

Community Health Needs Assessment Final Report

Community Health Needs Assessment 2019
SwedishAmerican Medical Center - Belvidere

June 30, 2019

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Executive Summary

Process

SwedishAmerican Medical Center - Belvidere (SAMC) participated in the Rockford Regional Health Council 2017 Healthy Community Study (Healthy Community Study) and contracted with RSM to conduct a Community Health Needs Assessment (CHNA), as required by Internal Revenue Code Section 501(r).

A division of UW Health, SwedishAmerican Medical Center - Belvidere is a non-profit hospital serving the greater Rockford region, northern Illinois and southern Wisconsin. SAMC defined its community for the CHNA as Boone and Winnebago Counties, Illinois, since over 80% of inpatients are drawn from this area. Both primary and secondary data were collected to identify health needs within the hospital's community.

Primary data was collected from the Healthy Community Study Community Analysis, Household Survey and the Key Informant Survey which were included in the Healthy Community Study. The hospital also requested the collection of secondary data on a broad array of health indicators and demographic information.

Secondary data was collected using databases created by other agencies or organizations. Types of data collected included demographic information, chronic disease, morbidity/mortality information, health status indicators, health behaviors, family planning, births, general community/environment information, local, state and national benchmarks.

Summary Findings

A Community of Resources and Collaborative Spirit

Community stakeholders included a group of 67 organizations that provide services in Boone County, Winnebago County or both and responded to a questionnaire that forms the basis for the Key Informant Survey. Residents from both counties responded to a questionnaire that forms the basis for the Household Survey. Each group of stakeholders voiced their optimism and faith in the longevity and vibrancy of the community: despite its current challenges, it holds promise if people continue to work together and build on its capacity. In general, there seems to be a genuine desire to improve community health and well-being.

Areas of Health Concern

Eight primary health concerns have resulted from a comprehensive review and assessment of primary and secondary data. These areas align seamlessly with community health concerns discussed regularly in weekly leadership meetings, leading to the natural selection of the internal CHNA project team to take the lead in the prioritization process. The prioritization discussion around community needs resulted in the following order:

1. Cancer
2. Obesity
3. Poverty and Unemployment
4. Access to Medical Care
5. Vulnerable Populations: Hispanic/Latino Population
6. Heart Care
7. Maternal/Prenatal/Early Childhood Health
8. Substance Abuse

Cancer

Cancer is one of the leading causes of death within the hospital community. It is the highest of all disease mortality rates in Winnebago and Boone Counties. The most prevalent cancers in the hospital service area include breast, cervical, colon and rectum, lung and prostate cancers.

Obesity

This health concern relates to two pathways: factors that lead to development of the condition and diseases that result from the condition. The category stems from the majority of survey respondents and key informants identifying this issue as a primary factor influencing community health. Secondary data supports this through high rates of obesity, physical inactivity, diabetes, hypertension, and heart disease mortality within the community.

Poverty and Unemployment

A considerable number of the key informants noted that poverty and unemployment are the most pressing concerns regarding social determinants of health within the community. Secondary data supports this assertion through high rates of unemployment, poverty and low educational attainment within the community. Poverty and unemployment deeply affect one’s ability to afford access and navigate the health care system. Low educational attainment deeply affects an individual’s ability to understand how to maintain health as well as how to follow through on treatment recommendations. Further, concomitant environmental factors impacting those living in poverty, such as poor housing conditions, living in high crime areas and the existence of “food deserts” where access to nutritional food options is limited, also significantly affect one’s health status and overall quality of life.

Access to Medical Care

Key informants continue to express concern about the barriers that the uninsured or underinsured face when trying to access health care services. A considerable number of community residents experience challenges in affording health care despite many community efforts to help alleviate economic barriers to care. Local Emergency Rooms become the most convenient choice for residents when they do not have the understanding where they can find affordable care. Secondary data reinforces this category in reflecting the number of low-income individuals who are not currently served by Federally Qualified Health Centers (FQHC), such as Crusader Community Health, within the hospital community.

Data collected highlights the logistical barriers that considerably deter a person's ability to access health care services. Key informants noted concerns about inadequate capacity of health care providers to serve vulnerable populations, limited transportation options for patients to get to health care appointments. Secondary data supports this category through medically underserved area (MUA) and health professional shortage area (HPSA) designations and high population to physician ratios within the community.

Vulnerable Populations

The following populations within the community were noted as particularly vulnerable, and adversely impacted by many of the health concerns noted:

- Seniors
- Latinos/Hispanics
- African Americans
- Children

Heart Care

On a yearly basis, more Americans die of symptoms related to heart disease than any other cause. Heart Disease is one of the leading causes of death in the State of Illinois, Boone County and Winnebago County. There are new methods of diagnosing and treating heart disease and studies have showed that the earlier it's detected the greater the likelihood it can be slowed, stopped or even reversed.

Maternal/Prenatal/Early Childhood Health

Premature births and low birthweight are concerns in the community. Many providers in the community are focused on providing prenatal care to vulnerable and low-income populations to ensure adequate care for the mother and their children. The teen birth rates for Boone County exceeds the rate for the United States while the teen birth rate for Winnebago County exceeds the rate for the United States, Illinois and Cook County.

Substance Abuse

Key informants believe that drug addiction and the opioid crisis are areas that need improvement. The number of drug related arrests have been on the rise in the report area. The number of individuals being admitted to emergency rooms due to drug related incidents have also been on the rise in the report area. The number of drug overdose deaths in the report area has shown drastic increases from 2013 – 2014. While the number of drug overdose deaths for Boone County in 2014 was almost in line with the Healthy Target 2020 target of 10.2 deaths per 100,000 people, the number of drug overdose deaths for Winnebago County in 2014 was more than twice the number of drug overdose deaths reported by Boone County in the same period.

Community Health Needs Assessment Background

Requirements

SAMC participated in the Rockford Health Council 2017 Healthy Community Study and contracted with RSM to conduct a Community Health Needs Assessment (CHNA) for each of its two hospital facilities, as required by Internal Revenue Code, Section 501(r). The CHNA process is designed to assess health issues within the hospital community through collecting and analyzing primary and secondary data related to demographic information, health access, vulnerable populations, health status and disparity, and health behaviors of community residents. As required by the Patient Protection and Affordable Care Act (PPACA) of 2010, the CHNA will include the following:

- A definition of the community served by the hospital facility
- Demographics of the community
- Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- How data was obtained
- The significant needs of the community
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- The process for identifying and prioritizing community health needs and services to meet the community health needs
- The process for consulting with persons representing the community's interests
- Information gaps that limit the hospital facility's ability to assess the community's health needs

Previous Assessments

Previous assessments or reports that include data that relates to community health needs or existing programming within the hospital service area of Boone and Winnebago Counties:

- Winnebago and Boone Counties, 2017 Healthy Community Study; Conducted by Rockford Regional Health Council; January 2018
- SwedishAmerican Hospital Community Benefit Report; Conducted by SwedishAmerican Hospital; 2017-2018
- SwedishAmerican Hospital, Community Health Needs Assessment; June 2016
- SwedishAmerican Hospital Community Benefit Report; Conducted by SwedishAmerican Hospital; 2015-2016
- Winnebago and Boone Counties, 2014 Healthy Community Study; Conducted by Rockford Health Council; December 2014
- SwedishAmerican Hospital, Community Health Needs Assessment; April 2013
- SwedishAmerican Hospital Community Benefit Report; Conducted by SwedishAmerican Hospital; 2012-2014
- Winnebago and Boone Counties, 2010 Healthy Community Study; Conducted by Rockford Health Council; December 2010

Methodology

Collaboration

SwedishAmerican Medical Center in Belvidere, Illinois and SwedishAmerican Hospital in Rockford, Illinois collaborated for the purposes of executing the Community Health Needs Assessment. Both hospital facilities defined their communities geographically in the same way, serve the same demographic and geographic areas, work with the same community organizations and strategic partners, and currently work in the same arenas for community benefit activities. Additionally, SAMC and SAH share a leadership team and overall are very closely aligned organizations.

Report Methodology

Information related to the highest priority health and demographic indicators is presented in the report document itself, with detailed supplemental secondary data and primary data transcripts available in the appendices.

Secondary Data Methodology

Secondary data was collected using databases created by other agencies or organizations. RSM utilized the Healthy Community Study which collected secondary data from a variety of sources and about a variety of different issues. Types of data collected included demographic information, chronic disease and morbidity/mortality information, health status indicators and health behaviors, family planning and births, general community/environment information, and local, state and national benchmarks. Due to the nature of secondary data available, data was collected on the level of zip code, city, or county for the defined hospital community. Most health indicator data was available on a county-level basis, while demographic information was available in greater detail on a city- or zip code-level basis.

After data was collected, secondary data measures were compared to US and Illinois measures. Measures for Boone and Winnebago Counties (or their corresponding cities and zip codes) that were particularly different from Illinois or national measures were considered to be of priority.

Primary Data: Healthy Community

RSM utilized the Community Analysis, Household Survey and Key Informant Survey that were contained in the Healthy Community Study. The Community Study consists of six sections – Demographics, Social and Economic Characteristics, Physical Environment, Clinical Care, Health Behaviors and Health Outcomes. The Household Survey was conducted in May – August 2017. A mixed-module survey (online, mail, telephone) was administered to residents of Winnebago and Boone Counties. The questionnaire covered the topics of health status and quality of health, access to health care, health information, chronic health conditions, tobacco, alcohol, drug issues and other issues. 1,602 individuals completed this survey. The Rockford Regional Health Council identified a group of 67 individuals as Key Informants and distributed an online survey to them to assess the Council's five key focus areas of access to care and health quality, behavioral health, chronic disease, maternal,/prenatal/early childhood health, and oral health on awareness of efforts, regional improvement, and additional regional needs. 28 key informants completed this online survey.

Methodology

Prioritization Methodology

Health needs within the community were identified through the analysis delineated above. Health indicators within the community identified to have ‘high’ or ‘moderate’ importance were listed and categorized by health needs indicated, resulting in its primary health needs within the community, each having both primary and secondary data components.

The identified health needs align seamlessly with community health concerns discussed regularly in SAMC/SAH weekly leadership meetings, leading to the natural selection of the SAMC/SAH internal CHNA project team to take the lead in the prioritization and selection process. The SAMC/SAH internal CHNA project team consisted of executive leaders and stakeholder representatives from across the hospital organization. Because the Rockford and Belvidere Hospital sites share internal leadership members as well as service area definitions, this process was carried out jointly for the two facilities. Although priorities will be in alignment, implementation strategy roles may differ based upon individual hospital resources available.

The team reviewed the primary and secondary data, deliberated at length, and prioritized needs based upon group consensus, resulting in the final prioritized list of health needs. In the discussion process, secondary data weighed heavily in prioritization decisions, as it affirmed direction and encouraged existing partnership and programming. Criteria utilized in deliberation process included:

- The need’s importance to the community
- Severity of the need based on primary and secondary data collected
- Existing programming and community resources
- Alignment with hospital mission, vision, and goals

Information Gaps

Every attempt was made to collect relevant and recent primary and secondary data reflecting the health status and social determinants of health in the SAMC community. In some cases, the ability of SAMC to assess all community health needs may have been limited by a lack of existing or recent small-area estimate information pertaining to Boone and Winnebago Counties.

Hospital and Community

SwedishAmerican Medical Center Description

A subsidiary of SwedishAmerican Health System, SAMC is a 52-bed, full-service non-profit hospital serving the greater Rockford region, Northern Illinois and Southern Wisconsin. In conjunction with SAH, SAMC has earned a reputation for its commitment to quality healthcare, including clinical excellence, outcome measurements and placing the needs and concerns of patients first. The Hospital's many programs include those aimed at improving the health of the community in which it operates with a focus on the elderly and the underserved.

Hospital Community



SAMC defined its community for the purposes of the CHNA geographically as Boone and Winnebago Counties. The community was defined based upon internal patient origin information by zip code for SAMC and SAH's combined emergency room visit and inpatient discharge information. As shown in the table below, the defined community encompasses over 85% of emergency room patients and 80% of inpatients.

★ SwedishAmerican Rockford Facility

★ SwedishAmerican Belvidere Facility

Emergency Department Patients by Zip Code, 2018

Zip Code	City	County	Number of ED Encounters	Percent of ED Encounters
61008	Belvidere	Boone	11,454	13.7%
61104	Rockford	Winnebago	11,149	13.3%
61109	Rockford	Winnebago	8,036	9.6%
61108	Rockford	Winnebago	6,670	8.0%
61107	Rockford	Winnebago	6,081	7.3%
61101	Rockford	Winnebago	6,045	7.2%
61102	Rockford	Winnebago	5,850	7.0%
61103	Rockford	Winnebago	5,720	6.8%
61111	Loves Park	Winnebago, Boone	3,176	3.8%
61115	Machesney Park	Winnebago	3,007	3.6%
61065	Poplar Grove	Boone	2,269	2.7%
61114	Rockford	Winnebago	1,758	2.1%

Hospital and Community

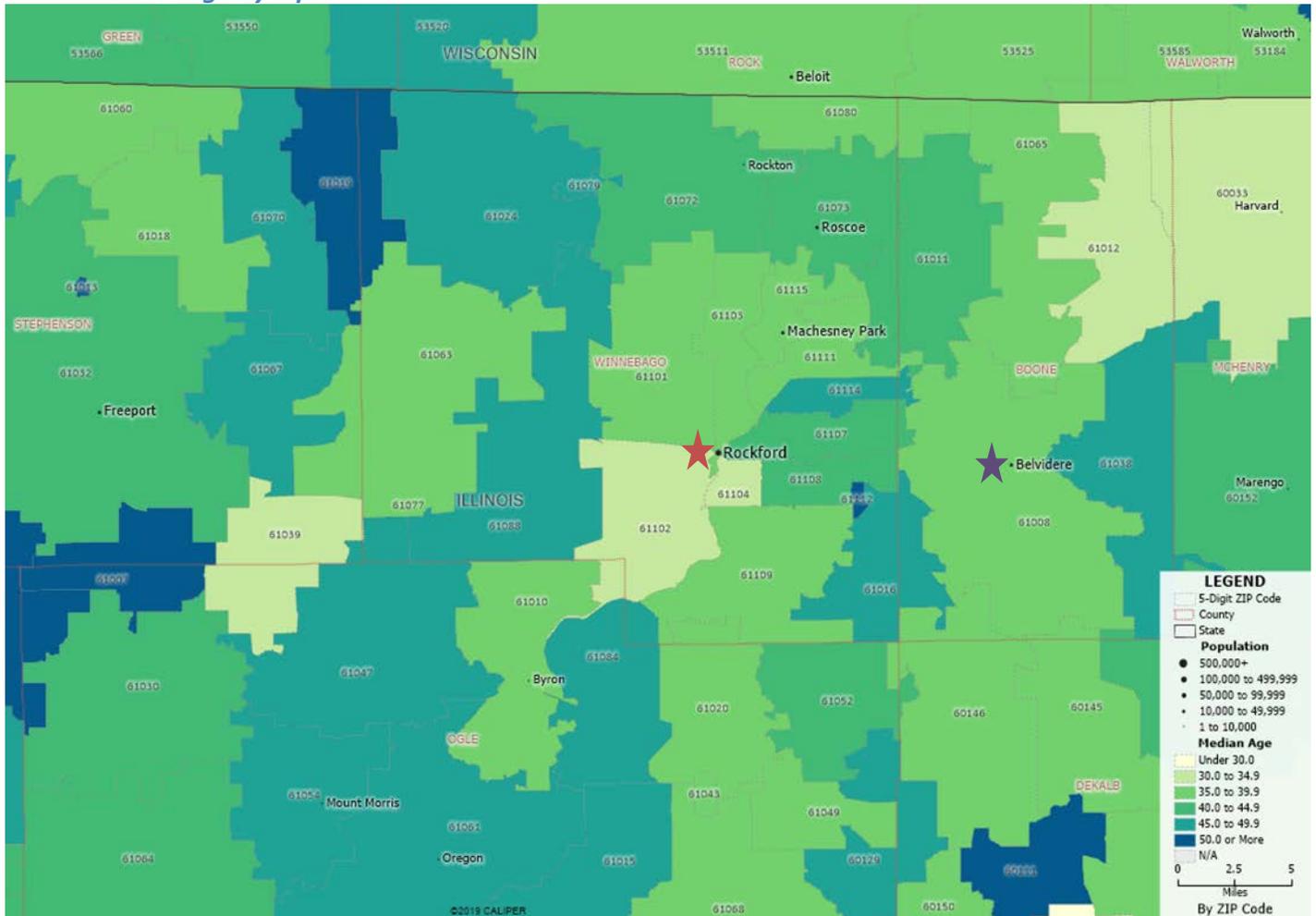
Inpatients by Zip Code, 2018

Zip Code	City	County	Number of Inpatients	Percent of Inpatients
61109	Rockford	Winnebago	1,335	8.6%
61104	Rockford	Winnebago	1,302	8.3%
61107	Rockford	Winnebago	1,282	8.2%
61008	Rockford	Winnebago	1,235	7.9%
61108	Belvidere	Boone	1,204	7.7%
61103	Rockford	Winnebago	917	5.9%
61101	Rockford	Winnebago	896	5.7%
61111	Loves Park	Winnebago, Boone	842	5.4%
61102	Rockford	Winnebago	815	5.2%
61115	Machesney Park	Winnebago	785	5.0%
61114	Rockford	Winnebago	569	3.6%
61073	Roscoe	Winnebago	490	3.1%
61010	Byron	Ogle	347	2.2%
61065	Poplar Grove	Boone	286	1.8%
61072	Rockton	Winnebago	264	1.7%

Community Profile

Age

Median Age by Zip Code



★ SwedishAmerican Rockford Facility

★ SwedishAmerican Belvidere Facility

The median age of people in the hospital community is fairly consistent, with the exception of a zip code in Winnebago County (61112) that has a much higher median age at 50 and a zip code near Rockford (61102) in Winnebago County that has a much lower median age at 30 than the surrounding communities.

Community Profile

Projected 65 and Older Population

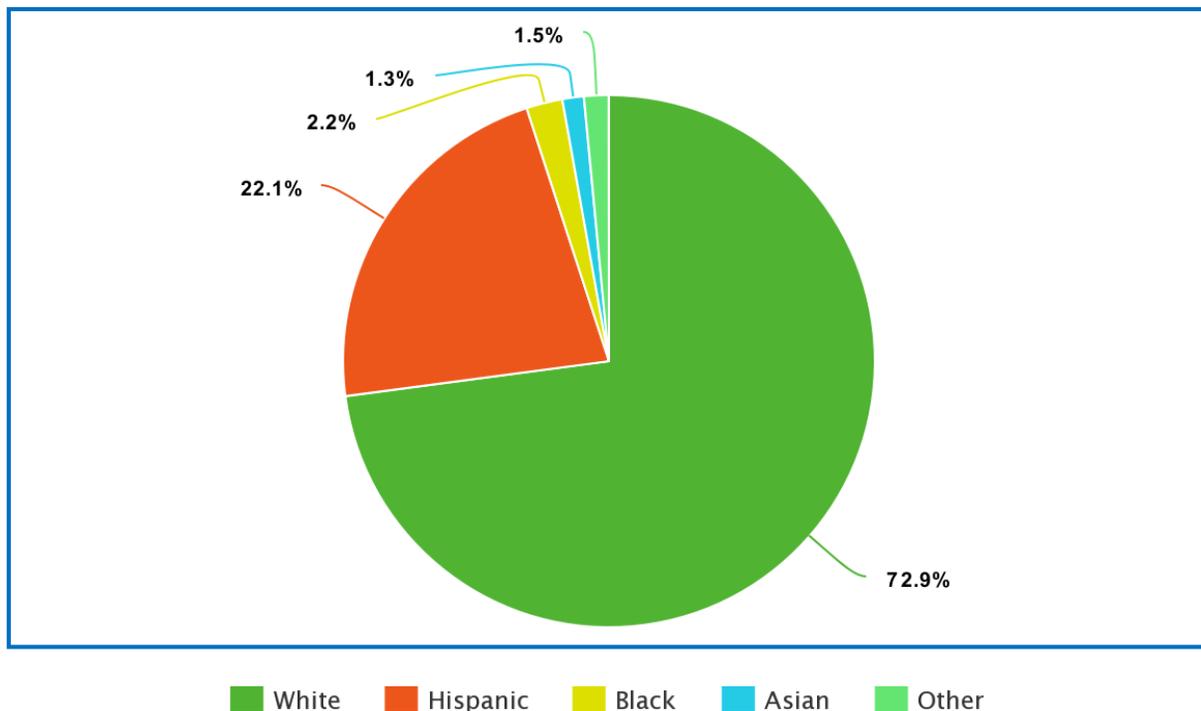
	2016	2021	2026	2031
State of Illinois	14%	16%	17%	18%
Cook County	13%	15%	16%	18%
Boone County	14%	15%	16%	16%
Winnebago County	15%	16%	17%	16%

www.ildceo.net

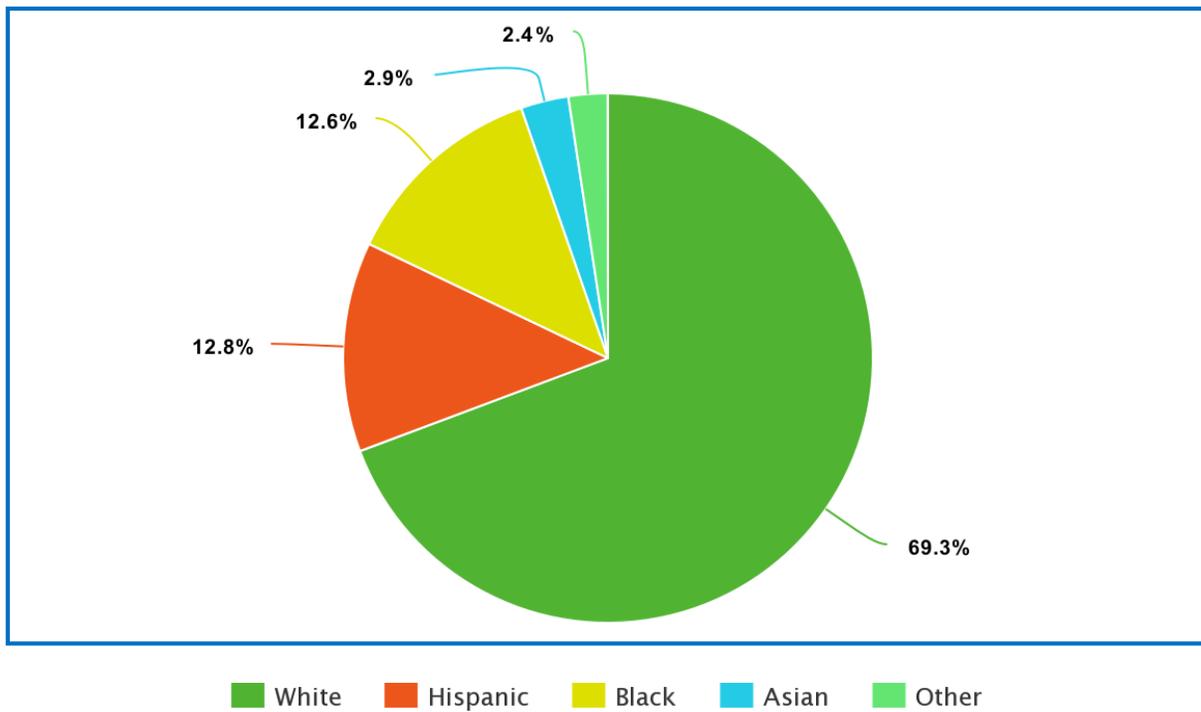
As shown in the chart above, the senior population in Boone and Winnebago Counties is growing and will likely continue to increase in the coming years. The 65 and over population of the hospital community is expected to grow substantially within the next 15 years. In the case of Boone County, this population segment is expected to double. Winnebago County is expected to grow at nearly the same rate as the Illinois state average at six percent. This indicates that the vulnerable population of seniors in the hospital community will become a larger proportion of residents in the coming years. In this sense, health issues for seniors are likely to become more prominent in the coming years.

Race

Boone County, 2017



Winnebago County, 2017



The most common race in the hospital community is white, followed by the Hispanic population. The two communities have small Asian population segments as well.

Community Profile

Projected African American Population

	2016	2021	2026	2031
State of Illinois	14%	13%	13%	13%
Cook County	23%	22%	21%	19%
Boone County	1%	1%	1%	2%
Winnebago County	11%	12%	13%	13%

www.ildceo.net

Winnebago County had the largest African American population of the service area in 2016 at 11%, followed distantly by Boone County. As evidenced in the chart above, the African American population in the two counties within the hospital community is expected to remain relatively stable until 2031.

Ethnicity

Projected Hispanic Population

	2016	2021	2026	2031
State of Illinois	18%	21%	23%	25%
Cook County	27%	31%	34%	37%
Boone County	23%	26%	29%	32%
Winnebago County	12%	14%	16%	19%

www.ildceo.net

Boone County had the largest Hispanic population in 2016 at 23%, followed by Winnebago County at 12%. As shown in the chart above, the Hispanic population is projected to grow the most in Winnebago County, remaining relatively stable in Boone County until 2031.

Socioeconomic Status and Education

November 2017 and 2015 Unemployment Rates

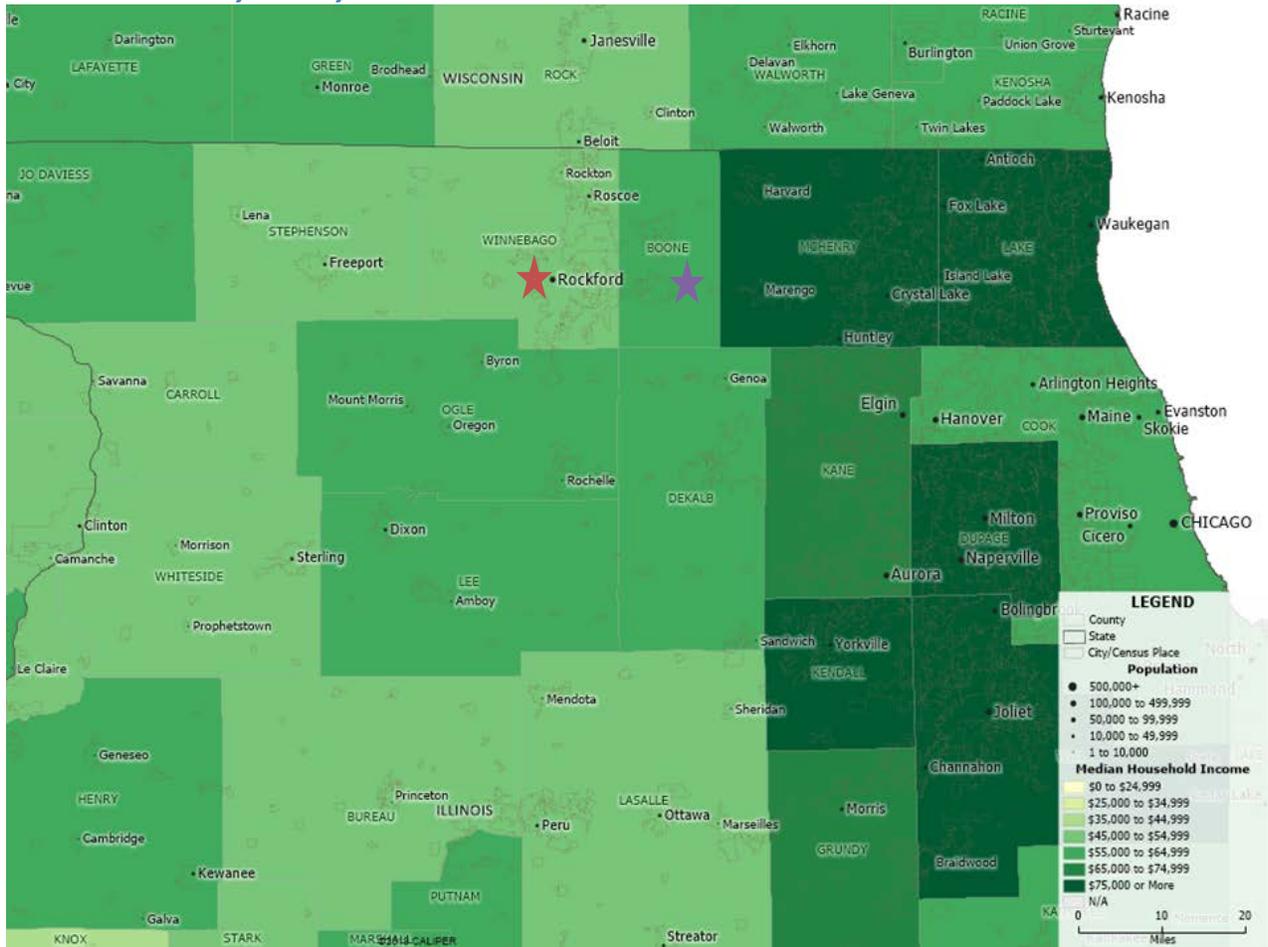
	2017 Unemployment Rate	2015 Unemployment Rate
United States	4.4%	5.0%
Illinois	5.0%	5.8%
Cook County	5.2%	5.6%
Boone County	6.6%	6.7%
Winnebago County	6.3%	7.5%

www.bls.gov

The hospital community as a whole suffers from challenges related to the poor economy and unemployment. Many community stakeholders cited the economy, lack of jobs, and high poverty levels as the primary reason that health status issues exist within the community. Unemployment rates in the hospital community are higher than state or national average at 4.4% and 5.0%, respectively. Boone County has the highest unemployment rate within the hospital community at 6.6%, followed by Winnebago at 6.3%, respectively.

Community Profile

Median Income by County



★ SwedishAmerican Rockford Facility

★ SwedishAmerican Belvidere Facility

Winnebago County’s median household income is significantly lower than the other counties or state and national average as well. It is 17% lower than state average. Not surprisingly, the child poverty rate in Winnebago County is 37% higher than Boone County and 33% higher than the state of Illinois Average.

Poverty Rates, Percent at or Below 100% of Federal Poverty Level (2017)

	Total Population in Poverty	Under Age 18 in Poverty	Age 5 -17 in Families in Poverty	Median Household Income
United States	14.6%	20.3%	19%	\$61,229
Illinois	13.5%	18.6%	17.8%	\$57,166
Cook County	15.9%	22.8%	22.6%	\$59,426
Boone County	10.6%	14.7%	13.2%	\$62,701
Winnebago County	15.3%	23.4%	20%	\$51,110

www.census.gov

Community Profile

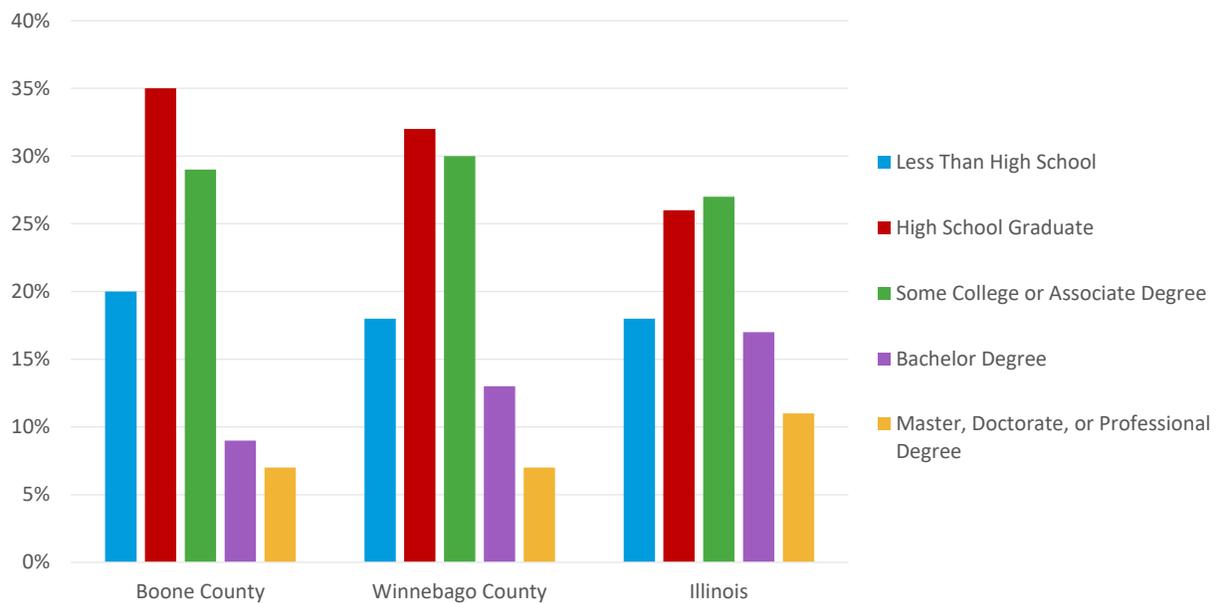
In the Key Informant Survey, the percentage of respondents aware of the Rockford Regional Health Councils efforts to address each of the five key focus areas range from 50% to 75%. The majority of the respondents think the impact of the Councils efforts in the past three years to address oral health (65%), access to care and health quality (62%) and chronic disease have had a major or moderate impact. However, less than one-half of the respondents believe that the Council's efforts in the past to address behavioral health (48%) and maternal/prenatal/early childhood health (34%) have had a major or moderate impact.

Poverty rates (the percent of people at or below 100% FPL in a given year) in Winnebago County are significantly higher than Boone County, Illinois and national averages.

Education

Overall educational attainment, as measured by the average percentage of the population over 25 years of age who pursue a bachelor's degree or higher over the five year period from 2016 to 2021, is significantly lower in the community than in the state of Illinois or in the United States as a whole.

Educational Attainment, 25 Years and Older, 2006-2016



www.census.gov/acs

Community Profile

Social Environment

Violent Crime Rate (2016)

	Violent Crime Rate per 100,000 Population
United States	198
Illinois	388
Cook County	620
Boone County	171
Winnebago County	887

www.fbi.gov

The violent crime rate in Winnebago County is by far the higher of the two counties in the hospital community at 887 crimes per 100,000 population, compared to Boone at 171.

Rate of Child Abuse and Neglect (2014)

	Rate of Child Abuse and Neglect (Rate per 1,000)
United States	9.2
Illinois	9.3
Cook County	6.6
Boone County	8.7
Winnebago County	20.5

www.kidscount.org

The rate of child abuse and neglect in Winnebago County is significantly higher than Illinois state average.

Community Profile

Community Assets

Community stakeholders were asked to identify the community's strongest assets, which make up the fabric of the community. These assets not only help improve the health of the community, but make it a vibrant and livable place to reside and raise a family.

Community stakeholders identified a myriad of community assets that improve the health of residents of the community. Assets that were the most heavily referred include:

- Landscape and recreational opportunities
 - Riverfront
 - Golf courses
 - Area and state parks
- Faith-based organizations and churches
- Social network and leadership
- Employers
 - Public sector
 - Service industry
 - Health systems
- Civic and nonprofit organizations
- Economic development corporations
- Educational resources
 - Public and private school systems
 - Rock Valley College
 - University of Illinois College of Medicine
- Medical community
 - Health system
 - Health providers
- Neighborhoods, community pride, and spirit of collaboration

Access to Care

MUA and HPSA Information

Winnebago County has a medically underserved area (MUA 7011). The MUA designation is developed by the Health Resources and Services Administration (HRSA) and indicates that a combination of four components exists in the area:

- A low ratio of primary medical care physicians per 1,000 population
- A high infant mortality rate
- A high percentage of the population with incomes below the poverty level
- A high percentage of the population age 65 or over.

Boone and Winnebago counties have HPSAs for primary care providers, dental providers, and/or mental health providers. The HPSA designation is developed by HRSA, and indicates that an area or population either:

- Has a population to full-time-equivalent primary care physician ratio of at least 3,500:1
- Has a population to full-time equivalent primary care physician ratio of less than 3,500:1, but greater than 3,000:1 and have unusually high needs for primary care services or insufficient capacity of existing primary care providers

HPSAs for primary care providers include:

- The low-income population of Boone County
- Three census tracts within Boone County
- Crusader Community Health
- The Rockford Westside low-income population
- 22 census tracts within Winnebago County

HPSAs for dental providers include:

- The low-income population of Belvidere
- Three census tracts within Boone County
- Crusader Community Health
- The Southwest Rockford low-income population
- 22 census tracts within Winnebago County
- Milestone Dental Clinic of Winnebago County

HPSAs for mental health providers include:

- Crusader Community Health

Logistical Access to Care

Community stakeholders identified logistical access to care as one of the biggest barriers to health in the hospital community. This area includes challenges to accessing health care that include transportation availability and affordability, culturally appropriate communication, language barriers, convenient clinic hours, and provider supply and availability. Community stakeholders cited transportation issues and language barriers specifically as the two largest factors contributing to this issue.

Access to Care

Lack of transportation is a critical issue for both the elderly and low-income populations within the hospital community, both in urban and rural areas. Community stakeholders mentioned that the local bus system is insufficient in timing and range, and medical transportation options are not affordable, especially for the senior population. Hospital or non-profit provided transportation systems were suggested as a potential solution to address this issue.

For the Hispanic population, language is a formidable barrier to overcome when accessing healthcare and treatment. This issue is specifically acute when the provider is not bilingual or bilingual services are not available. Interviewees observed that there is a wide gap in the Rockford area between Spanish-speaking residents seeking health care and available Spanish-speaking health care services. Many bilingual providers in the area are no longer accepting new patients. Two health services noted for no bilingual availability were mental health and family planning. One person specifically commented that Hispanic children are not appropriate translators for their parents or other family members, as using them in this role violates patient confidentiality. Furthermore, assurances need to be made that Spanish-speaking patients truly understand their diagnosis and treatment. This effort is considerable given cultural differences, patient anxiety about their health, and language. Potential solutions suggested by community stakeholders include increasing the number of bilingual providers in the area, increasing the number of available medical interpreters, and continuing outreach to vulnerable populations.

Preventable Hospitalizations (2016)

Discharge Rate for Ambulatory Care Sensitive Conditions (ACSC) per 1,000 Medicare Enrollees

	Rate
Illinois	56.00
Cook County	51.08
Boone County	48.17
Winnebago County	51.21

www.dartmouthatlas.org

Despite access issues, the rate of preventable hospitalizations due to ambulatory care sensitive conditions (ACSC) in the hospital community is significantly lower than the Illinois state average. Surprisingly, as shown in the primary care physician to population ratio, there are significantly fewer primary care physicians per resident in Boone and Winnebago Counties than the state of Illinois average. In particular, Boone County has about half the number of primary care physicians per person than Illinois state average.

Primary Care Population to Physician Ratio (2016)

	Ratio
Illinois	1240:1
Cook County	1050:1
Boone County	1840:1
Winnebago County	1280:1

www.hrsa.gov/data-statistics

Access to Care

Stakeholders had very positive views of the health care providers within the community. They mentioned that health care is very accessible and high quality in general, though the local systems can be difficult to navigate. Most responded that the local FQHC, Crusader Community Health, was an asset in terms of services offered to vulnerable populations and very competent in the populations it serves. Some also noted that the FQHC could enhance capacity and hours to improve access for the Hispanic population. The majority of interviewees perceive that local care coordination efforts are just beginning to take effect. Overall, this is an area of major focus in Healthy People 2020. In terms of access to care, major Healthy People 2020 objectives include increasing the number of practicing primary care providers, improving the proportion of people who have a consistent primary care provider, and decreasing emergency room wait time.

Economic Access to Care

Economic access to care was frequently mentioned as a pressing health concern in interviews. Community stakeholders specifically referred to unemployment rates, job readiness, poverty, high costs of medical care, and insurance difficulties.

As discussed, unemployment rates in the hospital's community are very high. Community stakeholders noted that it is difficult to find jobs and that many residents do not have appropriate vocational training for the non-industrial jobs that are available within the community. An overall lack of education and depressed local economy are major contributing factors to this issue. Solutions to this issue identified by community stakeholders include increasing capacity for community organizations providing job training, and employment support.

In the household survey conducted by RHC in 2017, 22.4% of adults have Medicaid as their primary source of health care and more than 44.0% of uninsured adults have never had health care coverage. Among health-related financial situations, respondents identified the most pressing issues to include the inability to afford dental care, inability to afford medical care, and inability to afford prescriptions. Not surprisingly, the primary reasons cited for not attaining needed medical care included financial concerns, lack of insurance, and inability to afford deductible or co-pay.

Access to Care

High costs of medical care, lack of affordable insurance options, and difficulty of Medicaid acceptance by local providers were all cited in interviews as major contributors to difficulties in economic access to care. Residents often have trouble affording insurance coverage, in a large part due to unemployment and underemployment. Several community stakeholders mentioned that Medicaid patients experience challenges in finding a local provider who accepts their health insurance. It was also noted that Crusader Community Health helps to bridge this gap within the community, though some community stakeholders felt that they do not have enough existing resources to fully address the community need.

Health Outcomes, Behaviors, and Risk Factors

Community Need Index

The Community Need Index (CNI) in the hospital community indicates that there are relatively high socio-economic barriers to health care in the cities of Rockford, South Beloit, and Belvidere. The CNI accounts for the underlying economic and structural barriers that affect access to health care, related to income, culture/language, education, insurance, and housing. A CNI score of 1 represents less community need, and a score of 5 represents the highest community need.

Boone County Community Need Index, 2018

Zip Code	CNI Score	Population	City	County	State
61008	3.6	32758	Belvidere	Boone	Illinois
61011	1.8	3021	Caledonia	Boone	Illinois
61012	3.6	2160	Capron	Boone	Illinois
61038	2	1283	Garden Prairie	Boone	Illinois
61065	2	11867	Poplar Grove	Boone	Illinois

Winnebago County Community Need Index, 2018

Zip Code	CNI Score	Population	City	County	State
61016	1.4	4930	Cherry Valley	Winnebago	Illinois
61024	2	2712	Durand	Winnebago	Illinois
61063	1.8	4185	Pecatonica	Winnebago	Illinois
61072	2	11659	Rockton	Winnebago	Illinois
61073	1.6	20536	Roscoe	Winnebago	Illinois
61080	2.6	10961	South Beloit	Winnebago	Illinois
61088	1.4	5938	Winnebago	Winnebago	Illinois
61101	5	20349	Rockford	Winnebago	Illinois
61102	4.6	18909	Rockford	Winnebago	Illinois
61103	4	23258	Rockford	Winnebago	Illinois
61104	5	17688	Rockford	Winnebago	Illinois
61107	3.2	28941	Rockford	Winnebago	Illinois
61108	3.4	26905	Rockford	Winnebago	Illinois
61109	4	27077	Rockford	Winnebago	Illinois
61111	2.8	22862	Loves Park	Winnebago	Illinois
61112	3	184	Rockford	Winnebago	Illinois
61114	3	15112	Rockford	Winnebago	Illinois
61115	2.4	22441	Machesney Park	Winnebago	Illinois

www.dignityhealth.org

Health Outcomes, Behaviors, and Risk Factors

Mortality Indicators

Percent of Deaths by Cause in 2016 and 2017

	2016			2017		
	Illinois	Boone	Winnebago	Illinois	Boone	Winnebago
Heart Disease	23%	17%	22%	23%	22%	23%
Cancer	23%	23%	23%	22%	20%	22%
Cerebrovascular Disease (Stroke)	5%	5%	5%	5%	5%	5%
Accidents	5%	6%	7%	5%	6%	6%
Chronic Lower Respiratory Disease	5%	9%	6%	5%	7%	6%
Alzheimer's Disease	4%	4%	4%	4%	4%	5%
Diabetes	3%	4%	2%	3%	3%	2%
Kidney Diseases (Nephritis, Nephrosis, etc.)	2%	4%	3%	2%	2%	3%
Flu and Pneumonia	2%	2%	1%	2%	1%	1%
Septicemia	2%	1%	1%	1%	1%	1%
Other	26%	25%	26%	26%	29%	26%

dph.illinois.gov

The leading causes of death in the hospital community include heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, accidents, and Alzheimer's disease. The causes of death in Boone and Winnebago Counties do not differ significantly from Illinois state averages.

Health Outcomes, Behaviors, and Risk Factors

Cancer

Cancer in the state of Illinois and in the hospital community is a large concern, both from a mortality perspective and from a community concern perspective. Community stakeholders mentioned lung cancer in particular as being a large concern in the community. This is likely related to the community's high smoking rates.

Mammography Screening (2016)

	Percent
Healthy People 2020 Target	81%
United States	61%
Illinois	64%
Cook County	39%
Boone County	42%
Winnebago County	43%

www.dartmouthatlas.org

Both Boone County and Winnebago County have mammography screening percentages lower than the Illinois state percentage.

Cancer Incidence (2011-2015)

	Illinois	Boone	Winnebago
	Rate Per 100,000 Male, Female	Rate Per 100,000 Male, Female	Rate Per 100,000 Male, Female
Prostate	114.9, 0	87.8, 0	99.5, 0
Invasive Breast	1.3, 131.7	0, 110.8	1.2, 128.4
Lung and Bronchus	77.8, 57.5	79.2, 56.4	78.2, 68.4
Colorectal	51.6, 37.6	40.7, 35.8	41.7, 38.1
Bladder	37.5, 9.6	38.8, 9.5	35.8, 10.5
Corpus and Uterus	0, 29.3	0, 32.3	0, 27.7
Non-Hodgkins Lymphoma	23.6, 16.3	20.1, 21.0	23.5, 15.7
Kidney	24.3, 12.4	13.8, 13.8	25.7, 14.0
Skin Melanoma	23.6, 15.9	35.1, 10.7	30.1, 23.3
Leukemia	17.3, 10.5	19.6, 15.1	19.0, 12.6
Oral/Pharyngeal	18.4, 6.7	16.2, 9.0	18.2, 5.4
Pancreas	15.3, 11.6	13.2, 12.4	13.4, 12.7
Ovary	0, 11.5	0, 13.1	0, 12.3
Multiple Myeloma	7.8, 4.8	5.2, 6.0	5.5, 5.8

www.idph.state.il.us

Health Outcomes, Behaviors, and Risk Factors

The most prevalent cancers in the hospital service area based on data from 2011-2015 include breast, prostate, lung / bronchus and uterine cancers. Incidence for cancers in the service area is similar to the Illinois state averages, with the exception of some notable examples, including:

- Winnebago County Lung and Bronchus Cancer rates in females (68.4 per 100,000 compared to 57.5 per 100,000 statewide)
- Boone County Non-Hodgkins Lymphoma rates in females (21.0 per 100,000 compared to 16.3 per 100,000 statewide)
- Winnebago County Skin Melanoma Cancer rates in females (23.3.0 per 100,000 compared to 15.9 statewide)
- Boone County and Winnebago County Skin Melanoma Cancer rates in males (35.1 per 100,000 and 30.1 per 100,000 compared to 23.6 statewide)

Healthy People 2020 objectives related to cancer include decreasing cancer mortality rates, including invasive colorectal and prostate cancers. Other key cancer objectives relate to increasing screening and cancer awareness through primary health care providers.

Obesity

A majority of community stakeholders specified that lifestyle patterns related to obesity, inactivity, and poor nutrition are strongly affecting the rates of chronic disease conditions in the community.

Adult Obesity (2015)

	Percent
Healthy People 2020 Target	31%
United States	31%
Illinois	27%
Cook County	27%
Boone County	31%
Winnebago County	34%

www.cdc.gov/chronicdisease

A close majority of participants in interviews expressed concern at the community's high rates of overweight and obese people. The percent of overweight adults in Boone and Winnebago Counties is slightly higher than state of Illinois average.

Health Outcomes, Behaviors, and Risk Factors

Physical Inactivity (2015)

	Percent
United States	26%
Illinois	21%
Cook County	21%
Boone County	23%
Winnebago County	26%

www.cdc.gov/chronicdisease

Many interviewees expressed that residents in the hospital community lack physical activity. Though there is not a significant disparity between the hospital community and Illinois state average percent of adults who engage in little or no leisure time physical activity, community concern over this issue is robust. As noted above in the chart, the rates of physical inactivity in Boone, and Winnebago Counties are close to the national and state average. These rates are indicative of the nationwide problem of obesity, overweight adults and children, and low levels of physical activity.

Poor nutrition and a lack of nutritious food available in the hospital community represent an area of great concern in the community based on key informant interviews. It is difficult for people in poverty and low-income populations to afford and find healthy foods. One key informant mentioned that the area is a “food desert” and that it is difficult to obtain food locally. High fast food availability within the area compounds the problem. Suggested solutions to this issue made by community area include creating more community gardens, improving grocery store options in low-income neighborhoods, providing nutritional education, increasing school programming and nutritional quality, increasing the number of community recreational activities available, creating better sidewalks and walking paths in Rockford, and developing employer incentives for healthy lifestyles. The YMCA was noted as a potential viable partner in addressing these issues.

Diabetes (2015)

	Percent
United States	9%
Illinois	9%
Cook County	9%
Boone County	10%
Winnebago County	10%

www.cdc.gov

As shown in the chart above, diabetes rates in the hospital community are slightly higher in Ogle and Winnebago Counties than Illinois state average.

Health Outcomes, Behaviors, and Risk Factors

Hypertension in Adults Over Age 18 (2017)

	Percent
United States	32.0%
Illinois	32.2%

www.cdc.gov

Hypertension and heart disease are prevalent in the state of Illinois. Hypertension prevalence in the 35 and over population of Illinois is 30.1%, similar to the national rate of 29.0%. In 2010, heart disease was the leading cause of death in the state of Illinois and in Boone and Winnebago Counties.

In the household survey conducted by RHC in 2014, the top two leading diseases or conditions across all age groups included hypertension (23.0%) and high cholesterol (18.4%).

Healthy People 2020 objectives are very robust in this category in particular. Specifically, the organization is promoting reducing obesity and diabetes rates, increasing the availability and access to healthy foods such as fresh fruits and vegetables, and increasing physical activity levels within the United States.

Births and Sexually Transmitted Infections

Premature births and low birthweight were mentioned twice in key informant interviews. Many providers in the community work to provide prenatal care to vulnerable and low-income populations and to ensure maternal and child health. A current, new model involving Human Services at Rockford is emerging as a new way to reach at-risk women of child-bearing age. It involves the collaboration of La Voz Latina, Easter Seals/March of Dimes, Rockford School District, and Rockford Health Council.

Teen Birth Rate (2017)

	Rate per 1,000
United States	38.00
Illinois	30.00
Cook County	27.00
Boone County	19.00
Winnebago County	31.00

www.cdc.gov/nchs

The teen birth rate within Winnebago County in particular is significantly higher than Illinois state average.

Health Outcomes, Behaviors, and Risk Factors

Low Birthweight, Percent of Babies Born Weighing Less Than 2,500 Grams (2016)

	Percent
United States	8%
Illinois	8%
Cook County	9%
Boone County	7%
Winnebago County	9%

www.cdc.gov/nchs

Premature Birth Rate, Percent of Babies Born at Less Than 37 Weeks Gestation (2017)

	Rate per 1,000
Healthy People 2020 Target	11.4%
Illinois	10.4%
Cook County	10.5%
Boone County	8.5%
Winnebago County	10.5%

www.marchforbabies.org

The highest percent of premature babies born in the hospital community is in Winnebago County, followed by Boone County.

Sexually Transmitted Infections – Chlamydia (2016)

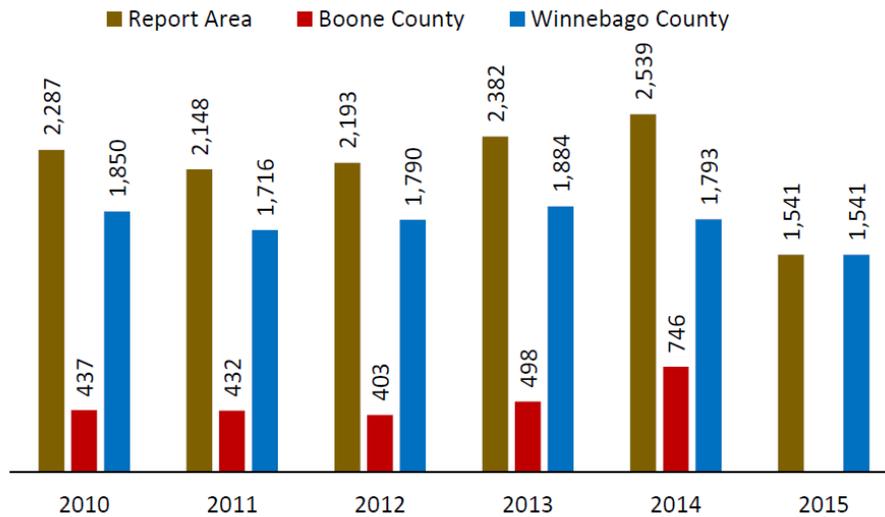
	Chlamydia Rate per 100,000
United States	294.8
Illinois	516.5
Cook County	783.8
Boone County	293.0
Winnebago County	651.4

www.cdc.gov/nchhstp

The rate of Chlamydia within Winnebago County is also significantly higher than the state of Illinois or national average.

Health Outcomes, Behaviors, and Risk Factors

Substance Abuse

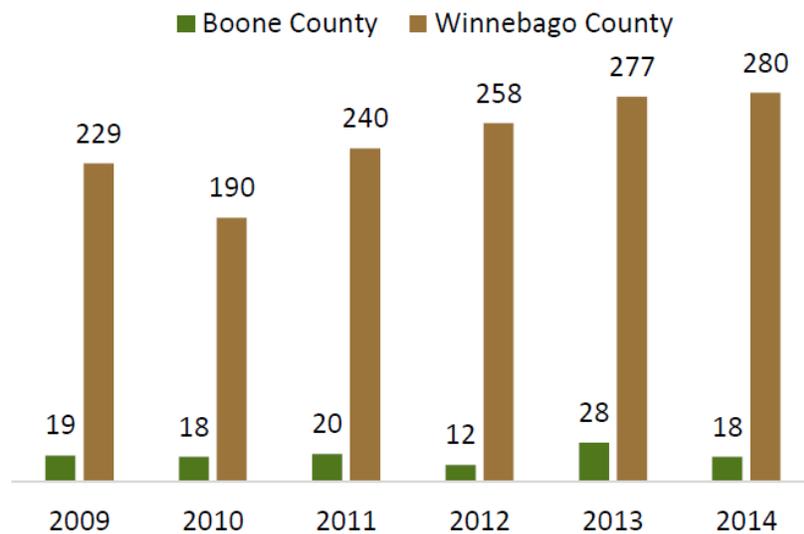


Source: [Illinois State Police, I-UCR Reports](#).

Substance Abuse, Adult (2010-2015)

Substance abuse is a concern of the community. Nationally, the population aged 18 and older involved with illicit drugs (Marijuana, Cocaine, Crack, Heroin, and LSD) has steadily increased except for PCP, which seems to be on the decline since 2002. The graph above shows the total number of drug arrests in Winnebago and Boone Counties (no data is available for Boone in 2015). The reasons for any change in trends can be due to an increase in substance abuse or an increase in law enforcement making it difficult to identify causation.

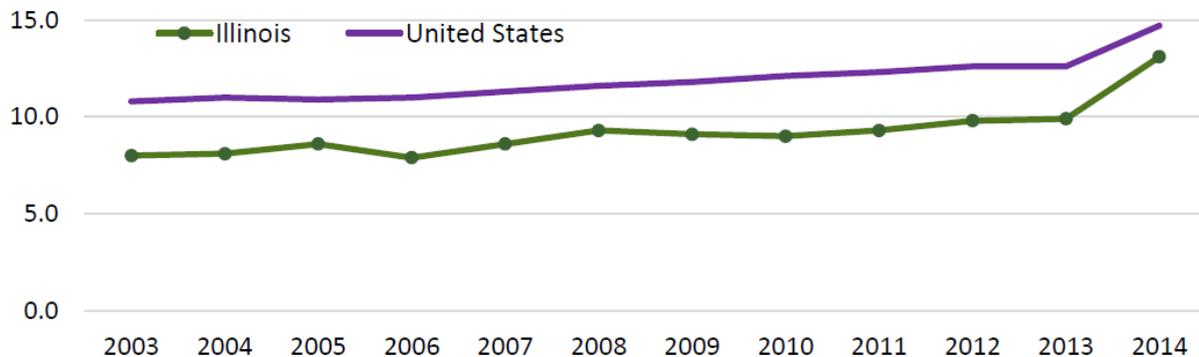
Substance Abuse Emergency Room Visits (2010-2014)



Source: Illinois Department of Public Health, IQuery Database, 2010 & 2014

The numbers of those entering emergency rooms due to drug-related incidents has been on the rise in the report area. Boone County is the exception as there were 18 visits in both 2010 and 2014, therefore there was no change. However, Winnebago County went from 190 visits in 2010 to 280 in 2014, a 47.4% rise. The increase in Winnebago County went from causes the report area change to rise as well. Illinois saw a 36.1% increase from 2010 to 2014.

Drug Poisoning Mortality (2003-2014)



Source: Centers for Disease Control and Prevention, National Vital Statistics System

The rate of death due to drug overdose per 100,000 in the population are reported as crude rates, and as rates age-adjusted to year 2000 standard.

The Healthy 2020 Target for the rate of overdose deaths is less than or equal to 10.2. Boone County reports 12.0 deaths per 100,000 in the population due to drug poisoning, which is almost on target. However, Winnebago County reports more than twice the numbers of deaths at 24.5 in 2014. While Boone County is below the national average, the County is still higher than the statewide average.

Unfortunately, these deaths are on the increase. While County data is not available to show a trend, the national and statewide data is available and shows a drastic increase from 2013 to 2014, representing a 6.5% increase nationally. The most common age groups were 25-44 and over 55 years of age, and primarily Non-Hispanic White and Black populations. The CDC believes the drastic increase is due to a worsening opioid overdose epidemic.

Community Health Resource Review

There are many different providers and medical resources available within the hospital community, even though they may not be sufficient to meet community needs or be numerous enough to meet industry benchmarks.

Six different facilities exist within the community to address inpatient care needs, all of which offer care discounts or charity care to uninsured and needy patients.

There are 84 outpatient facilities for adults located within the hospital community, all of which offer medical care regardless of ability to pay, charity care assistance to those in financial need, or discounts to uninsured patients. Of these, 44 facilities offer primary care services, while the remaining 40 offer outpatient specialty services.

Within the hospital community, there are 16 children's outpatient care primary care facilities and one children's outpatient surgery facility. All of these offer care regardless of ability to pay, discounted care for uninsured patients, or charity care assistance to those in need.

Mental health services available within the hospital community include 11 facilities, all of which offer discounts or charitable support to uninsured and low-income populations.

Prioritized Health Needs

Health needs were considered and prioritized by the SAMC/SAH internal CHNA project team, and the following order of priority of needs in the community was determined:

1. Cancer
2. Obesity
3. Poverty and Unemployment
4. Access to Medical Care
5. Vulnerable Populations: Hispanic/Latino Population
6. Heart Care
7. Maternal/Prenatal/Early Childhood Health
8. Substance Abuse

Appendix: Community Health Resources

The following resources were identified within the hospital community to address inpatient care needs:

Facility Name	City	Type of Services
OSF-St. Anthony Medical Center	Rockford	Full-Service Hospital
Mercyhealth Javon Bea Hospital-Riverside	Rockford	Full-Service Hospital
Mercyhealth Javon Bea Hospital-Rockton	Rockford	Full-Service Hospital
SwedishAmerican Hospital	Rockford	Full-Service Hospital
SwedishAmerican Medical Center/Belvidere	Belvidere	Full-Service Hospital
Van Matre Encompass Health Rehabilitation Hospital	Rockford	Rehabilitation Hospital

The following resources were identified within the hospital community to address outpatient care needs for adults:

Facility Name	City	Type of Services
Crusader Community Health	Rockford	Primary Care
Crusader Community Health	Belvidere	Primary Care
Crusader Community Health - Woodward Campus	Rockford	Primary Care
OSF - Center for Health - Belvidere	Belvidere	Specialty, including screenings
OSF - Center for Health - Rock Cut	Loves Park	Primary Care
OSF - Cherry Valley	Cherry Valley	Primary Care
OSF - Fertility Care Center - Rockford	Cherry Valley	Fertility Care
OSF - Guilford Square	Rockford	Primary Care
OSF - Illinois Neurological Institute	Rockford	Neurology
OSF - Joslin Diabetes Center Affiliate at OSF HealthCare	Rockford	Diabetes
OSF - Outpatient Palliative Care	Rockford	Palliative Care
OSF - PromptCare and primary care - Rock Cut	Loves Park	Primary Care
OSF - PromptCare (UrgentCare) Southridge	Rockford	Primary Care
OSF - Rehabilitation	Rockford	Rehabilitation
OSF - Rehabilitation	Belvidere	Rehabilitation
OSF - Rockford Cardiovascular Associates	Rockford	Cardiology
OSF - Roxbury Family Medicine	Rockford	Primary Care
OSF - Saint Anthony - Ambulatory Care Center	Rockford	Ambulatory Care Center
OSF - Specialty Clinic Guilford Square	Rockford	Home Health, Hospice, Elderly Care
OSF - Springcreek	Rockford	Primary Care
OSF - Surgical Group - Rockford	Rockford	Surgery
OSF - Wal-Mart Clinic (Northridge Drive)	Rockford	Primary Care
OSF - Wal-Mart Clinic (Walton Street)	Rockford	Primary Care
OSFMG - Belvidere Primary Care	Belvidere	Primary Care
OSFMG - Cosmetic and Reconstructive Plastic Surgery	Rockford	Cosmetic
OSFMG - Endocrinology and Diabetes	Rockford	Endocrinology
OSFMG - OB/GYN Garrett Lane	Rockford	Obstetrics/Gynecology
OSFMG - Orthopedics	Pontiac	Orthopedics
OSFMG - Pulmonology	Rockford	Pulmonology
Mercyhealth Physicians - Winnebago	Winnebago	Primary Care
Mercyhealth - The Women's Center at Rockford Health System	Rockford	Women's Services and Primary Care
Mercyhealth - Visiting Nurses	Rockford	Women's Services and Surgery
Mercyhealth Physicians - Belvidere	Belvidere	Primary Care
Mercyhealth Physicians - Mulford	Rockford	Primary Care
Mercyhealth Physicians - Perryville	Rockford	Primary Care
Mercyhealth Physicians - Rockton	Rockford	Primary Care
Mercyhealth Physicians - Roscoe	Roscoe	Primary Care
Mercyhealth-Physicians - Byron	Byron	Primary Care
Regional Cancer Center	Rockford	Oncology
Rockford Ambulatory Surgery Center	Rockford	Outpatient Surgery
Rockford Rescue Mission Hope Clinic	Rockford	Primary Care
SAH - Anticoagulation Clinic	Rockford	Anticoagulation Care

SAH - BetterLife Wellness Center	Rockford	Wellness Center
SAH - Breast Health Center	Rockford	Women's Services
SAH - Center For Women	Rockford	Women's Services and Primary Care
SAH - Heart Hospital	Rockford	Cardiac
SAH - Ninth Street Physical Therapy Center	Rockford	Physical Therapy
SAH - Northern Illinois Vein Clinic	Rockford	Vascular
SAH - Partners Health Center	Rockford	Primary Care
SAH - Regional Cancer Center/ACT	Rockford	Oncology
SAH - Wound Care and Hyperbaric Clinic	Rockford	Wound Clinic
SAMG - Belvidere	Belvidere	Primary Care
SAMG - Brookside Specialty Center	Rockford	Specialty, Including Audiology
SAMG - Byron	Byron	Primary Care
SAMG - Cardiothoracic Surgery	Rockford	Cardiothoracic
SAMG - Davis Junction Clinic	Davis Junction	Primary Care
SAMG - Diabetes Self-Management Center	Rockford	Diabetic Care
SAMG - Infectious Disease Consultants	Rockford	Infectious Disease
SAMG - Lundholm Orthopedics	Rockford	Orthopedic Care
SAMG - Maternal-Fetal Medicine	Rockford	Maternal/Fetal
SAMG - Midtown	Rockford	Primary Care
SAMG - Neuro & Headache Center	Rockford	Neurology
SAMG - Five Points	Rockford	Primary Care
SAMG - North Main Clinic	Rockford	Primary Care
SAMG - Ob/Gyn	Rockford	Women's Services and Primary Care
SAMG - Orthopedics	Rockford	Orthopedics
SAMG - Pulmonary and Critical Care Clinic	Rockford	Pulmonology
SAMG - Riverwest Clinic	Rockford	Obstetrics/Primary Care
SAMG - Rochelle Clinic	Rochelle	Primary Care
SAMG - Rockford Vascular Surgery	Rockford	Vascular
SAMG - Rock Valley Women's Health Center	Rockford	Women's Services and Primary Care
SAMG - Roscoe Immediate Care	Roscoe	Primary Care
SAMG - State Street-OB/GYN	Rockford	Women's Services
SAMG - UW Health Surgery	Rockford	Surgical Care
SAMG - Roscoe	Roscoe	Primary Care
SAMG - Valley	Rockford	Primary Care
SAMG - Woodside	Rockford	Primary Care
SAMG - Woodward Health Network Clinic	Rockford	Primary Care
SAMG - Woodward Occupational Health Loves Park	Loves Park	Occupational Therapy
SAMG - Woodward Occupational Health Rock Cut	Loves Park	Occupational Therapy
Shelter Care Ministries	Rockford	Primary Care
SAMG Stateline Clinic & Immediate Care	Roscoe	Primary Care
SAMG SwedishAmerican Immediate Care	Rockford	Immediate Care
SwedishAmerican Heart Institute	Rockford	Cardiology
SwedishAmerican Home Health Care	Rockford	Home Health Care
SwedishAmerican Orthopedic & Sports Therapy Center	Loves Park	Orthopedics
SwedishAmerican Regional Cancer Center	Rockford	Oncology
UIC - L.P. Johnson Clinic	Rockford	Primary Care
UIC - Rockford Primary Care Clinic	Rockton	Primary Care
UIC - The F.W. Shappert University Primary Care Clinic	Belvidere	Primary Care
UIC - University Outreach Services at Rochelle	Rochelle	Women's Services and Primary Care
UIC - Women and Children's Center	Rockford	Women's Services and Primary Care

The following resources were identified within the hospital community to address outpatient care needs for children:

Facility Name	City	Type of Services
Crusader Community Health	Rockford	Primary Care
Crusader Community Health - Loves Park	Loves Park	Primary Care
Crusader Community Health - Woodward Campus	Rockford	Primary Care
OSF - Children's Hospital of Illinois - Rockford	Rockford	Children's Services
OSF - Rock Cut Pediatrics	Loves Park	Primary Care
OSF - Wal-Mart (Children 18 months and older)	Rockford	Primary Care
OSF - Wal-Mart Walton (Children 18 months and older)	Rockford	Primary Care
Rockford Ambulatory Surgery Center	Rockford	Outpatient Surgery
Ronald McDonald Care Van-travels to 5 counties		Primary Care
SAMG - Rock Valley Pediatrics	Rockford	Pediatrics
SAH - Roscoe Immediate Care	Roscoe	Primary Care
SAMG - Five Points	Rockford	Primary Care
SAMG SwedishAmerican Immediate Care	Rockford	Immediate Care
UIC - Rockford Primary Care Clinic, Belvidere Site	Belvidere	Primary Care
UIC - University Outreach at Rochelle	Rochelle	Primary Care
UIC - Women and Children's Health Center	Rockford	Primary Care

The following resources were identified within the hospital community to address mental health needs:

Facility Name	City	Type of Services
Rockford Memorial Behavioral Health	Rockford	Inpatient Mental Health Treatment
Rosecrance Belvidere Clinic	Belvidere	Outpatient adult mental health & substance abuse
Rosecrance Berry Campus	Rockford	Child and teen mental health treatment
Rosecrance Greendale Recovery House	Rockford	Substance Abuse Treatment
Rosecrance Griffin Williamson Campus	Rockford	Inpatient Drug Abuse Treatment
Rosecrance Harrison Campus	Rockford	Inpatient and Outpatient Drug Abuse Treatment
Rosecrance Mulberry Center	Rockford	Crisis Stabilization
Rosecrance Ware Center	Rockford	Outpatient Mental Health Treatment
SwedishAmerican Behavioral Health Resources	Rockford	Outpatient Mental Health Treatment
SwedishAmerican Center for Mental Health (main campus)	Rockford	Inpatient and Outpatient Mental Health Treatment
University Psychiatric Services (UIC affiliate)	Rockford	Outpatient Mental Health Treatment