Creating Conditions
In Which People Can
Be Healthy

“Together We Can”

Rockford and Winnebago County,
Healthy Community Strategic Plan (2011-2015)

Developed through the Rockford Health Council,
Healthy Community Study Steering Committee

Document prepared by Winnebago
County Department of Public Health

March 2012
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Healthy Community Strategic Plan
(2011 - 2015)

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I. ACKNOWLEDGEMENTS

This document describes the process by which Rockford and Winnebago County have collectively, through the Rockford Health Council, assessed community needs and assets, prioritized and analyzed contributing factors and identified evidence-based interventions around which to recommit this community’s shared responsibility to achieve improved levels of health for all. Reaching this important milestone together reaffirms a commitment that many other communities struggle to undertake and complete.

The stakeholders identified in Appendix A were instrumental in the evolution of this effort. They understand that preventing disease before it starts is critical to helping people live longer, healthier lives and to keeping healthcare cost down. Poor birth outcomes and lack of early attachment, poor diet, physical inactivity, tobacco use and alcohol misuse are just some of the challenges identified in our community. At the same time we realize that many of the strongest predictors of health and wellbeing fall outside of the healthcare setting. Housing, transportation, education, workplaces and environment are major contributors that impact the physical and behavioral health issues in our community and across the State and nation.

Special acknowledgment must go to the vision of the membership of the Rockford Health Council that has prioritized community health improvement as its principle focus. This includes an ongoing commitment to periodic and joint assessment of community health needs, tracking interventions and developing a health plan on approximately a five-year cycle. This vision has been shared now through its third cycle with each
iteration reminding community partners of the importance of this long-term commitment to achieving a healthier Rockford and Winnebago County.

As in prior cycles the expertise and experience of Health Systems Research, University of Illinois College of Medicine, Rockford (HSR, UICOM) has been invaluable to the various work groups and committees and were especially instrumental in the conduct of the community health data analysis and the household, school and Chamber of Commerce surveys. Rock Valley College assumed the responsibility for conducting the Key Informant Interviews and the Rockford Health Council carried out the Focus Groups (Karen Lytwyn). The Illinois Department of Public Health conducts a Behavioral Risk Factor Survey of each county jurisdiction in the State every four years with the most recent in Winnebago County being in 2008. United Way has also become a formal partner in this most recent initiative and the Winnebago County Health Department (WCHD) has provided input and reinforcement on a number of the processes important in carrying out this planning cycle. In partnership with ECOH, the YMCA, and the Rockford Health Council, WCHD developed a grant that allowed the hosting of a community wide submit that ultimately focused on one of the largest cross-cutting health issues in the community, health equity. Additionally this report was prepared by the administrative division of WCHD.

While the Rockford Health Council is already been mentioned, it cannot be over emphasized that the existence of this Council provides Rockford and Winnebago County an ongoing forum to periodically access health needs and assets and to develop shared strategies for targeting priorities. Special mention must be made of Mike Mastroianni who chaired the Healthy Community Study Committee, Dr. Dennis Norem who is the current chair of the Rockford Health Council and of course the leadership, support, and encouragement of Becky Cook-Kendall, executive director, Gary Jahnke, administrative assistant, Sofya Peysakhovich (student intern) and John Paul Toldo (student intern) for their unwavering commitment to this process and their flexibility in
working with a broad spectrum of community partners. Finally, the expert facilitation skills of Terry White, Leading Edge Consultants, was essential in many of the key meetings necessary for keeping this process and its partners focused on the target of creating and implementing meaningful interventions.
II. EXECUTIVE SUMMARY

This Healthy Community Strategic Plan (2011-2015) describes the process, findings priorities and action agenda for creating conditions in which Winnebago County area residents can be healthy. This guide will focus on closing the gap between how healthy we currently are and how healthy we could be. It emphasizes that to effectively improve community health requires going beyond individual responsibility to include defining community actions including public policies with the greatest potential to improve health at all levels. It promotes an understanding that health is actually a shared responsibility and that taking action together, supporting evidenced-based interventions comprises the essence of developing a healthier community.

This Plan is built on the cornerstone of three assessment components including 1) the Healthy Community Study (community data analysis, community survey and behavior risk factor survey), 2) Community Themes and Strengths Assessment (Key Informant Interviews and Focus Groups) and 3) Forces of Change Assessment.

The data available from these assessments was used by the Healthy Community Steering Committee and nine categorical work groups to establish key community issues, which were further narrowed to five health priorities around which evidence-based strategies for intervention have been developed. These strategies will be implemented through the application of existing resources that were identified by the nine work groups. The five health priorities and description are summarized in the following table:

<table>
<thead>
<tr>
<th>Priority Issue</th>
<th>Problem Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>Improve availability of access to health care, including behavioral health and oral health care services</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>Develop a coordinated system of intervention services for prenatal, early childhood and maternal care and support services</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>Reduce the burden of morbidity and premature mortality from the major chronic diseases (i.e. cardiovascular disease, diabetes, cancer, and chronic lower respiratory disease) by focusing the contributing factors of obesity and tobacco use</td>
</tr>
<tr>
<td>Crime and Violence</td>
<td>Reduce the incidence of domestic violence and crimes committed with guns</td>
</tr>
<tr>
<td>Healthy Equity</td>
<td>Increase awareness of the burden of health disparities and assure health inequities are a focus of each of the health priorities above.</td>
</tr>
</tbody>
</table>
III. INTRODUCTION

Purpose

Preventing disease and injury is key to improving community health. Such efforts require more than providing people with access to care and information to make healthy choices. While knowledge is critical, communities must reinforce and support health by making healthy choices easier and more affordable. Improving community health requires going beyond individual responsibility and needs to include the responsibility of the community and public policies to impact health at all levels. This promotes an understanding that health is a shared responsibility. Taking action together, to evaluate needs and resources, to identify priorities and evidence-based interventions to address them and to rigorously evaluate, track, report and refine is the essence of developing a healthier community.

Failure to make progress in health status improvements not only represents a human tragedy, but takes an enormous toll on our competitiveness as a community and as a region. Franklin D. Roosevelt once said, “The success or failure of any government in the final analysis must be measured by the wellbeing of its citizens. Nothing can be more important…than its public health;…health of its people.” This report provides an overview of the community’s collective work to establish a roadmap for our continued journey towards improved levels of health. This includes a description of the process that has been followed in the 2010-2011 health community study effort, including the assessment and broad-base of community participation and the systems for prioritizing gaps and needs and developing the evidence-based interventions to be applied to local health priorities.

Winnebago County has one of the strongest track records in Illinois for periodically assessing, prioritizing, and addressing community health improvement needs. Such efforts began in 1993 and increasingly each iteration of this cyclical assessment (every four to five years) has been more inclusive in community engagement. There are several community health planning tools. Portions of each have been used in this
planning cycle and include the Illinois Project for Local Assessment of Needs (IPLAN) developed by the Illinois Department of Public Health and modeled after the Assessment Protocol for Excellence in Public Health (APEX-PH) from the National Association of City and County Health Officials. In addition the health planning model known as Mobilizing for Action Through Planning and Partnership (MAPP) has been applied. This model, like other community-based strategic planning tools, helps communities prioritize health improvement issues and identify strategies and resources for addressing them. They are built on strong collaboration and partnership from community stakeholders in the overall effort to develop a shared strategic plan for achieving a healthier community.

**Application of Planning Model for Health Improvement**

Creating a healthier community starts with the reality that this community, as all others is not as healthy or as safe as it could be. Achieving a healthier Rockford and Winnebago County will not simply happen on its own, but can only be accomplished through a concerted, collective effort to develop a shared vision of what could be. Community ownership is a fundamental component of any meaningful community health improvement process. A community’s strengths, needs and desire actually drive the process. The strategic planning model entitled MAPP (Mobilizing for Action Through Planning and Partnership) provides perhaps the most robust framework for enabling an environment that is more inclusive and community driven. Such participation promotes collective thinking that is vital for more sustainable solutions in addressing complicated health problems that that have multiple contributing factors. This begins by taking shared steps towards an improved understanding of specific needs and assets, prioritizing those needs and developing a strategic action plan that can be implemented, evaluated and revised at periodic intervals.
The Rockford Health Council, through its core mission and commitment to community health improvement, identified this approach to achieving a healthier community largely because of its ability to align well with its mission as a Council and with its established work elements; that is “…to build and improve community health…through action, dialog and legislative activity”. Rockford and Winnebago County have been fortunate in having a strong and committed group of community stakeholders focused on improving community health status through RHC. MAPP provides a structure for the cyclical planning process committed to better the health of the Rockford area.

**Vision for a Healthy Community**

Achieving a healthier community by definition requires communication and collaboration among its various sectors and values the contributions of ethnically, socially, and economically diverse participation. When we effectively invest in prevention, the benefits accrue broadly across the entire community. Children grow up in homes, families, and a community that nurtures their healthy development and people are productive and healthy both inside and outside the workplace. Businesses benefit because of a healthier workforce which reduces health care cost and increases stability and productivity. Communities more successful in achieving this offer a healthy, productive, and stable workforce, contributing to a more attractive place for families to live and for businesses to locate.

Measures that help identify success in creating a healthy community include environments where the air and water are clean and safe, where housing is safe and affordable, and transportation and community infrastructure provide individuals and families with the opportunity to be active and safe, and where schools serve children healthy food and provide quality physical education and where businesses provide healthy and safe working conditions and access to comprehensive wellness services and when all sectors of the community promote prevention oriented environments and policies that contribute to health for all. This must include strategies that specifically
focus on those who are disproportionately burdened by poor health and significant health disparities. This plan has been developed with the desire to achieve such a community.
IV. METHODOLOGY

A variety of methods have been utilized to develop the assessments that have been completed between 2010 and 2011 for the purpose of updating and improving the understanding of this community’s health needs. Many individuals and organizations have played key roles in the development, conduct, analysis, prioritizing, and strategizing essential in establishing a roadmap to creating a healthier community. While this portion of the process has taken time to develop, it will require even more time on the part of many to implement the identified action steps so important to improving health outcomes. Understanding the methods applied in each of these assessments reveals the rigor of the process and the local health information and data obtained from it. At the same time, these methodologies identify the limitations of this information as well as its appropriate application to interpreting local health information.

Community Engagement

Involving the community and collaborating with its members and organizations are central to efforts to improve community health. Winnebago County and surrounding area are fortunate in having an established entity like the Rockford Health Council (RHC). It has restructured its mission to serve as a collaborative for the purpose of promoting better health of the residents of Winnebago County and northern Illinois.

In the context of engagement, “community” has been understood in two different ways. It is sometimes used to refer to those who are affected by the health issues identified. This context recognizes that this portion of the community has historically been left out of health improvement efforts even though it is suppose to be the beneficiary of such efforts. On the other hand, community can be used in a more general way be referring to stakeholders such as academics, public health professionals, health care providers, policy makers, educators, business professionals, etc. The Healthy Community Study process has utilized both levels of engagement through the household, school-based
and Chamber of Commerce surveys, the work group involvement process and the Health Council’s formal structure for its working committees (i.e. including the Healthy Community Study Steering Committee) and its Board of Directors.

The priority interventions that have been identified include strategies for increasing the level of community involvement, impact, trust, and communication flow. The range of these endeavors includes outreach, consultation, involvement, collaboration and even shared leadership. This has been an intended part of the planning process, which has taken place through the nine work groups focused each on a priority category of need (see Section V. Overview of Findings).

**Community Health Assessment Components**

The community health status assessment portion of this report comes from three initiatives including the Health Community Study (2010), the Behavioral Risk Factor Survey (2008) and the Household School, and Chamber of Commerce Surveys (2010). The Healthy Community Study Steering Committee oversaw the scope of work performed in each of these assessments with the exception of the Behavioral Risk Factor Survey that was carried out by the Illinois Department of Public Health (IDPH) in 2008.

- **Healthy Community Study 2010** – this portion of the study was conducted by Health Systems Research (UICOM, Rockford). The analysis is a comprehensive overview of Winnebago and Boone Counties, which is the Rockford metropolitan statistical area (MSA), by describing the population through secondary sources of information. Topics include population size, race / ethnicity, age, gender, households, income, employment, crime, births, deaths, health behaviors, morbidity and health care resources and utilization. The two major sources of information for the community analysis (2010) are the U.S. Census Bureau and the Illinois Department to Public Health with other data from numerous federal,
state and local entities. Much of the detailed census information comes the recently 2006-2008 American Community Survey (three year estimates). Other data sources include the National Center for Health Statistics, the Illinois Department of Employment Security, the Illinois Uniform Crime Report System, the Illinois Department of Children and Family Services and the Illinois Department of Health Care and Family Services. Data sources are noted for all tables and graphs (see Appendix B.1.)

- **Household Survey 2010** – The Healthy Community Study 2010 included three surveys to assess the quality of life in Boone and Winnebago Counties including questions about community issues needing attention, household situations experienced, health care availability and use, disease prevalence and weight related topics. The printed survey used an eight-page questionnaire of structured questions with several open-ended questions allowing recipients to comment as they desired. Verbatim comments are included in the report appendix. No identification number or other identifying marks were used so that respondents could be assured that their answers would be anonymous. The Community Household Survey (mailed portion) was sent to a random sample of one in sixteen households in Boone (1,000) and Winnebago (7,000) counties. Response was 1,005 surveys or 12.6% of the sample.

Another segment of the Community Survey was conducted online in a “Survey Monkey” format transmitted to selected Rockford Chamber of Commerce lists: the Chamber’s Minority Advisory Group (12), Ignite, entry level young professionals (330), Next Rockford, next generation of leaders (81) and various other groups (98). Sixty online responses were received from individuals living in the two-county study area for a response rate of 12.5%.

Another study element was the Rockford School District 205 Parent Survey sent to 5,254 parents/guardians in 13 elementary schools with high low-income / minority proportions. Children received the forms which were completed by 1,241
(23.6%) parents and returned to school in a sealed envelope. A Spanish version was available for Spanish-speaking parents.

The Community Household and School Parent Survey samples were analyzed separately. Community respondents were older and better educated while the school survey participants were younger with strong minority representation. Female responses were greater than male for both segments, but especially for the school parents (see Appendix B.2.)

- **Behavior Risk Factor Survey (BRFS) 2008** – This survey is conducted by IDPH for each county in Illinois on an approximately four year cycle. The most recently completed BRFS is the fourth such report that has been completed for Winnebago County. This survey utilized random telephone dialing techniques and applied questions and other procedures developed by CDC that are utilized nationwide. The sample size in each jurisdiction was adequate for describing risk factor differences between demographic groups. In general the response rate and response to survey questions, many of which are personal, is higher than BRFS undertakings in other parts of the country. It is important to note that standards of reliability may not be met when a small number of individuals respond to a survey question. In such cases, calculations are intentionally suppressed. Conditions leading to data suppression include cell counts of five or less, row totals of 50 or less and table totals of 100 or less (see Appendix B.3 for BRFS summary findings).

**Community Themes and Strengths Assessments**

Two separate assessments were conducted in an effort to understand prevailing themes and strengths across Winnebago County. The purpose of this assessment phase was to understand community thoughts, opinion, and concerns as well as insights of local issues and their importance to the community’s health. This was
carried out by conducting **Key Informant Interviews** and numerous **Focus Groups** sessions. A report was prepared for each of these sets of findings (*see Appendix C for a summary of these assessments*).

- **Key Informant Interviews** – This report summarizes information obtained from in-person interviews with 61 informants. Key informants, local experts in education, government, human services, or business, were selected by Rockford Health Council. A listing of key informants and their affiliations is shown in Appendix I. Questions were developed to guide the discussions with the key informants. The 61 key informants have expertise in these areas: business/employment (6), children/youth (2), churches (2), civic organizations (1), criminal justice (5), education (4), government (15), health care (9), housing (1), leisure and recreation (2), media (1), mental health (1), senior services (1), and social services (11). Topics of discussion were focused on a set of questions which included the best aspects of living in Winnebago and Boone Counties, target populations in need of services, the health and human services system as a whole, and challenges for the future in the counties. (*see Appendix C Key Informant Interviews*).

- **Focus Group Report** – Focus groups were organized for target populations identified by the Rockford Health Council as those likely to use or be in need of health and human services. Area agencies and organizations were asked to help identify individuals who would be willing to participate in the focus groups.

Most potential focus group participants were contacted directly for participation by a representative of the convening organization. Although the goal was to have 10-12 participants at each focus group, some difficulty achieving this attendance level was experienced for a few of the groups. A total of 168 individuals took part in the 22 groups. The sessions were convened at sites throughout Winnebago and Boone Counties.
The format for conducting each focus group was similar. Group participants received a brief review of the purpose of and confidential nature of the discussion. Most of the sessions lasted about 30 minutes. (see Appendix C.2. Focus Group Report).

**Forces of Change Assessment**

This assessment was carried out by the management team of WCHD (see Appendix D for report). The intent was to identify forces such as trends, factors and events that could influence the health and quality of life in the Winnebago County and the surrounding area and also affect the work carried out by the various entities that comprise the local public health system. Additional specific threats or opportunities are assessed and strategies developed that are specific to WCHD.

**Evaluation of Priorities**

The process for assessing health priorities was undertaken at two different levels. The first level was conducted by the Healthy Community Study Steering Committee identifying nine prevailing categories of need around which work groups would be formed. These nine categories captured the major health issues and interrelated factors needing to be addressed. Subsequently, chairs and co-chairs were appointed to head each work group (through the Steering Committee). Health Council staff aided co-chairs in developing work group membership composed of a diverse group of individuals with content expertise to work on each of the priority health related issues. Once the work groups were formed a modified Hanlon Model to rate and evaluate specific health problems within their respective health category was used by each group. Chair and co-chairs received training on how to use this model originally developed by NACCHO as part of the Assessment Protocol for Excellence for Public Health (APEX-PH). The health problem analysis consisted of assessing risk factors, direct contributing factors and indirect contributing factors for each priority health concern (see Appendix E).
While Rockford and Winnebago County have many identified health needs, the resources to address those needs are limited. As a result priorities must be focused where the greatest amount of leverage can be achieved to improve health outcomes. The process was designed to establish priorities included ranking of the size, seriousness of factors and effectiveness of intervention for each of the major health issues. In the end, the final analysis was based on a consensus of each work group, informed by the formal ranking process. The combination of consensus and the rating system created findings that all could agree are reasonable and appropriate based on the information that was evaluated from the range of assessments that were completed as part of this strategic planning process.

**Priority Focus Areas**
- Access to Care
- Basic Needs
- Behavioral Health
- Chronic Disease
- Crime and Violence/Public Safety
- Dental Care
- Education/Employment
- Health Equity
- Maternal/Prenatal/Early Childhood
V. OVERVIEW OF FINDINGS

The results of the assessments described in this Section are the building blocks for describing community health needs and assets. This information has been used to identify strategic issues and to develop recommended goals, intervention strategies and action steps with the purpose of improving the health of Rockford and Winnebago County. The results of this work have been reported out to the community in a synthesized manner by each of the nine priority focus areas (see Appendix F on summary of analysis). Every effort has been made to look at the influences from all of the assessments to evaluate the interconnections that can serve to highlight one or more cross cutting issues for strategic intervention.

Population

At the time of the Health Community Study, 2009 population estimates were available for Winnebago County. The population at that time was 299,702, up 7.6% from the 2000 population of 278,418. The 2009 population level for the County is about double the number in 1950. The biggest gains over the past decade have been in Roscoe, up 41% and Loves Park, up 22%. Eighty-four percent of the population is white and 12% is African-American. Residents of Hispanic origin (not considered a separate race, but rather an ethnic group) increased 64% from 2000 to 2009.

One in four of the population are under 18 years of age. Thirteen percent are 65 years of age or older. Most age groups are similar to U.S. figures as a percent of total population. There were substantial gains in the 45 to 64 year old age group, increasing 26% since 2000. There are 97 men per 100 women overall. Men outnumber women in all age groups 34 years of old and younger. In the 85 plus age range there are only 43 men per 100 women. The household characteristics for Winnebago County indicate four in five live in family households, which is similar to the State and nation. One-half of all households consist of married couples. Married couples with children at home represent 21% of all households. Single parent households represent 11% of all households.
Basic Needs

Three in ten (30%) households in Winnebago County are residents residing at <185% of poverty. In Illinois 26% and in the U.S. 28% reside in households with incomes <185% of poverty. More than 4 in 10 female-headed families with children are poor. This is greater than Illinois at 36% and the U.S. at 37%. Forty-three percent of school parent households (School Survey) reported not having sufficient money for basic needs (see graph on poverty by household type 2006-2008).

ROCKFORD MSA
POVERTY FOR SELECTED HOUSEHOLDS: 2006-2008

Education and Employment

Educational attainment across the past 18 years has improved in all categories. However in comparison to the State of Illinois and the U.S. for the year 2006-2008
Winnebago County trails in all categories (e.g. high school graduation, baccalaureate degrees, graduate or professional degrees). *See summary chart.* It should be noted that both African-Americans (29.7%) and Hispanics (45.8%) who are 25 years of age or older do substantially worst than whites in high school completion rates.


<table>
<thead>
<tr>
<th>Attainment</th>
<th>Winnebago County</th>
<th>Boone County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006-2008</td>
<td>83.1%</td>
<td>86.0%</td>
<td>85.6%</td>
<td>84.5%</td>
</tr>
<tr>
<td>2000</td>
<td>81.4%</td>
<td>80.8%</td>
<td>81.4%</td>
<td>80.4%</td>
</tr>
<tr>
<td>1990</td>
<td>76.3%</td>
<td>75.5%</td>
<td>76.2%</td>
<td>75.2%</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006-2008</td>
<td>20.2%</td>
<td>19.2%</td>
<td>29.5%</td>
<td>27.4%</td>
</tr>
<tr>
<td>2000</td>
<td>19.4%</td>
<td>14.5%</td>
<td>26.1%</td>
<td>24.4%</td>
</tr>
<tr>
<td>1990</td>
<td>16.7%</td>
<td>12.0%</td>
<td>21.0%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Graduate or Professional Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006-2008</td>
<td>6.7%</td>
<td>6.3%</td>
<td>11.1%</td>
<td>10.1%</td>
</tr>
<tr>
<td>2000</td>
<td>6.6%</td>
<td>4.9%</td>
<td>9.5%</td>
<td>8.9%</td>
</tr>
<tr>
<td>1990</td>
<td>5.2%</td>
<td>4.2%</td>
<td>7.5%</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

Far more black (29.7%) and Hispanic (45.8%) adults have not completed high school than whites (12.1%)

Employment opportunities for Winnebago County have declined with the largest reductions being seen in manufacturing jobs, declining by 50% in the last ten years. Two-thirds (68%) of School Survey versus one-third (34%) of Community Household Survey respondents have had one or more adults looking for work in the past year. Two-thirds of the Community Household survey respondents and 54% of the School Survey respondents named high unemployment and current economic conditions in the area as the leading concern facing Rockford and Winnebago County. Categories for barriers to jobs were 1) lack of nearby jobs, 2) need for greater education/training, 3) lack of experience and 4) discrimination.
Crime, Safety and Violence

Child abuse rates for 2009 were the highest in two decades, 57 per 1000 population (0 to 17 years of age). This rate is double the State of Illinois rate. In 2006 accidents in Winnebago County were the leading cause of years of potential life loss, contributing to the loss 2,271 years of potential life. Drug arrest in 2008 was at a rate of 534 per 100,000 population. This represents a three year low and is 30% less than the State of Illinois. From the Community Household Survey one in nine households (12% ) experienced a crime compared to one in five (20%) for school parent households (survey).

Access to Health Care and Dental Care

Fourteen percent or 42,000 Winnebago County residents lack health insurance coverage. The most disproportionate burden for not having health insurance is in the 18 to 29 year old age group where one-third (34%) lack access to insurance coverage. One in five (21%) of the population is enrolled in Medicaid. One in five Community Household Survey respondents (21%) and two in five (41%) of School Household
respondents reported that they were unable to receive medical care. Lack of health care coverage and the high cost of care were the primary reasons for lack of care access.

The need for dental care almost doubled in the first decade of the 21st Century (2000-2009). Twenty-nine percent of Winnebago County adults reported in the Community Household survey that they have not seen a dentist in the past year. Twenty-Six percent of the Community Household Survey respondents and 43% of the School Household Survey respondents were unable to receive dental care because there were not enough providers accepting Medicaid or lack of insurance coverage or high cost of care. Focus Group feedback indicated the need for dentist to accept Medicaid. Focus Groups also acknowledged the helpfulness of Crusader Community Health expanding their oral health care services.

**Behavioral Health**

The term behavioral health includes mental health, substance abuse and developmental disabilities. One in six (17%) households reported having extended poor mental health, which indicates at least one week per month of not being able to function fully because of poor mental health. This is higher than the State of Illinois and 25% higher than where Winnebago County was in 1999. It must be noted that there are no local behavioral health inpatient beds available for children within Winnebago County (adolescents only). Twelve percent of Community Survey respondents and 19% of School Survey respondents felt isolated and did not have a trusted person to talk to. Twenty percent of Community Household respondents and 27% of School Parent Households considered seeking professional help, but only 50% actually successfully sought help.

Underage alcohol consumption (IL Youth Survey) found that 10% of 6th grade and 49% of 12th graders in the past month had consumed alcohol. Marijuana use was higher than the State of Illinois at 12% for 8th graders and 27% for 12th graders. Monthly there are more than 400 emergency room visits that are behavioral health driven both from
mental illness and from substances abuse related causes. The Key Informant interviews urged local funding for behavioral health services. Winnebago County remains the largest urban area in Illinois without an identified local funding stream for behavioral health services (e.g. 708 or 553 referendum for property tax funding).

**Early Childhood and Maternal Health**

Poor birth outcomes reflect the overall health of any community. Poor birth and early childhood outcomes are disproportionately borne by the most vulnerable in the community, those who are under and uninsured. In such instances the public sector bears the largest burden of cost beyond the individual and family challenges that come with poor outcomes. One of the more commonly used health indicators is infant mortality. For 2005-2008 the average infant mortality rate was 8.9 infant deaths per 1000 live births. This is 20% higher than the State of Illinois and 11% higher than the prior five year average of eight infant deaths per 1000 live births (2000-2004).
It is important to note that infant mortality in Winnebago County is 150 times higher for very low birth weight (VLBW) infants versus normal birth weight (NBW) infants. Because of their much greater risk of death, infants born at the lowest birth rates (VLBW) have the greatest impact on overall infant mortality. In Winnebago County infants born at VLBW (e.g. <1500g) account for only 1.6% of births, but for 60% of the infant deaths (2003-2005 average). Conversely, 90% of infants born in Winnebago County (2003-2005) are normal birth weight and account for less than one quarter (23%) of infant deaths. Births to African-American moms are two to three times more likely to experiences an infant death during the first year of live. The same increase in risk is noted for low birth weight (see LBW graph) related outcomes and teens births.

First trimester prenatal care declined from a high of 81% in 2002 to a low of 75% in 2008 (7.5% lower). The average number of births to teens in Winnebago County over the last four years data are available (2005-2008) is 536 births annually or 13.1% of all births compared to an average of 10% over this same period of time for the State of Illinois. This represents a 31% higher teen birth rate than the State.

**Chronic Diseases**

Chronic diseases account for two-thirds of all health care costs and 75% of the deaths in any given year in Winnebago County resulting from one or more chronic disease. In fact, 72% of the deaths in Winnebago County are from five major chronic diseases (heart disease, cancer, stroke, diabetes, and respiratory disease). There is some good news when examining age-adjusted deaths rates. For instance heart disease decreased over the past decade by 30%, cancer decreased by 10% and stroke decreased by 34% all over that same period of time. The greatest challenges exist with chronic lower respiratory disease, which increased 19% in the past decade. Diabetes remained about the same to a slight increase, particularly in African-Americans (see graph). Sixty-Six percent of adults were found in the Behavioral Risk Factor Survey (2008) to be overweight or obese. Twenty-five percent of middle and high school students were obese (IL Youth Survey). Prevalence of hypertension was 30% versus 28% for the State of Illinois.
Healthy Equity

The societal burden of health disparities appear in multiple and major ways. The combined cost of these disparities and premature deaths account for approximately 13% of the annual health care costs. It is important to recognize that health disparities arise from both biological factors and social factors that affect individuals across their lifespan. Individuals and families that have systematically experiences social and economic disadvantage face greater obstacles to optimal health. These obstacles include education, income, housing, neighborhoods, jobs, etc.

In Winnebago County this begins to be revealed in a description of local data on the disproportionate distribution of disease and premature mortality (see previous graph). For instance 61% of black males (2006) deaths are before the age of 65. This represents an eight year high. In five of the six past years data is available, more than 55% of black male deaths occurred before the age of 65. A similar pattern exist for
African-American females where four in ten (41%) died before the age of 65 (2006). African-American infants are 30 to 40% more like to be born prematurely (<37 weeks gestation) than white or Hispanic infant (2008).

In the Hispanic population, premature mortality exceeds African-American levels. Sixty-three percent of males and 64.3% of females died prematurely (2004-2006). Between 1980 and 1984 20% of Hispanic deaths from heart disease were premature deaths (<65 years of age). In 1996 to 2001 slight more than 39% of deaths from heart disease were premature, representing a 95% increase in heart disease specific premature mortality.

**Identifying Health Priorities**

The Healthy Community Study Steering Committee of the Rockford Health Council from the broad range of community health problems summarized, designated nine action teams, with each team to address one of nine health related categories for the purpose of identifying priority health concerns, analyze those concerns for risk factors, direct, contributing factors and indirect factors. Evidence-based interventions were then developed. Ultimately more than 130 individuals are involved in the process. Over the course of the spring and summer of 2011 the work groups completed their charge to identify key problems within their focus area and action steps and policies that could be supported through existing resources. (*See Appendix F a summary of each Work Group elements and recommendation*).
VI. PRIORITY RECOMMENDATIONS

Access to Care (Medical, Behavioral, and Oral Health Care)

Health Issues

The Access to Care Prioritization Work Group was formed with the charge to review data from the 2010 Healthy Community Study and to use that data, along with their own personal experiences and professional knowledge, to identify key issues related to access to care in the community. They were asked to develop interventions to address those key issues. For a more systemic approach to addressing care access, both behavioral health and oral health have been included.

Goal

Improve availability of access to health care, including behavioral health and oral health care services.

Intervention Strategies

- While there are teen pregnancy prevention programs in the area, they don’t reach everybody. With funding cuts to Title X family planning programs, and strained school health education curriculums, the work group believes it is necessary to invest in pregnancy prevention programs. These efforts could be supplemented by local church groups.

- The Access to Care work group recommends increasing utilization of preventive care services through the use of economic incentives. Targets include: GED program completion (acknowledging education is preventive care as well), immunizations, teen pregnancy prevention program attendance, and a variety of other preventive services.
• The Rockford Health Council should support ongoing United Way efforts to bring a comprehensive 211 system to the region, provided that the system communicates with other information and referral services in the area and use a real-time database.

• Reconfigure the existing Rockford Health Council Behavioral Health Task Force. The new Task Force will serve as an overarching Steering Committee, responsible for ensuring the effective and efficient delivery of Behavioral Health services in Winnebago and Boone Counties.

• Convening a group of oral health professionals and general health practitioners to promote the coordination of services and oral health literacy (both provider and consumer). This group will be given the task of looking at the necessity of integrating oral health into the wider health care system. The Illinois Primary Health Care Association currently runs a program attempting to include oral care as part of a comprehensive health care plan in partnership with Crusader Community Health, in which they train pediatricians about oral health issues and have them incorporate fluoride varnish treatments into medical appointments. The intervention recommended by this work group is to support the continuation of the program and its expansion into the community. This is an exemplary way to tie oral health together with general health.

• Support the continuation and expansion of the following oral health programs: Bright Smiles, so that it may include both the elderly and children; Lifescape, Provena and NIAAA Senior Oral Health Coalition programming which provides referrals to the Dental Hygienist program at Rock Valley College for basic oral care and to private oral care providers for more extensive oral care, and its expansion to cover those 55 and above. Support the continuation and expansion of the Access to Dental Team by involving more partners. The Team has been focused on children, but because of oral health issues of the elderly, it is recommended that the Senior Oral Health Coalition be folded into the Access to
Dental Team. Support the continuation and expansion of Healthy Smiles, Healthy Kids.

Resources
School systems, Regional Office of Education, Title X service providers (i.e. local health departments), interested church groups, human service providers, health systems, Crusader Community Health, Rosecrance, Behavioral Health Task Force members, League of Women Voters Health Committee, Provena Cor Marie Center, Northwestern Illinois Area Agency on Aging (NIAAA), Lifescape Community Services, the Dental Hygienist Program at Rock Valley College, Winnebago County Medical Society and Winnebago County Dental Society.

Maternal and Child Health

Health Issue
The Maternal/ Prenatal/ Early Childhood Prioritization Work Group was formed with the charge to review data from the 2010 Healthy Community Study and use that data, along with their own personal experiences and professional knowledge, to identify key issues related to maternal/prenatal/ early childhood health in the community. They were then asked to develop evidence-based interventions to address those key issues.

Goal
Develop a coordinated system of intervention services for prenatal, early childhood, and maternal intervention services.

Intervention Strategies
- Advocate for the coordination of the Early Learning Council into an umbrella organization overseeing services and planning for early childhood target populations.
Local partners should implement mentoring programs (using proven, holistic curricula) targeting preteens and teens both before pregnancies and after births for single moms; intergenerational programs are highly advised.

**Resources**

Early Learning Council members, Prenatal Through Six Group, Crusader Community Health, Health Systems, and Winnebago County Health Department.

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**Chronic Disease**

**Health Issue**

The Chronic Disease Prioritization Work Group was formed with the charge to review data from the 2010 Healthy Community Study and use that data, along with their own personal experiences, to identify key issues related to Chronic Disease in the community. They were then asked to develop evidenced-based interventions to address those key issues.

**Goal**

Reduce the burden of morbidity (i.e. disease incidence) and premature mortality from the major chronic diseases including cardiovascular disease, diabetes, cancer, and chronic lower respiratory disease. The focus of interventions should target risk factors and direct contributing factors to these major causes of morbidity and mortality.

**Intervention Strategies**

- Several evidence-based activities are shown to reduce childhood obesity. Communities should increase the amount of physical activity in PE programs in school, and increase the opportunities for extracurricular physical activity. Communities should also seek to reduce screen time in public service venues. (Source: Task Force on Community Preventive Services).
Therefore, the Chronic Disease Prioritization Work Group recommends teaming with the Rockford Park District and its funded program, Summer Challenge at the programmatic level and for RHC to promote and endorse several policies at an administrative level.

- The Work Group recommends a 2 tiered approach directed toward a policy effort at both a community and organizational level and secondly an organizational approach at several pilot workplaces, using evidence-based interventions which have proven successful at reducing tobacco usage in the work place.

- The Work Group recommends continuing the outstanding work of the Changing Hearts program.

**Resources**
Rockford Park District, Rockford Public District 205, Harlem School District 122
YMCA (particularly the “Youth Fit For Life” program), Winnebago County Health Department, School Nurse Program, Illinois Alliance to Prevent Obesity, YMCA Get Moving, Pioneering Healthy Communities, Community centers, Boys and Girls clubs, American Cancer Society, American Lung Association, American Heart Association, and pharmaceutical companies.

**Crime and Violence**

**Health Issue**
The crime and violence work group was charged with reviewing the 2010 Healthy Community Study data and their personal and professional knowledge, to identify and analyze key issues related to crime and violence in the community. They were also charged with developing evidence-based interventions to address those issues.

**Goal**
Reduce the incidence of domestic violence and crimes committed with guns.
**Intervention Strategies**

- Improve access to information regarding resources for domestic violence, through the development and ongoing maintenance of a specific, local web site dealing with domestic violence. The intervention suggested is a “Rockford Help” web site with information on local social service agencies and programs serving individuals involved in domestic violence; the site could possibly cover all areas of social services and not just domestic violence (e.g. 211 Call Center).

- Domestic Violence Impact Panel (DVIP). The Domestic Violence Impact Panel program is aimed at preventing offenders from repeating and escalating their crimes, and is modeled after DUI panels. First-time arrested offenders are ordered into the program by the court and face a panel of presenters comprised of domestic violence survivors, individuals who grew up in homes with domestic violence, and family members of deceased domestic violence victims. The panel shares their stories of how domestic violence has affected their lives. The hope is to catch first-time DV offenders, before they become repeat offenders. The Chief Judge in Winnebago County has given permission for this program and assigned staff to monitor it. If the program is successful, it will result in reduced recidivism and fewer repeat offenders.

- Gun Violence Public Awareness Campaign, emphasizing penalties for using a gun in a crime. The campaign would include the following:
  - Public Service Announcements, with a tagline such as “Use a gun, do the time”
  - Gathering spokespersons to re-emphasize the messaging from the PSA’s
  - The support of the Police, Fire, EMS, health systems, etc.
  - A kickoff/launch event
  - The main thrust of the messaging will be gun violence, and the penalties for using guns to commit crimes.
A gun buy-back program will also be incorporated, with businesses being solicited to provide gas cards or grocery gift cards for guns turned in. The program will also be tied into the Violence Enders program at Kennedy Middle School and, hopefully, West Middle School, with newsletters, in-school announcements, and activities geared toward teaching children about the consequences of using a gun illegally and gun safety. Violence Enders could be utilized to design PSAs targeted toward middle and high school students.

Resources
Remedies, 17th Judicial Circuit, Winnebago County Adult Probation, local law enforcement, Winnebago County State’s Attorney, Winnebago County law enforcement agencies, Violence Prevention Collaborative-Winnebago County Health Department, Violence Enders, local school districts, local businesses, media outlets, local health systems, Winnebago EMS and Fire Departments

Health Equity

Health Issue
Health inequity is the persistence of differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. From low birth weight to premature morbidity and mortality, the 2010 Healthy Community Study has illuminated startling figures indicating that some individuals in our community suffer illness more than others due to their socioeconomic status or the color of their skin. To achieve more equitable health in our community we must first encourage community-wide awareness and dialogue to examine upstream causes of disproportionate distribution of illness, and their contributing factors collectively referred to as the social determinants of health.
Goal
Increase awareness of the burden of health disparities and the enormous gap that exists in many health conditions in the most vulnerable segments of Winnebago County’s population identified largely by their economic disadvantages.

Intervention Strategies
Coordinate a multisectoral Health Equity Coalition that will examine health inequities in Boone and Winnebago Counties and champion health equity in the region. This coalition should be inclusive and invite widespread dialogue and participation – from those involved in grassroots citizen projects to vulnerable populations to bona fide community leaders. The Coalition will use relevant toolkits in addition to following the model outlined in the *National Stakeholder Strategy for Achieving Health Equity* with the following main goals:

- **Awareness**: Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations
- **Leadership**: Strengthen and broaden leadership for addressing health disparities at all levels
- **Health system and life experience**: Improve health and healthcare outcomes for racial, ethnic, and underserved populations
- **Cultural and linguistic competency**: Improve cultural and linguistic competency and the diversity of the health-related workforce
- **Data, research, and evaluation**: Improve data availability, coordination, utilization, and diffusion of research and evaluation outcomes

Resources
Elected leaders, Chamber of Commerce, YMCA, YWCA, resident leaders, Community stakeholders, Religious leaders, Non-profit organizations, Government leaders and staff, Students, Community-based organizations, Local businesses.
Basic Needs (Support)

Health Issue
The Basic Needs Prioritization Work Group was formed with the charge to review data from the 2010 Healthy Community Study and use that data, along with their own professional knowledge and experiences, to identify key issues related to basic needs in the community. They were then asked to develop interventions to address those key issues.

Goal
Reduce the impact of hunger and improve nutrition, mobility and finance literacy.

Intervention Strategies
- Creation of a community wide Consumer education/Shopping Smart marketing campaign- making the best use of food dollars including utilizing Link at farmer’s markets, participating in community gardens, avoiding predatory stores that sell basic food items such as milk at higher cost due to location within food deserts.

- Support of a walkable community through “Walk your Neighborhood” and “Sweep your Sidewalk” campaigns. Community wide education, marketing and beautification starting at the neighborhood level to make neighborhoods more walkable. Utilize Community Foundation Neighborhood grants to improve walking areas in neighborhoods.

- The Sweep your Sidewalk campaign makes sidewalks more accessible to the elderly and disabled by providing a clear path for walking. Increase public awareness of current walking paths.

- Creation of a community wide Financial Literacy campaign including, cost savings such as utility smarts, savings programs, avoiding predatory lenders
(high interest rate such as payday loans, rent a centers, etc.) and basic budgeting.

**Resources**
City of Rockford Human Services programs, farmer’s markets and IDHS to set up Link usage at markets, community garden groups, senior food programs, pantries, Lifescape, Winnebago County Health Departments (WIC, nutrition education), University of Illinois Extension Office, RMAP, Neighborhood Network, Community Foundation, YMCA Get Moving, Family Credit Counseling, Illinois Attorney General, Illinois State Treasurer’s Office, credit unions, and banks.

**Education and Employment (Support)**

**Health Issue**
The Education and Employment Prioritization Work Group was formed with the charge to review data from the 2010 Healthy Community Study and use that data, along with their own personal experiences, to identify key issues related to Education and Employment in the community. They were then asked to develop interventions to address those key issues.

**Goal**
Develop a regional approach to improving educational achievement and job readiness.

**Intervention Strategies**
Create a regional approach to education by engaging the Regional Office of Education as a forum for the discussion of issues related to education in our community. This regional approach will improve collaboration between school districts, as well facilitate engagement between school districts and other community partners.
• Career Academies, which connect core school subjects (e.g. reading and math) to a student’s area of interest, to keep students engaged throughout their education. The students would also learn ‘soft skills’ that are critical to gaining and retaining employment.

• A speaker’s bureau – a systematic approach to connecting kids with careers

• A disconnect between stakeholders has been a foundation of the meeting discussions. One possible option to align business/professional mentors with students is to influence a regional “alignment,” while keeping in mind that what works for Rockford won’t necessarily work for Harlem. Alignment Rockford exists to support the school district’s strategic plan and align it with community resources (via invitations to participate).

• “Career day” type programs were suggested. There are currently existing programs at Rockford College and the health systems.

• Information and referral was discussed. Cap4Kids is a new clearinghouse of information for families with children; United Way is printing a new Family Resource Guide, as well as piloting a Neighborhood Resource Center.

**Resources**

All area school districts, Regional Office of Education, non-profit agencies, area chambers of commerce, the business community, Rock Valley College, RPS 205 Alignment Rockford, other community partners with an interest in education.
VII. STRATEGIC DIRECTION FOR A HEALTHIER COMMUNITY

Background / Strategic Direction

The public health system is constantly challenged to do more with existing resources, as are virtually all other sectors of our economy. One of the most influential and strategic ways to improve children’s health and overall family and community health is to assure adequate maternal health. More complete integration of maternal and child health programming with communicable and chronic disease and environmental health interventions provide great promise for more holistic primary prevention. The benefits include screenings for heart disease and related risk factors, diabetes, depression, tobacco use, alcohol abuse, inadequate nutrition, unhealthy weight, childhood and adult immunizations, sexually transmitted diseases and interconceptional and could all be interconnected for greater health benefit. Child health and development research reflect both opportunities and challenges for promoting physical, social and emotional health with the most significant impact in the preconception to five years of age range. Access to high quality maternal and child health services in this context takes on special importance.

In 2009 RWJF’s Commission to Build a Healthier America developed ten strategic recommendations. The first of these recommendations relates to addressing issues with children who do not receive high quality care services and education which frequently leads to a life with distinct disadvantages and higher risk of becoming less healthy adults. There is strong evidence that too many children are facing a lifetime of poor health as a result. Helping every child reach their full health potential requires strong support from parents and communities and must be a top priority for Winnebago County. The RWJF’s Commission went on to support that such interventions must receive top priority, even at the expense of other priorities and must be tied to greater measurement and accountability for improved birth outcomes and early attachment and
markers for high quality early developmental support. This must especially be the case for children in low income families.

Interventions must be targeted at achieving adequate preconceptional care and necessary support services to improve interconceptional spacing. Secondly, services must strive to achieve, through a coordinated system of both medical and support services, birth outcomes that reduce preterm and LBW births, and thirdly develop a system of postpartum care and support service that assure ongoing health and early attachment assessment and the benefits of Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) services. This actually can be achieved through a partnership initiative between public health, health care and nonprofit and public sector home visiting care/support services.

Taking Action – Together We Can

Evaluating needs and resources, identifying priorities and developing evidence-based interventions to address priorities has been accomplished. It remains now to expeditiously implement these initiatives and to rigorously evaluate, track, and refine these efforts using the traditional quality improvement cycle of Plan, Do, Check, Act (PDCA). Following this formula comprises the essence of developing healthier communities. Throughout all of the planning there remains one constant, that people and organizations need to continue to work together around a shared vision and belief that “Together We Can”.
Key aspects of working together include leadership. There must be a willingness to partner and to align resources across partner organization for optimum impact. Typically such partnering requires not only mutual openness and transparency, but a belief that by working together we can produce better, more meaningful health improvement than by working alone. Perhaps the final key ingredient is a willingness together to build the actual capacity that focuses on increasing the ability of people and organizations to create and work collective towards local solutions to local problems. Our community must now move into the implementation phase of building a healthier community, by building on our inherent strengths, capitalizing on available resources and responding effectively to the unique needs that have been so carefully defined.

It has been helpful to evaluate intervention strategies for crossover opportunities with similar initiatives and to align the strategies around overarching strategic ends. See Appendix G for tables on Preventive Intervention by Work Group and Health Improvement Strategies Crosswalk by Intervention.

The following establishes a balance scorecard approach that aligns strategic ends with objectives, indicators and measurable targets that will be the initial point of focus for interventions. This pilot approach is intended to provide a path to be used by other work groups. It is the intent of all nine work groups to continue working together to develop their own set of measurable outcomes.

**Aligning Strategies with Measures (Balanced Scorecard)**

The following measures target a range of interventions designed to address some of the more fundamental health issues affecting women of childbearing years and their newborn and growing children. These measures are a part of a larger focus by the Winnebago County Health Department and its partners on women, infant, and children that relate to three strategic ends defined by the Winnebago County Board of Health as part of a strategic planning process, which has become a central part of WCHD’s
continuous quality improvement plan (to be achieved by 2015). See Appendix H for Strategic Ends, Measures and Balance Scorecard

| Goal: Reduce poor birth outcomes as indicated by preterm birth and infant mortality |
|---|---|---|
| **Objective** | **Outcome** | **Impact** |
| Reduce preterm births | By 2015 reduce preterm births to 11.4% (baseline: 12.7% of live births preterm) | Assess system service gaps, develop plan to address deficiencies by 2013. |
| | | By 2015, improve pregnant women receiving adequate and early prenatal care to 71.9% (adequate Kessner Index) and 84.2% early (first trimester care), baseline 65.4% and 76.6% respectively |

**Intervention strategies:**
- Advocate for the coordination of the Early Learning Council into an umbrella organization overseeing services and planning for early childhood target populations.
- Local partners should implement mentoring programs (using proven, holistic curricula) targeting preteens and teens both before pregnancies and after births for single moms; intergenerational programs are highly advised.
- Facilitate Maternal Infant and Early Childhood Home Visiting Initiative in partnership with City Human Services, La Voz Latina, Easter Seals and RPS 205 with support of pilot grant from DHS
- Add an additional nurse case manager to the Targeted Intensive Prenatal Case Management program within the Winnebago County Health Department, which will enable address of all high risk pregnant moms on FCM caseload.

**Resources:** Early Learning Council members, Prenatal Through Six Group, Crusader Community Health, Health Systems, and Winnebago County Health Department.

| Goal: Reduce smoking in pregnant women |
|---|---|---|
| **Objective** | **Outcome** | **Impact** |
| Reduce smoking rates in pregnant and parenting women on WIC (at WCHD) | By 2015 reduce the percent of pregnant and parenting moms who smoke (on WIC) to 16.9% (baseline, 19.3% 2010) | Implement professionally lead and peer supported smoking cessation sessions with incentives to participate (e.g. child care, etc.) to be held each week at times convenient for access |

**Intervention strategies:**
- A. Ensure that Health Department staff are counseling all pregnant women who enroll in AllKids/KidCare, Family Care, or Medicaid about the dangers of tobacco usage both verbally and through printed information.
- B. Offer all women who smoke free smoking cessation training, utilizing trained Health Department staff.
- C. Monitor pregnant women enrolling in AllKids/KidCare, FamilyCare, and Medicaid each trimester to determine tobacco usage through telephone or in-person follow up.

**Resources:**
- A. One Health Department staff to conduct smoking cessation program.
- B. Dedicated staff person assigned to enrolling individuals in AllKids/KidCare, FamilyCare, and Medicaid, who will also counsel pregnant women about tobacco usage and perform follow-up.
- C. Classroom, supplies.
**Goal:** Reduce the incidence of vaccine-preventable disease in children

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<td>Improve the proportion of children 36 months of age completing the 4:3:3:1 vaccine schedule</td>
<td>By 2015, 85.7% compliance, baseline 78.1% (2010, WIC/FCM data)</td>
<td>By 2015, increase the proportion of local primary care physicians participating in I-Care to 50% (baseline 45%, survey data)</td>
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**Intervention strategies:**
A. The Winnebago County Immunization Coalition will conduct an assessment of local physician current participation in the Illinois state registry.
B. When I-CARE becomes available to local health departments, register the Winnebago County Health Department as a user of the registry system.
C. When I-CARE becomes available to all providers, assign two Health Department staff to be trained in the system.
D. Utilize the trained Health Department staff to demonstrate the system at physician offices, grand rounds, and other in-services.
E. Familiarize University of Illinois College of Medicine at Rockford medical students and residents with the I-CARE system.
F. Seek the endorsement of the Winnebago County Medical Society and local health systems in the use of the system, and use the Medical Society's and local health systems' mailing lists to distribute information about the system to local primary care providers.

A. With continued funding from CDC through IDPH, the area VFC physicians will receive a VFC-AFIX audit every 1-3 years.
B. Medical education presentations focusing on immunization information/strategies will be made available at least once a year.
C. Immunization office staff will have access to updated immunization information resources.

**Resources:**
A. Members of the Winnebago County Immunization Coalition to act as subcommittee.
B. Two Health Department staff to be trained in I-CARE system.
C. Two Health Department staff to demonstrate I-CARE system to health care providers, medical students.
D. Winnebago County Medical Society list of providers to distribute information about the I-CARE system.

A. Trained Health Department staff person to provide VFC-AFIX audits to grant designated number of VFC providers.
B. Medical education session with focus on immunization information and practices to be offered to area childhood immunization providers.
C. IDPH and WCHD immunization personnel provide regular updates to area providers with a copy of the IDPH Guidelines for Providing Immunization Services binder.
Goal: Reduce sexually transmitted infections in pregnant women

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<td>Reduce the impact of STI's</td>
<td>By 2015, reduce STI's in pregnant women to 200 per year (Baseline: 230 in 2011)</td>
<td>By 2015, 80% of all pregnant women with an STI will receive education, information and preventive messages from WCHD (Disease Control) health care provider or (Baseline: 51% 2011)</td>
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Intervention strategies: A. Conduct assessment of OB-GYN’s on practices and develop minimum information (e.g. counseling and materials), materials for education; B. Develop standard messaging and materials; C. Disseminate information and train staff; D. Improve reporting and surveillance through mailings and grand-rounds presentations; E. Seek support and reinforcement from the Winnebago County Medical Society; F. Use communicable disease quarterly newsletter to highlight this focus and encourage feedback to strengthen initiative

Resources: Sexually transmitted disease clinics of WCHD, highly trained / experienced staff at WCHD disease control program, IDPH laboratory and communicable disease program support, good current reporting from health systems and providers, Winnebago County Medical Society, U of I College of Medicine and Crusader Community Health

VIII. APPENDICES:

A. Collaborating Organizations / Individuals
B. Community Health Status Assessment
   1. Healthy Community Study (2010-2011)
   2. Household School and Chamber of Commerce Survey
   3. Behavioral Risk Factor Survey
C. Community Themes and Strengths
   1. Key Informant Interviews
   2. Focus Group Report
D. Forces of Change Assessment (WCHD)
E. Prioritization Process
F. Work Group Analysis / Reports
G. Intervention Strategies Crosswalk Tables
H. Strategic Ends, Measures and Balanced Scorecard
Appendix
Collaborating Organizations / Individuals
Rockford Health Council

Board of Directors

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   Winnebago County Dental Society
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   Winnebago County
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   OSF Saint Anthony Medical Center
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   Heartland Financial

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* denotes Rockford Health Council Board Members

Prioritization Process Chair: Mike Mastroianni, Rock Valley College

Facilitator: Terry White, Strategic Partners Enterprise, Inc.

ACCESS TO CARE
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  Rockford Health Physicians
*Co-chair Gordon Eggers, Jr.
  Crusader Community Health
Janet Corirossi
  Winnebago County Medical Society
Lisa Gonzalez
  Boone County Health Department
Kathleen Kelly, MD
  SwedishAmerican Health System
Jeffry Tillery, MD
  OSF St. Anthony Medical Center

BASIC NEEDS
Co-chair Jennifer Jaeger
  City of Rockford Human Services
Co-chair Michael J. Goral
  Rockford Township
Lisa Brown
  Rockford Mass Transit District
Manny Carrasquillo
  Lifescape Community Services
Jon Paul Diipla
  Rockford Metropolitan Agency for Planning
Karen Hoffman
  Winnebago County Department of Human Services
Todd Kisner
  Winnebago County Health Department
Paula Lind
  Rockford Township
Lucy Rivas
  OSF St. Anthony Medical Center
Alan Zais
  Winnebago County Housing Authority

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David Gomel
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Dee Dunnett, Health Protection and Promotion Director
Lisa Gonzalez, Family Health Services Director
Steve Guedet, Management and Support Services Director
Larry Swacina, Environmental Health Improvement Director
Appendix
Summary of Key Findings by Work Group
Access to Care

COMMUNITY ANALYSIS

- Boone adults report poorer health care access than Winnebago (Behavioral Risk data)

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<thead>
<tr>
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<tbody>
<tr>
<td>Have health coverage</td>
<td>91.7%</td>
<td>87.5%</td>
<td>86.1%</td>
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<tr>
<td>Have regular doctor/provider</td>
<td>87.5%</td>
<td>83.5%</td>
<td>84.2%</td>
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<tr>
<td>No doctor visit past year due to cost</td>
<td>10.1%</td>
<td>17.2%</td>
<td>13.5%</td>
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- 41,994 Rockford MSA persons under age 65 (13.5%) lack health insurance coverage (2007).
- Three in four (75.1%) Rockford MSA births (2008) received first trimester prenatal care, down from 80% five years ago.
- More than one-fifth (21.2%, August 2010) of MSA population enrolled in Medicaid.
- In Winnebago County, nine in ten (91.1%) women ages 40 years and older have had a mammogram, 60% within the past year. Practically all women 40+ (98.1%) have had a Pap smear. Two in three (64.9%) men ages 40+ have had a PSA test, while a greater proportion (87.4%) have had a digital rectal exam. Among the population 50 years and older of both genders, 63% have had a colon/sigmoidoscopy. (12.10)
- Among Boone County women 40 years and older, nine in ten (88.6%) have had a mammogram, 58.9% within the past year, while most (96.8%) have had a Pap smear. Seven in ten (71.7%) men ages 40+ have taken a PSA test. Three in five (60.6%) adults 50 years and older (both genders) have received a colon/sigmoidoscopy. (12.10)
- More than nine in ten (91.7%) Winnebago County adults 18+ reported having health coverage in 2008, exceeding Illinois adults at 85.4%, and above the county’s 2004 level at 87.5%. About the same proportion of adults had a regular health care provider in 2008 (87.5%) as four years earlier (87%). One in ten (10.1%) Winnebago County adults avoided the doctor due to cost in 2008, same as 2004, but double earlier levels (5.5% 2001, 5.6% 1996). (13.1)
- In 2009, 87.5% of Boone County adults ages 18 years and older said they had health insurance coverage, lower than all other survey periods in which more than 90% were insured. Also dropping from 2004 at 87.9%, 83.5% reported having a regular health care provider in 2009. At a record high level, 17.2% said they had avoided the doctor in the past year because of cost, almost twice the level of previous years. (13.2)
- Based on U.S. Census Small Area Health Insurance Estimates 2007, 86.7% of Winnebago 13.4 County, 85.1% Boone, and 86.5% Rockford MSA under 65 age population are covered by health insurance. The remainder, 13.3% Winnebago, 14.9% Boone, and 13.5% MSA are uninsured. The uninsured rate for ages 18-64 is higher: 14.7% Winnebago, 17.6% Boone, and 15.1% MSA. The Winnebago and MSA uninsured rates of 18-64 fall below the state at 17.3%, while Boone’s is above. (13.4)
- Medicare enrollment aged 65+ (Part A or B) numbered 37,169 in Winnebago and 5,650 Boone for a Rockford MSA total of 42,819. Disabled enrollees in 2007 added 8,221 to Winnebago, 874 to Boone, and 9,095 to the MSA. Total Medicare enrollment in the MSA at 51,914 represents 14.8% of the population. (13.5)
- During 2008, Winnebago County hospitals reported 1,031 licensed beds, 859 of which were staffed. These hospitals admitted 43,095 inpatients who accounted for 218,935 patient days and an average stay...
of 5.3 days. Outpatient surgeries at 15,743 outnumbered inpatient surgeries (11,911). Emergency visits reached 130,845. (13.6)

- A single hospital is located in Boone County. Bed complement was 55 in 2008, with only eight staffed beds and almost no inpatient activity, though 933 emergency patients were served. (13.6)
- A total of 2,387 residents lived in one of 28 long-term care facilities in Winnebago County in 2008. One in five (18.9%) had a primary diagnosis of circulatory problems. Ranking second in frequency was mental illness at 13.7% followed by developmental disability (11.7%). (13.7, 13.9)
- In Boone County’s three long-term care facilities lived 218 residents as of December 31, 2008. The leading primary diagnosis was Alzheimer’s disease, accounting for 16.5% of these residents, with circulatory conditions placing second (13.8%) and nervous system disorders (except Alzheimer’s) third at 12.4%. (13.8, 13.9)
- Among 2008 residents in Winnebago County’s long-term units, two in three (66%) were female, four in ten (41.2%) ages 85 years and older, and nine in ten (89.4%) white. Medicaid paid for more than half (58.8%) of patient days, followed by private pay (25.5%). (13.10)
- Boone County 2008 long-term care residents, all of whom were in nursing care units, were mostly female (82.1%), half (50.9%) ages 85 and older, and almost exclusively (97.2%) white. Medicaid accounted for more than half (51.6%) of patient days, with a quarter (28.3%) private pay. (13.11)
- Rockford MSA 2008 long-term care residents were comprised of more females (67.4%) than males (32.6%), tended to be 75 years or older, with 42% at 85+ and 24% ages 75-84. Nine in ten (90.1%) were white, 8.6% black, and 1.5% Hispanic (any race). Almost three in five (58.2%) long-term care patient days were paid by Medicaid, with a quarter (25.7%) private pay. Long-term care includes both nursing care and intermediate care/developmental disability. The ICF/DD units are inhabited by more persons under 45 (31%) than nursing care facilities (2.5%), however, the largest portion of residents in both facilities are 85 and older (42.8% nursing care, 39.4% ICF/DD). (13.12)
- Based on American Medical Association (AMA) data, Winnebago County is home to 634 patient care physicians as of December 31, 2008 for a ratio of 472.3 persons per physician, surpassing the U.S. at 410.9. Among specialties, family medicine/general practice physicians serve a smaller population (2,994.9 per physician) in Winnebago County than nationwide (4,034.8), while medical specialists serve more 1,618.9 compared to 1,461.5 U.S. (13.13)
- AMA data show 66 patient care physicians located in Boone County (2008) producing a population per physician ratio of 816.5, almost twice as many persons as U.S. at 410.9 per physician. Like Winnebago, family medicine/general practice physicians serve a smaller than U.S. population at 3,849.4 per physician, while the reverse is true for medical specialists (3,592.8 Boone versus 1,461.5 U.S.) and surgeons at 6,736.5 compared to 2,434.8 U.S. (13.14)
- Combining the two counties’ physician numbers yields a total of 700 physicians based in the Rockford MSA with 504.8 persons per physician, surpassing the U.S. at 410.9. Family medicine/general practice physicians serve a smaller population at 3,099.8 than U.S. at 4,034.8, though medical and surgical specialists serve more, 1,766.9 medical MSA compared to 1,461.5 U.S.; 2,677.1 surgical MSA versus 2,434.8 U.S. (13.15)

**HOUSEHOLD SURVEY**

- “High Health Care Costs” ranked #2 in the community sample as an issue needing attention.
- “Couldn’t afford medical care” ranked #5 on the situations experienced within the previous year for the community sample; it just missed the top 5 in the school sample.
- The proportion of respondents without a regular source of care (7.4%) was only slightly elevated as compared to 1999 (6.1%). For school parents, one in ten (9.6%) has no regular care location. (7.6)
• School parents rely strongly on Crusader Clinic (33.6%) in addition to doctor’s offices or clinics (33.8%). However, many name urgent care (8.3%) or hospital emergency rooms (7.2%) as their usual location. Community sample results in both 2010 and 1999 revealed four of five using a “traditional” doctor’s office or clinic. (7.6)

• In 1999, 10.1% of respondents said that a family member was unable to get needed physical or mental health care in the past two years. In 2010, higher levels reported being unable to get care. Dental care needs appeared to exceed medical needs in the past year.

• Out of pocket costs are a serious problem for 19.2% (community), 29.1% (parents).

• Without health insurance are 7.8% (community), 26.2% (parents) compared to 4.7% (1999). About one-third of persons 18-29 are not covered by health insurance.

• Reasons that a family member was unable to get care were predominantly financial – cost of care, lack of insurance, physician would not take public aid, or could not afford deductible/co-pays.

• For both survey samples, the top four problems experienced were the same, though with far higher prevalence among the school parents. High levels were experienced for financial problems, unemployed, needed dental care but couldn’t afford, and emotional problems, depression or anxiety. Also appearing in the top ten of both lists are couldn’t afford medical care, needed legal help and unable to get credit or mortgage. (3.1)

• The two samples agreed on three of the four top issues - gangs/delinquency, crime and violence/guns. However, community surveys placed “high health costs” second while school parents put “activities for teens” first. (2.1)

• Among health-related situations, unable to afford needed dental care (37.6%) is the clear leader, though substantial proportions also could not afford needed medical care (23.4%) or prescriptions (18.9%). More than one-quarter (26.3%) of school parents report that someone in their home experienced emotional problems, depression or anxiety in the past year. (3.2)

• Though not as extensive, issues were also still relatively common in the community sample including financial problems (23.9%), someone unemployed (22.3%), needed dental care, but couldn’t afford (21.2%), emotional problems (21.2%), needed medical care (15.7%) or needed prescription medications (15.1%). (3.2)

• Responses indicate high insurance levels in the community samples, both 2010 (89.5%) and 1999 (92.9%). Lesser coverage appeared evident, however, in the 205 parent group with just two-thirds (67.7%) reporting medical insurance. (7.1)

• Asked about the type of insurance, the 2010 community sample plans primarily included private employer plans (54.9%) and Medicine (34.4%). Results from 1999 were similar with more private and fewer Medicare recipients. In both years, the great majority of those with Medicare also are covered by a supplement. (7.1)

• The parent group exhibited a very different pattern with a strong Medicaid presence. Coverage is highest for Medicaid including Family Care and All Kids (58.6%) followed by private employer medical plans at 29.6%. Medicare was reported by 5.7% although only 1.0% or parents or guardians are 65 or older. (7.1)

• Further probing revealed the age groups not covered by health insurance. For the 2010 community results, young adults 18-29 were easily the group most lacking coverage at 33.8%. Next highest without medical coverage were those 0-17 (19.0%) and 30-44 (18.5%). In 1999, individuals without insurance were much lower, 6.4% overall versus 13.4% currently though young adults (17.9%) also led other age groups by an appreciable amount. (7.3)

• Among community sample respondents, nearly one of five (19.2%) calls out-of-pocket costs “serious,” more than double 1999 when the level was 9.2%. For 205 parents, 29.1% say that “out- of-pocket” costs
are a serious problem. In addition, another 33.6% (community) and 27.1% (parents) say that these costs are “a problem, but not serious.” (7.4)

- This section of the questionnaire explored whether survey household members had been unable to receive care. As revealed in Table 7.9, in the community sample, more than one-in-five (21.0%) had a household member unable to receive needed medical care and more than one-quarter (26.7%) could not get needed dental care. Levels were even higher within the school parents, 40.9% medical and 43.2% dental. (7.9)
- Rockford 205 school parents were somewhat more likely than the community sample to cite couldn’t find a doctor, long wait at office and physician would not take public aid as reasons for not obtaining medical care. (7.12)
- Drawing conclusions from survey responses is not definitive, but treatment outflow factors would seem to include: Veteran’s care at VA centers, pediatric specialized care, limitations of insurance plans and flows across the border to Beloit and Janesville from northern area of the county. (7.15, 7.16)

**FOCUS GROUP**

- By far, the leading gap in services cited by Focus Groups is the lack of awareness of services. Participants overwhelmingly believed that most people have no idea where to turn when they have a need, and that agencies need to do a better job of marketing services.
- The need for additional services for the working poor, those whose income is just above eligibility requirements for most programs, was mentioned frequently. This included health care and social service programs.
- Also cited was the need for affordable health insurance for those who do not qualify for the medical card.
- A few participants experienced an inability to receive services when needed.
- Most of those taking part in the focus groups have utilized medical care during the past year, including physician offices, hospital emergency departments, immediate care clinics, dentists, and pharmacies. The three major local health systems (Rockford Health System, SwedishAmerican, and OSF) all had been utilized by participants in the focus groups, along with Crusader Clinic.
- Few of the focus groups said that accessing local health care is a problem for them. Members of a few of the groups noted access issues, however, primarily those with a medical card or who have no medical insurance.
- Focus group participants noted the perceived lack of providers in Winnebago County who accept Medicaid. One disabled person tried for several years to receive medical assistance, but was denied. He was forced to go to Crusader, which provides services at a reduced rate, “but it is still money coming out of your pocket”. Another person in that group stated that she has both Medicare and Medicaid, which in some instances created a catch-22 in that some services which Medicare refused to pay for, Medicaid subsequently also denied coverage “because I had Medicare”.
- One individual reported visiting Crusader and paying the $20 copay, and a month later, he received a bill for the remainder of his visit. He subsequently learned that the sliding scale is only available to those who apply and are accepted into Crusader’s charity program. Upon applying, his visit was 75% covered and he was responsible for the remaining 25%, which “was still a lot of money for someone on unemployment.”
- A few of the groups believe a need exists for more comprehensive medical services at Crusader. The group of homeless individuals related that, although Crusader is great “as far as they went” and for prescriptions, if an individual needs surgical services or “anything requiring ongoing treatment”, such services are unavailable. Medicaid covers emergency services, but as one individual put it, “If you need surgery on a bad knee, you can’t get it”.

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• A few complaints were voiced regarding Crusader’s appointment system, with individuals saying the system is difficult to use. One woman stated that she was at the desk at Crusader trying to make an appointment, only to be told to go home and call in. Another woman noted that she always starts calling Crusader at 8:00 a.m., and the line is always busy. She usually actually has to go to the clinic to make an appointment. A third reported that when she calls at 8:00 a.m., she has gotten through but been told that there are no appointments available and to call back tomorrow.

• A few people discussed COBRA insurance or CHIP – HCTC health insurance through the State of Illinois, saying the coverage was prohibitively expensive. One unemployed focus group member stated that he was paying $171 per month to only cover him, not his family who had been on his work insurance. Another individual said that she was unable to pay the fee for COBRA so she had to go without insurance until HCTC was approved. Even then, it is costing them half of her unemployment per month to maintain the insurance.

• A few focus group members reported access problems because of a language barrier. For example, one of the Hispanic men said that he called Crusader to try to schedule an appointment. He pressed the number for Spanish-speaking assistance, and was instructed to leave his phone number. Three days passed without a return call.

• Those who participated in focus groups in Boone County had few medical care issues. Access to care does not appear to be a problem, and most were satisfied with the care they received. A few individuals expressed gratitude that Boone County again has a hospital to serve the area.

• The farmers in Boone County experienced some issues with health insurance. One farmer mentioned that he is having difficulty finding health insurance. He was previously on his wife’s insurance, but she is losing her job, so they need to find another option. Another mentioned that he and his family have insurance, but they pay a lot for it. Their son has kidney issues, so they cannot change insurance because no one will insure him. Their premiums are very high, but they do have good coverage. One gentleman reported having had a finger injury which resulted in a two-day hospital stay at a cost of approximately $20,000, while another had a hip replaced for which the stated cost was $44,000, but was settled for $7,800.

• A few of the groups see a need for services for the “working poor”, those who don’t quite meet most eligibility requirements at most agencies. Persons in this group sometimes just need a helping hand, but cannot qualify for most services, frequently leaving them in dire circumstances. One single mother reported that she was having financial difficulty, but her income was “just barely” over the limit for her family size, so therefore she did not qualify for any assistance. She expressed frustration that “those who sit doing nothing, get everything” in terms of benefits. Another individual echoed similar sentiments. She reported that she is unable to work due to her son requiring constant attention. Her family could not afford to pay the required premium for Kid Care, so they were dropped from the program and forced to wait three months to get back in. In the meantime, her husband required hospitalization, which led to additional financial strain due to those expenses.

• One of the teen groups stated that many people, especially kids, need treatment and have nowhere to go to get it unless they have insurance.

**KEY INFORMANTS**

• Key Informants mentioned the need for a centralized information database and phone line (411/211). They believe that people need sufficient knowledge about available services and how to access them.

• Key informants agreed in citing that for the un-insured and underinsured, care is good, but not optimal (resource limitations).

• They also noted that needs increase for subsidized and free help as household income continues to decrease.
• Key informants did not differentiate between the working poor and other populations when citing the need for increased access to care.

• Key informants noted that the large number of human services and medical providers in the area causes duplication of services. Resources are spread out among the many programs and services and decrease the capacity of these organizations to provide services. The system could be more efficient if services were more aligned with each other and if providers could find a way to share administrative costs. It was also mentioned that City, County and Township governments need to come together to reduce redundancies in government services.

• The most common barrier individuals face when accessing the human services system is lack of knowledge regarding available services, followed by lack of transportation. Current funding streams are also seen as a barrier, as well as lack of trust in the system, language barriers, and the system’s complicated fragmentation.

• The recent economic downturn dominated the discussion about recent and future changes that have affected the local health and human service system. Reduced funding sources have had an impact on what and how services are provided. With more unemployed entering the community’s social safety net system, agencies are being asked to provide more services with fewer resources available.
Basic Needs

**COMMUNITY ANALYSIS**

- Winnebago County shows a wider home ownership disparity by race, almost a 40 percentage point difference between white, non-Hispanic (77.1%) and black (37.3%) than the U.S. with a 27.6 percentage point difference and Illinois, 34.4%. (6.6)
- 25% of Winnebago and 16.4% of Boone County households earned less than $25,000 per year in 2006-2008, while 4.4% of Winnebago County and 7.8% of Boone County households received incomes of more than $150,000.
- Among Winnebago County children, 21.3% live in poor homes, higher than Illinois (16.8%) and U.S. (18.2%). In Boone County, 15.2% if children live in poor homes.
- For 7.1% of Winnebago County households, no vehicle is available.
- Poverty is substantially higher in 2006-2008 (13.8%) than in 1999. (9.1) One in five (20.3%) children in Rockford MSA under age 18 live in poor homes. Three in five (58.8%) Winnebago County children qualify for free/reduced school lunch (eligible for households up to 185% poverty)
- Seven in ten (71.6%) Winnebago County’s occupied housing units are inhabited by owners, while renters occupy the remaining 28.4%. The county’s proportion of owner-occupied units has remained at almost the same level since 1980 when owners accounted for 69% of occupied units. (6.3)
- Boone County has witnessed a steady rise in the proportion of occupied units inhabited by owners, from 70.5% in 1980 to 81.6% in 2006-2008. The current level exceeds the state (69.8%) and nation (67.1%) by a substantial margin. (6.4)
- For the Rockford MSA, owners account for almost three in four (72.9%) occupied units, while renters occupy the remaining quarter (27.1%). MSA owner-occupied levels are a little above Illinois (69.8%) and U.S. (67.1%). (6.5)
- More white households own their homes than blacks in both Winnebago and Boone Counties. Three in four (77.1%) white, non-Hispanic households in Winnebago own their homes compared to 37.3% among blacks (2006-2008 data). Asians exhibit high ownership rates (75.4%), too. Three in five (60.3%) Hispanic households own their homes. The home ownership disparity is not as great among Boone County race/ethnicity groups, however, the smaller population size for blacks and Hispanics may explain the narrower gap. (6.6)
- As a measure of overcrowding, 1.9% of Winnebago County housing units are inhabited by one or more persons per room, below Illinois at 2.5% and U.S. at 3%. By contrast, 4.1% of Boone County’s units are “overcrowded.” (6.12)
- City of Rockford housing units are characterized as having a median of 5.2 rooms, higher for owner-occupied units at 6.1 than renter-occupied at 4.3. An average of 2.5 persons live in the city’s homes. A relatively low proportion, 2.2%, of the city’s housing units are considered “overcrowded.” (6.12)
- One in three (33%) Winnebago County households spend more than 30% of their income on housing, below the state (36.3%) and nation (35.5%), suggesting that housing costs are a little less of a burden in Winnebago than statewide or the U.S. This is not true for Boone where 36.5% of households spend more than 30% of their income on housing. (6.18)
- At every income level except the lowest, the proportion of Rockford MSA households that spend more than 30% of income on housing is smaller than statewide. The gap is widest among households with incomes over $75,000 of whom 5% in the Rockford MSA spend more than 30% on housing, less than half the state (12.7%) and nation (12.2%). (6.19)
- Home ownership in Winnebago County is also associated with educational attainment with householders having more schooling more apt to own their own home. About half (56.1%) of
householders with less than a high school education own their home, jumping to seven in ten (69.4%) among high school graduates and slightly higher (71.9%) for persons with some college or associate’s degree. Four-year college degree holders exhibit the highest home ownership rate at 85.7%. (6.21)

- As education rises, so does home ownership in Boone County, ranging from 64.3% of households without a high school diploma to 91.7% among four-year college degree holders. (6.22)
- At 85.7%, white, non-Hispanic Boone County households are more likely to own their home than black (61.9%) and Hispanic (58.2%) households. (6.22)
- For 7.1% of Winnebago County households, no vehicle is available, with the level rising to 11.8% among the householders ages 65 years and older. In Boone County, only one in twenty (4.9%) households lacks a vehicle, with the highest level of vehicle unavailability among householders ages 15-34 at 9.3%. In both counties, lack of vehicle is less common than in the state (10.1% all households) and nation (8.8%). (6.24)
- One in twenty Winnebago (5.5%) and Boone (5.3%) Counties households report no telephone service, with younger householders ages 15-34 more apt to lack phone access (11.5% Winnebago, 16.2% Boone). The popularity of cell phone use may affect responses to this question, since cell phones may not be regarded as household items. (6.24)
- In comparing housing characteristics among the four major communities, Rockford stands out in having the highest proportion of vacant housing units at 14.6%, lower owner-occupied housing units (61.7%), and more households without a vehicle for transportation (10.3%). Furthermore, Rockford reports the lowest median home value at $106,000. Median rents are lower in Rockford ($654 per month) and Belvidere ($655) than Loves Park ($744) and Machesney Park ($929). (6.26)
- A striking difference occurs in median income by race/ethnicity with MSA white, non-Hispanic households at $54,509 earning more than double their black counterparts at $25,484, while Hispanic householders fall in-between ($36,153). (8.5)
- One in eight (12.4%) Rockford MSA households earned a 2006-2008 income of under $15,000, same as U.S. (12.7%) but slightly above the state (11.6%). At the other end of the income spectrum, one in twenty (4.8%) MSA households earned $150,000 or more, considerably below the state (9.5%) and nation (8.5%). (8.7)
- The gap in poverty levels between the counties, state, and nation has widened since 1999. In 1999, Winnebago County’s poverty level at 9.6% and Boone’s at 7% fell below Illinois (10.7%) and U.S. (12.4%). Currently, Winnebago has surpassed both the state and nation, rising five percentage points between 1999 and 2006/08. Boone’s poverty level remains below, however, has increased by 2.9 percentage points, more than the change for Illinois (+1.4) and U.S. (+0.8). Poverty rates for children have grown even more, by 8.4 percentage points for Winnebago and 6.5 Boone, at least twice the state and nation. (8.11)
- Rockford MSA poverty has risen from 9.1% in 1999 to 13.8% in 2006-2008. Childhood poverty has increased even more, from 11.2% to 20.3%. The change at the state and national level has been far less, under three percentage points. (8.12)
- Three in ten (29.8%) Winnebago County residents are poor or near poor, defined as up to 185% of poverty, about four percentage points above Illinois (25.6%) and U.S. (28.1%). (8.13)
- In Boone County, 22.5% of the population is living up to 185% of the poverty level, below the state (25.6%) and nation (28.1%). (8.13)
- Living in poverty or near poverty describes 28.7% of Rockford MSA residents (98,804 persons) whose incomes are up to 185% of the poverty level. (8.14)
- Poverty is more common among certain populations. Almost half (44.2%) of Winnebago County’s female-headed families with children are poor, a level that exceeds the state (36.1%) and nation (36.5%). In Boone County, one-third (34.3%) of the female-headed families with children are poor, a
little below the state (36.1%) and nation (36.5%). However, among female-headed families with pre-school age children, three-quarters (76.3%) are poor, far higher than Illinois (43%) and U.S. (44.9%). (8.15)

- At 7.7%, Rockford MSA seniors are about half as likely to be poor as the overall MSA population (13.8%). Rockford MSA poverty for 65+ is lower than Illinois (8.9%) and U.S. (9.8%). (8.16)
- Almost six in ten (58.8%) school-age children in Winnebago County and 45.5% in Boone are eligible to receive free and reduced lunch, a program for students who live in homes where the incomes fall at or below 185% poverty. (8.17)
- Medicaid recipients make up more than one-fifth (22%) of Winnebago County’s population as of August 2010, a steady increase over the past decade. At 16.6% in 2010, Boone’s level of Medicaid-enrolled population has also risen every year. (8.18)
- One in five (21.2%) of the Rockford MSA population is enrolled in Medicaid, a total of 75,071 person as of August 2010. (8.18)
- Comparing the four major Rockford MSA communities, Rockford reports the lowest household ($38,204) and family ($48,651) incomes but not per capita which is claimed by Belvidere ($19,766). In Rockford, more than one-fifth (21.7%) of all population and one third (31.9%) of children are poor, much higher than the other three communities. (8.19)

### HOUSEHOLD SURVEY

- Results for the parents reveal very high levels for the listed household situations, led by more than half, 54.8%, saying that their financial situation means that they do not have enough to live on. Nearly half (46.5%) of school parents report that someone in their household was unemployed during the past year. One quarter (24.5%) were unable to get credit or a mortgage. More than one- in-five (21.4%) lacked transportation or had their utilities shut off in the past year. (3.2)
- Four factors are also reported to have significant effects on the job search for just the parent group - lack of child care (24.9%), lack of transportation (26.5%), difficulties with English (19.2%) and criminal record (15.0%). (3.10)
- While most community respondents indicated that they could meet basic needs (85.8%) and manage debt (77.0%) in the past year, fewer were able to put money away for emergencies (49.7%) or save for the future (44.3%). Results were quite similar to 1999, although households savings for the future dropped by 5.3%. (3.14)
- Controlling money and debt appears to be much more difficult for Rockford School District 205 parents than for the community sample. Only 57.0% of school parents have sufficient money for basic needs and just 42.1% are able to keep debt under control. Far fewer report being able to put money away for emergencies (18.0%) or save money for the future (12.1%). (3.14)
- Most households would appear to have computer access in that only 15.7% of the community sample and 26.3% of the school parents do not have computer access. Most have a home computer, but others use one at work or at another location. (3.16)

### FOCUS GROUPS

- Participants in seven of the focus groups mentioned the abundance of human services in Winnebago County. A few individuals mentioned the ease of obtaining services when compared to Chicago. One homeless individual stated, “you can’t go hungry in Rockford”.
- Members of four of the focus groups cited the public transportation system in Rockford as an asset. These individuals said that the bus system made getting around town much easier for them.
- A related problem was cited by the group of unemployed individuals. The believe that little help is offered to those who are working and struggling to make ends meet, but those who ‘play the system’
get ‘everything’. As one individual put it, “if you need somewhere to go to get a little help for a particular month, you are told you do not fit the criteria. What they say is a lot of money, to me is not a lot. To get help, you have to be broke.”

- Other concerns voiced by at least three of the focus groups included a need for an improved public transportation system, especially extended hours and routes for RMTD; the need for improved roads in the area, and a high tax structure.

- Affordable housing and housing assistance was an important need for some of the focus group participants, including homeless individuals, who cited “a place to say when it’s cold” as their major need. Currently, this is very limited. The Rockford Rescue Mission was called a ‘train wreck’. The group of homeless individuals felt that RRM is run very poorly, and “makes up rules as they go.” The group also agreed that the Salvation Army provides good services but needs to move more quickly. Some individuals noted that they had slept overnight at the new Justice Center, “sleeping in a chair, but at least you’re inside” as one individual put it.

- Displaced workers believe that housing assistance is needed, both to help people stay in their homes and avoid foreclosure, as well as a place to live for those who do lose their home. According to the group of low-income individuals, the number of vacancies in low-income housing is inadequate. One individual felt that affordable housing units should stop being placed in ‘clusters’, and that they should be more spread out. Members of a few of the groups reported that there is an extremely long waiting list at Rockford Housing Authority.

- Several other gaps in services were mentioned by the focus groups. Affordable child care is seen as lacking by two of the focus groups, while the at-risk youth see a need for counseling for teens with sexual addictions, and increased health education. Other gaps named include additional food pantries, better local public transportation, a VA hospital in Rockford, and increased utility assistance.

- The focus groups in Boone County mentioned a few service needs and gaps in services. The seniors would like someone to call with questions about health care, including Medicare. An improved public transportation system in Belvidere is seen as a need, as well as Spanish-speaking staff at agencies.

**KEY INFORMANTS**

- Regarding needs and services for low-income and poor, the community needs to be better prepared to assist those who are faced with dramatic transitions that result from increased costs of living and/or loss of employment. As times get tough, more people are accessing the social service safety net for the first time, and many are also showing up in the criminal justice system. Several key informants noted the need for retraining for this group. Retraining needs to be quick enough to prepare individuals for new jobs that will be available when the economy recovers. In addition to increased emphasis on education and development of skills that will prepare them for future disruptions in the workforce, access to affordable healthcare, day care and transportation were also mentioned as needs for this group. Lack of knowledge of available services was the most mentioned barrier for this group. In addition, mistrust of the system and intimidation of the bureaucratic maze also were mentioned as barriers. For the poorest individuals, the current transportation system was seen as a barrier. Outside of fully funding the basic social service safety net programs and development of job retraining programs, another improvement mentioned was a need to increase funding for mental health services in the community. Some mentioned the need for a 708 Board that is responsible for distributing taxpayer money to available services.

- The recent economic downturn dominated the discussion about recent and future changes that have affected the local health and human service system. Reduced funding sources have had an impact on what and how services are provided. With more unemployed entering the community’s social safety net system, agencies are being asked to provide more services with fewer resources available.
• Transportation issues raised were separated by both internal and external transportation concerns. Although some believe the internal system is adequate most made comments about the need to improve the system. Particularly it was desired that the system has to be more accessible for those who do not have access to a vehicle. Developing transportation systems that link the region to Chicago and the World was also mentioned.
• With a high level of children living in poverty attending the public schools, most of the participants commented that the basic needs of food, shelter and clothes need to be met.
• Some commented that there will be an increased need for housing and services for the elderly.
• Transportation improvement was mentioned by a vast number of key informants. The need to improve the local transportation system was something mentioned in many key informant discussions regarding access barriers to the health and human services of our community. There are isolated pockets in the community that do not have sufficient access to public transportation. Many feel that the system is not accessible enough or expansive enough to adequately serve the poor, the disabled or the elderly.
• Sixteen respondents mentioned transportation as a major challenge facing this community. The issues raised were separated by both internal and external transportation concerns. Although some believe the internal system is adequate, most made comments about the need to improve the system. Particularly it was desired that the system has to be more accessible for those who do not have access to travel by car.
• It was also suggested that there needs to be an improved system that links the city from the West side to Downtown to the East side. In addition it was mentioned that transportation issues need to be thought out regionally, and that a public transportation system should be developed to link Rockford with Belvidere.
• Developing transportation systems that link the region to Chicago and the World was equally discussed by this same group of respondents. It was the general consensus that a rail system should link the area with Chicago and that the Rockford Airport should be expanded to include more business and passenger travel.
• The most common barrier individuals face when accessing the human services system is lack of knowledge regarding available services, followed by lack of transportation. Current funding streams are also seen as a barrier, as well as lack of trust in the system, language barriers, and the system’s complicated fragmentation.
Behavioral Health

**COMMUNITY ANALYSIS**

- Compared to statewide (12.7%), more area adults (Winnebago, 16.5% and Boone, 15.5%) have extended poor mental health (more than one week in past month).
- Levels have risen since 1996 in both counties.
- Among adults ages 18 years and older, one-quarter (23.1% Winnebago, 26.4% Boone) report binge drinking in past month. Levels exceed Illinois at 19.5%.
- More Winnebago County youth smoke marijuana (21%, 10th graders; 27%, 12th) than statewide (17% 10th, 22% 12th).
- Past month tobacco use ranges from 2% for Winnebago Co. 6th graders to 18%, 12th graders. Local levels fall below Illinois.
- Binge drinking (past two weeks) reported by 10% of 8th graders, 19% of 10th graders and 29% of 12th graders, Winnebago County (2010). Levels resemble state.
- Underage alcohol consumption (past month) ranges from 10% among 6th graders to 49%, 12th graders, Winnebago County (2010). Levels resemble state.
- Between 1994-1996 and 2004-2006, Boone County saw changes take place for Alzheimer's (almost tripled) and suicide (decreased by half). (11.14)
- Rockford MSA age-adjusted death rate among males at 972.1 per 100,000 exceeds females (681.5) by 42.6%. Furthermore, male rates surpass females for all of the top twelve causes except Alzheimer's. Male rates are at least twice that of females for suicide, perinatal conditions, homicide, and 94% above for accidents. (11.21)
- More than one in four (28%) Winnebago County 2007 deaths occurred to persons under age 65, exceeding the state's premature mortality at 26.3%. Four causes claim a disproportionate share of early death: suicide (95.8% of deaths to persons under age 65), homicide (95.2%), chronic liver disease & cirrhosis (80%), and accidents (71.1%). Also, cancer deaths are more likely to occur to the under age 65 population (31.5%) as heart disease (21.1%). (11.22)
- Winnebago County deaths by age (2004-2006) show for ages 25-44, accidental poisoning is the top death cause, followed by suicide. (11.27)
- At 63.7%, fewer Winnebago County adults enjoyed good mental health during all days of the past month in 2008 than in 2004 (66.2%), but more than in 2001 (59.4%), and 1996 (59.6%). One in six (16.5%) said they experienced poor mental health for more than one week of the past month, increasing over all three previous reporting periods, all in the 13% range. (12.1)
- Fewer than six in ten (59.6%) Boone County adults said they felt good mentally during all days of the past month (2008), much lower than 2004 (69.1%), 2001 (73.1%), and 1996 (70.6%). Poor mental health extending more than one week of the past month was cited by 15.5%, several percentage points above earlier surveys. (12.2)
- Same as the nation, 15.1% of Winnebago County residents ages five and older reported a disability in 2005-2007. Among ages 5-15, 8.8% have a disability, mental disability as the most common (7.6%). One in eight (12.2%) ages 16-64 reported a disability, most frequently an employment (7.3%) or physical (6.6%) disability. The highest level of disability is seen among ages 65+, reported by 38.1% of Winnebago County seniors, most often a physical disability (29.7%). (12.23)
- Among Boone County residents ages 5+, 12.9% reported a disability in 2005-2007. Rates vary by age group with 7.8% of the population 5-15 being disabled, most likely with a mental disability (6.4%); one in ten (10%) 16-64, most commonly employment-related (6.2%); and 41.1% of 65+ disabled, usually a physical limitation (31.6%). (12.23)
• For the Rockford MSA, 14.8% of the population report a disability, from 6.3% of ages 5-15, doubling to 12.3% among 16-64 year olds, and about three times higher at 38.5% for 65+. (12.23)

• Based on national prevalence rates applied to the Winnebago County 2009 population, an estimated 31,391 residents ages 18-54 have been affected by a mental disorder in the past year. By type of disorder as reported in Mental Health: A Report of the Surgeon General, 1999, leading mental disorders are simple phobia (12,407), major depressive episode (9,716), and unipolar major depressive disorder (7,922). Approximately 14,895 Winnebago County residents ages 55 years and older suffer from a mental disorder, most often simple phobia (5,492), followed by severe cognitive impairment (4,965). (12.24)

• Using the same national estimates cited above, 7,889 Boone County residents ages 18 years and older have suffered from a mental disorder in the past year, most commonly an anxiety related condition (5,677). (12.25)

• Again referencing the national estimates, 54,175 MSA residents ages 18 years and older report a mental disorder with 16,317 citing a mood disorder and 38,767 an anxiety problem. Levels of mental disorders are generally higher among ages 18-54, though severe cognitive impairment among ages 55+ at 6.6% is fivefold the level for 18-54 year olds at 1.2%. (12.26)

• An estimated 19,269 Winnebago County residents ages 12 years and older have used illicit drugs in the past month, based on 2005 National Household Survey on Drug Abuse data published by Substance Abuse and Mental Health Services Administration (SAMHSA). More than two in three illegal drug users use marijuana, an estimated 14,198 local persons, while 8,699 use illicit drugs other than marijuana, with non-medical use of psycho-therapeutic medications being the leading category of drug use. (12.28)

• Substance use varies somewhat by race, with blacks a little more likely to have used an illicit drug in the past month (9.7% among ages 12+) versus whites (8.1%) and Hispanics (7.6%), according to SAMHSA data. Gender differences also exist with males more likely to have used an illegal drug (10.2% of ages 12+) than females (6.1%). Applying these proportions to Winnebago County’s population reveals 15,410 white users of illegal substances, 2,472 black users, and 1,679 Hispanics. For cigarette and alcohol use, white rates exceed black and Hispanic with more than a ten percentage point excess for past month consumption of alcohol. Male rates exceed females for all substances. (12.27)

• Applying National Household Survey on Drug Abuse 2005 estimates to the Boone County 2009 population indicates 3,819 persons ages 12 years and older use illicit drugs, most commonly marijuana (2,788), while 11,820 smoke cigarettes and 22,442 consume alcohol. For past month use of illegal drugs, cigarettes, and alcohol, white rates surpass Hispanic. Males consume more legal and illegal substances than females. (12.28)

• Referencing the national substance use estimates for the Rockford MSA population suggests that 23,087 persons have consumed an illicit drug in the past month, while 72,990 have smoked cigarettes and 136,112 consumed alcohol, half of whom (65,763) are binge drinkers. Rates are consistently higher for ages 18-25 than 26+. Black rates exceed whites for illegal drug use, while white exhibit higher alcohol consumption rates. Hispanic rates for illegal drug use fall below whites and black, but Hispanic alcohol use is a bit higher than blacks, though still considerably below whites. Males consume more legal and illegal substances than females. (12.29)

• Data from the Illinois Youth Survey 2010 show Winnebago County youth to consume alcohol at rates comparable to youth statewide with past month alcohol use rising from 10% of 6th graders to 21% of 8th, 37% of 11th, and almost half (49%) of high school seniors. Tobacco use is low for 6th and 8th graders (6% or less), increasing to 12% of 10th graders and 18% of 12th graders (the 12th grade rate is much lower than 27.8% Illinois). Marijuana use is higher among Winnebago County youth than Illinois for 8th graders and older, ranging from 12% for 8th graders to 27% among seniors. Inhalant use peaks in
8th grade at 9%. Illinois Youth Survey data were not reported for Boone because only one school district in that county participated. (12.30)

- For the most part, use rates of other illegal drugs among 8th, 10th, and 12th graders in Winnebago County are low and fall at or below state levels. Performance-enhancing drugs are the most common of the eight drugs addressed. (12.31)
- During 2008, DUI arrests totaled 1,580 in Winnebago County for a rate of 679.5 per 100,000 population ages 16+, 338 in Boone at 849.6, and 1,918 for the Rockford MSA at 704.4. Local rates consistently surpass the state. (12.32)

<table>
<thead>
<tr>
<th>HOUSEHOLD SURVEY</th>
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<tbody>
<tr>
<td>• 11.7% (community), 19.0% (parents) feel isolated because they do not have a trusted person to talk to.</td>
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<tr>
<td>• The “isolation” results reveal two groups appearing in the top five for both surveys, new movers and residents of 61104. Otherwise, some differences appear. In the community sample, elevated isolation was revealed in young adults 18-29 (22.9%), new movers to the area in the last five years (22.2%), persons 30-44 (21.7%), individuals receiving financial assistance (20.1%) and residents of 61104 (19.5%). Parents with a graduate degree (30.0%) topped the 205 parent list followed by persons of “other race” (28.0%) primarily Asian and multi-racial, residents of 61104 (26.8%) and 61107 (25.4%) and new movers (26.4%). (6.2)</td>
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<tr>
<td>• 20.9% (community), 27.1% (parents) considered seeking professional help for personal or emotional help. About half of those considering help actually did seek counseling or treatment.</td>
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<tr>
<td>• The community sample is led by residents of 61104, 39.0% of whom considered help in the past year. Unmarried persons living together (37.3%) and 18-29 (36.0%) were next in considering counseling, although actual help seeking was only around 37%. Next in considering help were those with financial assistance (34.8%) and single parents (32.5%). (6.5)</td>
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<tr>
<td>• Among 205 school parents who “thought about seeking professional help for personal or emotional problems,” the highest levels were for 61107 (40.6%), some college (37.1%), white (38.6%), 61103 (35.1%) and those with financial assistance (33.5%). The lowest level of follow-up to actually seek help was among residents of 61103 at 35.5%. (6.5)</td>
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<td>• In response to this question, 6.8% of the community sample and 3.6% of the school parents indicated needing a support group, but not being able to find one. (6.8)</td>
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<td>• Many persons also wrote in that they could not find a counseling professional who was professional.</td>
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<tr>
<td>• 10.7% (community), 8.4% (parents) have ever thought about suicide.</td>
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<tr>
<td>• Among respondents, 10.7% of the community sample and 8.4% of the school parents said that they had considered or attempted suicide which was lower than 13.9% in 1999. (6.9)</td>
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<tr>
<td>• Suicide ideation is strongly related to age in the community sample as in 1999, but not among the school parents because suicidal ideation is higher in the whites than minority population.</td>
</tr>
<tr>
<td>• Those with suicidal ideation were asked whether they had attempted suicide. Table 6.11 reveals that 19.1% of the community respondents those who considered suicide actually attempted the act, 16.3% in the school parents. (6.11)</td>
</tr>
<tr>
<td>• Asked whether a mental health problem, substance abuse or developmental disability kept them from “usual activities” in the past 30 days, 6.1% community and 5.5% school parents replied affirmatively. The affected were disabled about two weeks out of the month.</td>
</tr>
<tr>
<td>• For both survey samples, the top four problems experienced were the same, though with far higher prevalence among the school parents. High levels were experienced for financial problems, unemployed, needed dental care but couldn’t afford, and emotional problems, depression or anxiety. Also appearing in the top ten of both lists are couldn’t afford medical care, needed legal help and unable to get credit or mortgage. (3.1)</td>
</tr>
</tbody>
</table>
• The two samples agreed on three of the four top issues - gangs/delinquency, crime and violence/guns. However, community surveys placed “high health costs” second while school parents put “activities for teens” first. (2.1)

• Among health-related situations, unable to afford needed dental care (37.6%) is the clear leader, though substantial proportions also could not afford needed medical care (23.4%) or prescriptions (18.9%). More than one-quarter (26.3%) of school parents report that someone in their home experienced emotional problems, depression or anxiety in the past year. (3.2)

• Though not as extensive, issues were also still relatively common in the community sample including financial problems (23.9%), someone unemployed (22.3%), needed dental care, but couldn’t afford (21.2%), emotional problems (21.2%), needed medical care (15.7%) or needed prescription medications (15.1%). (3.2)

• Days affected [did a mental health problem, substance abuse or developmental disability interfere with doing your work or other usual daily activities?] per “month” were an average of 13.9 (community) and 13.5 (parents). If these levels are applied to the entire adult population, the number of affected monthly days in Winnebago and Boone Counties would be approximately 225,000. Given that many of these persons are employed, the effect of the conditions on the workplace would be substantial. (6.13)

FOCUS GROUPS

• All focus groups agreed that there is a need for more available mental health services, especially for children.

• Some focus group participants felt there was a need for expanded substance abuse services, though this topic often sparked a debate between members of the group.

• The groups interviewed in this study named many, diverse needs for their target group. The need for additional mental health treatment, especially inpatient, was named by six of the focus groups. Inpatient services for children was seen as a particularly important need. As one person said, “A lack of psychiatric inpatient services for children exists, and the community suffers for it.” The Behavioral Health group noted a need for more therapeutic day-schools for children with mental health issues. Currently, there is no local option for these services, and children requiring them must be bused out of the community.

• The vast majority of individuals in the focus groups believe that Winnebago and Boone Counties does not offer sufficient mental health services, especially for children and youth, with members in a few of the groups particularly stressing the need for inpatient treatment services for both children and adults.

• The Behavioral Health group noted a need for more therapeutic day-schools for children with mental health issues. Currently, there is no local option for these services, and children requiring them must be bused out of the community. There are long waiting lists, and long wait times for appointments. Individuals stated that people often have to wait months for their first appointment. Also, people from Rockford are “hospitalized all over the place”, primarily the Chicago suburbs. When they are released, they often have no support and no place to go; they are being released into homelessness. One individual related that her sister had been in and out of various mental institutions with many problems for some years. She eventually was hospitalized (as an adult) in a facility in East Moline. When she was released, she took a taxi all the way from East Moline to Rockford to get home. There was no contact with the family upon her release. As she put it, ”Thank God she knew enough to get a taxi to get home”.

• Many of the groups stated that Janet Wattles is the main source of mental health treatment in the area. They agreed that Janet Wattles does a good job, but that the need for these services is greater than Janet Wattles can meet. The single parents believe that Janet Wattles does not have enough openings,
Several of the single parents have known individuals that sought mental health services, but were not "severe enough" for Janet Wattles to take them. Also, the group believes that many people feel there was a stigma associated with Janet Wattles that keeps them from getting help.

- Several of the Hispanic group members believe that finding Spanish-speaking mental health providers is difficult. Only a few bilingual counselors are located in Rockford, and some Hispanics are uncomfortable talking through an interpreter.
- Some members in three of the focus groups, however feel that adequate mental health services exist in the area. These included one of the at-risk youth groups, the domestic violence survivors, and the group of homeless individuals.
- When asked about the availability of substance abuse services locally, the focus group participants could not agree. Some participants said that the area has enough substance abuse services, but others disagreed.
- Several of the groups noted that all local agencies providing substance abuse services, including Rosecrance, TASC, and PHASE, have lengthy waiting lists, usually several months.
- One of the teen groups stated that many people, especially kids, need treatment and have nowhere to go to get it unless they have insurance.
- The group of single parents reported that, currently, no treatment option for a single parent with children is available, which is a barrier for some individuals who might otherwise seek treatment. This can be very discouraging for someone who is trying to correct the problems in their life. The group noted that Rosecrance formerly had an inpatient substance abuse treatment program that single mothers could bring their children with them to treatment. However, this program no longer exists, although this is a huge need.
- The Public Aid Recipients believe the substance abuse treatment system is under-funded. Also, one member of the group said, more services are needed for those who lose their job and/or home as a result of drug abuse. As she commented, "When they are discharged from rehab, with no job and no place to stay, where do they go?"
- Hispanics in Boone County would like to see substance abuse services located in Belvidere.
- Among the groups who believe substance abuse services are adequate in the community were blue-collar workers, homeless individuals, and substance abusers, even though this group said that the need for these services is huge.
- Finally, a couple of the groups noted that people don’t realize the correlation between mental health and substance abuse issues, and that both need to be treated. Some believe both issues should both be addressed at the same time, while others disagreed with that viewpoint, stating that individuals working with this group should be trained enough to know the difference between the two issues, and that they should not both be treated at the same place.

**KEY INFORMANTS**

- Lack of comprehensive, affordable, accessible Mental Health care was cited.
- 708 Board need for taxing and coordination mental health and substance abuse services
- Monthly, there are 400 ER visits that are behavioral health driven (behavioral health includes mental health and substance abuse).
- Key Informants did cite “Substance Abusers” as a group of individuals needing community attention.
- Key informants also noted that there are no local behavioral health inpatient services available for children; services are limited for adolescents, particularly if uninsured.
- Regarding mentally ill individuals, increased inpatient treatment and services for children with mental health issues was seen as needed. In addition, many key informants mentioned the need for increased...
funding for counseling programs and aftercare services. Three barriers to services for mentally ill persons include decreased funding, lack of knowledge of services available and no coordinated system that can diagnose a comprehensive care plan for individuals facing mental health issues. The most important improvement is to increase funding to the many programs and services that already exist like Janet Wattles and Rosecrance. Three of the key informants expressed the need for a 708 board to help allocate funds to services that help this population.

- A number of key informants see an increased need for mental health service funding and an increase in drug abuse programs in the near future.

- Eight key informants labeled individuals with mental illness as a group that needs more attention in the community. Four hundred visits per month to Swedish American Health System’s emergency room are related to behavioral/mental health issues. The issue of inpatient treatment was an issue with three of these informants. There was an emphasis on the limited inpatient treatment and services for children who have mental health issues. In addition, to inpatient issues, all mentioned the need for more funding for counseling programs and aftercare services.

- Three barriers were mentioned by nearly all those who identified this group as one who needs more attention. They include: decreased funding, lack of knowledge of services available and no coordinated system that can diagnose a comprehensive care plan for individuals facing mental health issues.

- The most mentioned improvement is to increase funding to the many programs and services that already exist such as Janet Wattles and Rosecrance. Three of the key informants expressed the need for a 708 board to help allocate funds to services that help this population.

- A number of key informants see an increased need for mental health service funding and an increase in drug abuse programs in the near future.

- Regarding needs and services for low-income and poor, the community needs to be better prepared to assist those who are faced with dramatic transitions that result from increased costs of living and/or loss of employment. As times get tough, more people are accessing the social service safety net for the first time, and many are also showing up in the criminal justice system. Several key informants noted the need for retraining for this group. Retraining needs to be quick enough to prepare individuals for new jobs that will be available when the economy recovers. In addition to increased emphasis on education and development of skills that will prepare them for future disruptions in the workforce, access to affordable healthcare, day care and transportation were also mentioned as needs for this group. Lack of knowledge of available services was the most mentioned barrier for this group. In addition, mistrust of the system and intimidation of the bureaucratic maze also were mentioned as barriers. For the poorest individuals, the current transportation system was seen as a barrier. Outside of fully funding the basic social service safety net programs and development of job retraining programs, another improvement mentioned was a need to increase funding for mental health services in the community. Some mentioned the need for a 708 Board that is responsible for distributing taxpayer money to available services.
Chronic Disease/ Healthy Lifestyle

Community Analysis

- One in twenty (20.2%) Rockford MSA adults currently smokes, similar to Illinois
- Two in three adults in Rockford MSA are overweight or obese
- More than one quarter of Winnebago middle and high schoolers report being overweight (25% 6th grade, 29% 8th, 28% 10th, 33% 12th)
- Heart disease death rates in MSA have dropped by 15% during past decade; smaller declines for cancer (3%) and stroke (8%). Death rates for chronic lower respiratory diseases and accidents rose by 8% and 9%, respectively
- Weight status linked to chronic diseases such as
- Diabetes
  - 75-80 deaths per year for MSA (2004-2006)
  - 34.6% of diabetes deaths (2007, Winnebago) occurred to persons <65
  - similar death rate (69.6 per 100,000) as ten years ago, accounts for 2.6% of deaths
  - one in twelve (9.2% Winnebago, 8.1% Boone) adults has diabetes; among ages 65+, rates are much higher (25.1%, Winnebago 2008)
- Heart disease
  - Leading cause of death, though rates are 15% lower than a decade ago - 693 deaths, 2007
  - Heart disease, with 603 deaths in 2006, and cancer with 582 represent Winnebago County’s top two death causes, accounting for half (48.9%) of all deaths. While still the number one killer, the 2006 number of heart disease deaths is a record low. (11.4, 11.5)
  - Heart disease with 89 deaths and cancer with 85 are Boone County’s leading killers, together accounting for exactly half (50%) of all 2006 deaths. (11.6, 11.7)
  - Using 2007 data, heart disease was responsible for 611 deaths in Winnebago County, a rate of 205.3 per 100,000 population, very close to the U.S. at 204.3. Cancer with 575 county deaths has a rate of 193.2, above U.S. (186.6) and Illinois (188.5). Ranking third, fourth and fifth are stroke, chronic lower respiratory diseases (formerly called chronic obstructive pulmonary disease or COPD), and accidents. (11.8)
  - Using age-adjusted rates that eliminate differences due to age, only two of Winnebago County’s 2006 top five death causes, stroke and chronic lower respiratory diseases, exceed both Illinois and U.S. Comparing the county’s 2006 rates to ten years earlier, heart disease and stroke display a dramatic 66-70% drop, while cancer decreased 10%. Chronic lower respiratory diseases remained about the same, while accidents rose by 24%. (11.9)
  - Cancer ranks first among Boone County’s 2007 death causes, followed by heart disease. Next in line are stroke, accidents, chronic lower respiratory diseases, and Alzheimer’s. Of these six causes, only stroke and Alzheimer’s display death rates above the state and nation. (11.10)
  - One of Boone’s top five 2006 death causes shows an age-adjusted death rate that surpasses both Illinois and U.S., chronic lower respiratory diseases. Comparing 2006 age-adjusted rates to ten years earlier, heart disease, stroke, and accidents dropped, while cancer and chronic lower respiratory diseases rose. (11.11)
  - Age-adjusted rates for two of Rockford MSA top five death causes, stroke and chronic lower respiratory diseases, exceed Illinois and U.S. Comparing 2006 and 1996 rates, heart disease, cancer, and stroke witnessed declines, while chronic lower respiratory diseases and accidents went up over the course of the decade. (11.12)
Over the past ten years, Winnebago County heart disease crude death rates have dropped by 13.3%, from 780.6 deaths per 100,000 population in 1994-1996 to 676.9 in 2004-2006. The county’s cancer death rate also fell, a 2.5% decline in the past decade. Three leading death causes exhibit substantially higher crude death rates in 2004-2006 over 1994-1996 with gains of more than 65%: Alzheimer’s, septicemia, and nephritis. (11.13)

Between 1994-1996 and 2004-2006, Boone County’s crude heart disease death rate fell by 19%, while the cancer rate remained almost exactly the same. Major changes took place for Alzheimer’s (almost tripled) and suicide (decreased by half). (11.14)

Comparing Rockford MSA crude death rates in 2004-2006 to ten years prior shows a 14.3% drop for heart disease, while cancer fell 2.7%. Among leading death causes, stroke declined by 8%, while chronic lower respiratory diseases rose by 8% and Alzheimer’s by 137.5%. Death rates due to accidents increased a little, while diabetes remained the same. (11.15)

Heart disease accounted for one in four (26.1%) Winnebago County deaths in 2004-2006 compared to 29.5% ten years earlier. Cancer captured another quarter (24.1%) of 2004-2006 deaths, almost the same as 1994-1996 at 24.2%. Causes accounting for larger proportions of deaths in 2004-2006 over a decade ago are chronic lower respiratory diseases, Alzheimer’s, accidents, and nephritis. (11.16)

In Boone County, one-quarter (26.3%) of 2004-2006 deaths were caused by heart disease, dropping from 30.9% in 1994-1996. Cancer witnessed a small increase, 23.9% of deaths in 2004-2006 compared to 22.7% ten years earlier. Causes accounting for more deaths in 2004-2006 than a decade ago are chronic lower respiratory diseases, Alzheimer’s, and diabetes. (11.17)

Heart disease remains the leading death cause of Rockford MSA residents, responsible for 26.1% of 2004-2006 deaths, but lower than ten years ago at 29.7%. Cancer stayed the same, accounting for 24.1% of deaths in 2004-2006 and 1994-1996. Stroke dropped a little, from 6.8% to 6.4%, while chronic lower respiratory diseases rose to 5.1% of deaths in 2004-2006 from 4.6% a decade ago. Among other top ten causes, Alzheimer’s, accidents, nephritis, and septicemia accounted for larger shares in 2004-2006 than ten years earlier, while influenza/pneumonia fell, and diabetes remained about the same. (11.18)

Winnebago County males display higher 2004-2006 age-adjusted death rates for eleven of the twelve leading causes than women. Only Alzheimer’s exhibits a higher female rate. Showing the widest gender gaps are heart disease, accidents, suicide, perinatal conditions, and homicide all at least 50% higher among men. (11.19)

Boone County males display higher 2004-2006 age-adjusted death rates than women for five of the ten leading causes. The widest male excesses occur for heart disease (+78%) and accidents (+118.4%). The Alzheimer’s age-adjusted death rate for females is two and half times higher than males. (11.20)

Rockford MSA age-adjusted death rate among males at 972.1 per 100,000 exceeds females (681.5) by 42.6%. Furthermore, male rates surpass females for all of the top twelve causes except Alzheimer’s. Male rates are at least twice that of females for suicide, perinatal conditions, homicide, and 94% above for accidents. (11.21)

More than one in four (28%) Winnebago County 2007 deaths occurred to persons under age 65, exceeding the state’s premature mortality at 26.3%. Four causes claim a disproportionate share of early death: suicide (95.8% of deaths to persons under age 65), homicide (95.2%), chronic liver disease & cirrhosis (80%), and accidents (71.1%). Also, cancer deaths are more likely to occur to the under age 65 population (31.5%) as heart disease (21.1%). (11.22)

In Boone County, one-quarter (25.7%) of 2007 deaths occurred to persons under 65, very close to the state at 26.3%. Given the smaller population in this county, only causes with 15 or more deaths are listed. Of these, accidents led as the number one cause of premature death with 83.3% of deaths to persons under 65. (11.23)
• In Winnebago County, accidents accounted for more years of life lost in 2006 than any other cause. With 2,271 years of potential life lost (YPLL), accidents claimed the most years, followed by cancer with 1,774 YPLL. (11.24)

• Cancer was responsible for 270 years of potential life lost (YPLL) in Boone County (2006), more than any other cause. Accidents was number two with 173 YPLL and heart disease close behind with 167 YPLL. (11.26)

• Ischemic heart disease places first among death causes for ages 45-64, 65-74, and 75+, with lung cancer second for ages 45-64 and 65-74, and stroke number two for the oldest age group. (11.27)

• Ischemic heart disease places first among death causes for ages 45 years and older, with lung cancer second for ages 45-64 and 65-74, and stroke for 75+. (11.28)

• Rockford MSA’s black age-adjusted death rate for cancer exceeds the white rate, however, heart disease is about the same. Among blacks state and nationwide, both cancer and heart disease age-adjusted rates are higher than whites. (11.34)

• Overall, the most common conditions are high blood pressure (23.0%), high cholesterol (18.4%), arthritis/rheumatism (16.6%), and chronic back pain (12.4%).

• One in three (33.3%) Winnebago County adults report high cholesterol, while almost as many (30.3%) have high blood pressure. One in four (24.7%) suffer from arthritis, while asthma afflicts one in nine (11.3%) and diabetes 9.2%. (12.3)

• Among Boone County adults, one in three (35.1%) have high cholesterol, one in four arthritis (27.2%) or high blood pressure (25.3%). Asthma prevalence is 13.9% of ages 18+ and diabetes 8.1%. (12.4) Based on National Center for Health Statistics data published in Summary Health Statistics for U.S. Adults: National Health Interview Survey 2004, joint symptoms, arthritis, lower back pain, and high blood pressure top the list of chronic conditions experienced by the adult population. Applying these estimates to the Rockford MSA 2009 population yields more than 60,000 area residents afflicted with one of these conditions (50,000+ for Winnebago alone; 8,400+ Boone alone.) (12.5, 12.6, 12.7)

• Three in ten (31.4%) Winnebago County adults are obese, considerably higher than the state at 26.4%. An additional 30.9% are overweight. The county’s obesity 2008 proportion has risen by ten percentage points since 2001 (21.8%). These estimates are derived from height and weight measures as reported by BRFSS participants. (12.8)

• Similar to Winnebago, 31.2% of Boone County adults are obese (2009), above the state at 26.8%, with an additional 37% overweight. The county’s obesity 2009 proportion has risen by ten percentage points since 2001 (21.2%). (12.8)

• Almost one in four (23.1%) Winnebago County adults reports binge drinking in the past month (2008), higher than adults statewide (19.5%). One in five (20.2%) county adults currently smokes, resembling Illinois (21.3%) and a substantial drop from 2001 at 26.5%. (12.8)

• More than one in four (26.4%) Boone County adults in 2009 have engaged in binge drinking during the past month, far above adults statewide (17.5%). One in five (20.1%) Boone adults currently smokes, higher than Illinois (18.8%) and similar to the 21.2% reported in 2001. (12.8)

• Illinois Youth Survey 2010 data indicate that 4-5% of Winnebago County students in grades 6, 8, 10, and 12 feel that they are very overweight, while an additional fifth (21% grade 6) to quarter (24-28% grades 8,10,12) say they are slightly overweight. Local results mirror state levels. (12.9)

• In Winnebago County, nine in ten (91.1%) women ages 40 years and older have had a mammogram, 60% within the past year. Practically all women 40+ (98.1%) have had a Pap smear. Two in three (64.9%) men ages 40+ have had a PSA test, while a greater proportion (87.4%) a digital rectal exam. Among the population 50 years and older of both genders, 63% have received a colon/sigmoidoscopy. (12.10)

• Among Boone County women 40 years and older, nine in ten (88.6%) have had a mammogram, 58.9% within the past year, while most (96.8%) have had a Pap smear. Seven in ten (71.7%) men ages 40+ have
taken a PSA test. Three in five (60.6%) adults 50 years and older (both genders) have received a colon/sigmoidoscopy. (12.10)

- Winnebago County’s 2002-2006 age-adjusted cancer incidence rate of 473.1 cases per 100,000 population falls below the state at 488.8. Cancer occurs more often in the county’s men with a rate of 549.4 than women 422.9. (12.11)
- Boone County’s 2002-2006 age-adjusted cancer incidence rate of 479.5 cases per 100,000 population is lower than the state at 488.8. More Boone men are diagnosed with cancer (554.8) than females, 434.3. (12.11)
- Melanoma of the skin occurs more often in Winnebago County than Illinois, while colon/rectum, liver, and prostate are less common than statewide. These differences are statistically significant. In Boone County, males have a lower incidence rate of prostate cancer, significantly below the state. (12.12, 12.13)
8.1% placed themselves in that category. Actual obesity is likely greater because nearly one-quarter of the parents did not desire to provide the necessary information for the calculation. (5.4, 5.5)

**FOCUS GROUPS**

- Several of the elderly participants also desire additional doctors specializing in senior care. Health systems need to be more responsive to the fact that the general population is aging, with a greater focus on prevention and managing chronic disease. One senior group noted that health systems should do more to help the elderly manage their health to ensure optimal health over the remainder of their lifetime.
Crime & Violence/ Public Safety

COMMUNITY ANALYSIS

- Winnebago County’s 2008 crime rate exceeded state by 65%. All eight categories of crime surpassed state rates.
- 2007 rate and number were lowest in decade, with 2008 the second lowest between 1999 to 2008.
- Boone’s crime rate is 42% below state, with only one category (sexual assault) higher.
- Winnebago County posted the state’s highest crime rate in 2008 and has remained the lead for most of the past 15 years.
- Drug arrests numbered 1,595 in Winnebago County and 432 in Boone (2008). Winnebago’s arrests fell 11% below 1999 figure while Boone’s rose by 33%. Compared to state rate (769.6 per 100,000), Winnebago County at 533.9 is lower, while Boone at 807.0 is higher.
- In 2008, driving under the influence (DUI) arrests totaled 1,198 in MSA (1,580 Winnebago and 338 Boone), an eight-year high for both counties.
- Leading death cause for ages 25-44, Winnebago (2004-2006) is accidental poisoning (n=49), followed by motor vehicle accidents (n=38). Nationally, one in three motor vehicle casualties is alcohol-related.

Child Abuse

- Winnebago’s rates are much higher than state (at least 50% above for reported cases and about twice as high for indicated cases).
- 2009 reported and indicated cases (Winnebago) are highest number in two decades.
- Boone’s rates for reported and indicated cases are close to state rates. (9.8, 9.9).

- Winnebago County reported 17,507 crimes in 2008, rising by 6.9% from the year before. The county’s 2008 rate at 5,859.9 per 100,000 population surpasses the state (3,550.7) by 65%. Theft makes up 58.3% of the county’s crimes. (9.1).
- Winnebago County’s rates are higher than the state for all eight categories, with the greatest excess (greater than 60% higher) for theft and arson, while burglary is more than double the state rate. (9.1).
- Boone County reported 1,100 crimes in 2008, a number that has remained remarkably stable over the past decade. Boone’s crime rate of 2,054.9 falls below the state (3,550.7). Only one category of crime, criminal sexual assault (rape) shows a county rate that surpasses the state. (9.2).
- A total of 1,595 drug arrests were reported in Winnebago County in 2008, a three-year low. The county’s 2008 rate of 533.9 drug arrests per 100,000 population is 30.6% lower than the state at 769.6. Cannabis (865 arrests) accounts for more than half (54.2%) of all drug arrests. (9.3).
- In 2008, drug arrests numbered 432 in Boone County, a rate of 807.0 per 100,000 population, exceeding the state at 769.6. Boone’s 2008 rate represents a nine-year high. Of all arrests, 38% are cannabis-related, while 35.4% are due to drug paraphernalia. Boone’s drug paraphernalia arrest rate (285.8) is more than twice the state rate (117.7). (9.4).
- The City of Rockford reports a 2008 crime rate of 7,633.7 per 100,000, 30% above the county rate (5,859.9) and more than double the state (3,550.7). The city’s 2008 rate represents a 9% decline over the 2000 rate. In the past eight-year period, theft and motor vehicle theft rates dropped, while the six remaining categories rose, especially murder, arson, and aggravated assault with increases surpassing 35%. (9.5).
- Between 2007 and 2008, Rockford posted a 10% crime rate increase, while five communities reported double-digit decreases: Winnebago (-42%), Pecatonica (-30%), South Beloit (-16.7%), Durand (-15.4%), and Loves Park (-13.3%). Comparing 2008 community crime rates to four years earlier, Rockford remained essentially the same (+0.4%), big decreases occurred for Pecatonica (-40.7%) and Winnebago (-34.6%), while Cherry Valley (+13.9%) and Durand (+12.7%) increased. (9.6).
Elder abuse reports totaled 411 in fiscal year 2010 among Winnebago County seniors, a number which has remained fairly steady since 2004. The number of elder abuse reports, including both substantiated and unsubstantiated cases, has increased since the late 1990s when elder abuse cases fell below 300. (9.7)

In Boone County, 33 elder abuse cases were reported in FY 2010, dropping from the year before, but the same as 2008. The number of elder abuse cases has trended upward since the mid 1990s. (9.7)

Domestic offense incidents are reported to police, though the accuracy and completeness are not felt to be reliable. In 2007, 210 domestic offenses were reported in Winnebago County, while 227 were reported in Boone. The Winnebago rate remained the same as 2002, while Boone’s rate rose by 7.9%. Statewide the domestic offense rate declined by 14.1% from 2002 to 2007. (9.10)

Cancer ranks first among Boone County’s 2007 death causes, followed by heart disease. Next in line are stroke, accidents, chronic lower respiratory diseases, and Alzheimer’s. Of these six causes, only stroke and Alzheimer’s display death rates above the state and nation. (11.10)

One of Boone’s top five 2006 death causes shows an age-adjusted death rate that surpasses both Illinois and U.S., chronic lower respiratory diseases. Comparing 2006 age-adjusted rates to ten years earlier, heart disease, stroke, and accidents dropped, while cancer and chronic lower respiratory diseases rose. (11.11)

Age-adjusted rates for two of Rockford MSA top five death causes, stroke and chronic lower respiratory diseases, exceed Illinois and U.S. Comparing 2006 and 1996 rates, heart disease, cancer, and stroke witnessed declines, while chronic lower respiratory diseases and accidents went up over the course of the decade. (11.12)

Heart disease accounted for one in four (26.1%) Winnebago County deaths in 2004-2006 compared to 29.5% ten years earlier. Cancer captured another quarter (24.1%) of 2004-2006 deaths, almost the same as 1994-1996 at 24.2%. Causes accounting for larger proportions of deaths in 2004-2006 over a decade ago are chronic lower respiratory diseases, Alzheimer’s, accidents, and nephritis. (11.16)

Rockford MSA age-adjusted death rate among males at 972.1 per 100,000 exceeds females (681.5) by 42.6%. Furthermore, male rates surpass females for all of the top twelve causes except Alzheimer’s. Male rates are at least twice that of females for suicide, perinatal conditions, homicide, and 94% above for accidents. (11.21)

More than one in four (28%) Winnebago County 2007 deaths occurred to persons under age 65, exceeding the state’s premature mortality at 26.3%. Four causes claim a disproportionate share of early death: suicide (95.8% of deaths to persons under age 65), homicide (95.2%), chronic liver disease & cirrhosis (80%), and accidents (71.1%). Also, cancer deaths are more likely to occur to the under age 65 population (31.5%) as heart disease (21.1%). (11.22)

In Boone County, one-quarter (25.7%) of 2007 deaths occurred to persons under 65, very close to the state at 26.3%. Given the smaller population in this county, only causes with 15 or more deaths are listed. Of these, accidents led as the number one cause of premature death with 83.3% of deaths to persons under 65. (11.23)

Limited data for Boone County 2007 deaths hinder a comprehensive look at premature mortality for the Rockford MSA as a whole. Among the five death causes for which data are available for both counties, accidents lead among premature mortality causes with almost three in four (72.7%) accidental deaths to persons under 65. (11.24)

In Winnebago County, accidents accounted for more years of life lost in 2006 than any other cause. With 2,271 years of potential life lost (YPLL), accidents claimed the most years, followed by cancer with 1,774 YPLL. (11.25)
• Cancer was responsible for 270 years of potential life lost (YPLL) in Boone County (2006), more than any other cause. Accidents was number two with 173 YPLL and heart disease close behind with 167 YPLL. (11.26)

• Winnebago County deaths by age (2004-2006) indicate that motor vehicle accidents rank first among death causes for 15-24 year olds, followed by homicide. For ages 25-44, accidental poisoning is the top death cause, followed by suicide. (11.27)

• Boone County deaths by age (2004-2006) indicate that motor vehicle accidents rank first for 15-24 and 25-44 year olds. (11.28)

• An estimated 19,269 Winnebago County residents ages 12 years and older have used illicit drugs in the past month, based on 2005 National Household Survey on Drug Abuse data published by Substance Abuse and Mental Health Services Administration (SAMHSA). More than two in three illegal drug users use marijuana, an estimated 14,198 local persons, while 8,699 use illicit drugs other than marijuana, with non-medical use of psycho-therapeutic medications being the leading category of drug use. (12.28)

• Substance use varies somewhat by race, with blacks a little more likely to have used an illicit drug in the past month (9.7% among ages 12+) versus whites (8.1%) and Hispanics (7.6%), according to SAMHSA data. Gender differences also exist with males more likely to have used an illegal drug (10.2% of ages 12+) than females (6.1%). Applying these proportions to Winnebago County’s population reveals 15,410 white users of illegal substances, 2,472 black users, and 1,679 Hispanics. For cigarette and alcohol use, white rates exceed black and Hispanic with more than a ten percentage point excess for past month consumption of alcohol. Male rates exceed females for all substances. (12.27)

• Applying National Household Survey on Drug Abuse 2005 estimates to the Boone County 2009 population indicates 3,819 persons ages 12 years and older use illicit drugs, most commonly marijuana (2,788), while 11,820 smoke cigarettes and 22,442 consume alcohol. For past month use of illegal drugs, cigarettes, and alcohol, white rates surpass Hispanic. Males consume more legal and illegal substances than females. (12.28)

• Referencing the national substance use estimates for the Rockford MSA population suggests that 23,087 persons have consumed an illicit drug in the past month, while 72,990 have smoked cigarettes and 136,112 consumed alcohol, while 65,763 are binge drinkers. Rates are consistently higher for ages 18-25 than 26+. Black rates exceed whites for illegal drug use, while white exhibit higher alcohol consumption rates. Hispanic rates for illegal drug use fall below whites and black, but Hispanic alcohol use is a bit higher than blacks, though still considerably below whites. Males consume more legal and illegal substances than females. (12.29)

• Data from the Illinois Youth Survey 2010 show Winnebago County youth to consume alcohol at rates comparable to youth statewide with past month alcohol use rising from 10% of 6th graders to 21% of 8th, 37% of 11th, and almost half (49%) of high school seniors. Tobacco use is low for 6th and 8th graders (6% or less), increasing to 12% of 10th graders and 18% of 12th graders (the 12th grade rate is much lower than 27.8% Illinois). Marijuana use is higher among Winnebago County youth than Illinois for 8th graders and older, ranging from 12% for 8th graders to 27% among seniors. Inhalant use peaks in 8th grade at 9%. Illinois Youth Survey data were not reported for Boone because only one school district in that county participated. (12.30)

• For the most part, use rates of other illegal drugs among 8th, 10th, and 12th graders in Winnebago County are low and fall at or below state levels. Performance-enhancing drugs are the most common of the eight drugs addressed. (12.31)

• During 2008, DUI arrests totaled 1,580 in Winnebago County for a rate of 679.5 per 100,000 population ages 16+, 338 in Boone at 849.6, and 1,918 for the Rockford MSA at 704.4. Local rates consistently surpass the state. (12.32)
HOUSEHOLD SURVEY

- In both the “school” sample and the “community” sample, three of the top five issues needing attention related to crime, violence or gangs.
- Asked whether they usually feel safe walking in the neighborhood, 73.6% (community), and 46.8% (parents) said yes. In 1999, 83.9% felt very safe or safe during the day, 45.3% at night. The 2010 question did not differentiate by time of day.
- Persons living in 61114 feel safest, well over 90% for both samples. Among community sample respondents, persons living outside Rockford feel safest along with those holding a graduate degree. Higher education and living on Rockford’s east side predict higher safety feelings. (2.8)
- Less safety is perceived by Rockford west side residents especially those living in 61104. (2.8)
- For the community sample, about one in nine households (11.7%) experienced crime compared to one in five (19.9%) for school parent households. (2.10)

FOCUS GROUPS

- Some individuals cited the high crime rate and the presence of gangs as a major issue.
- Nine of the focus groups named crime and violence, including gang activity, as a major problem in Winnebago County, especially in Rockford. Some of the individuals participating in the focus groups reported feeling unsafe in their neighborhoods and on the street, especially at night.

KEY INFORMANTS

- Cited crime and violence as an issue, though not as strongly as the Focus Groups.
- Several key informants voiced concern about the perceived increase in violent crime rates and the need to confront gang and drug related crime. One key informant involved in the criminal justice system noted some improvements in this area, stating that the court system is speeding up, an increase in rehabilitation services is being offered in the jail, the jail is a safer environment for inmates and officers and a Resource Center has been opened up to promote linkage and alignment of services for individuals in the criminal justice system.
- This issue was named by 15 informants as a major challenge. One key informant involved in the criminal justice system did mention some improvements in this area. They stated that the court system is speeding up, an increase in rehabilitation services is being offered in the jail, the jail is a safer environment for inmates and officers and a Resource Center has been opened up to promote linkage and alignment of services for individuals in the criminal justice system. There is concern with the increase in violent crime rates and the need to confront gang and drug related crime.
Dental Care

COMMUNITY ANALYSIS

- In MSA, three in ten (29.2%) Winnebago adults and four in ten (38.8%) Boone adults have not been to a dentist in past year (2008). Illinois level is 32.4%.
- Access to dental care in both counties is more limited than medical care access with seven in ten (70.8%) Winnebago County adults and six in ten (61.2%) Boone adults reporting a dental visit in the past year. That means that almost three in ten (29.2%) Winnebago and almost four in ten (38.8%) Boone adults have last seen a dentist over a year ago or never. About seven in ten (70.9% Winnebago, 71.6% Boone) local adults have dental insurance. (13.3)

HOUSEHOLD SURVEY

- Dental care needs appeared to exceed medical needs in the past year.
- 26% of community respondents reported being unable to receive dental care; 43.2% of school respondents.
- A comparison of 1999 findings for situations currently experienced compared to the 2010 community sample reveals some very large gains in situations faced, notably a fourfold increase in households with someone unemployed. The need for dental care nearly doubled over the decade. (3.2)
- Among health-related situations, unable to afford needed dental care (37.6%) is the clear leader, though substantial proportions also could not afford needed medical care (23.4%) or prescriptions (18.9%). More than one-quarter (26.3%) of school parents report that someone in their home experienced emotional problems, depression or anxiety in the past year. (3.2)
- For both survey samples, the top four problems experienced were the same, though with far higher prevalence among the school parents. High levels were experienced for financial problems, unemployed, needed dental care but couldn’t afford, and emotional problems, depression or anxiety. Also appearing in the top ten of both lists are couldn’t afford medical care, needed legal help and unable to get credit or mortgage. (3.1)
- Though not as extensive, issues were also still relatively common in the community sample including financial problems (23.9%), someone unemployed (22.3%), needed dental care, but couldn’t afford (21.2%), emotional problems (21.2%), needed medical care (15.7%) or needed prescription medications (15.1%). (3.2)
- This section of the questionnaire explored whether survey household members had been unable to receive care. As revealed in Table 7.9, in the community sample, more than one-in-five (21.0%) had a household member unable to receive needed medical care and more than one-quarter (26.7%) could not get needed dental care. Levels were even higher within the school parents, 40.9% medical and 43.2% dental. (7.9)

FOCUS GROUPS

- Access to dental care for low-income individuals was mentioned often.
- More dentists who will take the medical card was also mentioned as a need by many groups.
- Dental services at Crusader were seen as especially overwhelmed, even more so than medical services there.
- Many of the individuals with a medical card complained that only one or two dentists locally accept the card. Crusader provides dental care, but services are limited.

KEY INFORMANT

- Key Informants also cited a need for more affordable dental care.
Education/ Employment & Jobs

COMMUNITY ANALYSIS

- Lower levels of adults ages 25 years and older with four-year college and professional/technical degrees compared to Illinois and U.S.
- Far more black (29.7%) and Hispanic (45.8%) adults have not completed high school than whites (12.1%)
- One in four MSA births (23%, n=1,109) born to mothers who have not yet completed high school, exceeding state at 18.5%
- For the Rockford MSA, August 2010 unemployment encompassed 14.5% of the labor force, considerably above the state (9.9%) and nation (9.5%). Unemployment peaked in the MSA in 2009 at 15%. MSA unemployment has exceeded Illinois and U.S. since 1999, contrary to the five previous years when the MSA’s unemployment fell below the state and nation. (7.13)
- Among race/gender groups, black males exhibit highest rates of unemployment (37.1% Winnebago, 46.3% Boone, 2009). (7.15, 7.16)
- Much lower income gains (1999-2006/08) than state and nation
- Changing employment by industry
  - Number of 2009 manufacturing jobs half as many as 1990, 38.7% fewer than in 2000
  - Ten-year gains surpassing 15% for health care and transportation/warehousing
- Among Winnebago County adults ages 25 years and older, 83.1% have completed high school, similar to the state (85.6%) and nation (84.5%). The county’s proportion, however, who have obtained a four-year college degree is much lower at 20.2%, about a third below Illinois (29.5%) and U.S. (27.4%). (7.1)
- Adults with a graduate/professional degree are far less common in Winnebago County, accounting for 6.7%, than statewide (11.1%) or nationally (10.1%). (7.1)
- Among Boone County adults ages 25 years and older, 86% have completed high school, very close to the state (85.6%) and nation (84.5%). One in five (19.2%) have earned a four year college degree, much lower than Illinois (29.5%) and U.S. (27.4%), while 6.3% have a graduate or professional degree, again far below the state (11.1%) and nation (10.1%). (7.2)
- Over the past 18 years, Winnebago County has witnessed a steady rise in the percent of adults 25+ with a high school education, rising from 76.3% in 1990 to 83.1% in 2006-2008, an increase also experienced at the state and national levels. In Boone County, the increase was even greater, from 75.5% of adults 25+ with a high school education in 1990 to 86% in 2006-2008. (7.4)
- Looking at educational attainment by race/ethnicity for the Rockford MSA, three in ten (29.7%) blacks and 45.8% of Hispanic adults ages 25+ have not completed high school, more than double the level among white adults (12.1%). About a third as many black (8.5%) and Hispanic adults (7.4%) have earned a four-year college degree as whites (22%). (7.7)
- For the Rockford MSA, August 2010 unemployment encompassed 14.5% of the labor force, considerably above the state (9.9%) and nation (9.5%). Unemployment peaked in the MSA in 2009 at 15%. MSA unemployment has exceeded Illinois and U.S. since 1999, contrary to the five previous years when the MSA’s unemployment fell below the state and nation. (7.13)
- Data from the Illinois Department of Employment Security substantiate the higher unemployment among area males, 16.4% versus 13.4% females in Winnebago County. Blacks are three times more likely to be unemployed at 34% as whites 12%. Hispanic unemployment at 24.8% falls between white and black levels. (7.15)
- Three occupational categories dominate the Winnebago County workforce. Management/ professional occupations top the list, accounting for 28.3% of employed workers, followed by sales/office
occupations with 25.7%. Production/transportation contributes about a fifth (21.9%) of all employed workers, much higher than 12.7% nationally. (7.21)

- In the Rockford MSA, jobs declined by 17.7% from 2000 to 2009, with the biggest nine-year loss in manufacturing, 16,086 fewer jobs, a decline of 38.7%, while construction (-30%) and education (-29.3%) also saw substantial drops. In only two of 13 industry groups did jobs increase, health/social assistance (+17.2%) and transportation/warehousing (+16.1%). (7.26)

### HOUSEHOLD SURVEY

- Job retraining ranked #5 for the “community” sample under issues needing increased attention.
- Need for greater education/training was cited as one of the key barriers keeping people from getting a job.
- “Financial problems/not enough money to live on” and “Unemployment” ranked #1 and 2 in both the community and school surveys as having been experienced within the past year by surveyed households. Additionally, “Unable to get credit” ranked #5 in the school sample.
- A comparison of 1999 findings for situations currently experienced compared to the 2010 community sample reveals some very large gains in situations faced, notably a fourfold increase in households with someone unemployed. The need for dental care nearly doubled over the decade. (3.2)
- Results for the parents reveal very high levels for the listed household situations, led by more than half, 54.8%, saying that their financial situation means that they do not have enough to live on. Nearly half (46.5%) of school parents report that someone in their household was unemployed during the past year. One quarter (24.5%) were unable to get credit or a mortgage. More than one-in-five (21.4%) lacked transportation or had their utilities shut off in the past year. (3.2)
- An adult looked for work during the past year in one-third (33.4%) of community households, but over two-thirds (68.3%) of school parent households.
- Extraordinary proportions of homes contained an adult looking for work during the past year, two-thirds (68.3%) of the school parents’ homes and one-third of the community sample. When respondents 65+ are excluded, the proportion of community sample households where someone sought work rises to 44.7%. (3.9)
- Results, shown in Table 3.10, indicate that lack of jobs in the area is perceived as the largest barrier by both the community (64.7%) and school parents (54.2%). Three more factors in both samples said to impede finding or keeping a job are need for more education or training (community - 29.7%, parents - 38.1%), not having work experience (community - 22.7%, parents - 27.9%) and discrimination (community - 22.4%, parents 17.5%). (3.10)
- Barriers to getting a job are similar for both samples.
  1. lack of nearby jobs
  2. need for greater education, training
  3. lack of experience
  4. discrimination

### FOCUS GROUPS

- High unemployment and the current economic condition frequently were named as the leading problems facing the local area.
- The availability and variety of services to help those looking to secure employment was mentioned as an asset, although available jobs are currently very scarce.
- The current economy, high unemployment, and lack of available jobs was cited as a major issue by almost half of the focus groups, with many of the participants voicing concern about the perceived worsening economy
• Focus Groups cited poor school school systems, particularly Rockford and Harlem School Districts, as an issue.
• One of the groups of senior citizens said that, although the economy is bad locally, “it’s bad all over, not just in Rockford. Some residents seem to feel Rockford can’t ever progress.” This group believes that the negative perception of the local economy may hinder businesses coming to the area.
• Some local school districts came under fire from several of the groups as a major problem locally. One hearing-impaired person reported that she became very frustrated in middle school because of things that were written into her Individualized Education Plan (IEP), requirements that she felt were unwarranted given her specific situation. She feels strongly that many kids are simply placed into self-contained classes with no attempt made to transition them into normal classes as they are able. She herself was never in such classes and believes this is because she began to attend her IEP meetings and advocate on her own behalf. She feels that it is very important for all students with disabilities to attend their own IEP meetings and become their own advocate to ensure they receive a quality education.
• A person from the Blue Collar Workers focus group believes that South Beloit’s school system is much better than either Rockford or Harlem School Districts. He reported having ‘gone around and around with Harlem’, and said that the Harlem School District did not do a good job of providing an education to his child in that a Harlem staff person reportedly said they ‘did not have time for him’.
• The group of blacks discussed educational attainment and the local school systems in general. They feel that, today, there are many “kids raising kids”, which hinders their educational attainment. Children today are also allowed to, for example, use a calculator in math classes rather than having to learn how to do the work by hand; the group believes that this also hinders their learning. The group stated that teachers today are often blamed for lack of student achievement, but parental involvement in their children’s learning is the primary problem, not the teachers. As one individual put it, “This generation of parents don’t know either”, which is part of the reason for lack of parental involvement. Lack of funding for after-school programs was also seen as an issue. The group believes that potential for good after-school programming exists, but with no money to ensure safety and security, parents will not send their children. The focus group participants also noted that in times past, more parents would volunteer in schools, but today both parents often work. Some of the African-Americans also questioned whether students who graduate high school from the Rockford Public Schools are truly ready to attend college.

**KEY INFORMANTS**

- Low levels of educational attainment
- Large numbers/proportion of socially and economically vulnerable students in the public school system
- Concerns that “private schools (parochial identified)” take resources from public systems
- Need more environmental, wellness, physical, career decision-making education
- Need all teachers to be conscientious role models
- Need safety
- Need to improve attendance and completion rates, need more resources to combat truancy
- Need to emphasize college preparation for all
- Need to include vocational tracks
- Need soft skills (how to interact, to “color inside the lines,”)
- Need literacy
- Need daycare to allow parents access to higher education
- Need transition programs
- Need educational completion
- Cited as issues: High rates of unemployment; Lack of jobs that provide livable wage; Inadequate number of large scale employers; Lack of a broad, diverse base of employers; community must meet its
challenges; employers will come when see the area as desirable (compared to other cities); state and local entities need to be more business and entrepreneur friendly; better employment rates will bring more employers; opportunity to build on technology and education here/ develop as aerotechnology center; the economy is creating an increase in demand and need for services at the same time that available funding is declining

- People need: jobs; aspirations; belief there is something to which to aspire; affordable daycare; affordable health insurance; people who were volunteers now need help; more people need more help than ever before

- Almost every person who mentioned Children and Youth as a group in greater need of attention specifically identified those children of school age from K-12 with an emphasis on those children coming from low-income families. With a high level of children living in poverty attending the public schools, the basic needs of food, shelter and clothes need to be met. In addition to basic needs, better education attainment is needed by this group, along with more mental health services and positive healthy activities. Many children are in need of good role models and positive mentors. Barriers for children include the economic vulnerability of the families they come from, as well as reduced funding for the classroom and for other youth services. This group needs a comprehensive plan that utilizes the school as a center for children and their families to educate themselves about services and options available in the area that can help them improve their lives. The community needs to begin communicating to families the value of education for all children.

- When discussing economic issues, respondents focused on three main areas of concern; lack of jobs, the business community environment and the lack of an overall strategic plan to attract business to the area. Three themes regarding the challenges facing the community’s educational system emerged: quality of education, the perception and culture of the community regarding the educational system, and poor education attainment levels.

- In addition to basic needs, most people agreed that better educational attainment is desperately needed by this group. This group is also in need of more mental health services, and there is a need for more positive, healthy activities for children. It was mentioned that many of these children are in need of good role models and positive mentors. It was also stated that children need an education system that focuses on graduating every child and providing multi-educational track opportunities like vocational education.

- As mentioned earlier, the greatest barriers to these children are the economic vulnerability of the families they come from. Almost all the informants mentioned reduced funding for the classroom and for other youth services as another barrier for children. A theme that was most mentioned as a barrier for all groups mentioned in these interviews is the lack of knowledge of services that are available in the area.

- The informants were asked to name some ways to meet the needs of children. The most common strategy mentioned was to develop a comprehensive plan that utilizes the school as a center for children and their families to educate themselves about services and options available in the area that can help them improve their lives. The community needs to begin communicating to families the value of education for all children. Many focused on a community-wide solution to our educational issues that allows for participation from the business community, faith-based organizations, government and other non-profit agencies.

- Other areas that Key Informants focused on were the need to improve and support the education of the citizenry. In addition to finding solutions to improve our public and private K-12 institutions, it was also mentioned that the community needs to investigate and develop ways to expand access to higher education for more of the residents.
• When discussing economic issues, respondents focused on three main areas of concern: lack of jobs, the business community environment and the lack of an overall strategic plan to attract business to the area.

• With unemployment in the region once again reaching historic levels, it is not surprising that the largest concern mentioned by 34 respondents was regarding the availability of jobs in the area. Although many see the unemployment rate improving as the recession ends, they feel that many of the jobs that have been lost have been lost for good. Many see the region in a transitional state as the region’s historic manufacturing base disappears. They are also concerned that new industries or new technologies have not been identified or courted to replace the outgoing quality jobs that have left the area.

• Some claim that the loss of industry and businesses has caused a decrease in corporate commitments, a loss of leadership and a “brain drain” in the community. The community has also seen a depletion of wealth as people and businesses relocate, leaving a less skilled and less educated labor force that is in need of not only more technological job but job retraining as well.

• Some voiced concern that the current political and cultural environment is hostile to the business community. This hostile environment is a barrier that needs to be addressed if the community hopes to attract new businesses and industries to the area.

• Making a correlation between attracting new businesses and having a viable and attractive educated labor force, 37 respondents listed issues related to education as a major challenge confronting the community. Three themes regarding the challenges facing the community’s educational system emerged. Those themes were the quality of education, the perception and culture of the community regarding the educational system, and poor educational attainment levels.

• The most common link between the respondents was the need for the community to do something about the poor educational attainment levels. Most feel a need to increase both the high school graduation rates and the number of people in the community who have four year degrees as well.

• Some feel that a major barrier to improving the public educational system is the perceived self image of the education system and the community. This poor self-image, specifically the public K-12 school system, prevents the community from supporting efforts to improve the schools.

• Regarding needs and services for low-income and poor, the community needs to be better prepared to assist those who are faced with dramatic transitions that result from increased costs of living and/or loss of employment. As times get tough, more people are accessing the social service safety net for the first time, and many are also showing up in the criminal justice system. Several key informants noted the need for retraining for this group. Retraining needs to be quick enough to prepare individuals for new jobs that will be available when the economy recovers. In addition to increased emphasis on education and development of skills that will prepare them for future disruptions in the workforce, access to affordable healthcare, day care and transportation were also mentioned as needs for this group. Lack of knowledge of available services was the most mentioned barrier for this group. In addition, mistrust of the system and intimidation of the bureaucratic maze also were mentioned as barriers. For the poorest individuals, the current transportation system was seen as a barrier. Outside of fully funding the basic social service safety net programs and development of job retraining programs, another improvement mentioned was a need to increase funding for mental health services in the community. Some mentioned the need for a 708 Board that is responsible for distributing taxpayer money to available services.
**Health Equity**

**COMMUNITY ANALYSIS**

- Black population experienced much higher rates of premature death than whites.
  - 61.1% of black males (Winnebago, 2006) died before age 65, an 8-year high. In five of the six past years, more than 55% of black male deaths occurred before age 65
  - Four in ten (41.1%) black females (2006) died before age 65
- White levels for deaths under age 65 are males, 30.8% and 17.6%, females (2004-2006, Winnebago)
- Hispanic premature mortality (deaths under age 65) exceeds black levels: 63.5% males and 64.3 females (2004-2006).
- Far more black (29.7%) and Hispanic (45.8%) adults have not completed high school than whites (12.1%)
- Looking at educational attainment by race/ethnicity for the Rockford MSA, three in ten (29.7%) blacks and 45.8% of Hispanic adults ages 25+ have not completed high school, more than double the level among white adults (12.1%). About a third as many black (8.5%) and Hispanic adults (7.4%) have earned a four-year college degree as whites (22%). (7.7)
- Among race/gender groups, black males exhibit highest rates of unemployment (37.1% Winnebago, 46.3% Boone, 2009). (7.15, 7.16)
- Data from the Illinois Department of Employment Security substantiate the higher unemployment among area males, 16.4% versus 13.4% females in Winnebago County. Blacks are three times more likely to be unemployed at 34% as whites 12%. Hispanic unemployment at 24.8% falls between white and black levels. (7.15)

- Birth outcomes
  - Poorer outcomes experienced by black mothers
  - Infant death rate among MSA blacks at 18.4 per 1,000 live births is triple white (6.2) and Hispanic (5.4) rates (2002-2006)
  - Fewer black pregnant women in MSA (2008) received first trimester prenatal care (62.7%) than white (75.1%) or Hispanic (72.4%) women
  - Almost twice as many black infants (MSA, 2008) were low birthweight (13.8%) as white (7.8%) and Hispanic (7.1%)
  - Black infants in MSA are 30-40% more likely to be born prematurely (less than 37 weeks gestation) than white or Hispanic (2008) infants.
  - Wide differences exist in birth outcomes based on race and ethnicity of mother. 2008 Winnebago County data show that blacks are twice as likely to be born to unmarried mothers (85.4%) as whites (42.5%) and more apt to be low weight (13.6% versus 8.2% white births). Fewer blacks obtain early prenatal care, with 63.1% receiving care in the first trimester compared to 78.2% whites. One-third (33%) of black mothers are not high school graduates, whereas 19.8% of white mothers are. Hispanic levels of birth outcomes tend to fall closer to white rates, with 8.3% low weight births and 73.8% receiving first trimester prenatal care. More Hispanic births are born to women who have not completed high school (44.8%) than either black or white mothers. (10.20)
  - Boone County birth data show similar contrasts by race and ethnicity, however, because of the small number of black births, this discussion is limited to white versus Hispanic births. More 2008 Hispanic babies were born to unmarried mothers, 46.3% than whites 39.2%, and fewer received first trimester prenatal care, 68.6% Hispanic than whites 75.8%. The biggest difference occurs for high school completion, only 45% among Hispanic mothers and 71.1% whites. Exhibiting better than white rates are the level of smoking during pregnancy, 2.5% among Hispanic mothers compared to 11.9% whites and low weight births, 5% among Hispanic versus 6% whites. (10.21)
• Ethnic differences among MSA 2008 births indicate more Hispanic babies are born to unmarried mothers (54.5%) than whites (42%), a little less likely to have received first trimester care (72.4%, whites 77.8%) and twice as likely to not be a high school graduate (47.5%, whites 21.3%). For several indicators, Hispanic mothers fare better than whites: low weight births (7.4%) compared to 7.8% whites, smoking during pregnancy (3.8%) versus whites 15.2%, and Caesarean delivery (29.1%) compared to 31.8% whites. (10.22)

• One in four (23%) 2008 Rockford MSA births was born to a mother who had not completed high school, more than statewide (18.5%). A higher proportion of Boone births (28%) were born to women without a high school diploma than Winnebago (22.1%). (10.25)

• Infant death rates among MSA blacks at 18.4 infant deaths per 1,000 live births are triple the white (6.2) and Hispanic (5.4) rates, using 2002-2006 data. (10.28])

• The “isolation” results reveal two groups appearing in the top five for both surveys, new movers and residents of 61104. Otherwise, some differences appear. In the community sample, elevated isolation was revealed in young adults 18-29 (22.9%), new movers to the area in the last five years (22.2%), persons 30-44 (21.7%), individuals receiving financial assistance (20.1%) and residents of 61104 (19.5%). Parents with a graduate degree (30.0%) topped the 205 parent list followed by persons of “other race” (28.0%) primarily Asian and multi-racial, residents of 61104 (26.8%) and 61107 (25.4%) and new movers (26.4%). (6.2)

• Winnebago County shows a wider home ownership disparity by race, almost a 40 percentage point difference between white, non-Hispanic (77.1%) and black (37.3%) than the U.S. with a 27.6 percentage point difference and Illinois, 34.4%. (6.6)

• More white households own their homes than blacks in both Winnebago and Boone Counties. Three in four (77.1%) white, non-Hispanic households in Winnebago own their homes compared to 37.3% among blacks (2006-2008 data). Asians exhibit high ownership rates (75.4%), too. Three in five (60.3%) Hispanic households own their homes. The home ownership disparity is not as great among Boone County race/ethnicity groups, however, the smaller population size for blacks and Hispanics may explain the narrower gap. (6.6)

• Home ownership in Winnebago County is also associated with educational attainment with householders having more schooling more apt to own their own home. About half (56.1%) of householders with less than a high school education own their home, jumping to seven in ten (69.4%) among high school graduates and slightly higher (71.9%) for persons with some college or associate’s degree. Four-year college degree holders exhibit the highest home ownership rate at 85.7%. (6.21)

• As education rises, so does home ownership in Boone County, ranging from 64.3% of householders without a high school diploma to 91.7% among four-year college degree holders. (6.22)

• At 85.7%, white, non-Hispanic Boone County households are more likely to own their home than black (61.9%) and Hispanic (58.2%) households. (6.22)

• A striking difference occurs in median income by race/ethnicity with MSA white, non-Hispanic households at $54,509 earning more than double their black counterparts at $25,484, while Hispanic householders fall in-between ($36,153). (8.5)

• The gap in poverty levels between the counties, state, and nation has widened since 1999. In 1999, Winnebago County’s poverty level at 9.6% and Boone’s at 7% fell below Illinois (10.7%) and U.S. (12.4%). Currently, Winnebago has surpassed both the state and nation, rising five percentage points between 1999 and 2006/08. Boone’s poverty level remains below, however, has increased by 2.9 percentage points, more than the change for Illinois (+1.4) and U.S. (+0.8). Poverty rates for children have grown even more, by 8.4 percentage points for Winnebago and 6.5 Boone, at least twice the state and nation. (8.11)
• Rockford MSA poverty has risen from 9.1% in 1999 to 13.8% in 2006-2008. Childhood poverty has increased even more, from 11.2% to 20.3%. The change at the state and national level has been far less, under three percentage points. (8.12)

• Three in ten (29.8%) Winnebago County residents are poor or near poor, defined as up to 185% of poverty, about four percentage points above Illinois (25.6%) and U.S. (28.1%). (8.13)

• In Boone County, 22.5% of the population is living up to 185% of the poverty level, below the state (25.6%) and nation (28.1%). (8.13)

• Living in poverty or near poverty describes 28.7% of Rockford MSA residents (98,804 persons) whose incomes are up to 185% of the poverty level. (8.14)

• Poverty is more common among certain populations. Almost half (44.2%) of Winnebago County’s female-headed families with children are poor, a level that exceeds the state (36.1%) and nation (36.5%). In Boone County, one-third (34.3%) of the female-headed families with children are poor, a little below the state (36.1%) and nation (36.5%). However, among female-headed families with preschool age children, three-quarters (76.3%) are poor, far higher than Illinois (43%) and U.S. (44.9%). (8.15)

• One in five (21.2%) of the Rockford MSA population is enrolled in Medicaid, a total of 75,071 person as of August 2010. (8.18)

• Comparing the four major Rockford MSA communities, Rockford reports the lowest household ($38,204) and family ($48,651) incomes but not per capita which is claimed by Belvidere ($19,766). In Rockford, more than one-fifth (21.7%) of all population and one third (31.9%) of children are poor, much higher than the other three communities. (8.19)

• 25% of Winnebago and 16.4% of Boone County households earned less than $25,000 per year in 2006-2008, while 4.4% of Winnebago County and 7.8% of Boone County households received incomes of more than $150,000.

• Two groups, single female parent and black households, earn much lower-than-average median household incomes.

• Winnebago County males display higher 2004-2006 age-adjusted death rates for eleven of the twelve leading causes than women. Only Alzheimer’s exhibits a higher female rate. Showing the widest gender gaps are heart disease, accidents, suicide, perinatal conditions, and homicide all at least 50% higher among men. (11.19)

• Boone County males display higher 2004-2006 age-adjusted death rates than women for five of the ten leading causes. The widest male excesses occur for heart disease (+78%) and accidents (+118.4%). The Alzheimer’s age-adjusted death rate for females is two and half times higher than males. (11.20)

• Rockford MSA age-adjusted death rate among males at 972.1 per 100,000 population exceeds females (681.5) by 42.6%. Furthermore, male rates surpass females for all of the top twelve causes except Alzheimer’s. Male rates are at least twice that of females for suicide, perinatal conditions, homicide, and 94% above for accidents. (11.21)

• Because they comprise most of Winnebago County’s population, whites account for the majority of deaths, too – 90% (2007), while blacks make up 9.2% and Hispanics, who may be of any race, 2.3%. In Boone, whites comprise 98% of all deaths, while 3.8% are Hispanic (any race). For the Rockford MSA, 91.1% of 2007 deaths are white, 8.3% black, and 2.5% Hispanic (any race). (11.30, 11.31)

• Despite a much lower crude death rate than whites, the Rockford MSA 2006 age-adjusted death rate for blacks at 1,004.2 per 100,000 population exceeds the white rate at 749.5 by 34%. A similar racial disparity exists for Winnebago County, state, and nation. (11.32)

• More than half (51.6%) of Rockford MSA black deaths occur before the age of 65, twice the white level at 24%. Among Hispanic deaths, three in five (61.7%) took place before 65, even more than the premature death proportion among blacks. (11.33)
• Rockford MSA’s black age-adjusted death rate for cancer exceeds the white rate, however, heart disease is about the same. Among blacks state and nationwide, both cancer and heart disease age-adjusted rates are higher than whites. (11.34)

• A comparison of 2007 Winnebago County deaths by cause reveals that nephritis, diabetes, septicemia, and homicide account for larger proportions of deaths among blacks than their white counterparts. (11.35)

• Black males exhibit higher age-specific death rates than any other race/gender group. Black male death rates are almost twice that of white men for ages 25-44 and 45-64, while the 0-14 death rate for black males is triple white males. Black male death rates are likewise much higher than rates for black females. (11.36)

• Defined as deaths before age 65, premature mortality is far more common among Winnebago County Hispanic females at 64.3%, Hispanic males at 63.5%, and black males 59.1% than white men (30.8%) and white females (17.6%). Two in five (41.9%) black females die before their 65th birthday. (11.37)

• In the past decade, the percent of black male deaths occurring before age 65 has ranged from 46.2% to 63.3%. Black female premature death varies from 38.5% to 58.3% of all deaths between 1997 and 2006. (11.38)

• Substance use varies somewhat by race, with blacks a little more likely to have used an illicit drug in the past month (9.7% among ages 12+) versus whites (8.1%) and Hispanics (7.6%), according to SAMHSA data. Gender differences also exist with males more likely to have used an illegal drug (10.2% of ages 12+) than females (6.1%). Applying these proportions to Winnebago County’s population reveals 15,410 white users of illegal substances, 2,472 black users, and 1,679 Hispanics. For cigarette and alcohol use, white rates exceed black and Hispanic with more than a ten percentage point excess for past month consumption of alcohol. Male rates exceed females for all substances. (12.27)

• Applying National Household Survey on Drug Abuse 2005 estimates to the Boone County 2009 population indicates 3,819 persons ages 12 years and older use illicit drugs, most commonly marijuana (2,788), while 11,820 smoke cigarettes and 22,442 consume alcohol. For past month use of illegal drugs, cigarettes, and alcohol, white rates surpass Hispanic. Males consume more legal and illegal substances than females. (12.28)

• Referencing the national substance use estimates for the Rockford MSA population suggests that 23,087 persons have consumed an illicit drug in the past month, while 72,990 have smoked cigarettes and 136,112 consumed alcohol, half of whom (65,763) are binge drinkers. Rates are consistently higher for ages 18-25 than 26+. Black rates exceed whites for illegal drug use, while white exhibit higher alcohol consumption rates. Hispanic rates for illegal drug use fall below whites and black, but Hispanic alcohol use is a bit higher than blacks, though still considerably below whites. Males consume more legal and illegal substances than females. (12.29)

### HOUSEHOLD SURVEY

• Persons living in 61114 feel safest, well over 90% for both samples. Among community sample respondents, persons living outside Rockford feel safest along with those holding a graduate degree. Higher education and living on Rockford’s east side predict higher safety feelings. (2.8)

• Reported discrimination was not widespread in the community sample, although age discrimination reached 8.3%, just over one-in-ten for older respondents aged 45-64 (10.4%) and 65-74 (10.1%). (3.2)

• Among school parents levels of reported discrimination were higher. Of the discrimination types, only racial or ethnic discrimination was widely reported, 19.9% overall, somewhat higher for respondents who are Hispanic (24.6%), other race (23.8%) or Black (21.8%). (3.2)

• Results, shown in Table 3.10, indicate that lack of jobs in the area is perceived as the largest barrier by both the community (64.7%) and school parents (54.2%). Three more factors in both samples said to
impede finding or keeping a job are need for more education or training (community - 29.7%, parents - 38.1%), not having work experience (community - 22.7%, parents - 27.9%) and discrimination (community - 22.4%, parents 17.5%). (3.10)

- Four factors are also reported to have significant effects on the job search for just the parent group - lack of child care (24.9%), lack of transportation (26.5%), difficulties with English (19.2%) and criminal record (15.0%). (3.10)

FOCUS GROUP

- Access to dental care for low income individuals was often mentioned.
- Several of the single parents who had used SwedishAmerican Hospital expressed dissatisfaction with the medical care they received. As one of the group members stated, “they don’t take care of you there”, and she feels that SwedishAmerican treats people differently depending on race. She believes that the attitude at the hospital is that blacks are not as important as other races. She reported that the SwedishAmerican ER staff told her that her issue was not serious. Two days later, she went to Rockford Memorial’s ER for the same issue, and had to be admitted to the hospital. Another single parent believes that care received at SwedishAmerican is variable depending on which nurse you get.

KEY INFORMANTS

- The second most mentioned group in need of more attention are minorities. In some cases people either specified African-American or Hispanic, but most often mentioned both. One participant mentioned that there are a growing number of “hidden populations” that we have not identified in assessments who are in need. As an example of a hidden population, they mentioned the growing Asian community that have not been included in community assessments. In all mentions of minority groups, there are common themes that arise especially as it relates to education, economic stability and health. Many individuals of these groups are the low-income and poorest residents of the community.
- Because of the current socio-economic status of these individuals, the needs mentioned most were basic services of shelter, food and clothing. The second most mentioned need is for better education as it relates to literacy, job skills and health and human services available to them. It was also mentioned by a number of informants that there is a need for more ESL services. The need to reduce the large numbers of teen pregnancies within the African-American and Hispanic community was also mentioned. The two most mentioned barriers of all subgroups in this population are the lack of knowledge about services available and mistrust of the current system. Some felt the human service system is too bureaucratic and services are not linked like they should be.
- When asked to identify areas of improvement that could help this group, the most mentioned solution was to obtain funding resources for programs that provide basic services of shelter, food and clothing. Equally mentioned is the need to educate this group in a manner that allows them to compete for jobs in the new economy. Another area for improvement is expansion of services that help identify those with mental health needs in the minority populations. More ESL classes and other services need to go where this population lives, works and worships.
Maternal/ Prenatal/ Early Childhood

COMMUNITY ANALYSIS

- **Births to teen mothers**
  - Accounted for 601 MSA births (2008), 12.4% of all births vs. 10%, IL
  - Age-specific fertility at 49.6 per 1,000 females ages 15-19 exceeds U.S., 42.5
- **Low birth weight and preterm births**
  - Almost one in ten Rockford MSA infants (8.8%, n= 426, 2008) weighed less than 2500 grams at birth. Levels surpass state (8.4%). During this decade, LBW proportion has held fairly steady. Prior to 2000, fewer than 8% of MSA births were low weight. Low weight births have increased since 1980 when they accounted for 6.4% of births. From 2003 to 2008, MSA levels have surpassed both Illinois and U.S. Low weight births are regarded as a foremost indicator of infant health. (10.14)
  - Preterm births (born before 37 weeks gestation) account for one in nine (11.2%) MSA births (2008). Double-digit levels for nine of past ten years. In 1990s, proportions were typically 25% lower. Since 2002, MSA levels have surpassed state
  - Winnebago rates for both low birth weight and preterm consistently exceed Boone
- **Birth outcomes**
  - Poorer outcomes experienced by black mothers
  - Infant death rate among MSA blacks at 18.4 per 1,000 live births is triple white (6.2) and Hispanic (5.4) rates (2002-2006)
  - Fewer black pregnant women in MSA (2008) received first trimester prenatal care (62.7%) than white (75.1%) or Hispanic (72.4%) women
  - Almost twice as many black infants (MSA, 2008) were low birthweight (13.8%) as white (7.8%) and Hispanic (7.1%)
  - Black infants in MSA are 30-40% more likely to be born prematurely (less than 37 weeks gestation) than white or Hispanic (2008) infants
- **Births to unmarried mothers**
  - Accounted for half (48.8%) of 2008 MSA births with Winnebago at 50.3% and Boone at 39.8%. Illinois at 40.7%
  - Current level is triple 1980 at 16.4%. In 1990, level stood at 30.6% and 2000 at 36.2%. Since 2000, MSA levels have consistently surpassed state.
- **Child Abuse**
  - Winnebago’s rates are much higher than state (at least 50% above for reported cases and about twice as high for indicated cases)
  - 2009 reported and indicated cases (Winnebago) are highest number in two decades
  - Boone’s rates for reported and indicated cases are close to state rates. (9.8, 9.9)
  - Like the two counties which form the Rockford MSA, birth trends by age of mother have moved to more babies born to older aged mothers, coupled with fewer births to younger mothers. (10.11)
  - Three in four (75.1%) Rockford MSA births (2008) received first trimester prenatal care, down from 80% five years ago.
  - Over the past decade, the MSA’s teen birth proportion has consistently exceeded the state and nation, generally by a couple of percentage points, though in 2007 the excess reached 3.2 percentage points. (10.12)
• Three in four (75.1%) Rockford MSA births received first trimester prenatal care in 2008, a level remaining about the same for three years, and dropping from higher levels reported in 2005 and earlier. Winnebago and Boone report very similar 2008 levels, 75.2% and 74.6%, respectively, as has been the case for most of the past 20 years. (10.6)

• In 2006, 65.4% of Winnebago County births received adequate care according to the Kessner Index, while 8.7% obtained inadequate care, defined as third trimester or no care at all. Adequate-plus care accounted for one-third (33.3%) of births based on the Kotelchuck Index, while 36% got adequate care. Winnebago County levels of adequate care fall below the state, though adequate-plus is higher. (10.17)

• Two in three (65.5%) Boone County 2006 births received adequate care based on the Kessner Index, while one-quarter (24.4%) got intermediate care. Using the Kotelchuck measure, 29.9% received adequate-plus and 39.2% adequate care. Boone County’s adequate care levels fall short of statewide. (10.17)

• Rockford MSA women are twice as likely to smoke during pregnancy as pregnant women statewide. In 2008, 15.7% of births were delivered by women who had used tobacco while pregnant compared to 7.9% in Illinois. These levels have slowly declined since 1990 when one in four (25.1%) MSA pregnant women smoked, but have persisted in being at least 50% above the state rate. Comparing counties, Winnebago levels exceed Boone, sometimes by a wide margin, such as in 2006 (19.3% Winnebago, 11% Boone). (10.18)

• Few women report drinking alcohol during pregnancy (93 of MSA births, 2006) and because this figure is derived from the self-reported data on the birth certificate, this measure is felt to be vastly under-reported. The 2006 MSA number equates to 1.9% of births, similar to 2005 at 1.8%. The state level for both years is 0.3%. (10.19)

• Wide differences exist in birth outcomes based on race and ethnicity of mother. 2008 Winnebago County data show that blacks are twice as likely to be born to unmarried mothers (85.4%) as whites (42.5%) and more apt to be low weight (13.6% versus 8.2% white births). Fewer blacks obtain early prenatal care, with 63.1% receiving care in the first trimester compared to 78.2% whites. One-third (33%) of black mothers are not high school graduates, whereas 19.8% of white mothers are. Hispanic levels of birth outcomes tend to fall closer to white rates, with 8.3% low weight births and 73.8% receiving first trimester prenatal care. More Hispanic births are born to women who have not completed high school (44.8%) than either black or white mothers. (10.20)

• Boone County birth data show similar contrasts by race and ethnicity, however, because of the small number of black births, this discussion is limited to white versus Hispanic births. More 2008 Hispanic babies were born to unmarried mothers, 46.3% than whites 39.2%, and fewer received first trimester prenatal care, 68.6% Hispanic than whites 75.8%. The biggest difference occurs for high school completion, only 45% among Hispanic mothers and 71.1% whites. Exhibiting better than white rates are the level of smoking during pregnancy, 2.5% among Hispanic mothers compared to 11.9% whites and low weight births, 5% among Hispanic versus 6% whites. (10.21)

• Ethnic differences among MSA 2008 births indicate more Hispanic babies are born to unmarried mothers (54.5%) than whites (42%), a little less likely to have received first trimester care (72.4%, whites 77.8%) and twice as likely to not be a high school graduate (47.5%, whites 21.3%). For several indicators, Hispanic mothers fare better than whites: low weight births (7.4%) compared to 7.8% whites, smoking during pregnancy (3.8%) versus whites 15.2%, and Caesarean delivery (29.1%) compared to 31.8% whites. (10.22)

• One in four (23%) 2008 Rockford MSA births was born to a mother who had not completed high school, more than statewide (18.5%). A higher proportion of Boone births (28%) were born to women without a high school diploma than Winnebago (22.1%). (10.25)
Infant death rates among MSA blacks at 18.4 infant deaths per 1,000 live births are triple the white (6.2) and Hispanic (5.4) rates, using 2002-2006 data. (10.28)

**HOUSEHOLD SURVEY**

- One-fourth (25.7%) of school parents had difficulty finding an affordable child care provider.
Appendix
Intervention Strategies
Crosswalk Tables
## Work Group Recommended Interventions

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### 4. Chronic Disease

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<td>The Chronic Disease Prioritization Work Group recommends teaming with the Rockford Park District and its funded program, Summer Challenge at the programmatic level and for RHC to promote and endorse several policies at an administrative level (obesity reduction initiative).</td>
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<td>The Work Group recommends a 2 tiered approach directed toward a policy effort at both a community and organizational level and secondly an organizational approach at several pilot workplaces, using evidence-based interventions which have proven successful at reducing tobacco usage in the workplace.</td>
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<td>In addition to these recommendations, the Chronic Disease Work Group also recommends continuing the outstanding work of the Changing Hearts program, which has shown promising results in reducing the blood pressure of its participants, as well as in motivating program participants to move to a healthier lifestyle.</td>
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### 5. Crime and Violence Prevention

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<td>Improve access to information regarding resources for domestic violence, through the development and ongoing maintenance of a specific, local web site dealing with domestic violence.</td>
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<td>Support the Domestic Violence Impact Panel program, aimed at preventing offenders from repeating and escalating their crimes.</td>
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<td>Gun Violence Public Awareness Campaign, emphasizing penalties for using a gun in a crime.</td>
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### 6. Dental Health

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<td>Convening a group of oral health professionals and general health practitioners to promote the coordination of services and oral health literacy (both provider and consumer).</td>
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<td>Support for the continuation and expansion of the following oral health programs:</td>
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<td>* Bright Smiles*, so that it may include both the elderly and children;</td>
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<td>* Lifescape, Provena and NIAAA Senior Oral Health Coalition programming*</td>
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<td>* Expansion of the Access to Dental Team* by involving more partners. The Team has been focused on children, but because of oral health issues of the elderly, it is recommended that the Senior Oral Health Coalition be folded into the Access to Dental Team.</td>
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<td>Promotion of oral health literacy education for non-traditional intergenerational families.</td>
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### 7. Education and Employment

The Education and Employment Work Group recommends the creation of a regional approach to education, by engaging the Regional Office of Education as a forum for the discussion of issues related to education in our community. This regional approach will improve collaboration between school districts, as well facilitate engagement between school districts and other community partners.

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### 8. Health Equity

To facilitate stakeholder interaction necessary for addressing health equity, the work group decided to recommend the intervention of creating a Health Equity Coalition/Council. A regional coalition/council tasked with formulating and implementing a broad strategic plan for a sustainable infrastructure that will facilitate dialogue, promote partnerships between the public, nonprofit and private sectors, and build the capacity required at all levels of decision making to promote community solutions key in reducing/eliminating disparities.

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### 9. Maternal and Child Health

Advocate for the coordination of the Early Learning Council into an umbrella organization overseeing services and planning for early childhood target populations.

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Local partners should implement mentoring programs (using proven, holistic curricula) targeting preteens and teens both before pregnancies and after births for single moms; intergenerational programs are highly advised.

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<td>The Chronic Disease Prioritization Work Group recommends teaming with the Rockford Park District and its funded program, Summer Challenge at the programmatic level and for RHC to promote and endorse several policies at an administrative level (obesity reduction initiative).</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>The Work Group recommends a 2 tiered approach directed toward a policy effort at both a community and organizational level and secondly an organizational approach at several pilot workplaces, using evidence-based interventions which have proven successful at reducing tobacco usage in the workplace.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>In addition to these recommendations, the Chronic Disease Work Group also recommends continuing the outstanding work of the Changing Hearts program, which has shown promising results in reducing the blood pressure of its participants, as well as in motivating program participants to move to a healthier lifestyle.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

### 5. Crime and Violence Prevention

<table>
<thead>
<tr>
<th></th>
<th>Promote an environment that protects health and safety and considers health as an element in every community decision</th>
<th>Optimize health at all life stages, especially those at greater risk of health disparities</th>
<th>Assure access to primary prevention and primary care services (including behavioral health and dental care) that will reduce the need for acute medical interventions across all life stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve access to information regarding resources for domestic violence, through the development and ongoing maintenance of a specific, local web site dealing with domestic violence.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
Support the Domestic Violence Impact Panel program, aimed at preventing offenders from repeating and escalating their crimes. | X | | X |
---|---|---|---|
Gun Violence Public Awareness Campaign, emphasizing penalties for using a gun in a crime. | X | | |

| 6. Dental Health | Promote an environment that protects health and safety and considers health as an element in every community decision | Optimize health at all life stages, especially those at greater risk of health disparities | Assure access to primary prevention and primary care services (including behavioral health and dental care) that will reduce the need for acute medical interventions across all life stages |
---|---|---|---|
Convening a group of oral health professionals and general health practitioners to promote the coordination of services and oral health literacy (both provider and consumer). | | | X |
Support for the continuation and expansion of the following oral health programs:
- *Bright Smiles*, so that it may include both the elderly and children;
- *Lifescape, Provena and NIAAA Senior Oral Health Coalition* programming
- Expansion of the *Access to Dental Team* by involving more partners. The Team has been focused on children, but because of oral health issues of the elderly, it is recommended that the *Senior Oral Health Coalition* be folded into the *Access to Dental Team*. | | X |
Promotion of oral health literacy education for non-traditional intergenerational families. | X | X | X |

| 7. Education and Employment | Promote an environment that protects health and safety and considers health as an element in every community decision | Optimize health at all life stages, especially those at greater risk of health disparities | Assure access to primary prevention and primary care services (including behavioral health and dental care) that will reduce the need for acute medical interventions across all life stages |
---|---|---|---|
The Education and Employment Work Group recommends the creation of a regional approach to education, by engaging the Regional Office of Education as a forum for the discussion of issues related to education in our community. This regional approach will improve collaboration between school districts, as well facilitate engagement between school districts and other community partners. | X | X | X |
### 8. Health Equity

<table>
<thead>
<tr>
<th>Promote an environment that protects health and safety and considers health as an element in every community decision</th>
<th>Optimize health at all life stages, especially those at greater risk of health disparities</th>
<th>Assure access to primary prevention and primary care services (including behavioral health and dental care) that will reduce the need for acute medical interventions across all life stages</th>
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<tbody>
<tr>
<td>To facilitate stakeholder interaction necessary for addressing health equity, the work group decided to recommend the intervention of creating a Health Equity Coalition/Council. A regional coalition/council tasked with formulating and implementing a broad strategic plan for a sustainable infrastructure that will facilitate dialogue, promote partnerships between the public, nonprofit and private sectors, and build the capacity required at all levels of decision making to promote community solutions key in reducing/eliminating disparities.</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### 9. Maternal Child Health

<table>
<thead>
<tr>
<th>Promote an environment that protects health and safety and considers health as an element in every community decision</th>
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<th>Assure access to primary prevention and primary care services (including behavioral health and dental care) that will reduce the need for acute medical interventions across all life stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate for the coordination of the Early Learning Council into an umbrella organization overseeing services and planning for early childhood target populations.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Local partners should implement mentoring programs (using proven, holistic curricula) targeting preteens and teens both before pregnancies and after births for single moms; intergenerational programs are highly advised</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Appendix
Strategic Ends, Measures and Balanced Scorecard
WCHD Balanced Scorecard Strategic Map

Client/Stakeholders
- Promote an environment that protects health and safety and considers health as an element in every community decision
- Develop evidence-based, client-oriented program and staff accountability/performance standards consistent with essential public health services
- Develop and expand opportunities for involvement in the planning and implementation of services
- Improve and maintain financial infrastructure to insure stability and sustainability

Internal Processes
- Optimize health at all life stages, especially those at greater risk of health disparities
- Provide all clients with timely, fair and dignified service/care offered in a culturally and linguistically sensitive manner
- Promote workforce diversity and competencies for the provision of culturally sensitive services

Employee Growth/Organization
- Protect the community from infectious, toxic and terrorist threats
- Assure access to primary prevention and primary care services that will reduce the need for acute medical interventions across all life stages
- Financial Stewardship
Balanced Scorecard – 2011/2012

**Mission:** Prevent disease, promote health and enlist the community in efforts to improve the health of all Winnebago County residents.

**Vision:** Healthy people in a healthy community without health disparities.

**Community Strategic End:** Optimize health at all life stages, especially those at greater risk of health disparities

<table>
<thead>
<tr>
<th>Patients / Clients Objectives</th>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce preterm births</strong></td>
<td>Total preterm births</td>
<td>11.4% (Baseline: 12.7% of live births were preterm)</td>
</tr>
<tr>
<td><strong>Reduce fetal and infant deaths</strong></td>
<td>Perinatal deaths (28 wks gestation to 7 days after birth)</td>
<td>5.9 /1000 live births and fetal deaths during perinatal period (Baseline: 6.6)</td>
</tr>
<tr>
<td></td>
<td>All infant deaths (≤1 yr)</td>
<td>6.0/1000 live births (Baseline: 6.7)</td>
</tr>
<tr>
<td><strong>Improve coordination of MCH services across providers (i.e. address gaps)</strong></td>
<td>Assess system service gaps and develop plan to address deficiencies.</td>
<td>Assessment designed, conducted, results used to develop strategies to address gaps</td>
</tr>
<tr>
<td></td>
<td>Percent of pregnant women receiving adequate / early care.</td>
<td>71.9% adequate and 84.2% early (Baseline: Adequate Kessner Index – 65.4%, Early – 76.6%, 2006 IPLAN Data System), <em>note the HP2020 objective is 77.9%.</em></td>
</tr>
</tbody>
</table>
### Community Strategic End: Protect the community from infectious, toxic and terrorist threats

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<tr>
<td><strong>Reduce vaccine preventable diseases</strong></td>
<td>Percent of 36 month old children meeting the 4:3:3:1 childhood vaccination schedule.</td>
<td>85.7% (Baseline: 78.1% WIC/FCM, 2010 WIC Annual Report), note the HP2020 objective is 90%</td>
</tr>
</tbody>
</table>

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</table>
| **Reduce the impact of STI’s** | STI’s in pregnant women | (Baseline: 230 in 2011)  
- 80% of all pregnant women with an STI will receive education, information and prevention messages from WCHD DIS.  
- 25% of pregnant women with an STI will have participate in partner elicitation and have the partner(s) treated |

### Community Strategic End: Promote an environment that protects health and safety and considers health in community decisions

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<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce general smoking rates in Winnebago County population</strong></td>
<td>Percent of adult smokers</td>
<td>21.6% (Baseline: 24.0% of adults smoke in Winnebago County, 2003-2009)</td>
</tr>
</tbody>
</table>

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<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce smoking rates among pregnant and parenting women clients (of WCHD)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Percent of WIC/FCM pregnant women who smoke  
- Percent of WIC/FCM pregnant women who report quitting smoking during pregnancy |  
- 16.9% (Baseline: 19.3% - 2006 or 18.8% - 2004-2006 Average, IPLAN Data System)  
- 75% (Baseline: 57.4%. IDHS Q2 Performance Report 10/01/2011 – 12/31/2011 |
<table>
<thead>
<tr>
<th></th>
<th>Percent of WIC/FCM parenting moms who smoke</th>
<th>Data being gathered as of 01/19/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce unhealthy home environments of WCHD clients</strong></td>
<td>Levels of indoor air quality and other environmental exposure hazards</td>
<td>Establish client baseline for CO and CO₂</td>
</tr>
</tbody>
</table>