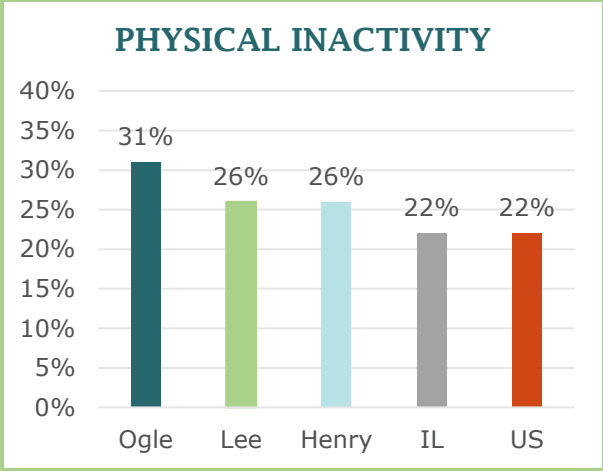
According to the data, people are reporting more poor mental health days per month compared to poor physical health days. All three counties have slightly more people experiencing poor physical and mental health days as compared to the state and nation.



# Health Behaviors

All three counties report a higher percentage of residents with physical inactivity as compared to IL and the US. In addition, they report less access to exercise opportunities compared to IL and US. Ogle and Lee counties have a high percentage of driving deaths with alcohol involvement.

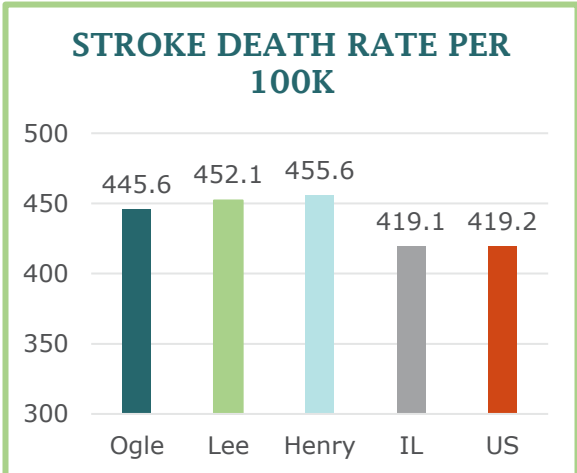
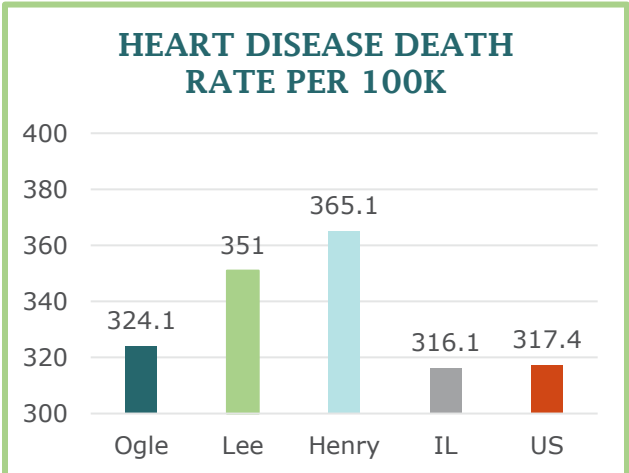
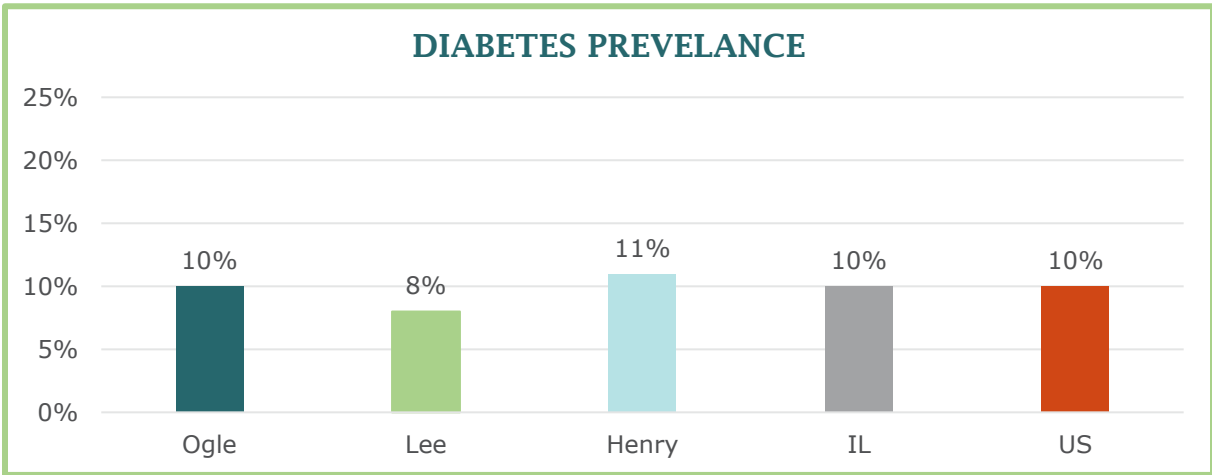
Ogle (37%), Lee (35%), and Henry (33%) all report a higher percentage of the population with obesity as compared to IL (30%) and the US (29%). The same trend is found for adult smoking.



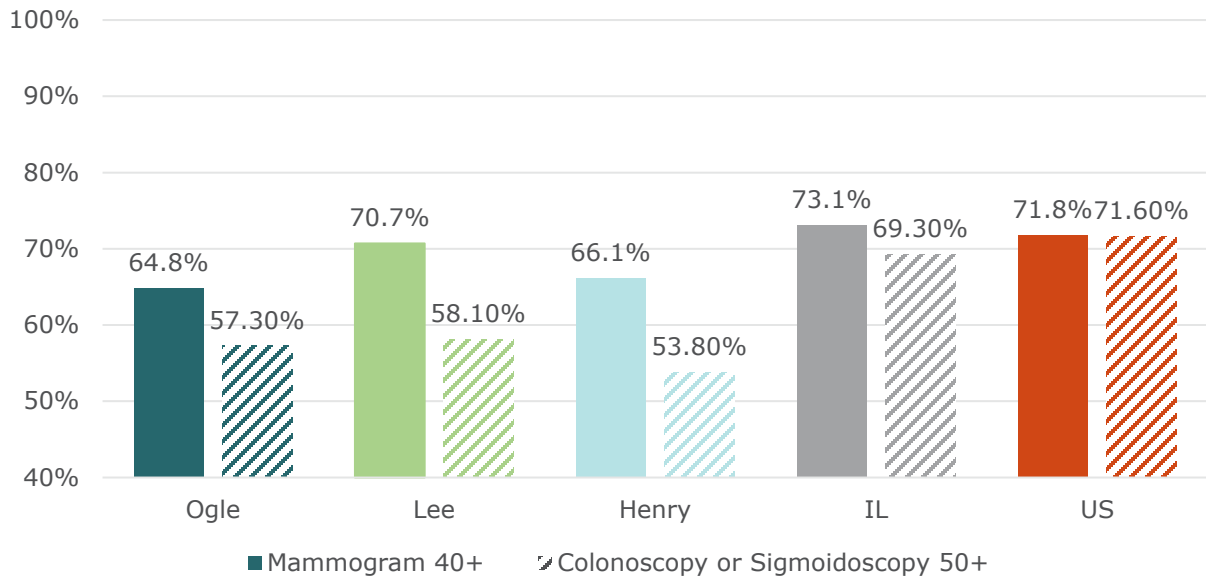


# Chronic Disease

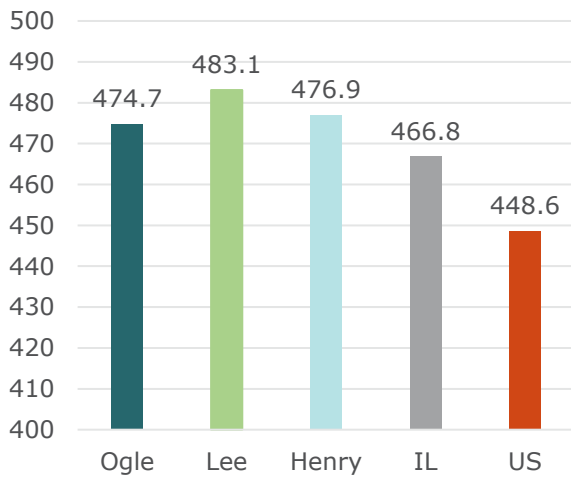
In Illinois, heart disease, followed by cancer and then stroke are the leading causes of death. All counties have an elevated stroke and heart disease death rate per 100,000 compared to state and US. Henry County has a slightly higher diabetes prevalence. Cancer rates and mortality for the three counties are higher for all counties as compared to the state and US and cancer screening rates are lower.



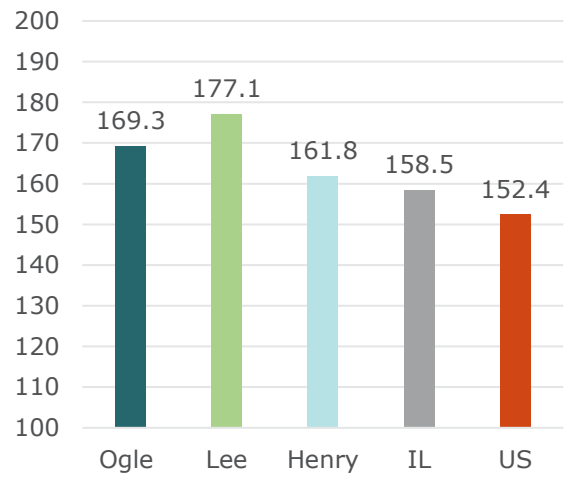
### PREVENTIVE CANCER SCREENING



### CANCER INCIDENCE RATE per 100k



### CANCER MORTALITY RATE per 100k



# Clinical Care

Concerning the ratio of county residents to each primary care physician, Ogle (1,640:1) and Lee (1,430:1) have a higher number of residents per physician as compared to IL (1,240:1) and the US (1,330:1). Henry’s number is much higher at almost four times the number of residents per physician (4,240:1).

The ratio of residents to dentists for all three counties is almost double as compared to IL and the US. Regarding the ratio of residents to mental health providers, Lee (210:1) is doing better than the other two counties, IL (410:1), and the US (440:1). Ogle County’s ratio for residents is higher (670:1) and like the ratio for primary care physicians, Henry’s ratio (2,330:1) is more than four times that of IL and the US.



**Ratio of Population to Primary Care Physicians**

Ogle	Lee	Henry	IL	US
1,640:1	1,430:1	4,910:1	1,240:1	1,330:1



**Ratio of Population to Dentists**

Ogle	Lee	Henry	IL	US
2,530:1	2,270:1	2,570:1	1,240:1	1,460:1



**Ratio of Population to Mental Health Providers**

Ogle	Lee	Henry	IL	US
670:1	210:1	2,330:1	410:1	440:1

# Perception of Hospital Care

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national survey that asks patients about their experiences during a recent hospital stay. RCH scores are better than the state and national averages on all questions, including rate the hospital and willingness to recommend.

<b>Completed surveys = 58   Response rate 28%</b>	<b>RCH</b>	<b>IL</b>	<b>US</b>
Nurses "always" communicated well.	90%	80%	80%
Doctors "always" communicated well.	94%	80%	81%
"Always" received help as soon as they wanted.	83%	66%	67%
Staff "always" explained about medicines before giving it to them.	71%	62%	63%
Room and bathroom were "always" clean.	89%	73%	73%
The area around their room was "always" quiet at night.	78%	64%	63%
YES, they were given information about what to do during their recovery at home.	92%	87%	86%
"Strongly agree" they understood their care when they left the hospital.	70%	52%	52%
Rated the hospital 9 or 10 on a scale 0-10.	86%	72%	73%
YES, they would definitely recommend the hospital.	85%	69%	71%

# Focus Group Findings

RHI was contracted by 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.

## Background

Four focus groups were scheduled to occur over the course of two weeks in March 2022 to obtain information from community residents. RCH provided names and contact information for 96 potential attendees. RHI reached out to all 96 to invite them to participate. Attendees could choose the focus group they preferred to attend based on their availability. Each focus group included a mix of attendees representing their community. Attendees included seniors, representatives from businesses, health care consumers, and social services.

Fifteen of the 96 people signed up to attend; two did not show. Demographics of attendees based on observation and general comments and characteristics included:

- Gender: seven (7) males, six (6) females
- Estimated age: 60-70 (5); 50-59 (2); 40-49 (5), 20-39 (1)
- Employment status: 10 employed, three (3) not working/retired

Secondary data was presented to attendees at the beginning of the focus groups and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, and adults currently smoking were also provided. Ratios of population to primary care providers, dentists, and mental health providers were also presented.

## Limitations

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

1. The information is based on comments from a rather small segment of the community.
2. Participants represented are primarily middle income and appeared Caucasian. Some segments of the community may not be represented in these findings, specifically those of lower socio-economic status, (i.e., unemployed, low wage employees, etc.).

## Summary of Major Focus Group Findings

Below are the common themes in responses. The number in parenthesis ( ) indicates the number of times the item was mentioned.

- 1. Are some population groups struggling more than other groups? If yes, which ones?**
  - Hispanic (3)
  - Low income (3)
  - People with mental health issues, including parents, children, young adults, healthcare workers, those with issues that impact ability to care for self (3)
- 2. In your opinion, what are some of the barriers to accessing care within this region?**
  - Cost-specifically medications, lab and general services (7)
  - Transportation (5)
  - Insurance issues (3)
- 3. Do you use preventive health services? If not, why?**
  - Yes-11: noted they have insurance, transportation, flexible schedule
  - No-5: noted that they might not because they don't know what services are recommended, don't have insurance, language barriers
- 4. Why would you seek healthcare outside of Rochelle Community Hospital and Family Healthcare?**
  - Services not offered (4)
  - Desire for privacy (3)
- 5. How likely are you to recommend Rochelle Community Hospital to a friend or family member? Why did you give that score? (0 = Not Likely and 10 = Extremely Likely)**
  - Six participants said "10"
    - Great resource. They will send you to a higher level of care if needed. Centrally located in town.
    - They are very good at the things they know. Know what to keep and what to send to other places.
    - Hometown feel with hospital and providers. Good communication and doctors spend time with you.
    - The hospital has done a great job when I went there. We are fortunate to have them in our backyard.
    - Many experiences with them and they've done a good job.
    - Was inpatient and staff were kind and caring and food is good. ED doctor was best ever; explained in ways I could understand, great bedside manner, very good at diagnosis. They are great to make sure, if they can't provide the service you need, they will make sure you get the help you need.
  - Three participants said "8 or 9"
    - Haven't used RCH but from a business standpoint, staff are polite and communicate well.
    - RCH does a very good job
- 6. Do you feel there is a lack of mental health services in this area? What mental health services do you see the need for?**
  - Might be a need for more access to care for families who are struggling and for children who are struggling. This has been increased as a result of COVID. (2)
  - More acute care/inpatient (2)

- Work more closely with domestic violence when someone presents to hospital with an issue with this. RCH is sending a representative to attend Ogle County Strangulation Task Force and that is helpful. (2)

**7. What is the greatest health need in this community?**

- Mental health services (16)
- Prevention/screenings (6)

**8. Are there opportunities for RCH collaborate with other organizations in the community?**

- School district to provide education to students (not just 3rd graders). This would make it less scary to them or encourage them to go into those professions or they would tell their parents about services. Also, they could provide or support school nursing. (3)
- More in-depth partnership with Sinnissippi to de-stigmatize mental health issues (2)
- Meet with state representative and state senator (2)

## Key Stakeholder Findings

RHI was contracted by RCH to conduct key stakeholder interviews to provide qualitative data on the strengths and needs of local health care services.

### Background

Fifteen residents were identified by the hospital to potentially participate in key stakeholder interviews in March 2022. The key stakeholders were identified based on the various consumer groups of local health services including senior citizens, young parents, health care providers, and community leaders. Invitations were emailed with the key stakeholder questions attached or a phone call was made to invite them.

Nine people agreed to participate. In total, four men and five women participated. Three people chose to send email responses to the interview questions. Six virtual meeting sessions were approximately 20 minutes in length and included a review of the secondary data at the beginning. Each key stakeholder was asked the same questions.

### Limitations

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

1. The information is based on comments from a small segment of the community.
2. Participants were all working professionals. Eight appeared to be white, with one of Hispanic ethnicity. Six participants appeared to be ages 30-45, two were in their 20s, and one was 60-70 years old. Some segments of the community may not be

represented in the findings, specifically those with lower socioeconomic status, (i.e., employed in non-professional jobs and not employed).

3. Participants were chosen as key stakeholders by RCH, which could introduce selection bias.

## Summary of Major Points

Below are the common themes in responses.

1. Which group(s) of people in your community are struggling the most?
  - Lower income residents (5)
  - Hispanic residents in Rochelle area (4)
  - Children with mental health issues (4)
    - Children 10-17, younger pre-teens
2. In your opinion, what are some of the barriers to accessing healthcare in this region?
  - Transportation (6)
  - Lack of specialty care providers in Rochelle (4) – no pediatrician, OB GYN providers/services
  - Lack of money / Cost of healthcare (5)
3. Do you use preventive health services? If not, why?
  - Yes (8); Not very much, worried about cost and feel healthy
4. Why would you seek healthcare outside of Rochelle Community Hospital and Family Healthcare?
  - Specialty care (6)
  - The costs of RCH services (3)
  - Availability – long waitlist to see a provider (2)
  - Ability to access all family healthcare needs in a continuous network (2)
5. How likely are you to recommend Rochelle Community Hospital to a friend or family member? (0 = Not Likely and 10 = Extremely Likely)
  - 10 (5); 8 (3); 6 (1)
6. Why did you give that score?
  - Great communication with hospital leaders, very community minded, staff is friendly, qualified providers who can provide critical care or first point of care.
  - Cost of services
  - It depends on what service I am recommending and/or the sense of urgency in receiving those health services.



7. Do you feel there is a lack of mental health services in this area? What mental health services do you see the need for?
  - Yes (8); Unsure (1)
  - Mental health services for youth (3)
  - Psychiatrists (3)
    - especially those who see children
  - Address the stigma of mental health and substance use (2)
  - Affordable services, providers for kids/youth, more mental health providers, better federal/state funding for services, better coordinated care, tele-behavioral health services, and counselors were all mentioned
  
8. What do you think is the greatest health need in this community?
  - Mental health services (5)
  - OB/GYN services (3)
  - Primary care (2)
  - Pediatric care (2)
  
9. Are there opportunities for RCH to collaborate with other organizations in the community?
  - Sinnissippi (2) - partner and collaborate to coordinate care better
  - Opportunities to partner more with faith-based organizations, city, townships, parks, YMCA, other civic organizations, health department, schools, Spanish speaking volunteers, factories, senior center, mental health organizations, chamber of commerce, Hope domestic violence shelter and Focus House

# Conclusions, Recommendations, and Acknowledgements

## Conclusions

Public perception of Rochelle Community Hospital (RCH) is consistent with the findings from the 2019 CHNA. The hospital is perceived very favorably by the community according to those attending the focus groups and key stakeholders. Most interviewees indicated that they would recommend the hospital to friends and family. This is also consistent with HCAHPs data; RCH scores higher in all composites as compared to Illinois and US. 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 or when cost or medical coverage is a factor.

The top health concern identified in the focus groups and stakeholder interviews was the need for additional mental health services. The need for more family, children, and adolescent services was mentioned, especially because of the pandemic and the challenges of isolation, remote learning, increased alcohol consumption, depression, anxiety, financial issues, and the overall increase of stress. It is noted in the secondary data, that respondents from Ogle (4.4), Lee (4.3), and Henry (4.4) counties report more “poor mental health days per month” than Illinois or the US (3.8 for both). When looking at secondary data for the ratio of residents to mental health providers, Henry County had a much poorer ratio (2,330:1), Ogle County had a poorer ratio (670:1), and Lee County had a better ratio (210:1) as compared to Illinois (410:1) and the US (440:1). The need for acute care for mental illness was also identified, and this is true for most communities as inpatient mental health services are less available. The third most common suggestion for both focus groups and stakeholder interviews included the focus on addressing stigma that is associated with seeking services.

Another common health concern identified in the focus groups and stakeholder interviews was the lack of local obstetric and gynecology services. Both also noted the need for other specialties such as pediatric care or “birth to adult” services. The need for more primary care was mentioned as well. Secondary data indicates the ratio for residents to primary care providers is worse for all counties, Henry (4,910:1), Ogle (1,640:1), and Lee (1,430:1) as compared to Illinois (1,240:1) and the US (1,330:1).

Another common health concern involved the need for more preventative services and free screenings. There is a higher percentage of smokers for all counties (Ogle and Henry at 20% and Lee at 21%) as compared to Illinois (16%) and US (17%). All counties have a higher percentage of obesity (Ogle at 37%, Lee at 35%, Henry at 33%) as compared to Illinois (30%) and US (29%). All counties have elevated stroke and heart disease death rates compared to state and US as well.

## Recommendations

RCH has an opportunity to continue their past work to positively impact the health of the community. It is recommended that the hospital identify ways to address some of the findings from the focus groups, key stakeholder interviews, and secondary data by focusing on wellness. This could include initiatives to impact many of the areas addressed above - mental health and stigma, smoking, obesity, and heart disease - by maximizing education and preventative resources and services. To do this, it is important to leverage current and potential partnerships in the community. It was noted that RCH engages well with other organizations, including Sinnissippi and the school system. There may be an opportunity to develop new partnerships with civic groups, faith-based groups, and businesses. Hospitals

are finding that educational events are most effective when they involve the collaboration with other groups and are held outside the hospital walls.

In addition to the focus on wellness, the community is asking for more mental health services, especially for families and children. Tele-health is providing one way to reach more people, especially when transportation or other factors are a barrier. It's important to explore other options as well. This might include working with faith-based or pastoral care groups, maximizing collaboration with Sinnissippi, and identifying non-traditional partners.

## Acknowledgements

RHI would like to thank RCH's Chief Financial Officer, Lori Gutierrez and Kim Louis, Executive Assistant, for their contributions and work with developing and coordinating the focus groups and key stakeholder interviews.

# Appendix A: Secondary Data Analysis

## Introduction

There are two different types of sources used to conduct a CHNA. 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 RHI collects using methods such as surveys, focus groups, key stakeholder interviews, as well as objective data sources. Primary data is a reliable method to collect data as RHI 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 B](#) for source details and definitions. Please note, the data collected for this report is the most current information as of January 2022. The types of measures selected to analyze in this report were identified based on data available for Ogle County, Lee County, Henry County, Illinois, and the United States.

For more secondary data information, RHI offers users the ability to extract multiple data elements that are focused on specific scenarios in population health management on the [Population Health Portal](#).

## Geography and Demographics

	Ogle	Lee	Henry	IL	US
Population	51,788	34,145	49,284	12,812,508	331,449,281
Land area	758.57	724.90	822.99	55,518.93	3,531,905.43
Population density	70.5	49.7	61.3	231.1	87.4
Female	50.4%	46.9%	50.1%	50.9%	50.8%
Age 0-4	5.5%	5.0%	5.5%	6.1%	6.1%
Age 5-9	5.8%	6.3%	6.0%	6.3%	6.3%
Age 10-14	7.2%	4.9%	6.7%	6.5%	6.4%
Age 15-19	6.5%	5.5%	6.5%	6.6%	6.6%
Age 20-24	5.6%	5.9%	5.2%	6.8%	6.9%
Age 25-34	11.1%	12.1%	10.7%	13.9%	13.8%
Age 35-44	11.8%	12.4%	11.8%	12.9%	12.6%
Age 45-54	14.4%	14.2%	13.0%	13.3%	13.2%
Age 55-64	7.7%	8.1%	7.8%	6.8%	6.7%
Age 65-74	6.6%	7.0%	6.8%	6.1%	6.1%
Age 75-84	10.1%	10.1%	11.1%	8.4%	8.8%
Age 85+	5.0%	5.9%	6.1%	4.4%	4.5%
White	96.1%	91.7%	95.6%	76.8%	76.3%

	Ogle	Lee	Henry	IL	US
Black or African American	1.3%	5.6%	2.0%	14.6%	13.4%
Asian	0.7%	0.8%	0.5%	5.9%	5.9%
American Indian/ Alaska Native	0.4%	0.4%	0.3%	0.6%	1.3%
Native Hawaiian/ Pacific Islander	0.1%	-	-	0.1%	0.2%
Hispanic or Latino	10.5%	6.6%	6.0%	17.5%	18.5%
Two or More Races	1.5%	1.5%	1.6%	2.1%	2.8%
Living with a Disability	8.4%	9.9%	7.8%	7.2%	8.6%
Veterans	3,400	2,056	3,422	570,264	18,230,322

## Health Outcomes

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

	Ogle	Lee	Henry	IL	US
Years potential life lost per 100,000 population	6,900	6,900	6,300	6,600	6,900
Life expectancy	78.7	78.6	79.5	79.4	79.1
Fair or poor health	17%	17%	16%	16%	16%
Poor physical health days	4.1	3.9	4.1	3.6	3.7

	Ogle	Lee	Henry	IL	US
Poor mental health days	4.4	4.3	4.4	3.8	3.8
Low birth weight	7%	6%	8%	8%	8%
Diabetes prevalence	10%	8%	11%	10%	10%
HIV prevalence per 100,000 population	86	58	44	355	362
Suicide death rate per 100,000	13	18	15	11	-
Heart Disease Death Rate per 100,000 ages 35+	324.1	351.0	365.1	316.1	317.4
Stroke Death Rate per 100,000, 35+	85.5	75.6	61.5	74.4	72.3
Diagnosis of COPD, 18+	6.4%	6.8%	6.5%	5.8%	6.5%
All Cancers Incidence Rate per 100,000	474.7	483.1	476.9	466.8	448.6
Cancer Mortality per 100,000	169.3	177.1	161.8	158.5	152.4
Adult obesity	37%	35%	33%	30%	29%
Food insecurity	9.9%	11.1%	10.1%	9.6%	10.9%
Excessive Drinking	22%	22%	23%	22%	18%
Alcohol-impaired driving deaths	34%	54%	24%	31%	29%

## Social and Economic

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

	Ogle	Lee	Henry	IL	US
Less than 9 <sup>th</sup> grade	3.6%	2.3%	2.1%	4.8%	5.1%
9th to 12th grade, no diploma	6.1%	8.9%	6.7%	6.0%	6.9%
High School Degree (includes equivalency)	33.4%	33.8%	33.7%	26.0%	27.0%
Some college, no degree	24.1%	26.3%	22.4%	20.5%	20.4%
Associates Degree	11.3%	10.4%	11.7%	8.1%	8.5%
Bachelor's Degree	14.3%	11.3%	16.0%	21.1%	19.8%
Graduate Degree	7.2%	6.9%	7.3%	13.6%	12.4%
Unemployment rate (Feb 2022)	6.6%	4.6%	5.1%	5.0%	3.9%
Median household income	\$60,986	\$58,194	\$59,933	\$65,886	\$62,843
Poverty	8.3%	10.6%	9.6%	11.0%	11.4%
Children in poverty	13%	17%	13%	16%	19%
Free/reduced price lunch eligible	28%	47%	43%	49%	52%



	Ogle	Lee	Henry	IL	US
Residential segregation – non-white/white	42	32	50	53	47
Violent crime rates per 100,000	71	142	130	403	386
Injury deaths per 100,000	63	79	65	65	67

## Health Factors

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

	Ogle	Lee	Henry	IL	US
Current smokers	20%	21%	20%	16%	17%
Physical inactivity	31%	26%	26%	22%	22%
Access to exercise opportunities	62%	66%	77%	91%	84%
Teen birth rate per 1,000 females	16	22	22	19	25

## Physical Environment

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

	Ogle	Lee	Henry	IL	US
Air pollution – particulate matter	9.1	9.0	8.9	8.7	8.6
Severe housing problems	13%	10%	8%	17%	18%

## Clinical Care

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

	Ogle	Lee	Henry	IL	US
Uninsured	7%	6%	6%	8%	10%
Uninsured children	4%	4%	4%	3%	5%
Access to primary care physicians	1,640:1	1,430:1	4,910:1	1,240:1	1,330:1
Access to mental health providers	670:1	210:1	2,330:1	410:1	440:1
Access to dentists	2,530:1	2,270:1	2,570:1	1,240:1	1,460:1
Had a Mammogram in Past 2 Years, Ages 40+	64.8%	70.7%	66.1%	73.1%	71.8%
Medicare patients with annual influenza vaccination	52%	46%	53%	45%	-
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	57.3%	58.1%	53.8%	69.3%	71.6%

# Hospital Compare

## Survey of RCH's 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. RCH scores are better than the state and national averages on most questions, including rate the hospital and willingness to recommend. *Source: [Hospital Compare](#)*

	<b>RCH</b>	<b>IL</b>	<b>US</b>
Nurses "Always" communicated well.	90%	80%	80%
Doctors "Always" communicated well.	94%	80%	81%
"Always" received help as soon as they wanted.	83%	66%	67%
Staff "Always" explained about medicines before giving it to them.	71%	62%	63%
Room and bathroom were "Always" clean.	89%	73%	73%
The area around their room was "Always" quiet at night.	78%	64%	63%
YES, they were given information about what to do during their recovery at home.	92%	87%	86%
"Strongly Agree" they understood their care when they left the hospital.	70%	52%	52%
Rated the hospital 9 or 10 on a scale 0-10.	86%	72%	73%
YES, they would definitely recommend the hospital.	85%	69%	71%

## Survey of Patients' Experiences: Comparable Hospitals

Comparative results are included below for hospitals that survey respondents identified as hospitals where they go for health care. Indicators for RCH that are equal to or better than the other two hospitals are green. RCH indicators that are worse are pink.

	RCH	OSF Saint Paul Medical Center	Hammond-Henry Hospital
# of completed surveys and response rate	58; 28%	69; 31%	313; 40%
Nurses "Always" communicated well.	90%	88%	88%
Doctors "Always" communicated well.	94%	92%	88%
"Always" received help as soon as they wanted.	83%	76%	80%
Staff "Always" explained about medicines before giving it to them.	71%	75%	70%
Room and bathroom were "Always" clean.	89%	81%	82%
The area around their room was "Always" quiet at night.	78%	83%	64%
YES, they were given information about what to do during their recovery at home.	92%	91%	90%
"Strongly Agree" they understood their care when they left the hospital.	70%	65%	58%
Rated the hospital 9 or 10 on a scale 0-10.	86%	90%	83%
YES, they would definitely recommend the hospital.	85%	87%	80%

# Appendix B: Index of Secondary Data Indicators

Data Areas	Description	Source and Dates
Population	Total population residing in the area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. April 2020
Land area	Area in square miles.	<a href="#">American FactFinder</a> , US Census Bureau. 2010
Population density	Total persons per square mile.	<a href="#">American FactFinder</a> , US Census Bureau. 2010
Female	Percent of female population.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 15-19	Percentage of total population aged 15-19 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 20-24	Percentage of total population aged 20-24 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 25-34	Percentage of total population aged 25-34 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019

Data Areas	Description	Source and Dates
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 45-54	Percentage of total population aged 45-54 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 55-64	Percentage of total population aged 55-64 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 75-84	Percentage of total population aged 75-84 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 85+	Percentage of total population aged 85+ in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2015-2019
Black or African American	A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2015-2019
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India,	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2015-2019

Data Areas	Description	Source and Dates
	<p>Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.</p>	
<p>American Indian/Alaska Native</p>	<p>A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.</p>	<p><a href="#">American FactFinder</a>, American Community Survey, US Census Bureau. 2015-2019</p>
<p>Native Hawaiian/Pacific Islander</p>	<p>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.</p>	<p><a href="#">American FactFinder</a>, American Community Survey, US Census Bureau. 2015-2019</p>
<p>Hispanic or Latino</p>	<p>The estimated population that is of Hispanic, Latino, or Spanish origin.</p>	<p><a href="#">American FactFinder</a>, American Community Survey, US Census Bureau. 2015-2019</p>
<p>Two or more races</p>	<p>People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. For data product purposes, "Two or More Races" refers to combinations of two or more of the following race</p>	<p><a href="#">American FactFinder</a>, American Community Survey, US Census Bureau. 2015-2019</p>

Data Areas	Description	Source and Dates
	categories: "White," "Black or African American," American Indian or Alaska Native," "Asian," Native Hawaiian or Other Pacific Islander," or "Some Other Race"	
Living with a Disability	Total civilian noninstitutionalized population with disability.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Veterans	Percent of the civilian population 18 years of age and older who served in the US military.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2014-2018
Years potential life lost	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	<a href="#">County Health Rankings</a> . 2017-19
Life expectancy	Average number of years a person can expect to live.	<a href="#">County Health Rankings</a> . 2017-19  <a href="#">Centers for Disease Control and Prevention</a> , National Center for Health Statistics. 2018
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	<a href="#">County Health Rankings</a> . 2018  Centers for Disease Control and Prevention, <a href="#">Behavioral Risk factor Surveillance System Prevalence and Trends Data</a> . 2018
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	<a href="#">County Health Rankings</a> . 2018  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	<a href="#">County Health Rankings</a> . 2018  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>



Data Areas	Description	Source and Dates
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	<a href="#">County Health Rankings</a> . 2013-19  <a href="#">Centers for Disease Control and Prevention</a> , National Center for Health Statistics. 2019
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	<a href="#">County Health Rankings</a> . 2018  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
HIV prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	<a href="#">County Health Rankings</a> . 2018  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	<a href="#">County Health Rankings</a> . 2015-19  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Heart Disease Death Rate per 100,000	Those ages 35+ with cardiovascular disease as the underlying cause of death. All Races/Ethnicities, Both Genders, Ages 35+.	Centers for Disease Control and Prevention. <a href="#">Interactive Atlas of Heart Disease and Stroke</a> . 2017-2019
Stroke Death Rate per 100,000	For those ages 35+ with stroke as the underlying cause of death. All Races/Ethnicities, Both Genders, Ages 35+.	Centers for Disease Control and Prevention. <a href="#">Interactive Atlas of Heart Disease and Stroke</a> . 2017-2019
Diagnosis of COPD, 18+	Age-adjusted prevalence of COPD among adults aged 18 years and older.	<a href="https://www.cdc.gov/places">https://www.cdc.gov/places</a> . BRFSS 2019 or 2018, Census 2010 population counts or census county population estimates of 2019 or 2018, and ACS 2015-2019 or ACS 2014-2018.

Data Areas	Description	Source and Dates
All Cancers Incidence Rate per 100,000	Age-Adjusted Incidence Rate. All Races (includes Hispanic), Both Sexes, All Ages. Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	<a href="#">National Program of Cancer Registries</a> SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Cancer Mortality per 100,000	All Cancers, 2015-2019. All Races (includes Hispanic), Both Sexes, All Ages. Mortality rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	<a href="#">National Program of Cancer Registries</a> SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	<a href="#">County Health Rankings</a> . 2017  Centers for Disease Control and Prevention, <a href="#">Behavioral Risk factor Surveillance System Prevalence and Trends Data</a> . 2016
Food insecurity	Percentage of population who lack adequate access to food during the past year (with a lack of access, at times, to enough food for an active, healthy life or uncertain availability of nutritionally adequate foods).	Feeding America, <a href="#">Map the Meal Gap</a> . 2019
Excessive drinking	Percentage of adults reporting binge or heavy drinking (Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day).	<a href="#">County Health Rankings</a> . 2018  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>

<b>Data Areas</b>	<b>Description</b>	<b>Source and Dates</b>
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	<a href="#">County Health Rankings</a> . 2015-19  Centers for Disease Control and Prevention, Impaired Driving, <a href="#">Motor Vehicle Safety</a> .
Less than 9th grade education	Population 25 years and over without a high school degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
9th to 12th grade, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
High School Degree (includes equivalency)	Population 25 years and over with a high school degree (includes equivalency).	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Some college, no degree	Population 25 years and over with some college but no degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Associate's Degree	Population 25 years and over with an Associate's Degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Unemployment rate	Unemployment rates, not seasonally adjusted.	US Department of Labor, <a href="#">Bureau of Labor Statistics</a> . Feb 2022

Data Areas	Description	Source and Dates
Median household income	Median income of households in the geographic area.	County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Poverty	Percent of all individuals below the poverty level.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Children in poverty	Percent of children below 18 years old below the poverty level.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Free/reduced price lunch eligible	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch.	<a href="#">County Health Rankings</a> . 2016-17
Residential segregation – Non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. A demographic measure of the evenness with which two groups (non-white and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).	County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Violent crime rates per 100,000	Number of reported violent crime offenses per 100,000 population.	<a href="#">Crime Data Explorer</a> , Federal Bureau of Investigation. 2019
Injury deaths	Number of deaths due to injury per 100,000 population (includes planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries).	County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Current smokers	Percentage of adults who are current smokers (smoke every day or most days and have smoked at	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk factor Surveillance System</a>

Data Areas	Description	Source and Dates
	least 100 cigarettes in their lifetime).	<a href="#">Prevalence and Trends Data</a> . 2018
Physical Inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity in the past month (such as running, calisthenics, golf, gardening, or walking for exercise)	County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Recreation and fitness facility access	Percentage of population with adequate access to locations for physical activity (reside in a census block that is within a half mile of a park or reside in a rural census block that is within three miles of a recreational facility).	<a href="#">County Health Rankings</a> . 2010-19  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Teen birth rates	Number of births per 1,000 female population ages 15-19.	<a href="#">County Health Rankings</a> . 2013-19  Centers for Disease Control and Prevention, <a href="#">Reproductive Health: Teen Pregnancy</a> . 2017
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	<a href="#">County Health Rankings</a> . 2016
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.	<a href="#">County Health Rankings</a> . 2013-17  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Uninsured	Percentage of population under age 65 without health insurance.	US Census Bureau, <a href="#">Small Area Health Insurance Estimates Program</a> . 2019
Uninsured children	Percentage of population under age 18 without health insurance.	US Census Bureau, <a href="#">Small Area Health Insurance Estimates Program</a> . 2019

Data Areas	Description	Source and Dates
Access to primary care physicians	Ratio of population to primary care physicians (practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics).	<a href="#">County Health Rankings</a> . 2018  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care).	<a href="#">County Health Rankings</a> . 2020  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	<a href="#">County Health Rankings</a> . 2019  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Had a Mammogram in Past 2 Years, Ages 40+	Percentage of population ages 40+ that had a mammogram in past 2 years.	Centers for Medicare and Medicaid Services, <a href="#">Mapping Medicare Disparities</a> . 2020
Medicare patients with annual influenza vaccination	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Centers for Medicare and Medicaid Services, <a href="#">Mapping Medicare Disparities</a> . 2019
Medicare diabetes with hemoglobin A1c test within past year	Percentage of diabetic Medicare enrollees with hemoglobin A1c test within past year	<a href="#">The Dartmouth Atlas of Health Care</a> . 2015
Adults over age 50 ever reporting having a colonoscopy	Medicare enrollees over age 50 ever reporting having a colonoscopy or sigmoidoscopy.	Centers for Medicare and Medicaid Services, <a href="#">Mapping Medicare Disparities</a> . 2019

<b>Data Areas</b>	<b>Description</b>	<b>Source and Dates</b>
or sigmoidoscopy		

# Appendix C: Focus Group Invitation and Questions



2/14/2022

Dear Rochelle Area Community Leader:

We invite you to **participate in a focus group** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center **on behalf of [Rochelle Community Hospital \(RCH\)](#)**. Focus groups are an excellent way for community members to share their opinions in an honest yet **confidential** environment. The goal of this focus group is to assist RCH in identifying strengths and needs of health services for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community.

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

We invite you to participate in a virtual 2-hour focus group via Zoom. We may not need the full time. See page 2 for the questions that will be asked. Below are four available times; please select the one that best works with your schedule and **confirm your attendance by contacting Kim Nordin at RHI at [knordin@ruralcenter.org](mailto:knordin@ruralcenter.org) by Friday, March 11<sup>th</sup>**.

1. Tuesday, 3/15, 9:00-11:00 am
2. Thursday, 3/17, 11:00-1:00 pm
3. Tuesday, 3/22, 3:00-5:00 pm
4. Friday, 3/25, 12:00-2:00 pm

Your identity is not part of the focus group report and your individual responses will be kept confidential.



We look forward to your participation. Thank you.  
Sincerely,



Tracy Morton, Director of Population Health  
Rural Health Innovations

## Questions

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

1. Which group(s) of people in your community are struggling the most?
2. In your opinion, what are some of the barriers to accessing healthcare in this region? (Transportation, cost of prescriptions, lack of services, etc.)
3. Do you use preventive health services? If not, why?
4. Why would you seek healthcare outside of Rochelle Community Hospital and Family Healthcare?
5. How likely are you to recommend Rochelle Community Hospital to a friend or family member? (0 = Not Likely and 10 = Extremely Likely)
6. Why did you give that score?
7. Do you feel there is a lack of mental health services in this area? What mental health services do you see the need for?
8. What do you think is the greatest health need in this community?
9. Are there opportunities for RCH to collaborate with other organizations in the community?

# Appendix D: Key Stakeholder Invitation and Questions



2/14/2022

Dear Rochelle Area Community Leader:

We invite you to **participate in a key stakeholder interview** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center **on behalf of [Rochelle Community Hospital \(RCH\)](#)**. key stakeholder interviews are an excellent way for community members to share their opinions in an honest yet **confidential** environment. The goal of this interview is to assist RCH in identifying strengths and needs of health services for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community.

Participants for key stakeholder interviews were identified as those living in the area that represent different groups of health care users including seniors, family caregivers, business leaders, and health care providers. Whether you or a family member are involved with local health care services or not, this is your chance to help guide high-quality local health services in the future.

We invite you to participate in a 30-minute interview via Zoom. **[Visit my bookings page by April 1<sup>st</sup>](#)** to select a date/time that works for you, or you can reply to this email to let me know what works for you. Once you confirm a date/time, I'll send you an invitation with the Zoom link in it.

Your identity is not part of the final report and your individual responses will be kept confidential.

We look forward to your participation. Thank you.

Sincerely,



Tracy Morton, Director of Population Health

[National Rural Health Resource Center | Rural Health Innovations](#)

## Rochelle Community Hospital (RCH) Key Informant Questions

The questions below will be asked during this interview. The purpose of this interview is to identify the strengths and needs of health services in the RCH area. No identifiable information will be disclosed in the report and the results will assist the hospital with future care and planning.

1. Which group(s) of people in your community are struggling the most?
2. In your opinion, what are some of the barriers to accessing healthcare in this region? (Transportation, cost of prescriptions, lack of services, etc.)
3. Do you use preventive health services? If not, why?
4. Why would you seek healthcare outside of Rochelle Community Hospital and Family Healthcare?
5. How likely are you to recommend Rochelle Community Hospital to a friend or family member? (0 = Not Likely and 10 = Extremely Likely)
6. Why did you give that score?
7. Do you feel there is a lack of mental health services in this area? What mental health services do you see the need for?
8. What do you think is the greatest health need in this community?
9. Are there opportunities for RCH to collaborate with other organizations in the community?