



2017 Healthy Community Study Summary of Findings February 6, 2018

Rockford Regional Health is a non-partisan organization that focuses on improving the quality of our region's health through data gathering and analysis, education, action and advocacy. The 2017 Healthy Community Study, a data-driven approach to identifying trends in the health status of our region, provides the framework for our strategic plan with identified goals and priorities. Northern Illinois University Center for Governmental Studies was engaged to conduct the 2017 Study, including the following components:

- **Community Analysis:** A compilation of data from external sources on a wide variety of community health issues and trends
- **Household Survey:** A random survey of residents in Winnebago and Boone Counties, also distributed through Rockford and Belvidere Public Schools, with a total return rate of approximately 13%.
- **Key Informant Survey:** Selected community leaders in business, government, healthcare, nonprofit and other community sectors were surveyed as to their views on the health of our community and how it can be improved.

The 2017 Healthy Community Study is a snapshot intended to capture the current state of health for residents of Winnebago and Boone counties, as well as residents' perceptions of well-being. We can confidently say this picture of community health contains positive indicators. Other aspects of this snapshot in time, however, are concerning and signal a need for responses that go beyond the realm of healthcare providers.

This document provides an overview of the findings from the 2017 Healthy Community Study, sorted into general demographics and Rockford Regional Health Council's Key Focus Areas. The complete 2017 Healthy Community Study is available by visiting our web site, www.rockfordhealth.org. The Report Area includes Winnebago and Boone Counties.

Demographics

Population

- As of 2016, the overall population of the report area is 339,376. Of those, 82.7% are White, 11.4% Black, 2.6% Asian, and 3.3% identified as other races.
- In U.S. Census Bureau data, Hispanic ethnicity is handled separately from Race. Currently in the report area, 13.9% of the population identifies as Hispanic. The Hispanic population is increasing – from 2010 to 2016, the report area gained 3,909 new Hispanic residents while losing 13,964 Non-Hispanics.
- Report area population overall is decreasing - from 2015 to 2016, over 2,500 residents moved out of the area. In addition, from 2010 to 2015 the report area lost nearly 2,300 family households raising children.

- The median age in Winnebago County is 39.2, and in Boone County is 38.2. Both Counties are slightly older than the Illinois median age of 37.3 and nationally at 37.6 years. Across the report area the White population tends to be older than the median while the Black population is generally much younger by almost a decade. The Asian population is slightly younger than all other racial groups.
- 15.8% of the total population is over age 65, higher than state (13.5%) or national (14.1%) rates.

Poverty/Employment

- Overall there are 53,962 people living in the report area with incomes below 100% of the federal poverty level (FPL - \$24,600 for a family of four) in 2015, or 15.9% of the population; 35.9% of the population have incomes below 200% of FPL (\$49,200 for a family of four).
- In the report area 23.9% or 19,679 children aged 0-17 are living in households with income below the 100% Federal Poverty Level (FPL); 48.7% (40,099) of children aged 0-17 are living in households with income below 200% FPL (\$49,200 for a family of four).
- The unemployment rates in both Winnebago County (6.6%) and Boone County (6.3%) are higher than state (5.9%) and national rates (4.9%) in 2016. Overall the rates are lower than a year prior in 2015.
- The labor force participation rate has also been declining. Both Winnebago and Boone Counties are experiencing a similar decline. In 2010, both Counties had a greater proportion of their residents working than the Illinois average (Winnebago 65.1%, Boone 67.8%, and Illinois 64.8%). In 2016, all of these rates dropped and Winnebago fell below Illinois (Winnebago 62.5%, Boone 63.2%, and Illinois 62.7%). It is anticipated the participation numbers will improve as Illinois slowly recovers.

Education

- Four year high school graduation rates in many area districts lag behind the state average of 85.5%. As of the 2015-16 School Year (data provided by the Illinois State Board of Education Report Card), Rockford Public School District 205 experienced a 64.6% graduation rate, while Harlem School District 122 was at 74.1%. Belvidere School District 100's rate was 84.5%.
- 12.9% of report area adults aged 25 or older do not have a high school diploma or GED. 33.7% were high school or GED graduates; 23.7% had completed 'some college'; 8.2% had attained an Associate's Degree; 21.6% had attained a Bachelor's Degree (or higher).
- In the report area nearly two-thirds of 4th-graders (65.6%) were found to not be proficient with reading skills in 2015. This was higher than the state rate of 60.7% and much higher than the national rate of 45.6%.

Access to Care

- The Affordable Care Act reduced by half the number of adults and children who lacked health insurance. Currently, 9.1% of those aged 18-64 do not have health insurance; the rate for children is 3.0%.
- Employer-purchased plans were the primary source of health coverage for 45.3% of the region's residents, lower than the Illinois finding (56.9%); Medicaid coverage in the region (22.4%) is considerably higher than state rates (8.0%). Just 7.2% of the region's residents purchased their own plans, much lower than the state rate (10.4%).
- For those aged 65 and older, 76.7% of the region's residents have Medicare as their primary source of health care coverage. Employer-purchased plans (7.6%) and self-purchased plans (7.3%) were the next most-frequent sources of health care coverage.

- There are significant socioeconomic disparities in health insurance coverage. For adults aged 18-64, Hispanics (45.9%), Other Races (22.2%), and those earning less than \$25,000 (20.6%) lack health insurance at significantly greater rates than the overall population.
- The study found that 90% of the population lives within a Health Professional Shortage Area, and the number of physicians, nurses, dentists, and mental health professionals is declining.
- Nearly all (92.6%) of survey respondents indicate that there is a particular place where they usually go when they are sick or need advice about health. A Doctor's Office or Private Clinic was named by most (69.8%); Crusader Clinic (14.6%), Urgent/Immediate Care (2.7%), and the VA Hospital/Clinic (2.0%) were also named.
- Key Informants commented that healthcare services are lacking in low income areas and that services are not distributed equally between the East and West sides of Rockford. The respondents believe that comprehensive healthcare services should be accessible to all populations, and currently that is not the case. The specific barriers to service cited were lack of transportation and number of healthcare sites close to low income areas and the West side of Rockford.
- Most (85.1%) adults in the region have one or more people they think of as their personal doctor or healthcare provider. However, there are socioeconomic disparities, with a much lower percentage of Hispanics (55.8%) and Other Races (71.9%) indicating they had a personal doctor or healthcare provider. Of adults aged 65 or over, the figure rises to 95.9%.
- Overall, 10.7% of survey respondents report that there was a time in the past year when they did not take their medication as prescribed because of cost. The highest percentage was those earning less than \$25,000 (17.6%); Blacks (16.8%) and Hispanic (14.1%) also had higher rates of not taking medication due to cost.
- A total of 8.0% of adults indicate it is difficult for them to understand information that doctors, nurses, and other health professionals tell them. However, this percentage increases to 23.6% for those with less than a high school education.

Behavioral Health

Mental Health

- In 2016, the report area had 127 mental health care providers, which includes psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care, for every 100,000 residents. This rate was substantially lower than both state (180.2) and national (202.8) rates, indicating that there is a lack of mental health support in the report area. Boone County almost entirely lacks access to mental health care providers with a rate of only 16.7 providers per 100,000 residents.
- Key Informants commented that triage services for mental health are needed for individuals with acute mental distress. They also mention the need for pediatric and adolescent mental health services. The evidence of need cited is the Winnebago County Mental Health Survey, long waiting lists for psychiatric care and counseling, and local statistics. The gap in service mentioned is lack of providers. The barrier to service reported most frequently is funding.
- The Winnebago County Mental Health Advisory Committee Survey asked, if utilizing a particular service for their child or teenager, whether they were satisfied with that service in Winnebago County. Factors with the highest rates of dissatisfaction included:
 - Able to Find Services (33.6% of respondents dissatisfied)
 - Treatment or Rehabilitation (33.6%)
 - Finding Out How Serious It Is (32.6%)
 - Access to Care During a Crisis (29.9%)
 - Getting into Treatment (29.7%).

- When asked about services for an adult, the same categories had the highest rates of dissatisfaction:
 - Finding Out How Serious It is (28.6% of respondents dissatisfied)
 - Able to Find Services (27.5%)
 - Treatment or Rehabilitation (25.8%)
 - Access to Care During a Crisis (25.2%)
 - Getting Into Treatment (24.2%).
- Suicide is the 11th leading cause of death among all age groups, but ranks much higher among the younger age groups (ages 1-17 ranked 4th after accidents, homicide and cancer; ages 18-24 ranked 3rd after accidents and homicide; and ages 25 to 44 ranked 4th after accidents, cancer and heart disease) in Illinois.
- A higher percentage of adults in the region (21.6%) have been diagnosed with depressive disorder, compared with a state rate of 16.5% and a US rate of 16.6%.
- 16.4% of Medicare recipients in the report area are experiencing depression, higher than state (14.8%) and US (16.2%) rates.

Substance Use

- In the report area, an estimated 53,203, or 21.1% of adults age 18 or older self-report currently smoking cigarettes some days or every day. In comparison, the state percentage is 18.4%, while nationally it is 18.1%. Winnebago County skews the report area as the percentage is 21.7%, well above the averages, while Boone County is well below at 17.5%, in 2006 through 2012. However, just 7.5% of Household Survey respondents over age 65 report smoking at least some days.
- Nationally, the population aged 18 and older involved with illicit drugs (Marijuana, Cocaine, Crack, Heroin, and LSD) has steadily increased
- Any substance abuse has a motivation as to why and whether there were consequences to those actions. According to the University of Illinois' Center for Prevention Research & Development Illinois Youth Survey, among those 12th graders that responded to the survey:

	Winnebago	Boone	Report Area #	State
Did you ever use alcohol or drugs to relax, feel better about yourself, or fit in	28.0%	26.0%	919	27.0%
Did you ever use alcohol or drugs while you were by yourself, alone	23.0%	17.0%	721	20.0%
Did you ever forget things you did while using alcohol or drugs	19.0%	14.0%	596	19.0%
Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs	29.0%	16.0%	868	28.0%
Experienced 2 or more consequences¹	31.0%	22.0%	965	29.0%

Chronic Disease - Cardiovascular Health

- The report area (27.6%) is on par with Illinois (28.2%) and the U.S. (28.2%) of adults reporting high blood pressure diagnosis. For Medicare recipients, 52.3% of the report area has been diagnosed with hypertension, lower than state (56.7%) and U.S. (55.1%) rates.

- 4% of adults in the report area have been diagnosed with Coronary Heart Disease, on par with state (3.8%) and U.S. (4.4%) rates. For the Medicare population, the report area (24.2%) is lower than both state (27.5%) and U.S. (27%) rates.
- Both Winnebago and Boone Counties have a lower death rate due to Coronary Heart Disease than the HP 2020 target. Winnebago is at 91.7 deaths per 100,000 in population, and Boone is at 88.1 deaths. The HP 2020 target is 103.4. However, by gender there are stark differences. Men (130.3 deaths) are almost twice as likely to die from Coronary Heart Disease than women (64.7 deaths).
- In the report area, 25.5% of adults, or 65,558, self-reported that they are not taking medication for their high blood pressure.
- Key Informants stated that the incidence of cardiovascular disease among all residents needs to be reduced. The evidence of need mentioned is a high incidence of individuals with hypertension and strokes in the region. The respondents believe that greater education is needed about how a poor diet and a sedentary lifestyle leads to cardiovascular disease. The gap in service mentioned is access to care and specifically not enough Medicaid doctors. The barriers to service include awareness, screening for disease, and not seeing a doctor regularly.

Chronic Disease - Obesity

- According to CDC data, 33.4% of residents in the report area are categorized as obese, higher than the state rate of 27.0% and the national rate of 27.5%.
- There is no relative County data for youth obesity. However, statewide the Center for Disease Control has tracked adolescents (grades 9-12) who have been diagnosed with obesity. Obesity is defined differently for adolescents as it depends on height and weight as to the appropriate BMI, so it does vary unlike adults. According to 2015 data, 12.6% of adolescents in the state of Illinois are obese.
- Of household survey respondents, 30.6% are categorized as overweight (BMI between 25.0 and 29.9); 34.5% are categorized as obese (BMI 30 or higher). Some demographic disparities do exist in this data, particularly Blacks (50.0%) and Women (40.8%) are obese at higher rates than the overall population. 37.4% of adults over age 65 are categorized as obese.
- There are significant differences in survey respondents' perception of their weight status compared to their BMI category. Of Obese adults, only 10.4% perceive themselves as obese, with 54.8% perceiving themselves as overweight and 34.2% perceiving themselves as 'about the right weight'. Of Overweight adults, 40.7% perceive themselves as overweight, with 53.9% perceiving themselves as 'about the right weight'.
- Overweight and obese adults in the region are more likely to report a number of adverse health conditions. Of Obese adults:
 - 22.9% reported activity limitations (vs. 9.9% of normal weight adults)
 - 18.7% reported Asthma, COPD, emphysema and chronic bronchitis (vs. 10.6%)
 - 17.8% reported Fair or poor physical health (vs. 8.0%)
 - 15.3% reported Diabetes (vs. 10.4%)
 - 11.5% reported Heart attack, angina or coronary heart disease, or stroke (vs. 7.6%)
 - 6.8% reported kidney disease (vs. just 2.2% of normal weight adults).
- Key Informants stated that obesity among all residents needs to be addressed. The evidence of need is national and local data. The gaps in service are food deserts, lack of activity-friendly public spaces, and lack of education about nutrition. The specific barriers to service are poverty and not following nutritional guidelines.

Maternal/Prenatal/Early Childhood

- While the incidence of teen births and low birth weight babies is declining, we still face challenges in these areas. In 2014, the birth rate for teenaged females in the report area was 29.8 births per 1,000 teenaged females. The rate was 31.5 in Winnebago County and 22.2 in Boone County. The state rate was 22.3, so both the report area as a whole and Winnebago County had a much higher teen birth rate than the state.
- Low birth weight infants (less than 2,500 kg) are at high risk for health problems. Winnebago County has the highest percent of low weight births at 8.7%, but only slightly higher than Illinois at 8.4% and the United States at 8.2%. Boone County is much lower, at only 7.3%.
- While the data is rather outdated, the evidence is clear that early intervention with a program offering education and support reduces the number of very low birth weight infants by several percentage points. In 2006 (the most recent year for which data is available), incidence of Very Low Birth Weight for babies whose mothers receive WIC or Family Case Management was 1.3%, while the rate for those not receiving the intervention was 3.3%.
- Winnebago County ranks 96th out of 102 Illinois counties in the percentage of children living in single parent homes (43%).
- In the report area 23.9% or 19,679 children aged 0-17 are living in households with income below the 100% Federal Poverty Level (FPL). That rate rises to 48.7% of children living in households below 200% of FPL.
- Key Informants believe that there needs to be a more streamlined, less duplicative, and more coordinated system of care for all residents. One respondent mentions the need for a system of family care where all members of a family can be seen by the same provider.

Oral Health

- Almost two-thirds (65.5%) of adults in the region have visited a dentist or dental clinic less than 12 months ago. Significant socioeconomic disparities exist in this data, with lower percentages of Blacks (46.8%), Hispanics (53.8%), Other Races (45.3%), and those earning less than \$25,000 (56.0%) having visited a dentist less than 12 months ago. Also, Women (61.9%) are less likely to have visited a dentist than Men (69.2%).
- A total of 18.7% of adults in the region state that there was a time in the past 12 months when they needed dental care, but could not get it. Again, socioeconomic factors significantly impact this rate, with Blacks (27.9%), Hispanics (43.4%), those earning less than \$25,000 (36.9%), Women (23.5%) and those aged 18-39 (26.1%) indicating they could not get needed dental care within the past 12 months. The most frequent reasons given for the inability to access dental care were No Dental Insurance (46.8%), Dentist Refused to Take Insurance/Medicaid (21.6%), and Could Not Afford Co-Pay (17.6%).
- Key Informants indicated that oral health services for adults on Public Aid, uninsured, and underinsured are needed. The evidence of need cited is prior Healthy Community Studies. Reimbursement to dentists from Public Aid is low. Treatment oriented care is prioritized over preventive care. The respondents mention lack of transportation to appointments, fear of dental procedures, and lack of insurance to cover procedures as barriers to service.

A Call to Action

The diverse membership of the Council in many ways represents the “dots” -- the entities of government, business, education, non-profit and healthcare – where the solutions reside. As we delve deeper into the findings of the Study, our leadership teams must connect the dots to bolster positive health trends and devise collective solutions to our most challenging health issues.

Our first step in the process will be to review the current Strategic Plan and priorities in light of new Study data, looking at what is working and where improvement is needed. Next, leadership teams related to each Council priority will convene, generating solutions for each of these most pressing community issues.

But in order to be successful, we need your help! Community solutions need community partners. The Council acts as a catalyst for collaboration to assure a healthy community. “Connecting the dots” means bringing partnerships together in ways that accelerate progress and move the needle. Won’t you join us? To learn more about how the Council connects the dots and improves community health, please complete the attached reply card.