

Community Health Needs Assessment Report

Rochelle Community Hospital

Rochelle, Illinois

Published 04/30/2025

Introduction

Rochelle Community Hospital is a 17-bed critical access hospital owned and operated by Rochelle Community Hospital Association in Rochelle, Illinois. Rochelle Community Hospital Association was created in 1965 as the culmination of fifty years of effort to provide a consistent healthcare resource for the city and surrounding community.

At Rochelle Community Hospital, we believe care is more than helping you heal – it's partnering with you throughout life to help you protect your health, meet your goals and live your best life!

Our Mission is to improve the health of our community by providing high quality care with competence, excellence and compassion.

Our vision is to provide local community-based health and wellness services focused on a safe and high quality healthcare experience and to be the hospital of choice for patients, physicians and employees.

As your community hospital, we are committed to a holistic approach to your well-being called 360° Care. This hospital-wide initiative integrates and enhances every aspect of your care, no matter what the service or stage of life. From primary care to convenient care and specialty services, we are proud to bring the best healthcare to the place we call home and the people we call neighbors. We have served the community for generations and look forward to serving for generations to come.

At Rochelle Community Hospital, you can count on treatment that focuses on you – encircling, helping and supporting you with care from a staff that works together on your behalf. We offer a variety of specialized outpatient services to help meet your healthcare needs.

- Anesthesiology
- Cardiac Rehabilitation
- Convenient Care
- Imaging and Radiology
- Emergency Services
- Hospitalist Program
- Infusion Services
- Laboratory
- Occupational Health
- XCEL Orthopedics
- Physical Therapy & Rehabilitation
- Pulmonary Rehabilitation & Respiratory Therapy
- Stroke Care
- Surgery
- Swing Bed Program

In addition, through our Multi-Specialty Clinic, we provide the following services to the community.

- Cardiology
- Dermatology
- Hematology/Oncology
- Nephrology (kidney care)
- Neurology
- Podiatry
- Surgery

Rochelle Community Hospital is pleased to submit this Community Health Needs Assessment. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we view this survey as an opportunity to improve our community service and continuously focus on meeting the changing health care needs of our community.

Consistent with the requirements of Section 501(r)(3), the Community Health Needs Assessment Report is organized as follows:

- Our Community
- Community Health Needs Assessment Methodology
- Prioritized Community Health Needs
- Health Resources

Our Community

Although Rochelle Community Hospital is in Rochelle, Illinois, we define our “community” as a broader area that includes Ogle and Lee Counties, as well as a portion of DeKalb County. Throughout this document, any reference to “community” is meant to indicate this broader service area.

Within this broader community, approximately seventy percent of our patient volume comes from residents of the city of Rochelle and over ninety percent comes from residents of Ogle and Lee Counties. Because of the large proportion of our community that resides within this limited area and because we believe it is representative of our larger community, we limited our data collection to Ogle and Lee Counties.

The city of Rochelle is home to approximately 10,000 people and is located about one hour west of Chicago. Rochelle offers an experience for all tastes – from relaxation to exhilaration – with that hometown feel.

Rochelle is bustling with activity in the summer months with a monthly Outdoor Market, Concerts & Movies in the parks, golf, swimming, hiking and more. The beauty of fall brings Hay Day, a trail of decorated haybales throughout our community. A Classic Downtown Christmas is celebrated in December with a fully lit parade and bustling Downtown. Spring boasts the Vince

Carney Community Theater's Spring production, our annual Irish Hooley, a community-wide Easter egg hunt, and our Cinco de Mayo celebration.

Our newest Downtown addition, Kennay Farms Distilling offers a bit of history along with tastes of the country with craft beer and spirits and the educational tour experience. Chicagoland Skydiving Center is jumping with activity year-round from skydiving spring through fall and the addition of the Flight Deck Bar and Grill, open year-round. Located on either side of the BNSF and Union Pacific Railroad tracks, Rochelle's Railroad Park is a sight to see for railfans. The park features a gift shop and a gazebo for train-spotting. Take a stroll through our historic downtown and visit the 1918 Standard Oil Filling Station and the Flagg Township Historical Museum.

In 2020, the U.S. Census Bureau conducted the nation's most recent census and published that data by state, county, and city. Similarly, the Population Health Institute collects and reports health data and demographic data by county on an annual basis. U.S. census data are from the 2020 census, with some figures being extrapolated to 2024 and others being actual data from subsequent years. Population Health Institute data is as of December 2024.

	Illinois	Ogle County	Lee County
Population	12,549,689	51,265	33,654
Age < 18	21.6%	22.1%	19.5%
Age 65+	17.6%	20.4%	21.7%
Caucasian	76.0%	95.6%	91.0%
African American	14.6%	1.5%	5.8%
American Indian	0.6%	0.5%	0.5%
Asian	6.3%	0.7%	0.9%
Hispanic	19.0%	12.1%	7.8%
High school graduate	90.3%	91.0%	90.5%
Bachelor's Degree or Higher	37.2%	24.0%	19.4%
Person's Without Health Insurance	7.3%	6.1%	5.6%
People in Poverty	11.6%	9.2%	10.1%
Children in Poverty	15.7%	11.2%	13.5%
Children Eligible for Free/Reduced Lunch	46.3%	33.4%	45.9%
Unemployment	4.6%	4.0%	4.8%
Median Household Income	\$81,702	\$79,244	\$68,459

Related to the Illinois figures in this table, it's worth noting that approximately 9.5 million people, or 75 percent of the state's population, live in the greater Chicago metropolitan area. Therefore, the state averages are heavily biased towards trends and patterns in the Chicago area.

Our community has approximately the same percentage of adolescents but a higher percentage of elderly individuals than the state average. Ogle and Lee Counties have approximately the same high school graduation rate as the state, but they have significantly smaller percentages of college

graduates. This emphasizes the blue-collar nature of our community, with agriculture being the most common local occupation.

Compared to the state averages, our community has relatively low rates of people living without insurance, people in poverty, children in poverty, and children eligible for free lunch, each of which is a positive sign for the economic well-being of our community members. While the median household income in our community is lower than the state average, our cost of living is also lower. As of January 2025, Rochelle’s cost of living was approximately 35% lower than in Chicago.

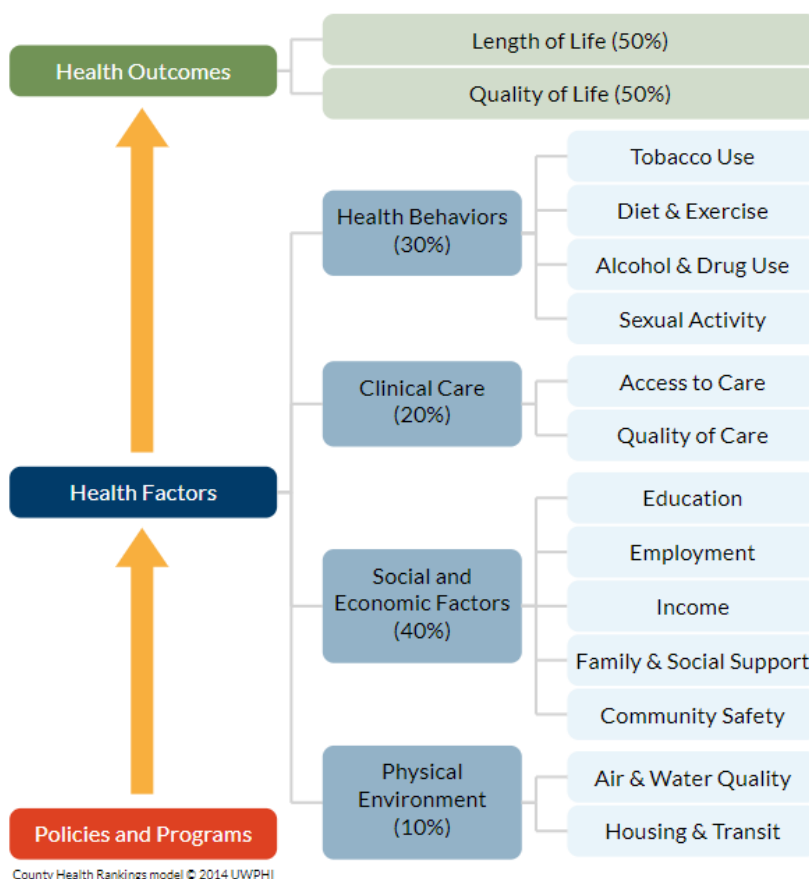
While our community has relatively small minority populations, there is a significant Hispanic community in and around the city of Rochelle, which makes them a high priority in ensuring that Rochelle Community Hospital is effectively addressing their specific health needs. The local Hispanic community consists of a large group of individuals who originally immigrated from Mexico who have lived in the area for a long time, as well as a recent influx of individuals from Cuba. Smaller numbers of individuals are from other countries, like Venezuela and Puerto Rico.

The Population Health Institute (“PHI”) publishes annual health data for every county in the United States. The data is aggregated into *health outcomes* and *health factors*. The PHI separates health outcomes into mortality (length of life) and morbidity (quality of life). Health factors are separated into four factors that largely influence the health outcomes: physical environment, society and economics, clinical care, and health behaviors.

County Health Rankings (out of 102 Illinois Counties)		
	Ogle County	Lee County
Mortality (Length of life)	29	21
Morbidity (Quality of life)	23	26
Overall Health Outcomes	22	21
Health Behaviors	27	52
Clinical Care	46	15
Social & Economic Factors	33	46
Physical Environment	80	95
Overall Health Factors	32	47

Both counties are among the top quartile of Illinois counties in health outcomes, including quality of life and length of life. However, the health factors rankings are more varied with Lee County having its best ranking in clinical care and Ogle County having its best ranking in health behaviors. Both counties are near the bottom of the rankings in physical environment. The Population Health Institute bases the physical environment rankings on average daily air pollution, drinking water violations per year, percentage of households with at least one of four severe housing problems (overcrowding, high housing costs, lack of kitchen facilities, and lack of plumbing facilities), the percentage of the population that drives alone to work, and the percentage of workers who commute more than 30 minutes to work. Our community does have a lot of individuals who commute alone and who have relatively long commutes, averaging 27 minutes each way. This is

mostly due to the number of individuals in our area who live in one community but work in another.



Source: University of Wisconsin Population Health Institute

Because health outcomes are the long-term results of health factors, the current trends indicate that our community members are currently benefitting from relatively positive choices made in the past but may face worsened future health outcomes as the impact of their current health choices are manifested. However, as the county's health factor rankings improve, the likely impact on future health outcomes should continue to improve as well.

Community Health Needs Assessment Methodology

Rochelle Community Hospital's executive team led the planning, conducting, and reporting of the community health needs assessment. We contracted with CliftonLarsonAllen LLP, a professional services firm, to gather community input, prepare this Community Health Needs Assessment Report and prepare the Implementation Strategy.

Interviews

We gathered qualitative information and perspectives on community health needs through one-on-one and small group interviews with key community stakeholders. These interviews were

conducted in February 2025. The primary goal of these interviews was to obtain a range of perspectives on the community's health needs. We gathered information from the following groups within our community:

- People with special knowledge or expertise in public health
- Government health departments and other government agencies
- Leaders, representatives or members of low-income populations
- Leaders, representatives or members of minority populations
- Leaders, representatives or members of other medically underserved populations, such as adolescents, the elderly and rural individuals

In addition to several members of Rochelle Community Hospital's medical staff and leadership, the following agencies, organizations and businesses participated in the community health needs assessment process by contributing their perspectives, opinions and observations. We thank them for their past and continued assistance.

- Ogle County Health Department
- OSF St. Katharine's Hospital
- Sinnissippi Centers
- Ogle County Focus House
- Rochelle Police Department
- Rochelle School District
- City of Rochelle
- Rock River Center
- Hub City Senior Center
- University of Illinois (Extension)

Quantitative Data

The community health needs assessment included consideration and analysis of the following publicly available data.

Centers for Disease Control and Prevention

- <https://www.cdc.gov/children-mental-health/data-research/index.html>
- <https://www.cdc.gov/nchs/data/databriefs/db508.pdf>

City of Rochelle

- <https://www.enjoyrochelle.com/about-rochelle/about-rochelle-illinois.html>

Crown Counseling, "Screen Time Statistics: How Much Are We Staring at Screens?"

- https://crowncounseling.com/statistics/screen-time/#elementor-toc__heading-anchor-2

Economic Research Institute, Cost of Living Data

- <https://www.eriei.com/cost-of-living/united-states/illinois/chicago#:~:text=How%20expensive%20is%20it%20to,affordable%20than%20the%20US%20average.>

Illinois Hospital Association, “City locations of our member hospitals”

- <https://www.team-ih.org/getmedia/03cb2747-50b5-4b8b-869f-0f251f1c088f/ih-member-map-2025.pdf>

Lee County Health Department, 2023 Community Health Needs Assessment

- <https://www.leehealth.org/about-us/community-outreach/community-health-needs-assessment-1>

Mayo Clinic, “Obesity”

- <https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>

McKinsey & Company, “The Physician Shortage Isn’t Going Anywhere”

- <https://www.mckinsey.com/industries/healthcare/our-insights/the-physician-shortage-isnt-going-anywhere>

National Alliance on Mental Illness

- <https://www.nami.org/wp-content/uploads/2023/07/IllinoisStateFactSheet.pdf>

National Institute on Alcohol Abuse and Alcoholism

- <https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics>
- <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-adverse-impact-health>

Ogle County Health Department, 2020 Illinois Project for Local Assessment of Needs

- https://www.oglecountyil.gov/departments/health_department/iplan.php

The Population Health Institute and Robert Wood Johnson Foundation, County Health Rankings

- <https://www.countyhealthrankings.org/health-data/illinois/data-and-resources>

Rochelle Community Hospital

- <https://www.rochellehospital.com/>

Rural Health Information Hub, “Health Professional Shortage Areas: Mental Health”

- <https://www.ruralhealthinfo.org/charts/7?state=IL>

Substance Abuse and Mental Health Services Administration

- https://www.stopalcoholabuse.gov/media/ReportToCongress/2022/state_reports/illinois_profile.pdf

Treatment Magazine, “The Workforce Shortage in Addiction Care Reaches a Crisis Stage”

- <https://treatmentmagazine.com/the-workforce-shortage-in-addiction-care-reaches-a-crisis-stage/>

U.S. Census Bureau QuickFacts

- <https://www.census.gov/quickfacts/fact/table/IL,leecountyillinois,oglecountyillinois/PST045223>

U.S. Chamber of Commerce, “Data Deep Dive: A National Nursing Crisis”

- <https://www.uschamber.com/workforce/nursing-workforce-data-center-a-national-nursing-crisis>

U.S. Department of Health & Human Services

- <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-summary.pdf>

U.S. Health Resources Services Administration, National Center for Health Workforce Analysis

- <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>

Information Gaps

Although we are unable to identify any specific information gaps, we recognize members of the community representing different organizations, groups, etc., have differing opinions concerning community health needs and priorities and may have provided different input if given the opportunity.

Analytical Methods Applied

We applied various analytical methods to the available data. During interviews, we asked participants for their input regarding health needs, the root causes of those needs, the prioritization of those needs, and potential responses to address them. We analyzed the historic prevalence of various health issues in our community and compared those with county, state and national data. Finally, we reviewed previously identified health priorities as identified by national, state and county health organizations.

Request for Feedback

Rochelle Community Hospital was willing to consider written comments related to its last Community Health Needs Assessment Report and Implementation Strategy, but received no such input. If any reader would like to provide input on this community health needs assessment, they can submit their comment(s), in writing, to the following address:

Attention: Administration/CFO
RE: Community Health Needs Assessment
900 North 2nd Street
Rochelle, IL 61068

Determination of Significance

While many needs were identified during the community health needs assessment process, this report focuses on those needs that were deemed *significant* by Rochelle Community Hospital. A health need's significance was evaluated based on many factors. The factor given the most weight was the relative importance placed on the health need by community participants. Other factors included the number of people in our community impacted by the health need, the impact of that health need on quality of life and length of life, and the impact on low-income, minority, and other medically underserved populations. The decision was made by Rochelle Community Hospital's leadership team.

Process and Criteria for Prioritizing Identified Health Needs

As with the determination of significance, the prioritization of identified significant health needs was determined based on many factors. The factor given the most weight was the relative importance placed on the health need by community participants. Other factors included the number of people in our community impacted by the health need, the impact of that health need on quality of life and length of life, and the impact on low-income, minority, and other medically

underserved populations. The decision was made by Rochelle Community Hospital's leadership team.

Prioritized Community Health Needs

Based on community input, as well as reviews of hospital, county, state and national health data, Rochelle Community Hospital identified the following significant community health needs:

- Behavioral health, including mental health and substance abuse
- Access to healthcare services
- Obesity and chronic diseases

Access to care, chronic diseases and mental health were each identified as significant community health needs by the Ogle County Health Department in their 2020 community health needs assessment. Similarly, access to healthcare services, mental health, substance abuse, obesity and chronic conditions were identified as significant community health needs by the Lee County Health Department in their 2023 community health needs assessment.

Behavioral Health, Including Mental Health and Substance Abuse

Mental health among both adults and children was almost unanimously identified as the top concern by community participants, with substance abuse following closely as another major concern.

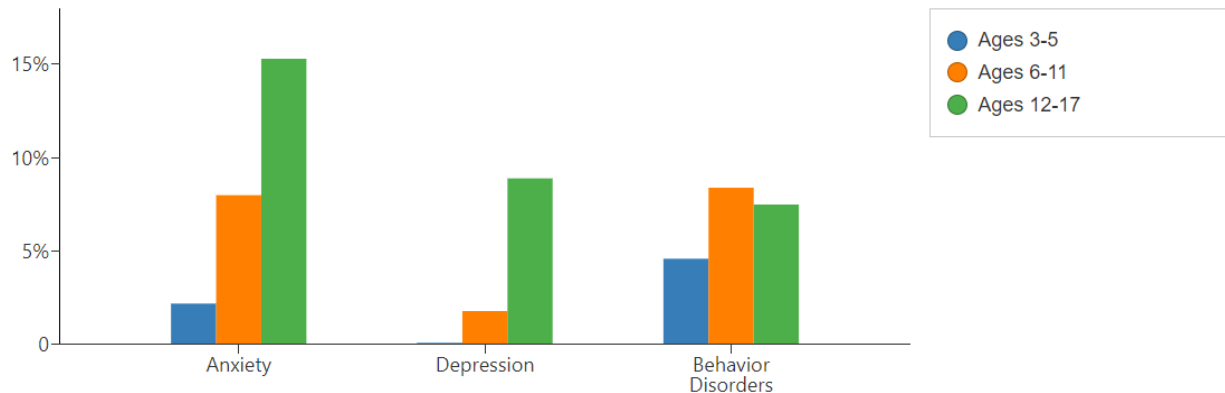
The specific mental health concerns discussed by community participants included:

- **Youth** – impulsive/reactive behaviors, depression, and anxiety stemming from neglect, all types of abuse, family financial struggles, bullying at school and online, puberty/physical development, shaming, lack of “safe places”, body dysmorphia, gender dysmorphia, and multigenerational trauma, as well as ADHD
- **Adults** – depression and anxiety stemming from financial stress, spousal abuse, and post-traumatic stress syndrome (PTSD)
- **Elderly** – the same concerns as other adults, but adding dementia and memory loss

Although each of these issues have been a concern in our community for a long time, community participants agreed that each issue worsened during the COVID pandemic. Community participants primarily expressed concerns related to the prevalence of mental health issues in the area, a continuing stigma about admitting an individual may have a mental health concern, and the availability of health care services when a mental health issue arises.

According to the Centers for Disease Control and Prevention (“CDC”), one in seven U.S. children had a current diagnosed mental or behavioral health condition in 2018-2019. With limited exceptions, the prevalence of anxiety, depression and behavior disorders increase as a child approaches adulthood.

Mental and Behavioral Health Conditions by Age



The same CDC report provides the following about U.S. high school students in 2023:

- 40% reported persistent feelings of sadness or hopelessness in the past year.
- 20% reported seriously considering suicide in the past year.
- 9% reported attempting suicide in the past year.

According to the U.S. Department of Health & Human Services, the prevalence is even higher among low-income youth (21%), youth in the child welfare system (50%) and youth in the juvenile justice system (70%). Additionally, an estimated 49.5% of adolescents have had a mental health disorder at some point in their lives. Among children ages 3-17, 9.8% were diagnosed with ADHD, 9.4% were diagnosed with anxiety, 4.4% were diagnosed with depression, 2.9% were diagnosed with eating disorders, and 8.9% were diagnosed with various other behavior problems.

The general consensus among community participants is that adolescent mental health problems became much more common and more severe during the COVID pandemic and that these problems are exacerbated by social media. This appears to be supported by statistics from the National Alliance on Mental Illness, which reports that in 2021:

- More than half of Americans report that COVID-19 had a negative impact on their mental health.
- One in six U.S. youth aged 6-17 experience a mental health disorder each year.
- 38.5% of adults in Illinois reported symptoms of anxiety or depression.
- 28% of those reported that they were unable to receive needed counseling or therapy.
- Of those who did not receive mental health care, 33.2% reported that the cause was cost.
- 38% of people in Illinois live in a community that does not have enough mental health professionals, mostly in the rural areas of the state.
- 61.8% of Illinoisans age 12-17 who have depression did not receive any care in the last year.
- Illinoisans are three times more likely to be forced “out of network” for mental health care than they are for primary health care, making it more difficult to find care and less affordable due to higher out-of-pocket costs.

Social media is a significant enough concern that in early 2024 the U.S. Surgeon General recommended adding a warning label to all social media platforms. From their report,

“Social media can provide benefits for some children,... However, increasingly, Evidence is indicating there is reason to be concerned about the risk of harm social media use poses to children and adolescents. Children and adolescents on social media are commonly exposed to extreme, inappropriate, and harmful content, and those who spend more than 3 hours a day on social media face double the risk of poor mental health including experiencing symptoms of depression and anxiety. This is deeply concerning as a recent survey of teenagers showed that, on average, they spend 3.5 hours a day on social media.”

The Surgeon General based that conclusion on the following statistics:

- Approximately 40% of children aged 8-12 and 95% of teenagers used social media in 2022.
- When asked about the impact of social media on their body image, 46% of adolescents aged 13-17 said social media makes them feel worse, 40% said it makes them feel neither better nor worse, and only 14% said it makes them feel better.
- Roughly two-thirds of adolescents are “sometimes” or “often” exposed to hate-based content.
- Research indicates that social media may perpetuate body dissatisfaction, disordered eating behaviors, social comparison and low self-esteem, especially among adolescent girls.

Community participants raised concerns about a stigma in the community related to mental health issues. Individuals seem more willing to admit to and discuss physical ailments than mental illnesses, whether it be their own issue or a family member or friend's. This appears to be less of a concern among adolescents and young adults but more of a barrier in the more rural communities, more conservative communities and in the Hispanic community. However, community participants expressed hope that the situation is naturally improving as more and more of the population accepts mental health as a common, reasonable area needing care.

Substance abuse covers a broad range of health issues, including tobacco, alcohol, prescription drugs, and illicit drugs. Each of these is a health need in our state and community, although alcohol, opioids, heroin, fentanyl, marijuana/THC and underage vaping are currently considered the most significant by interview participants.

Community participants expressed significant concerns about alcohol use in our area. According to the National Institute on Alcohol Abuse and Alcoholism, alcohol is the most commonly abused substance in the United States. In a 2023 survey:

- 84.9% of adults reported drinking alcohol at some point in their lifetime and 51.6% reported that they drank alcohol in the last month.
- 21.6% of youth ages 12-17 reported drinking alcohol at some point in their lifetime and 6.9% reported drinking alcohol in the last month.
- 23.5% of adults reported that they engaged in binge drinking within the last month.

- 3.9% of youth ages 12-17 reported that they engaged in binge drinking within the last month.
- 2.9% of youth between the ages of 12 and 17 had alcohol use disorder, a chronic brain disorder marked by compulsive drinking, loss of control over alcohol use, and negative emotions when not drinking. AUD in this age-group was more common among girls than boys.

The majority of these statistics are slightly improved compared to the 2020 survey, except for teenage binge drinking, which worsened from 1.7% to 3.9%.

According to the Population Health Institute, approximately one out of every seven adults – 17.5% of adults in Illinois and 17.3% of adults in our community – indicated that they drank excessively in 2023. Additionally, 38.8% of driving deaths in our community involved alcohol impairment, which was well above the state’s rate of 27.9%. Further, this problem isn’t limited to adults. In a 2022 survey conducted by the Substance Abuse and Mental Health Services Administration, alcohol consumption within the last month in Illinois increased from 2.6% in Middle School to 16.8% in high school, then 62.8% in adults over age 21.

Illinois

State Population: 12,587,530

Population Ages 12–20: 1,506,000

Past-Month Alcohol Use	
Ages 12–20	
Past-Month Alcohol Use – Number (Percentage)	288,000 (19.1%)
Past-Month Binge Alcohol Use – Number (Percentage)	171,000 (11.3%)
Ages 12–14	
Past-Month Alcohol Use – Number (Percentage)	12,000 (2.6%)
Past-Month Binge Alcohol Use – Number (Percentage)	2,000 (0.5%)
Ages 15–17	
Past-Month Alcohol Use – Number (Percentage)	89,000 (16.8%)
Past-Month Binge Alcohol Use – Number (Percentage)	47,000 (8.9%)
Ages 18–20	
Past-Month Alcohol Use – Number (Percentage)	187,000 (35.9%)
Past-Month Binge Alcohol Use – Number (Percentage)	121,000 (23.3%)
Adults Ages 21+	
Past-Month Alcohol Use – (Percentage)	5,750,000 (62.8%)
Past-Month Binge Alcohol Use – (Percentage)	2,728,000 (29.8%)

Alcohol abuse is a significant concern because of its commonality and the major impacts it has on our community. According to the National Institute on Alcohol Abuse and Alcoholism:

- An estimated 178,000 deaths are attributable to excessive alcohol use, making it one of the leading preventable causes of death in the United States, behind tobacco, poor diet, physical inactivity, and illegal drugs.
- Alcohol misuse costs the United States approximately \$249 billion per year.

Community participants indicated that they are concerned about local use of opioids such as fentanyl, heroin, and prescription medicines. Heroin abuse sometimes arises from the initial use and abuse of other opiates, also known as prescription pain killers. Commonly abused opiates include codeine, morphine, oxycodone, methadone, hydromorphone, hydrocodone and fentanyl. Heroin can cause damage to various organs, including the heart, lungs, liver and kidneys. It can also cause breathing problems, collapsed veins, and poses special problems related to the transmission of HIV, Hepatitis C, and other diseases that can occur with sharing needles. The resurgence of opiate-related problems in the United States has increased emergency room visits, crime, homicides, high school drop-outs, and loss of employment across the nation.

Finally, community participants expressed concern over the significant rise of vaping in our communities' schools, including marijuana and THC products. Participants indicated that vaping is increasingly common among adolescents but that community parents are either not aware or are unwilling to admit just how common it has become. Based on a national study conducted in 2021, Illinois ranks 8th in the country with 19.9% of high school students actively using vaping products. By comparison, Illinois ranks 2nd in the country in adult vaping, at only 2.4%, which emphasizes the different perspectives on vaping between adults and adolescents across the state.

Participants expressed concern over the connection between substance abuse and mental health, with one participant estimating that 90% of those struggling with substance abuse also have mental health problems, emphasizing the impact each can have on the other as well as the importance of treating both problems simultaneously for effective recovery. While our proximity to Chicago provides access to a broad array of emergency and short-term acute care services, our community needs a stronger stepdown program and a long-term recovery system that would typically assist with job coaching, vocational training, housing, food, transportation, and social interaction for those in recovery. This is a particularly strong concern because our community is able to assist many individuals through short-term acute (severe) mental health and substance abuse problems but frequently lacks sufficient resources to help those individuals through the months-long or years-long process of fighting those same problems to achieve a healthy life.

Medical professionals expressed a need for additional outreach from the mental health and substance abuse professionals in our community to other medical professionals to encourage cooperative planning and treatment for individuals with multiple health problems ("co-morbidities"). Similarly, medical professionals indicated a need for better "dual diagnosis" treatment programs within the community to simultaneously treat both mental health and substance abuse problems. Because of the close connection between mental health and substance abuse, any treatment of one is more likely to fail if the other is not also treated effectively.

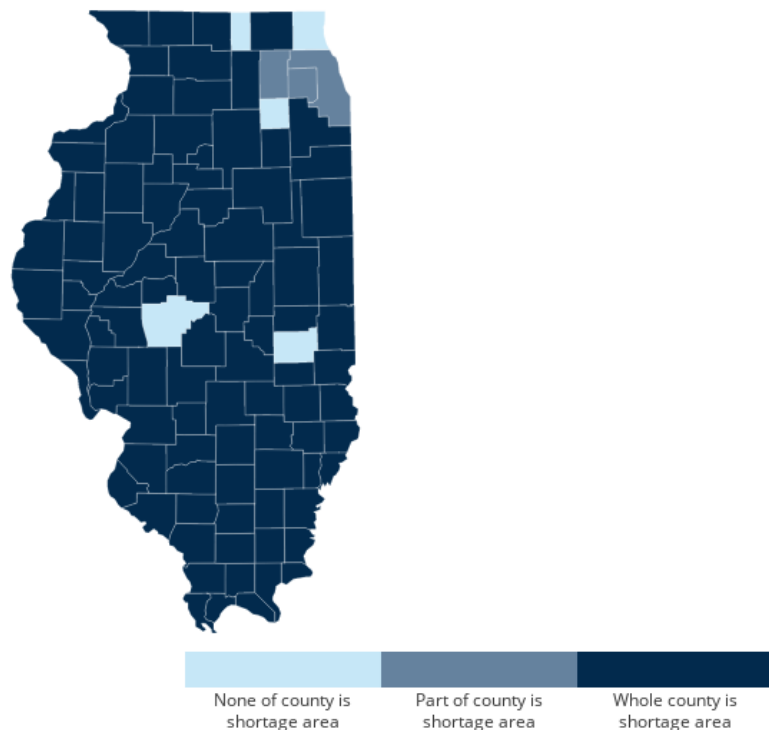
Access to Care

Many of our community participants' behavioral health concerns relate closely to access issues. Rochelle Community Hospital does not currently have a focused mental health treatment department, although OSF – St. Katharine's Hospital in Dixon does have a behavioral health treatment department. Additionally, the county health departments, Sinnissippi Centers and other local organizations and providers provide behavioral health services to community. See the end of this report for a list of currently available resources in these areas. Despite the effort currently

being expended to help the community, participants perceived a need for additional counselors with less frequent turnover, a need for more facilities across the continuum of care, and a lack of consistent follow-up and outpatient care that would lead to long-term changes in a person's health.

Unfortunately, attracting providers is difficult given our rural environment. The map provided below from the Rural Health Information Hub shows that most of the state of Illinois is facing a mental health professional shortage. Note that the lighter blue area in the northeastern corner of the state, with more mental health providers, is the greater Chicago Metropolitan area.

Health Professional Shortage Areas: Mental Health, by County, October 2024 - Illinois



Source: data.HRSA.gov, October 2024.

Dedicating more resources to mental health services would require recruiting more staff with the appropriate credentials, but there is a shortage of mental health providers across the state and nation. The current workforce of mental health providers is aging out of the profession or are burning out and leaving the field and these factors are outpacing the number of incoming mental health professionals. Combining this declining overall number of providers with increasing consumer demand, the consensus is that this service is likely to remain a major health problem within our community and the nation in the foreseeable future. In December 2023, the National Center for Health Workforce Analysis issued a report on the shortage of behavioral health care providers in the United States. From that report,

“The United States is experiencing a mental health crisis with increased levels of unmet behavioral health needs among people of all ages. The capacity of the behavioral health

workforce to meet the demand is limited by supply and distribution challenges. However, the challenges facing the behavioral workforce extend beyond the supply and demand issues and include:

- Patient-level barriers, such as stigma and ability to pay that both hinder access to care
- Provider-level barriers, such as limited scopes of practice, reimbursement challenges, and clinician burnout all of which limit the ability to provide high-quality care.”

Similar to mental health, community participants expressed concerns about access to health care treatment services for substance abuse. The two greatest needs expressed by community participants were for additional inpatient and transitional care facilities, although the availability of care depends largely on a person’s financial situation and ability to travel great distances for care. Insurance companies have various positions on whether substance abuse treatment is eligible for coverage and, if so, which facilities may be used. In addition, some insurance providers will not cover services provided by specific types of doctors, nurses and specialists even though those providers may be best able to treat an individual’s needs. Clearly, this is one area of medicine in desperate need of reform at the state and national levels.

Unfortunately, attracting substance abuse treatment providers is also difficult given our rural environment. According to a November 2021 article from Treatment Magazine,

“Skilled behavioral healthcare workers have historically been hard to find, not to mention retain. The work isn’t easy and is accompanied by high burnout rates, especially in the addiction treatment field. Layer on a once-in-a-century pandemic, and suddenly the addiction treatment field in the U.S. is faced with an unprecedented workforce shortage.

“Back in 2015, Pew Charitable Trusts spotlighted the problem in a first-of-its-kind ‘provider availability index’ that showed how many behavioral health professionals—psychiatrists, counselors and social workers—were available in each state to treat the estimated 20 million people across the country with a substance use disorder (SUD). The numbers ranged from a high of 70 providers for every 1,000 adults with addiction in Vermont to a low of 11 per 1,000 in Nevada. Nationally, according to Pew, the average at the time was 32 behavioral health specialists for every 1,000 people with SUD. The report did not determine an ideal ratio but noted widespread consensus that the workforce was inadequate. One addiction expert in the report called the crisis “severe.”

The article further discusses the impact of the COVID pandemic on treatment services:

“In many places, it’s only gotten worse since then....

In a special September 2021 Psychiatry Online report, researchers contended that a ‘rapid and substantial’ scaling up of access to effective treatment is needed to address the opioid crisis, which approached 100,000 overdose deaths in the latest

12-month period measured by the Centers for Disease Control and Prevention (CDC). ‘Strategies to increase access are hindered by a lack of treatment providers,’ the paper’s authors say...”

Finally, the article discusses the special challenges faced by rural providers.

“Many residential treatment centers are located on isolated rural campuses far from urban areas. Recruiting staff to work at these facilities is more difficult—the locale may not be desirable for potential workers who might be weighing the availability of resources such as schools, transportation, shopping, and cultural and recreational opportunities. Additionally, Ventrell notes, the treatment field has slowly evolved from a social model (like the 12 steps) to a medical model in which it is essential to provide medical care. Concentrations such as psychiatry are often not the first choice in medical schools, he says. Add to that the notion that addiction is one of the least understood areas of behavioral health, and the hiring pool becomes even more limited.”

Aside from behavioral health, access to health care services in general was also frequently identified as one of the most significant health needs in our community. Aside from behavioral health issues, concerns related to access to care can generally be classified into the following areas: transportation issues, inappropriate use of the Emergency Room (“E.R.”), insufficient local specialty services, the needs of the low-income community, access to services outside of normal work hours, and special needs for the Hispanic community.

While participants indicated appreciation for the local hospitals, medical clinics and medical providers, they frequently identified community members’ difficulty in physically getting to those locations as a major concern across the area, for multiple reasons. First, participants are concerned about the availability of transportation across the community. Some individuals don’t have and/or can’t afford a working vehicle capable of driving to the necessary healthcare facility. Similarly, others – youth under 16, some elderly individuals, those with physical disabilities – aren’t able to drive themselves even if they have access to a vehicle. Second, those who can’t drive themselves to a healthcare facility may not have family or friends who could drive them. Third, our area has a very limited public transportation system, with those options offering limited times, limited geographic service areas, and/or limited allowed users. Fourth, even for those individuals who have transportation, each healthcare visit requires a significant amount of time, which means time away from work, school and other daily demands. Finally, the winter weather – snow, ice, etc. – can create additional challenges for individuals.

While community members generally expressed praise regarding the E.R. facilities in the area they expressed concern over the community’s use of the E.R. First, community participants believe that individuals are delaying or avoiding preventive care to the point that an easily treated condition develops into a more severe issue that requires a trip to the E.R. The causes for such avoidance could include cost, time, lack of personal accountability, ignorance regarding the issue, or a distrust of the medical providers. Whatever the cause, such avoidance results in more intensive care that takes more time and is more costly once it develops into an emergency situation. Although the

E.R. is the appropriate place for such emergencies, they could be avoided altogether with more preventive measures initiated by community members. Second, community participants believe that individuals facing acute mental health and substance abuse crises frequently end up in the E.R. to address their condition, with a relatively small number of individuals requiring a fairly large amount of time and effort to care for.

Community members often identified a lack of local specialty services as a community need. Rochelle Community Hospital has only a handful of full-time specialist medical providers, with the remaining specialty services being offered on a part-time basis through contracts with other area hospitals and medical groups. Desired local specialty services identified by participants include OB/GYN, cancer treatment, dialysis, neurology, pulmonology, infectious disease, and pain specialists. These types of services may require traveling greater distances to larger hospitals in Rockford, DeKalb or Chicago, which could be up to a 2-hour drive away.

Low-income community members may have additional struggles in receiving effective and thorough health care. As costs have risen, this challenge has expanded into the middle class who do not qualify for government benefits and typically have high deductible health plans. Those who are uninsured or underinsured and low-income may not be able to receive regular preventive care, meaning small health problems may develop into major health problems. Low-income community members face all the same health risks – obesity, mental health issues, substance abuse, heart disease, diabetes, etc. – as other community members, but low-income individuals have fewer alternatives to receive treatment to meet those needs.

Interview participants expressed concern about the hours during which health care services and prescriptions can be obtained. Emergency services are available at all times and on all days. However, as individuals work longer hours and/or multiple jobs, it becomes increasingly difficult to leave work during weekdays to go to medical appointments or to fill prescriptions. That concern is magnified for lower-income, elderly, young and disabled individuals who may rely on others for transportation and, therefore, can not completely control when and how quickly they travel, as well as for more rural individuals.

Finally, the local Hispanic community faces the additional barrier of having limited English proficiency. Rochelle Community Hospital utilizes several employees who speak Spanish as a second language for interpretive services but relies mostly on interpretive software to assist in serving these individuals. While the interpretive software is readily available 24 hours per day and is capable of interpreting thousands of languages and dialects, medical information can difficult to communicate even in your native language and it's important that the details be communicated accurately, so we acknowledge the need to continue to focus on providing the most effective interpretive services to the Hispanic community and others in the area who have limited English proficiency.

Obesity and Chronic Diseases

Like the rest of the country, our community members frequently identified obesity as a health concern, related to both healthy eating and healthy living, as well as the attendant chronic diseases that may arise from it.

As of August 2023, 40.3% of adults in the United States were obese and 9.4% of adults were severely obese, with both prevalences being slightly higher in women than in men. Illinois and our community are healthier, with 34.3% of Illinois adults being obese and 35.9% of adults in our community being obese. However, that still means more than one in three adults in our community are classified as obese.

Participants believe that obesity in our community is the result of multiple issues including difficulty accessing healthy foods, being able to turn those healthy foods into a meal that people willingly eat, unhealthy living habits, and a general mass complacency that obesity is just normal now.

The first obstacle to healthy eating in our community is being able to obtain healthy foods. While Rochelle and Dixon have major national grocery chains like Walmart and Aldi, many of our smaller towns and communities have more limited options for grocery shopping, like smaller grocery stores, convenience stores, gas stations, or no local grocery options at all. These smaller stores naturally have fewer options for the types of foods to purchase. Therefore, individuals in more rural areas or who have difficulty with transportation face greater barriers in getting to the store to buy groceries. The second obstacle to healthy eating is being able to afford healthier foods like proteins, fruits and vegetables. Community participants expressed appreciation that our stores, including Walmart, Aldi, SuperValu and Dollar General, seem to provide foods at more reasonable prices while also acknowledging that healthier whole foods tend to be more expensive than heavily processed (i.e. boxed, canned or frozen) foods. Similarly, interview participants indicated that the majority of meals available in local restaurants seem to be of less healthy nature. The third obstacle to healthy eating is the food preparer having knowledge of how to turn healthy raw ingredients into a meal that they and their families will eat, as well as the time to prepare such a meal. Again, as individuals spend more time on other tasks – working longer hours, working more jobs, spending more time on social media and other online activities, etc. – they have less time available for other daily tasks, such as preparing a home-cooked meal. Finally, as these home-cooked meals become less frequent, preparers lose knowledge practice while family members simultaneously become less comfortable with those healthier meals.

Interview participants indicated that unhealthy living habits in our community stem from a lack of consistent daily activity, a natural movement towards sedentary jobs and technology-based activities and insufficient use of locally available exercise options, each of which is exacerbated by challenging winter weather for a large portion of the year.

According to a 2025 report, “screen time” statistics in the United States were as follows in 2023:

- Adults spent an average of 7 hours, 3 minutes on screens daily, which was 23 minutes higher than the global average and 33 minutes higher than the 2017 average.
- Gen Z (i.e., individuals born between 1997 and 2012) spent an average of 9 hours on screens daily.
- Millennials (i.e., individuals born between 1981 and 1996) spent an average of 6 hours, 42 minutes on screens daily.
- 53% of children aged 8-12 owned smartphones.

While interview participants feel our community may be slightly better than the national averages, they feel the overall trends of increased screen time and decreased physical activity are accurate for our community.

Interview participants also expressed concerns regarding our community's use of available exercise options. Larger communities like Rochelle and Dixon have more gyms, parks, recreational leagues and school-based exercise opportunities. Those options decrease significantly in smaller communities. However, even in the larger communities, participants indicated that the community doesn't appropriately utilize the available resources. It's unclear why that's the case, with possible explanations including cost, time and apathy.

Obesity is a major concern across the United States because of the related health issues that it can cause. According to the Mayo Clinic, people with obesity are more likely to develop a number of potentially serious health problems, including:

- Heart disease and strokes: obesity makes you more likely to have high blood pressure and abnormal cholesterol levels, which are risk factors for heart disease and strokes.
- Type 2 diabetes: obesity can affect the way the body uses insulin to control blood sugar levels, which raises the risk of insulin resistance and diabetes.
- Certain cancers: obesity may increase the risk of cancer of the uterus, cervix, endometrium, ovary, breast, colon, rectum, esophagus, liver, gallbladder, pancreas, kidney and prostate.
- Digestive problems: obesity increases the likelihood of developing heartburn, gallbladder disease and liver problems.
- Sleep apnea: people with obesity are more likely to have sleep apnea, a potentially serious disorder in which breathing repeatedly stops and starts during sleep. \
- Osteoarthritis: obesity increases the stress placed on weight-bearing joints, in addition to promoting inflammation within the body, which may lead to complications such as osteoarthritis.

Conclusion

Rochelle Community Hospital conducted this community health needs assessment to better understand our community and the individuals we serve. The hospital is currently developing a strategy to respond to its significant community health needs and will create an Implementation Strategy to formalize those responses. That Implementation Strategy will be approved by the board of directors no later than October 15, 2025, and will be used by the organization as a guide for thoughtful, impactful decisions and actions in the coming years.

Health Resources

The following pages include a list of resources currently available in our community to address the significant community health needs discussed in this report. Despite our efforts, we recognize that this list may not be all-inclusive and welcome any information to add available resources and increase its usefulness. Such information can be sent to the address provided on page 8 of this report.

The Ogle County Health Department and Lee County Health Departments provide support to our community members in numerous ways. The services and programs offered by the Ogle County Health Department include:

- Environmental health (food, well/septic, vector, etc.)
- Clinical services
 - Communicable diseases
 - Immunizations
 - Sexually transmitted diseases
 - Rabies
- WIC and family case management
- Public health emergency preparedness
- Food and nutrition
- Other community programs (medical cannabis, Narcan and tobacco)

The services and programs offered by the Lee County Health Department include:

- Maternal and child services
- Community and personal services
- Environmental health
- Emergency preparedness and response

For a complete list of their activities and related resources, we recommend visiting their offices and/or websites:

- Ogle County Health Department
907 Pines Road, Oregon
(701) 852-1376
www.oglecountyil.gov/departments/health_department/
- Ogle County Health Department Branch Office (Se habla Espanol)
501 Lincoln Highway, Rochelle
(815) 562-6976
www.oglecountyil.gov/departments/health_department/
- Lee County Health Department
309 S Galena Avenue, Suite 100, Dixon
(815) 284-3371
www.lchd.com

In addition to governmental support, the following facilities are currently available in Ogle and Lee Counties. Many other services are available just outside the borders of this area, especially in Rockford to the north, Rock Falls and Sterling to the west. DeKalb to the east, and Mendota to the south.

Hospitals

- Rochelle Community Hospital – 900 N 2nd Street, Rochelle
- OSF St. Katharine’s Hospital – 403 E 1st Street, Dixon

Medical Clinics and Specialty Practices

- Rochelle Community Hospital Family Healthcare Clinic – 900 N 2nd Street, Suite 200, Rochelle (on the 2nd floor of the Health & Wellness Center)
- Xcel Orthopedics Clinic, Rochelle Community Hospital – 900 N 2nd Street, Rochelle
- Xcel Orthopedics Clinic, Rochelle Community Hospital – 2670 DeKalb Ave, Sycamore
- Rochelle Community Hospital Convenient Care Clinic – 900 N 2nd Street, Rochelle
- Rochelle Community Hospital Occupational Health Clinic – 900 Petro Road, Rochelle
- Dr. Basith M. Osmani, MD – 1219 Currency Court, Rochelle
- Swedish American Medical Group – 380 IL-38 E, Rochelle
- CGH Dixon Medical Center – 1321 N Galena Avenue, Dixon
- ILCC – 101 W 2nd Street, Dixon
- OSF St. Katharine – Center for Health – 102 S Hennepin Avenue, Dixon
- OSF St. Katharine – Center for Health – 215 E 1st Street, #214, Dixon
- Physicians Immediate Care – 1672 S Galena Avenue, Dixon
- MercyHealth Byron – 130 Kysor Drive, Byron
- OSF Medical Group – Primary Care – 109 N Franklin Street, Byron
- UW Health Byron Clinic – 230 W Blackhawk Drive, Byron
- KSB Center for Health Services – 1307 W Washington Street, Suite 145, Oregon
- CGH Polo Medical Center – 711 S Division Avenue, Polo
- KSB Center for Health Services – 1107 S Division Avenue, Polo
- UW Health Davis Junction Clinic – 5665 N Junction Way, Davis Junction
- KSB Ashton Family Health Center – 320 N 1st Street, Ashton
- OSF St. Katharine – Center for Health – 305 Joe Drive, Amboy

Pharmacies and Medical Supplies

- Rochelle Pharmacy – 314 Lincoln Highway, Rochelle
- Walgreens Pharmacy – 1080 N 7th Street, Rochelle
- Walmart Pharmacy – 311 IL-38, Rochelle
- Genoa Healthcare – 325 IL-2, Room 23, Dixon
- Northern Illinois Home Medical Supply – 1309 N Galena Avenue, Dixon
- Walgreens Pharmacy – 1275 N Galena Avenue, Dixon
- Walmart Pharmacy – 1640 S Galena Avenue, Dixon
- Snyders Pharmacy – 100 W Blackhawk Drive, Byron
- Oregon Healthcare Pharmacy Services – 1100 Pines Road, Oregon

- Snyders Pharmacy – 201 N 4th Street, Oregon
- Polo Pharmacy – 111 E Mason Street, Polo
- Mt. Morris Pharmacy – 117 S Wesley Avenue, Mt. Morris
- Amboy Hometown Pharmacy – 221 E Main Street, Amboy

Mental Health and Chemical Dependency Services

- Braden Counseling Center – 951 S 7th Street, Rochelle
- Changes Counseling – 604 N Main Street, Rochelle
- Jennifer Hay – 555 Fairview Drive, Rochelle
- Sinnissippi Centers – 1321 N 7th Street, Rochelle
- Adult Education Associates – 748 Timber Creek Road, Dixon
- H&N Counseling – 404 N Galena Avenue, Suite 50, Dixon
- Living Well Counseling – 116 E 1st Street, Dixon
- Melissa A. Gates, LCSW – 404 N Galena Avenue, #240, Dixon
- Mobre Counseling Services – 119 W 1st Street, #110, Dixon
- OSF St. Katharine – Behavioral Health – 403 E 1st Street, Dixon
- Rays of Wellness – 1254 N Galena Avenue, Dixon
- Reflect Counseling Services – 923 S Peoria Avenue, Dixon
- Reuter Counseling – 1254 N Galena Avenue, Suite B, Dixon
- Roberts Counseling – 114 E Everett Street, Suite 209, Dixon
- Sinnissippi Centers – 325 IL-2, Dixon
- Braden Counseling Center – 300 W Washington Street, #203, Oregon
- Path to Healing – 134 E Blackhawk Drive, Byron
- Rockford Sexual Assault Counseling – 412 W Washington Street, Oregon
- Sinnissippi Centers – 100 Jefferson Street, Oregon
- Kreider Services – 317 W Division Street, Amboy