

Beloit Health System

2023 COMMUNITY HEALTH NEEDS ASSESSMENT



Contents

- Executive Summary..... 1
- Beloit Health System..... 6
 - Mission 6
 - Programs & Services..... 6
- Service Area Overview 7
 - Wisconsin 8
 - Illinois 9
- CHNA Methodology 10
- Secondary Data Research 11
 - Core Demographics..... 11
 - Social Determinants of Health 29
 - Health Status Profile..... 42
 - Behavioral Health Status Profile 52
- Qualitative Research..... 58
 - Approach 58
 - One-on-One Interviews..... 58
 - Focus Group Discussions..... 58
 - Qualitative Data Collection Participants 59
 - High-Level Action Areas 60
- Quantitative Community Survey 72
 - Survey Methodology 72
 - Survey Respondent Demographics 73
 - Survey Findings..... 75
- Access Audit 79
 - Findings 79
- Needs Prioritization 80
 - Prioritized Needs..... 81

Appendices.....	84
Appendix A. Supplementary Secondary Data Research	84
Appendix B. Stakeholder Interview Guide	86
Appendix C. Community Survey Instrument.....	91
Appendix D. Full List of Ranked Needs from the Community Survey.....	100
Appendix E. Focus Group Moderator’s Guide	102
Appendix F. List of Identified Needs Considered by Leadership Group	106

**All photos within the report are sourced from Canva & Creative Commons.*

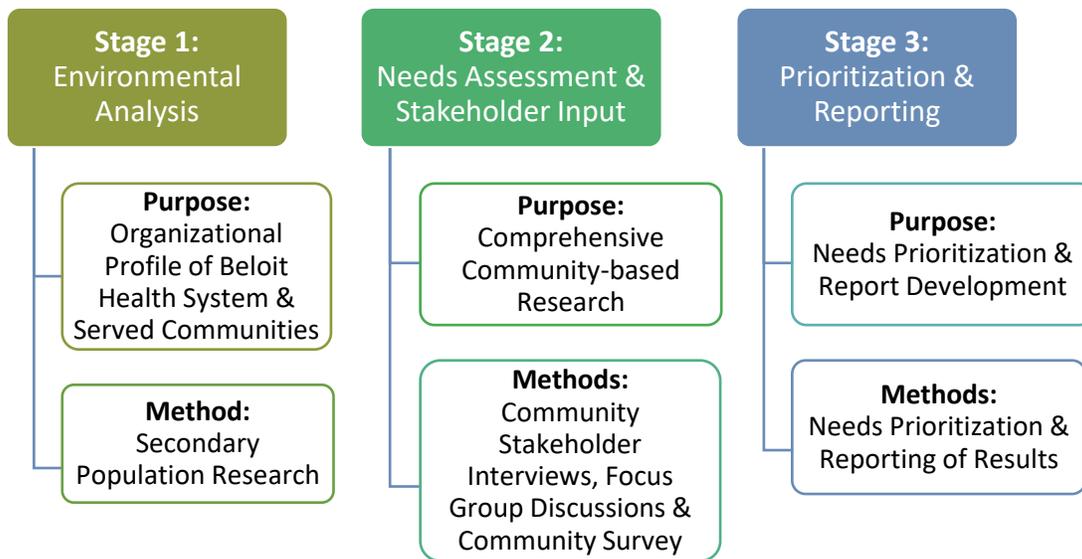
Executive Summary

The mission of Beloit Health System (BHS) is to be the leader in regional health and wellness services, delivering high quality, value, and satisfaction to



those it is fortunate enough to serve. One way BHS remains oriented towards these goals is by assessing community need through the Community Health Needs Assessment (CHNA) process, which provides an in-depth look at healthcare challenges facing residents of BHS’ service area. This service area is defined by the following zip codes: 53511 (Beloit, WI); 53525 (Clinton, WI); 53576 (Orfordville, WI); 61072(Rockton, IL); 61073 (Roscoe, IL); and 61080 (South Beloit, IL).

The major sections of the CHNA methodology include the following:



Secondary Data Research

This section of the CHNA provides the demographic data for the BHS Service Area, Rock County, Wisconsin, and the United States. These data can be used to better understand the makeup of these communities and to identify strengths and areas of need. There are several Social Vulnerability Index core measures for which the BHS Service Area differs from Rock County, Wisconsin, and/or the United States. Below are some of the most important differences.

- The population in the BHS Service Area is projected to grow at a rate slightly less than Wisconsin and substantially less than the United States, but greater than Rock County.
- The unemployment rate in the BHS Service Area is comparable to that at the national level, each of which is higher than either Wisconsin or Rock County.
- The population in the BHS Service Area is slightly younger than the other geographies.

- The BHS Service Area is more racially and ethnically diverse than Rock County or Wisconsin, but less diverse than the United States. While the largest concentrations of minority populations live in Beloit, there are a number of outlying areas in which as many as one in three people identify as one or more racial/ethnic minority groups.
 - In the BHS Service Area, there are greater proportions of people of color living in poverty compared to individuals who identify as White alone, including nearly one-quarter of those who identify as Black or African American alone and more than one in five of those who identify as Hispanic or Latino.
- Every school district in Rock County experienced a decline in the percentage of students with proficient reading ability from 2019 to 2021, with proficiency scores lowest among School District of Beloit students.
- There are fewer multi-unit housing structures, and a smaller fraction of housing units that are mobile homes, in the BHS Service Area compared to the other geographies.
- Nearly two in five renters, and one in five homeowners, are considered to be cost-burdened with regards to housing (that is, these households spend 30% or more of household income on rent or mortgage expenses).
- Rock County has fewer primary care providers per population compared to Wisconsin and the United States, and lower percentages of adults that are up to date on various preventive measures compared to national levels.
- The teen birth rate in Rock County is higher than the Wisconsin or national teen birth rates, and teen mothers in Rock County who identify as Black having a rate nearly three times as high as those who identify as White.
- While crisis services are the most frequently utilized mental health services in Rock County year over year, there was a decrease in the number of people receiving crisis services over the 2019 to 2021 period.

Qualitative Research

The qualitative primary research included community partner interviews and focus group discussions which yielded the following qualitative themes. Each theme or 'Action Area' is further discussed in the full report. Action Areas are not in any prioritized order.



Behavioral
Health Acuity &
Resource Needs



Education &
Child Care



Equity &
Cross-Cultural
Issues



Health Care
Accessibility &
Service Gaps



Housing &
Homelessness



Poverty,
Transportation, &
Food Access

Behavioral Health Acuity & Resource Needs A number of stakeholders spoke to the mental health needs among children and adults in Beloit, as well as local resource limitations such as the lack of inpatient and crisis beds. Others identified ways that government could better assist smaller communities that are in need of support in this area, including among first responders and law enforcement. Others spoke to the substance use challenges facing the region, including the lack of treatment and recovery supports in the small communities of the BHS Service Area.

Education & Child Care Several community members spoke to the challenges around the availability and affordability of child care for families living in the BHS Service Area. Others discussed needs associated with local school systems, such as leadership turbulence, student behavioral issues, and academic performance, especially in the context of the pandemic.

Equity & Cross-Cultural Needs Many stakeholders spoke to challenges faced by the region's Black or African American residents, including distrust due to perceptions of differential treatment in accessing health care. Others spoke in more detail to the specific barriers experienced by the growing Hispanic population in the region, including issues faced by Spanish speakers and those who are undocumented.

Health Care Accessibility & Service Gaps The COVID-19 pandemic has exacerbated health care resource needs across the country, including recruitment and retention of providers and staff. Stakeholders described variable access to health care resources in the community, often in relation to regional health care staffing challenges. Others spoke to issues associated with the overextension of limited resources in the community, such as emergency medical services and emergency departments, and selective use by residents of emergency resources for non-emergent needs, such as primary care. Additional identified challenges pertain to opaque insurance issues and obstacles to communication with providers.

Housing & Homelessness Nationally, housing is among the most common challenge faced by individuals and families in the wake of the COVID-19 pandemic. Today's local housing markets are frequently characterized by high demand, high interest rates, and variable housing stock and quality. Many stakeholders spoke to the limited availability of affordable housing for rent or purchase in Beloit, as well as the growing diversity of area residents facing housing instability.

Poverty, Transportation, & Food Access Child care and housing were among several interrelated basic needs identified as challenges facing many in the BHS Service Area. For many, poverty and wages are at the heart of these issues. Others spoke to the integral role of transportation access in helping people, particularly seniors, to meet their basic needs and to access community-based services. Access to affordable, healthy foods is another foundational basic need that fortifies physical health. Stakeholders described needs associated with food access in the BHS Service Area.

Community Survey

The Community Survey enabled a share of people living in the BHS Service Area to share their perspectives on the priority of an array of community needs across a variety of topics, from health care to community engagement and belonging. The majority of respondents identified as White or Caucasian and not Hispanic, Latino, or other Spanish origin. The median household income reported by respondents falls in the \$75,000-\$99,999 range, which is slightly greater than the median household income estimated for the population in the BHS Service Area. More than one in two live in Beloit, with an additional one in five from the Illinois communities of Roscoe, Rockton, and South Beloit.

Among those who reported choosing not to get care in the past two years, more than one in two reported long wait times to be a reason they did not seek care, and one in four identified lack of money or ability to pay to be a barrier. More than one in five respondents reported not having someone to help if they were confined to bed, and a slightly smaller proportion reported not having someone to confide in or talk to, and/or to help with daily chores. Fewer than one in five respondents reported challenges stemming from the past two years, with respondents reporting having the most common challenges enjoying leisure activities or feeling lonely. Overall, respondents prioritized behavioral health needs, including counseling services for adolescents/children and adults, as well as crisis programs for mental health. Affordable prescription drugs were the second highest prioritized need.

Access Audit

Access audit calls are an effective way to evaluate the community's access to health care services within the BHS Service Area by assessing practical access to health care and other services and barriers experienced by community members seeking care. Of the 20 sites contacted, all but four are accepting new patients, although in several instances, not all providers at the site were accepting new patients or availability for new patients was limited. At most sites, the ease of speaking with a person was easy, and most staff members were eager to help and asked questions to ensure that their facilities' services aligned with the caller's needs.

Needs Prioritization

A CHNA Leadership Group comprising BHS leadership and board members participated in a two-stage needs scoring process facilitated by Crescendo. From a list of 30 community health needs and service gaps, the Leadership Group identified 10 priority needs based on importance, BHS degree/locus of control, and timeline within which impact could be foreseen.

Of the prioritized needs identified by the Leadership Group, two needs rose to the top in terms of importance, BHS degree of control, and foreseeable impact within a year. These needs are:

- **Increase the number of primary care services (such as a family doctor or other provider of routine care):** Rock County has fewer primary care providers per population compared to Wisconsin and the United States. Interviewees and focus group participants alike spoke to the burdens levied on emergency response personnel and services for routine care and for preventable or chronic health conditions exacerbated by lack of access to primary care. Further, among those who took the community survey and reported having unmet medical or mental health needs, a majority reported long wait times to see a provider as a reason for not getting needed care.

BHS is well-poised to expand primary care access throughout the communities it serves on each side of the Wisconsin-Illinois state line. By doing so, BHS seeks to address the widely reported challenges associated with access to timely care, as well as to alleviate the burden on emergency response personnel and services through an expanded network of sources of care that are responsive to community needs.

- **Improve provider and system communication with patients, including improving the clarity of billing and insurance-related communications:** In addition to expanding the array of primary care options available across the community, BHS recognizes the widely identified need for improved communication between patients and providers on topics ranging from care regimens to billing and insurance. Community members spoke to a variety of ongoing challenges related to establishing and maintaining consistent lines of communication with providers, as well as issues specific to insurance and billing.

BHS values clear and effective communication as an integral to the process of connecting people to appropriate care across the continuum. By prioritizing this need, BHS recognizes that there are several tangible areas, from patient care to insurance and billing, in which it can promote and instill more effective and equitable communication practices across the health system in the coming year and beyond.

Beloit Health System

Mission

The mission of Beloit Health System (BHS) is to be the leader in regional health and wellness services, delivering high quality, value, and satisfaction to those it is fortunate enough to serve. BHS’ goal is to deliver the highest quality medical services and improve the overall health status of the community, and it strives to do this at an economical value and with the highest level of patient satisfaction. One way BHS remains oriented towards these goals is by assessing community need through this Community Health Needs Assessment (CHNA) process. The CHNA tool provides an in-depth look at healthcare challenges facing residents of the Beloit area so BHS can best meet their needs.

Programs & Services

	Family Medicine
Cardiology	
	Orthopedics
Cancer Care	
	Hospice



Beloit offers a vast array of health care services.

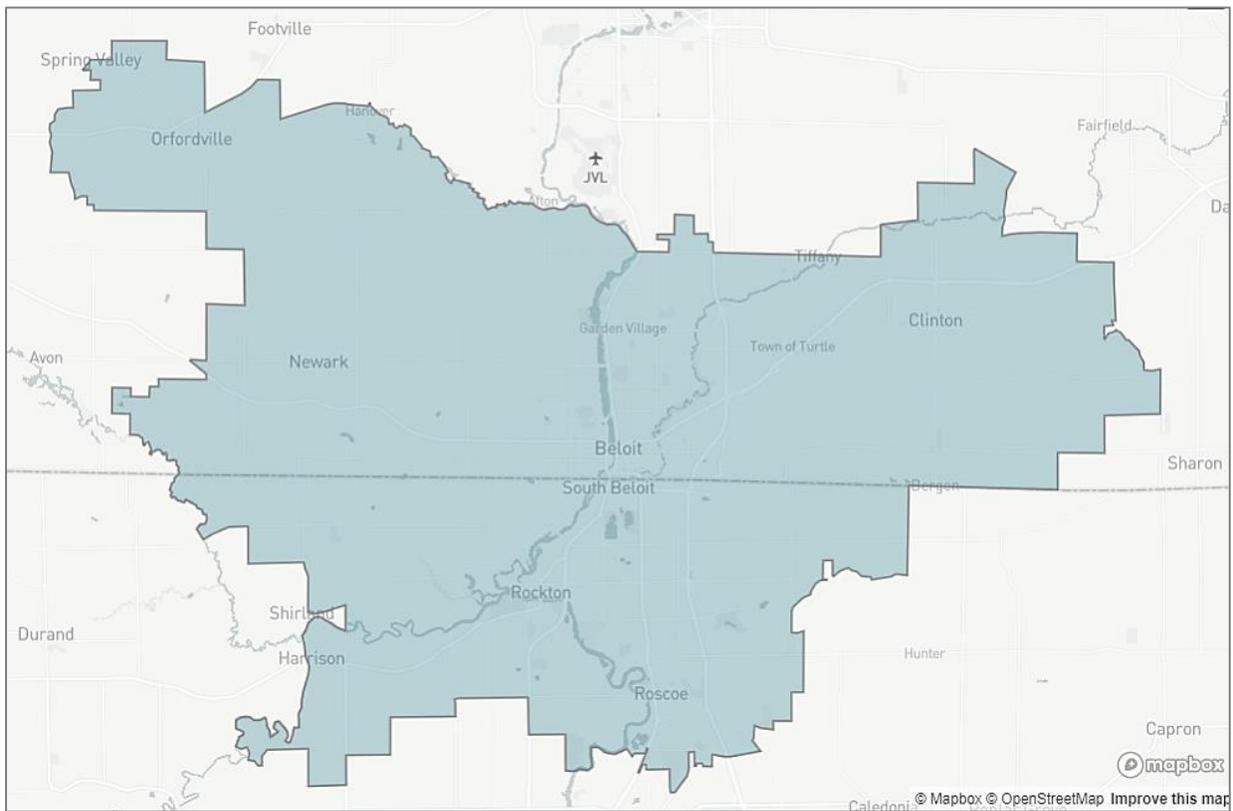
Learn More:

<https://www.beloithealthsystem.org/services/>

Service Area Overview

This CHNA describes the BHS Service Area, an area spanning the Wisconsin-Illinois state line region. The BHS Service Area is defined by the following six zip codes (see the shaded region in the map below): 53511 (Beloit, WI); 53525 (Clinton, WI); 53576 (Orfordville, WI); 61072 (Rockton, IL); 61073 (Roscoe, IL); and 61080 (South Beloit, IL).

Exhibit 1: Map of Beloit Health System Service Area



The following narrative briefly describes selected municipalities within the BHS Service Area on either side of the Wisconsin-Illinois state line.

Wisconsin

Located in Rock County, Wisconsin, on the state's border with Illinois, the **City of Beloit** (36,567 residents) is much larger than the neighboring municipalities within the BHS Service Area. Straddling the Rock River, Beloit's storied history has included roles as a way station on the Underground Railroad and home to industrial entities such as Merrill & Houston Iron Works. In the mid-twentieth century, Beloit's workforce helped to meet production demands during World War II through Beloit-based Fairbanks-Morse, a manufacturer of machinery and industrial supplies for the U.S. military. Symbolically, the city's blue-collar ethos is reflected in the logo of its minor league baseball franchise, the Beloit Sky Carp, which features a flying goose wielding a wrench in a nod to the city's industrial heritage.

Another critical facet of Beloit's culture stems from its history as one of Wisconsin's first integrated communities. In the early twentieth century, as part of the first Great Migration, African Americans from Southern states moved to Beloit for employment opportunities at Fairbanks-Morse and other industrial employers. Since most White laborers had joined the U.S. military in World War I, African American workers filled the resultant labor shortage.¹ The influx of new residents changed the face of the community, such as through the development of the "Fairbanks Flats" as segregated housing. Over time, while the composition of Beloit's population has continued to diversify, the African American community remains a central part of Beloit's past and future.

Today, Beloit is home to a combination of long-standing firms like Fairbanks-Morse and small businesses like Stanton Shoes that have deep roots in the community, along with an invigorated downtown area that is home to new ventures such as tech startups. The community also has a strong philanthropic presence, including Diane Hendricks, named America's richest self-made woman by Forbes magazine in 2018. And Beloit College is the oldest college in Wisconsin, offering more than 50 majors to a student body featuring representation from across the globe.

Other selected Rock County municipalities within the BHS Service Area include:

The Town of Beloit (7,751 residents): Located just North and West of the City of Beloit within Rock County, this rural municipality includes the unincorporated communities of Belcrest, Crestview, and Victory Heights.

The Village of Clinton (1,952 residents): Neighboring Beloit to the Northeast within Rock County, Clinton's history dates back to 1842, two years before Wisconsin became a state. While the village has grown somewhat over time, it remains a small, family-oriented community of fewer than 2,000 residents.

¹ PBS Wisconsin. "Beloit's African-American History." Available at: <https://pbswisconsin.org/watch/university-place/beloits-african-american-history-ev9cic/>

The Village of Orfordville (1,429 residents): This “small town with big dreams” is located Northwest of Beloit. Often associated with Footville (which is located outside of the BHS Service Area as defined here), Orfordville has recently made strides to provide broadband internet service in rural, economically challenged areas.² Parkview School District (which includes Orfordville and Footville) was one of two districts in Rock County that received a score of “Exceeds Expectations” from the State of Wisconsin.³

Illinois

The City of South Beloit (7,943 residents) was incorporated in 1917 in Winnebago County on the Illinois and Wisconsin state line adjacent to the City of Beloit. Originally home to the Ho-chunk (Winnebago) Indian village known as Ke-Chunk, or “Turtle Village,” the city has been geographically and economically advantaged due to its proximity to Milwaukee and Chicago, as well as due to the presence of natural resources such as copper, lead, and bog iron.^{4,5}

The Village of Rockton (8,051 residents) is a community located south of South Beloit in the Rock River Valley region of Winnebago County that, much like neighboring communities, was once home to indigenous peoples.⁶ In the mid-twentieth century, Rockton was perhaps best known as home to the Wagon Wheel Resort, one of the Midwest’s premier vacation destinations that welcomed visitors from Bob Hope to Ronald Reagan.⁷ Though closed since the late 1980s, the Wagon Wheel remains a part of Rockton’s storied past.

The Village of Roscoe (11,092 residents) is located south of South Beloit and Rockton in Northern Winnebago County, less than 30 miles from O’Hare International Airport. With a larger population than either of these other two neighboring municipalities located on the Illinois side of the BHS Service Area, Roscoe is also closer in proximity to the Rockford metropolitan area, as well as to automotive manufacturing facilities in nearby Belvidere.

2 The 2020 Broadband Deployment Report indicates that 22.3% of Americans in rural areas and 27.7% of Americans in Tribal lands lack coverage from ... 25/3 Mbps broadband, as compared to only 1.5% of Americans in urban areas” 2 According to BroadbandNow Research, there are 670,592 people in Wisconsin without broadband, compared to the FCC’s estimate of 394,000.

3 Wisconsin Department of Public Instruction. Accountability School Report Card. Available at: <https://dpi.wi.gov/accountability/report-cards/about>.

4 Green, William. *The Search for Ke-Chunk*, 2012 Investigations in South Beloit, Winnebago County, Illinois.

5 [About South Beloit | South Beloit](#)

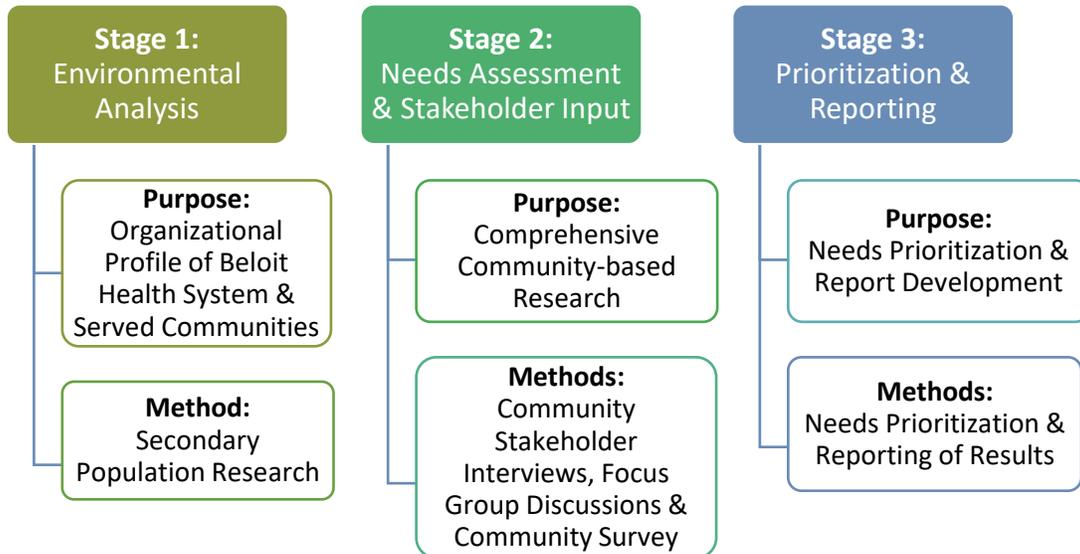
6 Carr, Edson. *The history of Rockton, Winnebago County, Illinois 1820 to 1898*.

7 Rockton-Roscoe News. “Memories of the Wagon Wheel Resort.” Available at: <https://roscoenews.com/g/rockton-il/e/66071/memories-wagon-wheel-resort>.

CHNA Methodology

The CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and community members, especially those from underserved populations and agency clients.

The major sections of the methodology include the following:



Strategic Secondary Research. This type of research includes a thorough analysis of previously published materials that provides insight regarding the community profile and health-related measures.

Qualitative Interviews and Discussion Groups. This primary research includes discussion groups and interviews with BHS leadership and staff, other community service providers, and community members across the region.

Community Survey. Crescendo administered an online survey in two languages to over 100 community members across the region. Results were analyzed, and data tables and graphs were created to illuminate the results found in this report.

A Needs Prioritization Process. A list of 30 community needs was developed following the secondary research, qualitative interviews, focus group discussions, and community surveys. Leadership group members participated in a two-phase prioritization process.

Secondary Data Research

Core Demographics

Social Vulnerability Index

The Social Vulnerability Index (SVI) model was developed by the U.S. Centers for Disease Control and Prevention (CDC) as a way to use data to identify vulnerable populations.

The SVI may be used to rank overall population well-being and mobility relative to county, state, and national figures. Measures are grouped into four major categories: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.⁸

SVI Measure Categories	SVI Measures
Socioeconomic Status	Below Poverty Unemployed Income No High School Diploma
Household Composition & Disability	Age 65+ Age Below 18 Disabled Single-Parent Households
Minority Status & Language	Ethnic/Racial Minority Limited or no English Proficiency
Household Type & Transportation	Multi-Unit Structures Mobile Homes No Vehicle Group Quarters

⁸ Agency for Toxic Substances and Disease Registry, CDC/ATSDR Social Vulnerability Index.

The following SVI tables highlight factors that impact the needs of the most vulnerable in the BHS Service Area.

Exhibit 2: SVI, Socioeconomic Status, Household Composition & Disability Measures

	United States	Wisconsin	Rock County	BHS Service Area
Total population	329,725,481	5,871,661	163,522	97,511
Households below poverty level	12.4%	10.5%	10.2%	10.7%
Unemployment rate	5.5%	3.5%	4.5%	5.6%
Median household income	\$69,021	\$67,080	\$65,518	\$74,351
No high school diploma	11.1%	7.1%	8.0%	8.7%
Under 18	22.5%	22.0%	23.2%	25.0%
Age 65 +	16.0%	17.0%	16.5%	15.3%
Population living with a disability	12.6%	11.6%	13.3%	11.8%
Children in single-parent households	25.1%	22.7%	22.9%	22.4%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- There are proportionally **fewer households below the poverty level** in Wisconsin, Rock County, or the BHS Service Area as compared to the United States.
- The **unemployment rate** in the BHS Service Area is more comparable to that at the national level, each of which is **higher than either Wisconsin or Rock County**.
- **Median household income in the BHS Service Area is higher** than any of the other geographies presented here.
- The proportion of the population in the BHS Service Area with **no high school diploma**, while greater than either Rock County or Wisconsin, **is lower than the corresponding national proportion**.
- **The population in the BHS Service Area is slightly younger** than the other geographies presented here.
- There are proportionally **fewer residents of the BHS Service Area living with a disability** than Rock County or the United States.
- The fraction **of children living in single-parent households is greater at the national level** compared to the Wisconsin geographies presented here, including the BHS Service Area.

Exhibit 3: SVI, Minority Status & Language and Household Type & Transportation Measures

	United States	Wisconsin	Rock County	BHS Service Area
Ethnic/racial minority	40.6%	19.9%	18.7%	24.9%
Limited or no English proficiency	8.2%	3.0%	2.7%	3.3%
Foreign-born	13.6%	5.0%	4.7%	6.3%
Multi-unit housing structures	26.4%	26.0%	19.7%	16.0%
Mobile homes	5.9%	3.2%	2.2%	1.8%
No vehicle	8.3%	6.3%	5.8%	4.5%
Group quarters	2.4%	2.4%	1.7%	2.0%

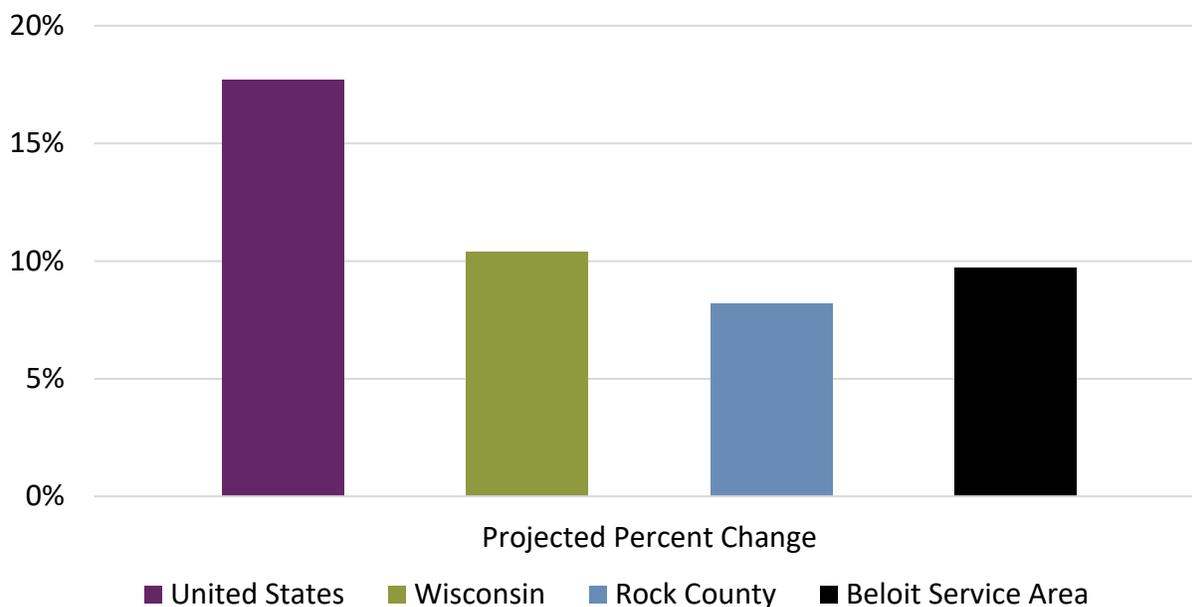
Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- **The BHS Service Area is more racially and ethnically diverse than Rock County or Wisconsin, but less diverse than the United States.**
- There are proportionally **fewer people with limited or no English proficiency in any of the Wisconsin geographies** presented here compared to the United States.
- **The BHS Service Area includes a larger proportion of foreign-born individuals than Rock County or Wisconsin, but a smaller fraction than at the national level.**
- **There are fewer multi-unit housing structures, and a smaller fraction of housing units that are mobile homes, in the BHS Service Area** compared to the other geographies featured here.
- **A smaller proportion of those in the BHS Service Area have no vehicle** compared to the other geographies.
- **The fraction of those in the BHS Service Area living in group quarters is comparable to Wisconsin or the United States.**

Change Rates (2010-2021)

The population in the BHS Service Area is projected to grow at a rate slightly less than Wisconsin and substantially less than the United States, but greater than Rock County. However, the population in the BHS Service Area essentially remained stable from 2010 to the 2017-2021 period, while the populations in other geographies each grew at variable rates.

Exhibit 4: Projected Percent Change in Population, 2010 to 2030



	United States	Wisconsin	Rock County	BHS Service Area
Total Population (2010) ⁹	308,745,538	5,686,986	160,331	97,713
Estimated Total Population (2017-2021)	329,725,481	5,871,661	163,522	97,511
Percent Change, 2010 to 2017-2021	+6.8%	+3.2%	+2.0%	-0.2%
Projected Total Population (2030)	363,255,837	6,277,233	173,481	107,187
Projected Percent Change, 2010 to 2030	+17.7%	+10.4%	+8.2%	+9.7%

Source: US Census Bureau. Decennial Census 1990. Decennial Census 2000. Decennial Census 2010. ACS 2007-2011 5-year estimates. MySidewalk Projections for future years.

⁹ Totals reported in this row are Census 2010 population counts. The remainder of this report features more recent estimates of population, as derived from the Census Bureau’s American Community Survey over the 2017-2021 period.

The median age increased in Rock County, Wisconsin, and the United States, with the greatest proportional increase occurring in Rock County.

Exhibit 5: Median Age Percent Change

	United States	Wisconsin	Rock County	BHS Service Area
Median Age (2017-2021)	38.4	39.6	39.8	39.7
Median Age (2010)	36.6	38.1	37.5	ND ¹⁰
Percent Change	+4.9%	+3.9%	+6.1%	ND

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

The percentage of households below the poverty level decreased across all geographies, with the largest decreases occurring in Rock County and the BHS Service Area.

Exhibit 6: Percent Living in Poverty, Percent Change

	United States	Wisconsin	Rock County	BHS Service Area
Households Below Poverty Level (2017-2021)	12.4%	10.5%	10.2%	10.7%
Households Below Poverty Level (2010)	13.1%	11.5%	12.1%	12.6%
Percent Change	-5.3%	-8.7%	-15.7%	-15.1%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

The percentage of the population with a Bachelor’s Degree or higher increased by comparable proportions across geographies, although the proportion in Rock County remains lower than either Wisconsin or the United States.

Exhibit 7: Percent of Population with a Bachelor’s Degree or Higher

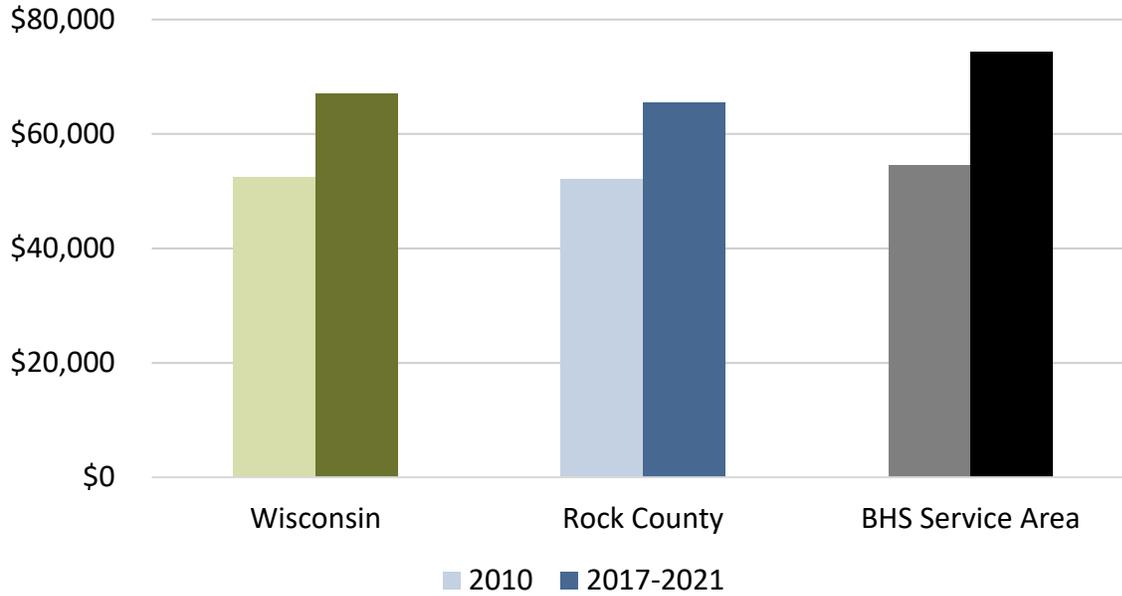
	United States	Wisconsin	Rock County
Population with a Bachelor’s Degree or Higher (2017-2021)	33.7%	31.5%	24.2%
Population with a Bachelor’s Degree or Higher (2010)	27.9%	25.8%	19.8%
Percent Change	+20.7%	+22.1%	+22.2%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

10 ND = No data

Median household income in the BHS Service Area is higher than in Wisconsin and Rock County and experienced a 36.2% increase from 2010 to 2017-2021.

Exhibit 8: Median Household Income Percent Change



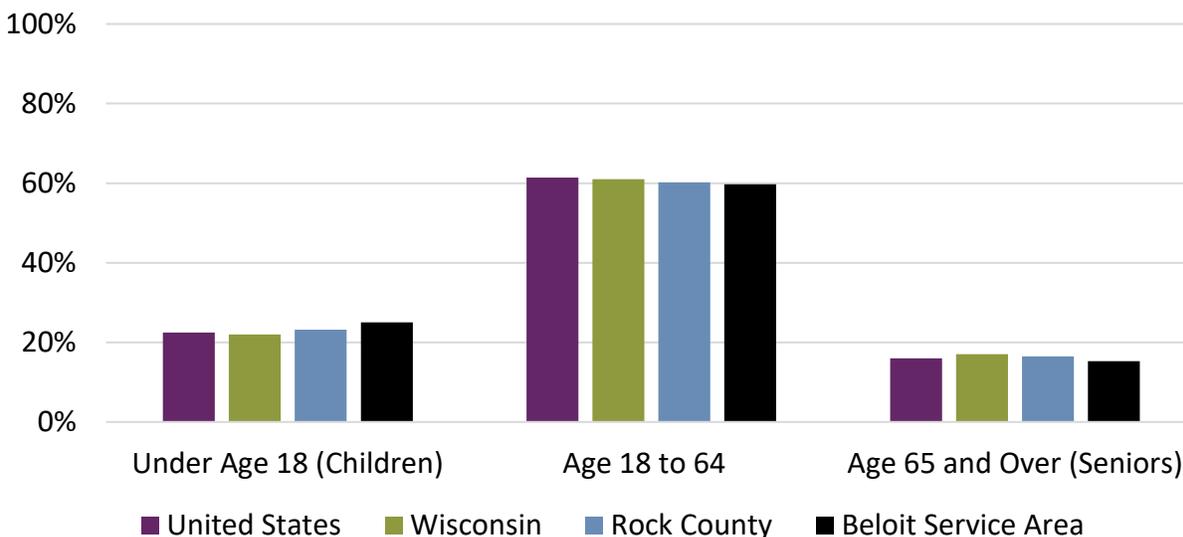
	United States	Wisconsin	Rock County	BHS Service Area
Median Household Income (2017-2021)	\$69,021	\$67,080	\$65,518	\$74,351
Median Household Income (2010)	\$52,762	\$52,374	\$51,992	\$54,586
Percent Change	+30.8%	+28.1%	+26.0%	+36.2%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Age

Service area levels of children are slightly greater than state and national figures, while the proportion of seniors in the service area is slightly lower.

Exhibit 9: Population by Age Group



	United States	Wisconsin	Rock County	BHS Service Area
Under Age 18	22.5%	22.0%	23.2%	25.0%
Age 18 to 64	61.4%	61.0%	60.2%	59.7%
Age 65 and Over	16.0%	17.0%	16.5%	15.3%

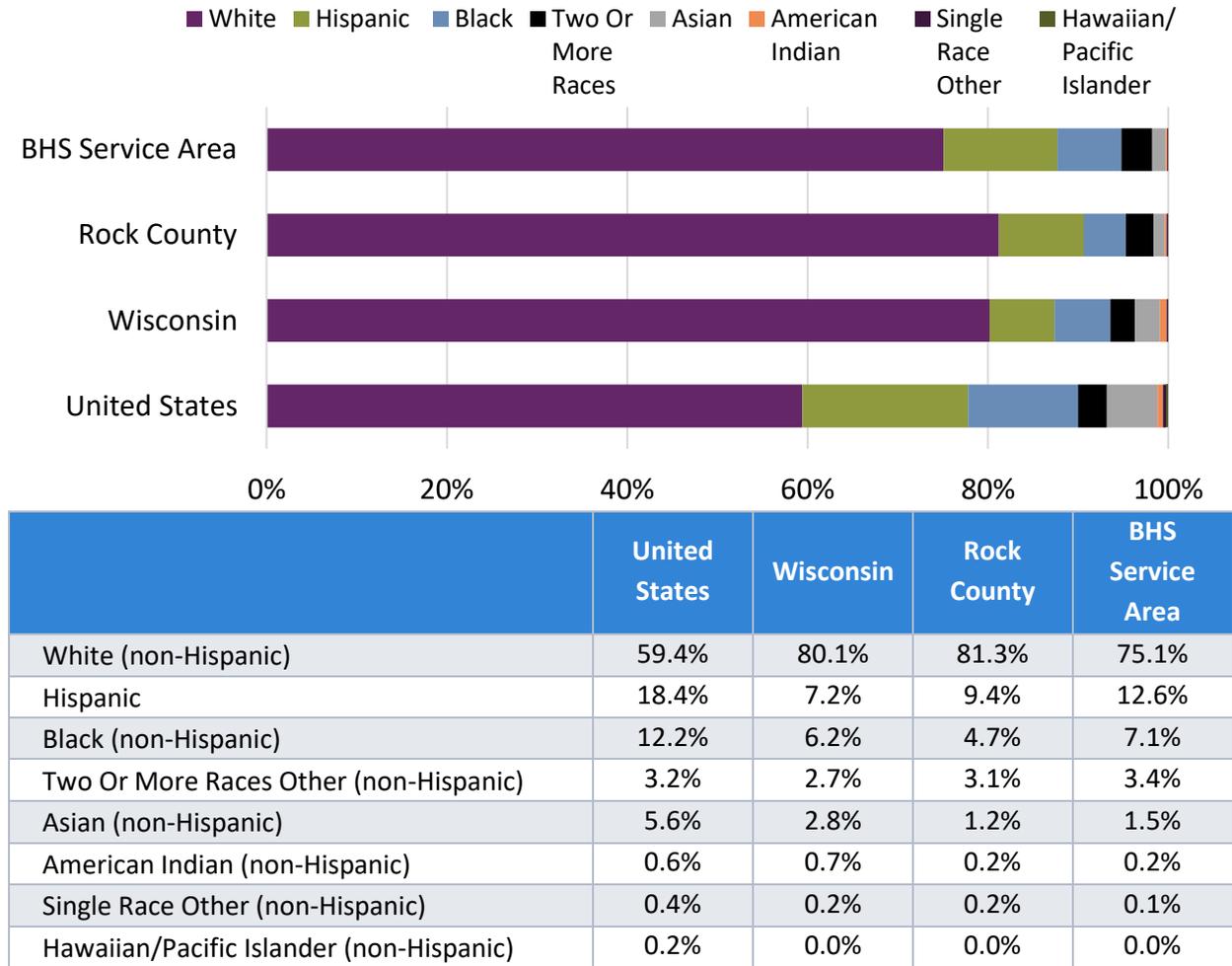
	United States	Wisconsin	Rock County	BHS Service Area
Age Under 5	5.9%	5.6%	6.0%	6.6%
Age 5 to 9	6.1%	6.0%	6.4%	6.9%
Age 10 to 14	6.6%	6.5%	6.7%	7.2%
Age 15 to 19	6.6%	6.6%	6.7%	7.4%
Age 20 to 24	6.5%	6.7%	5.9%	5.9%
Age 25 to 34	13.8%	12.5%	12.2%	12.0%
Age 35 to 44	12.9%	12.4%	12.5%	11.9%
Age 45 to 54	12.6%	12.5%	13.0%	13.3%
Age 55 to 59	6.7%	7.3%	7.1%	6.8%
Age 60 to 64	6.3%	6.9%	7.1%	6.7%
Age 65 to 74	9.6%	10.2%	9.9%	9.3%
Age 75 to 84	4.5%	4.7%	4.7%	4.5%
Age Over 85	1.9%	2.1%	1.9%	1.5%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Race and Ethnicity

The population in the BHS Service Area is more racially and ethnically diverse than Rock County or Wisconsin, driven by larger proportions of Hispanic and Black residents.

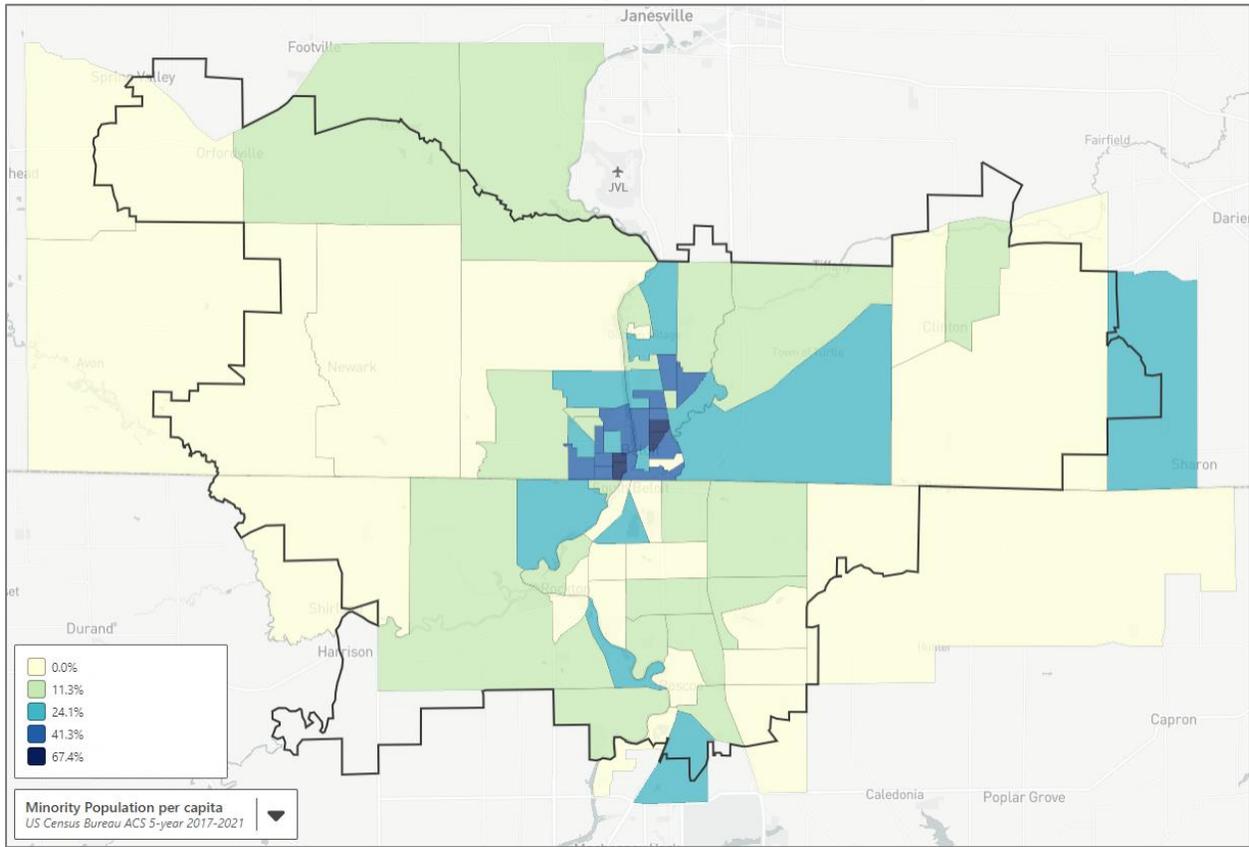
Exhibit 10: Population by Race & Ethnicity



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

While the largest concentrations of racial and ethnic minority populations live in Beloit, there are a number of outlying areas in which as many as one in three people identify as one or more racial/ethnic minority groups (see the blue-green shaded areas in the map below).

Exhibit 11: Minority Population as a Percentage of Total Population by Census Block Group

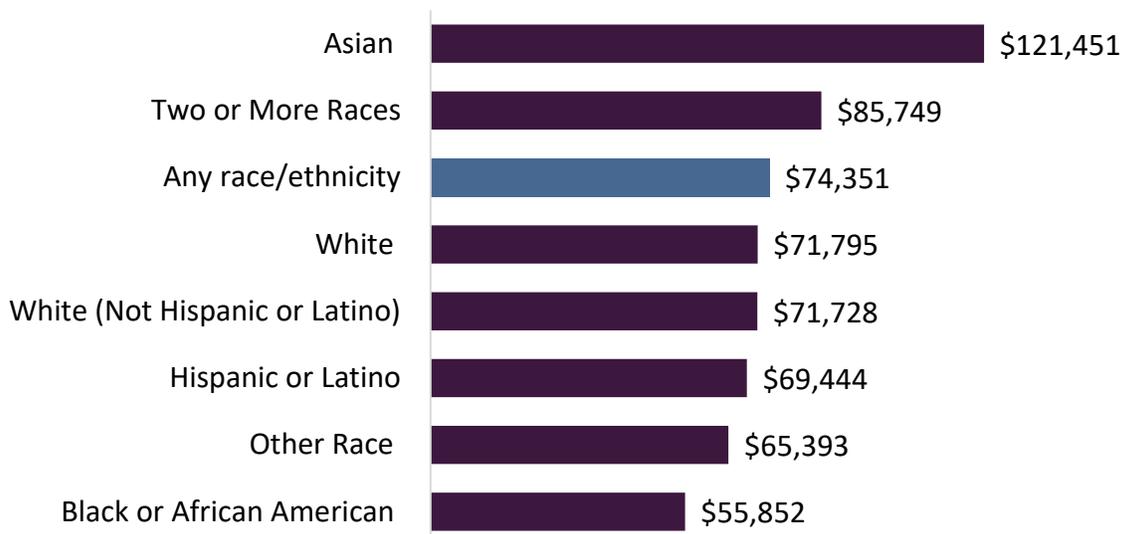


Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Income and Poverty

The Black/African American population in the BHS Service Area has a lower median household income than the Hispanic or White populations – other groups that have larger populations in the area.

Exhibit 12: Median Household Income by Race and Ethnicity, BHS Service Area



	United States	Wisconsin	Rock County	BHS Service Area
Householder Race & Ethnicity				
Asian	\$98,367	\$78,046	\$74,191	\$121,451
Two or More Races	\$65,220	\$58,331	\$47,045	\$85,749
Any race/ethnicity	\$69,021	\$67,080	\$65,518	\$74,351
White	\$73,533	\$70,167	\$67,220	\$71,795
White (Not Hispanic or Latino)	\$75,208	\$70,630	\$67,721	\$71,728
Native Hawaiian and Other Pacific Islander	\$71,029	\$82,074	ND	ND
Hispanic or Latino	\$58,791	\$51,857	\$50,562	\$69,444
Other Race	\$55,769	\$49,779	\$51,841	\$65,393
American Indian / Alaska Native	\$50,183	\$48,140	\$65,391	ND
Black or African American	\$46,401	\$34,998	\$43,575	\$55,852

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

There are proportionally fewer people living in poverty in the BHS Service Area, Rock County, and Wisconsin, as compared to the United States.

Exhibit 13: Percent of Population Living in Poverty

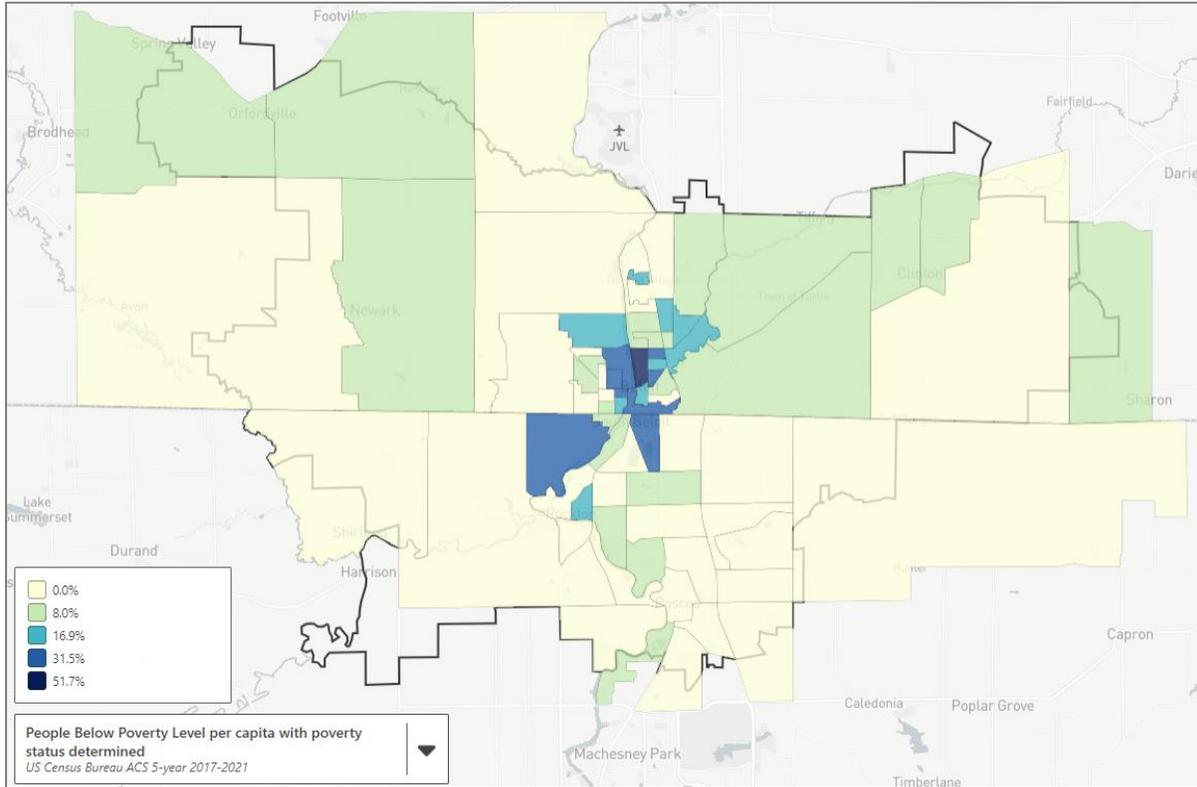
	United States	Wisconsin	Rock County	BHS Service Area
Percent of Population Below Poverty Level	12.3%	10.4%	10.1%	10.8%
By Race / Ethnicity				
Black or African American alone	21.7%	29.2%	20.7%	23.8%
Hispanic or Latino origin (of any race)	17.7%	18.6%	21.4%	21.8%
Some other race alone	19.1%	19.9%	15.2%	21.4%
Two or more races	14.9%	16.7%	16.1%	14.6%
American Indian and Alaska Native alone	23.4%	23.4%	9.9%	12.4%
Any race/ethnicity	12.3%	10.4%	10.1%	10.8%
White alone	10.3%	8.5%	9.1%	9.3%
White alone, not Hispanic or Latino	9.2%	8.1%	8.2%	8.2%
Asian alone	10.3%	14.2%	11.3%	4.7%
Native Hawaiian and Other Pacific Islander alone	16.7%	20.8%	0.0%	0.0%
By Age Group				
Under 5 years	18.5%	15.4%	14.4%	15.5%
Under 18 years	17.0%	13.5%	14.6%	15.4%
18 to 64 years	11.8%	10.4%	9.3%	10.4%
65 years and over	9.6%	7.7%	7.9%	7.5%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- Across geographies, **there are greater proportions of people of color living in poverty** compared to individuals who identify as White alone, including nearly one-quarter of those in the BHS Service Area who identify as Black or African American alone and more than one in five of those who identify as Hispanic or Latino.
- Across geographies, **the proportion of people living in poverty decreases with age.** Fractions of the population living in poverty in the BHS Service Area are greater than those in Rock County, comparable to Wisconsin, and lower than the national level.

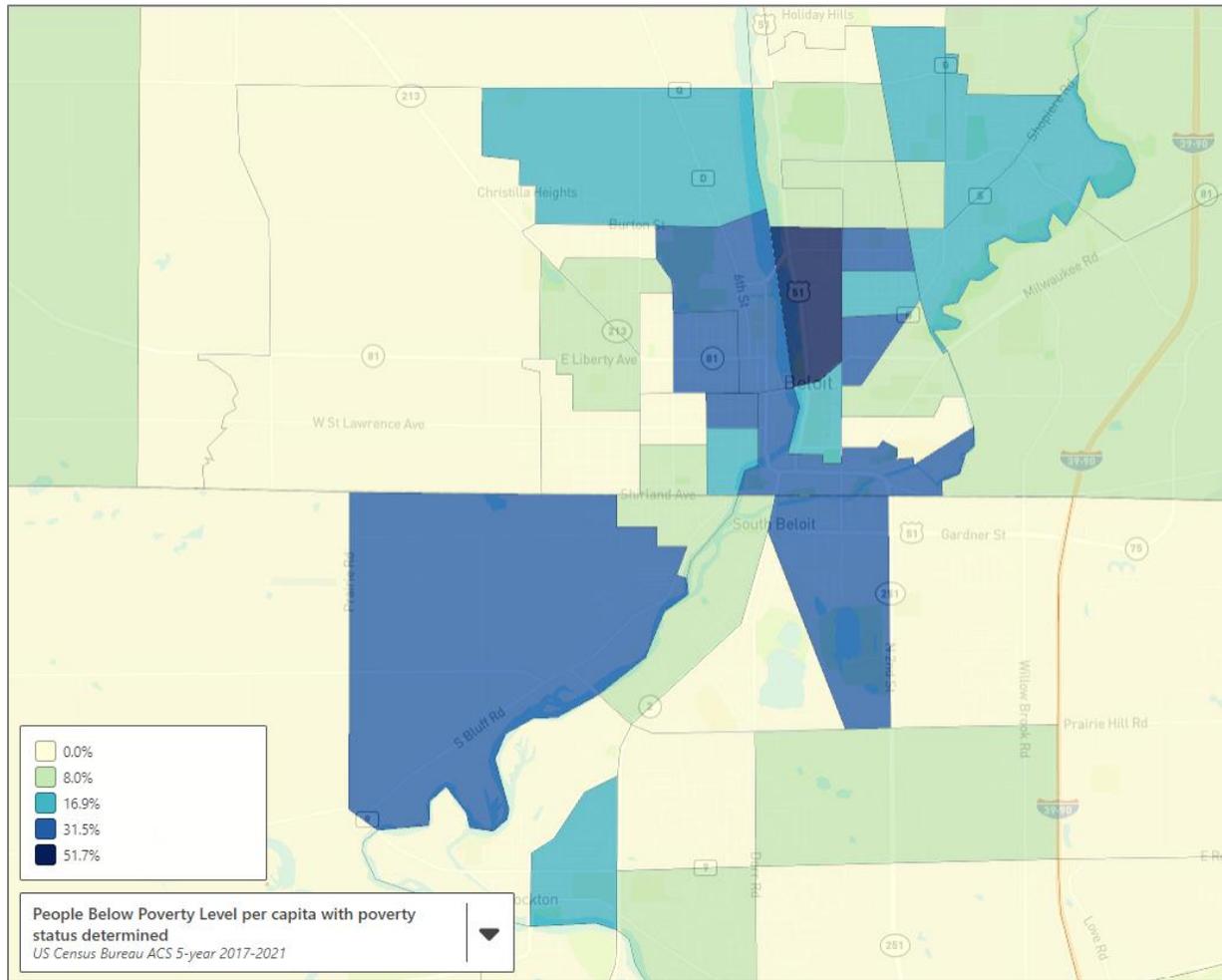
Concentrations of people living below poverty vary across the BHS Service Area, with the highest concentrations (darker blue shaded areas in maps below) located in the City of Beloit and South Beloit.

Exhibit 14: Percent of Population Below Poverty Level by Census Block Group



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

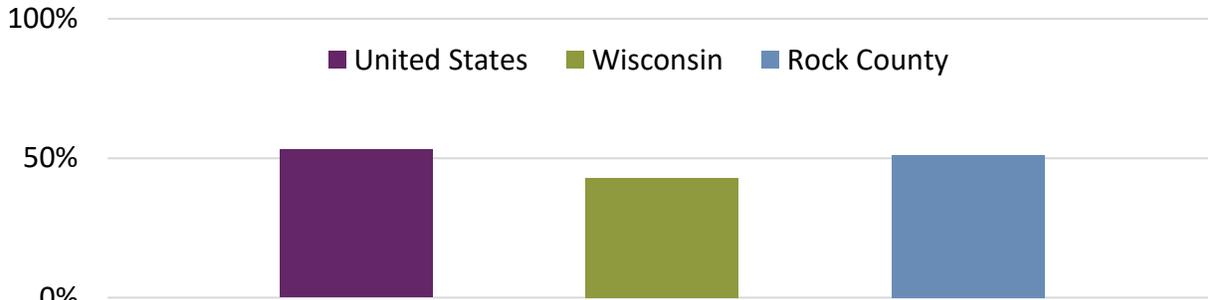
Exhibit 15: Percent of Population Below Poverty Level by Census Block Group, Beloit and South Beloit



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

The percentage of children in Rock County who are eligible for free or reduced lunch is higher than the state figure.

Exhibit 16: Percent of Children Receiving Free or Reduced Lunch



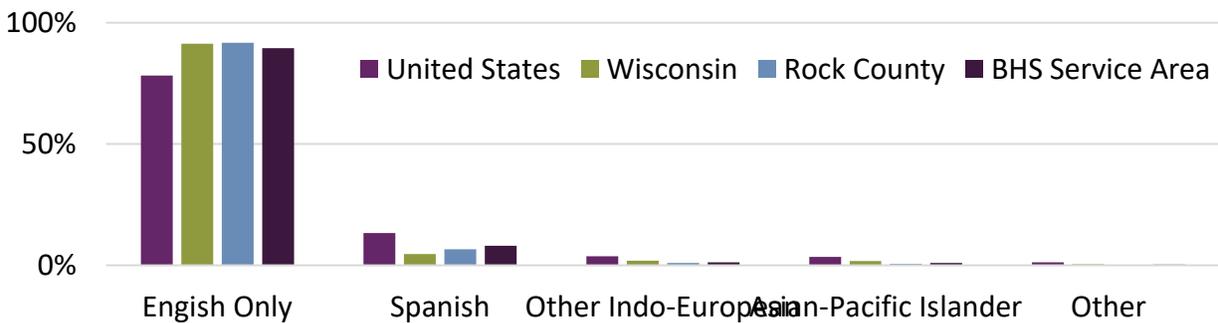
	United States	Wisconsin	Rock County
Percent Children Eligible	53.0%	43.0%	51.0%

Source: County Health Rankings & Roadmaps, 2023

Language Spoken

Wisconsin geographies have smaller proportions of population who speak languages other than English at home, and the BHS Service Area has a greater proportion of Spanish speakers than Rock County or Wisconsin.

Exhibit 17: Language Spoken at Home

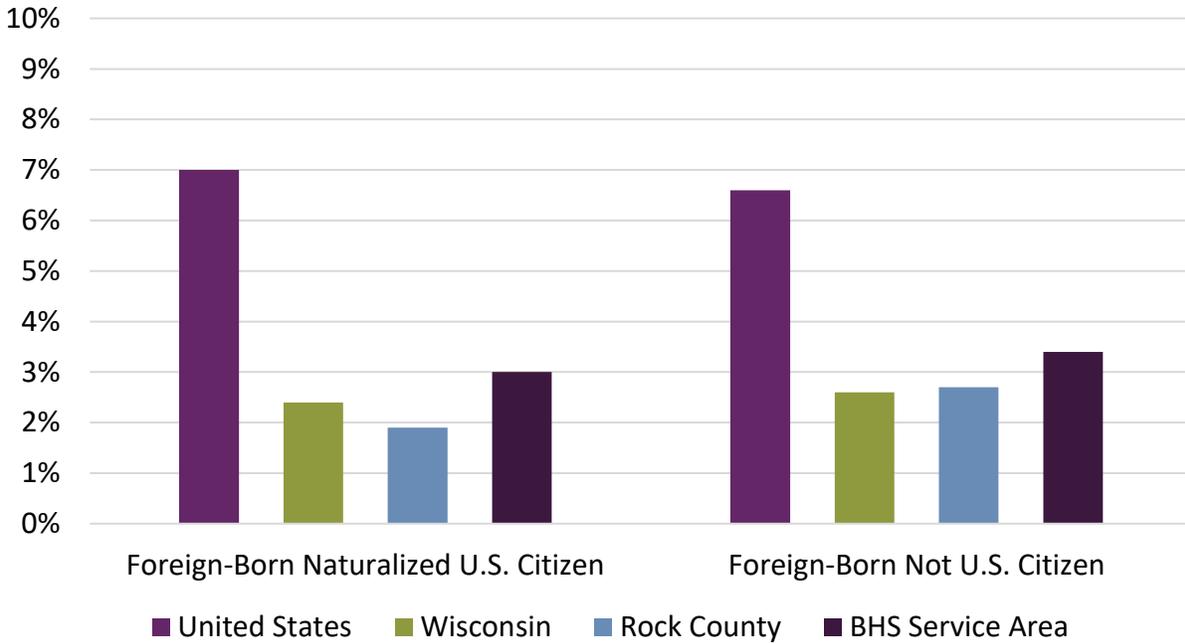


	United States	Wisconsin	Rock County	BHS Service Area
English Only	78.3%	91.4%	91.7%	89.5%
Spanish	13.3%	4.6%	6.6%	8.0%
Other Indo-European	3.7%	1.9%	1.0%	1.3%
Asian-Pacific Islander	3.5%	1.7%	0.6%	1.0%
Other	1.2%	0.4%	0.1%	0.3%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

The BHS Service Area has a slightly higher percentage of foreign-born naturalized citizens and foreign-born population that are not U.S. citizens compared to Rock County and Wisconsin.

Exhibit 18: Foreign-Born Population

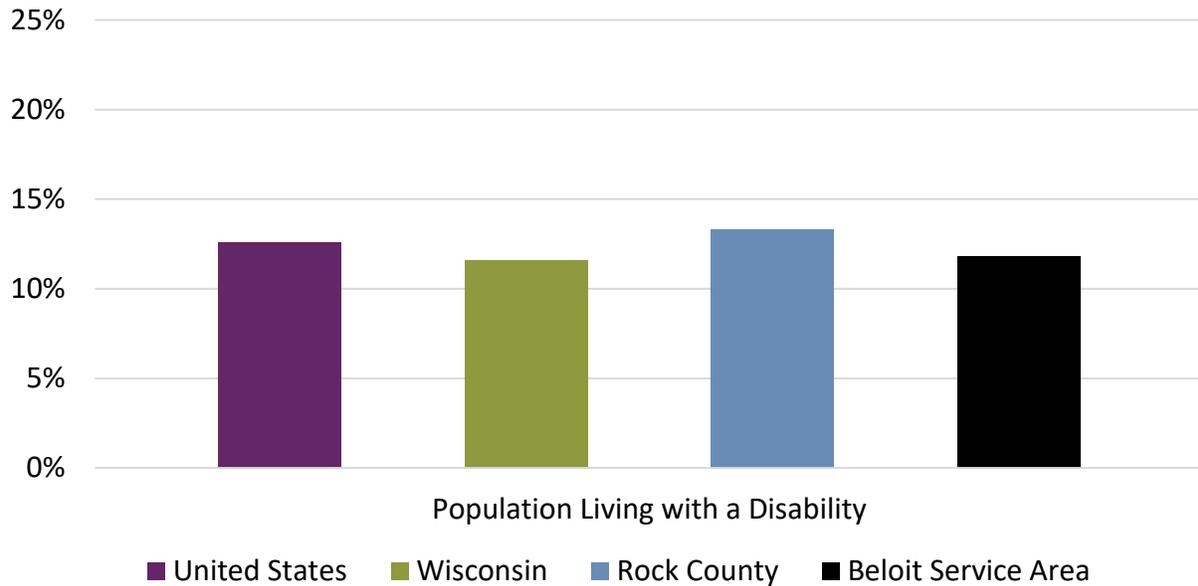


Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Disability Status

The proportion of those in the BHS Service Area who are living with a disability is comparable to Wisconsin and lower than either Rock County or the United States.

Exhibit 19: Population Living with Disability



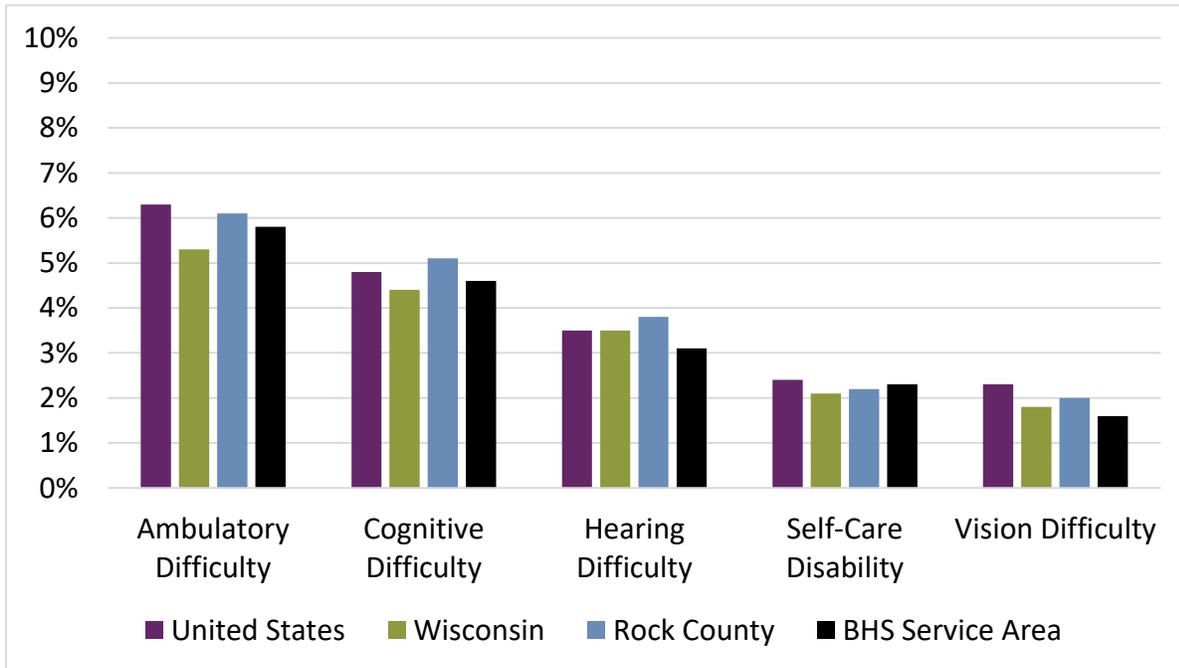
	United States	Wisconsin	Rock County	BHS Service Area
Total Population Living with Disability	12.6%	11.6%	13.3%	11.8%
Age Under 5	0.7%	0.6%	0.5%	0.6%
Age 5 to 17	5.7%	5.3%	7.1%	5.6%
Age 18 to 34	6.8%	6.7%	8.5%	8.4%
Age 35 to 64	12.4%	11.1%	12.5%	10.7%
Age 65 to 74	24.1%	20.6%	26.2%	25.8%
Age 75 and Over	47.4%	43.1%	42.5%	41.4%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- Rock County and BHS Service Area have slightly lower figures of population age 75 and over living with a disability compared to the United States.

Ambulatory difficulty is the most common disability in Rock County and the BHS Service Area, followed by cognitive difficulty. Compared to state and national levels, Rock County has slightly higher levels of population living with ambulatory, cognitive, and hearing difficulties.

Exhibit 20: Population Living with Disability by Difficulty

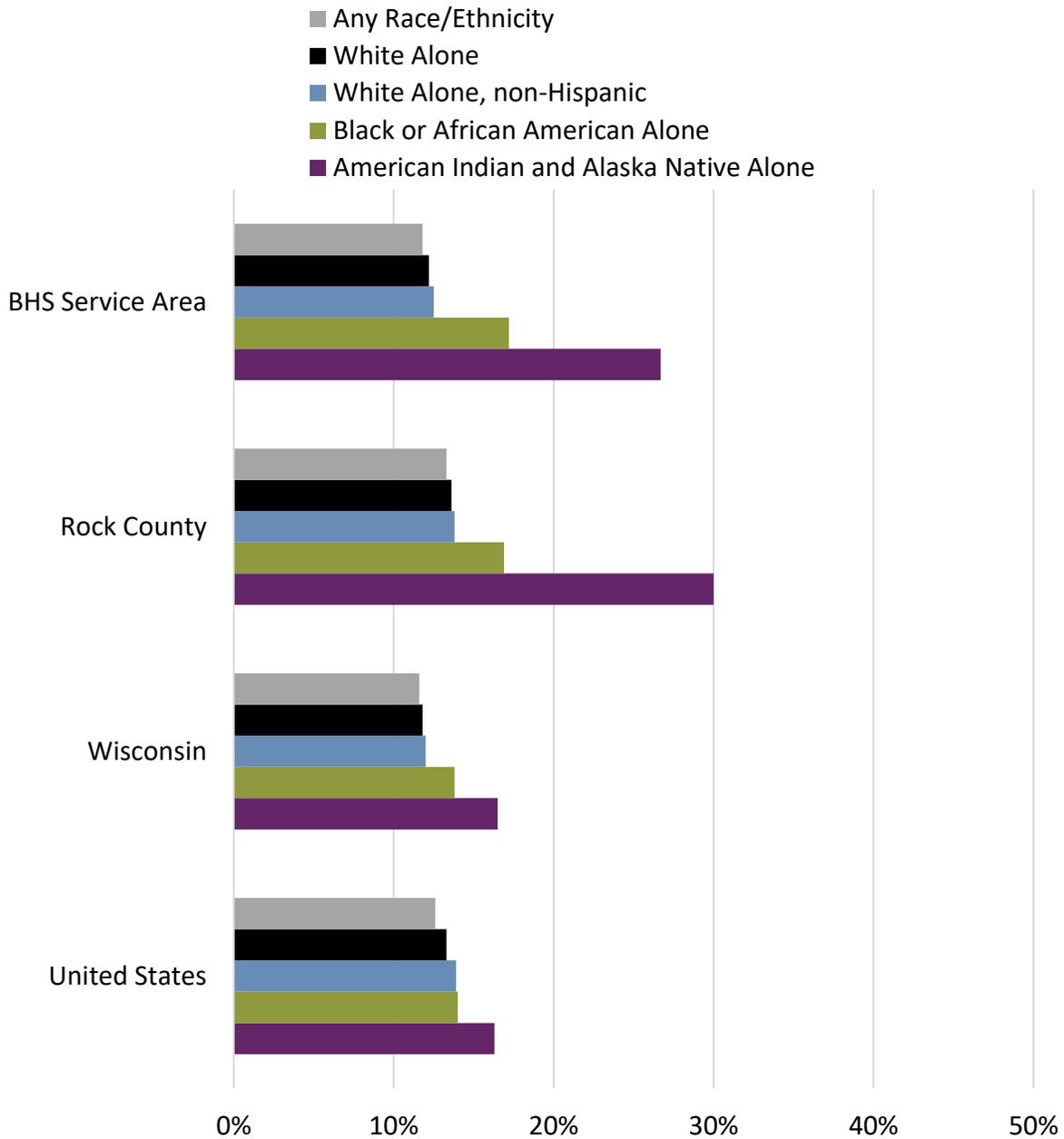


	United States	Wisconsin	Rock County	BHS Service Area
Ambulatory Difficulty	6.3%	5.3%	6.1%	5.8%
Cognitive Difficulty	4.8%	4.4%	5.1%	4.6%
Hearing Difficulty	3.5%	3.5%	3.8%	3.1%
Self-Care Disability	2.4%	2.1%	2.2%	2.3%
Vision Difficulty	2.3%	1.8%	2.0%	1.6%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

In the BHS Service Area and in Rock County, people who identify as American Indian and Alaska Native have far higher rates of disability than any other racial or ethnic group, although this population is numerically small in each geographic area. Black or African American residents also have higher rates of disability than those who identify as White alone, across all geographies.

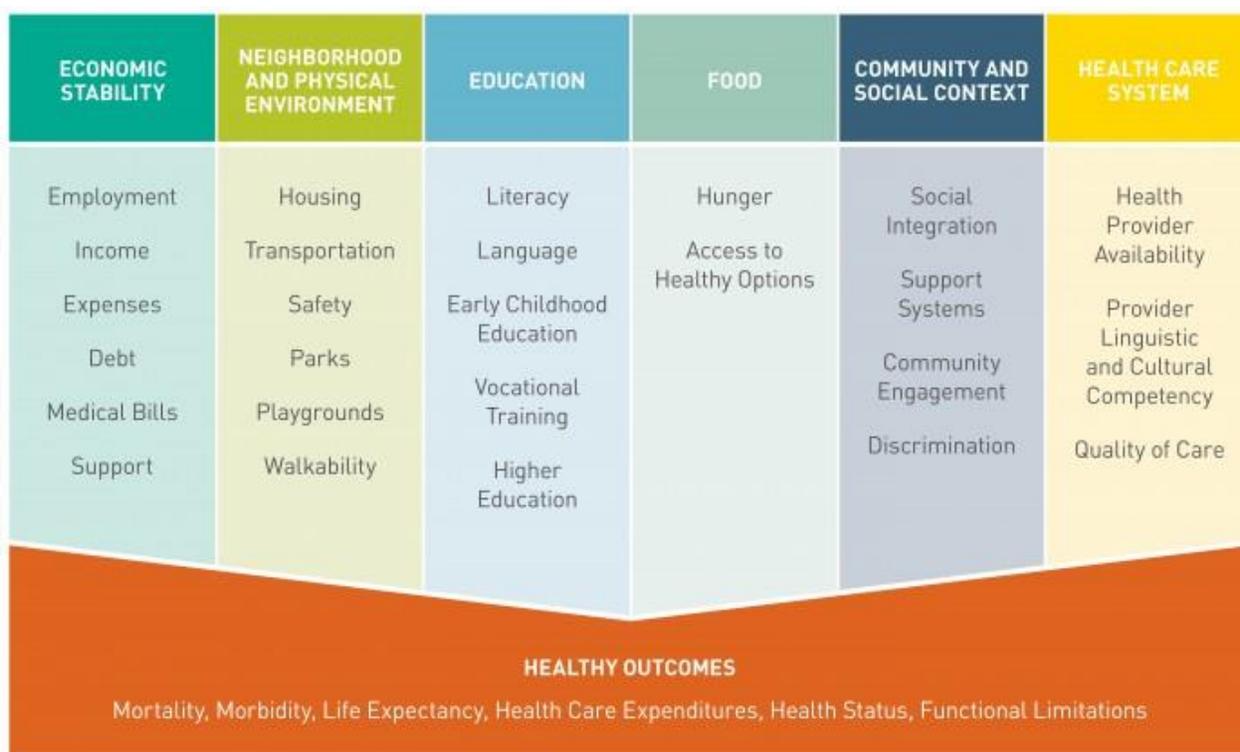
Exhibit 21: Population Living with Disability by Race & Ethnicity



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Social Determinants of Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and grow older. These factors affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions contribute to wide health disparities and inequities. For example, children and families who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk for health conditions like heart disease, diabetes, and obesity, and even lowers life expectancy, relative to those who do have access to healthy foods.¹¹ Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.



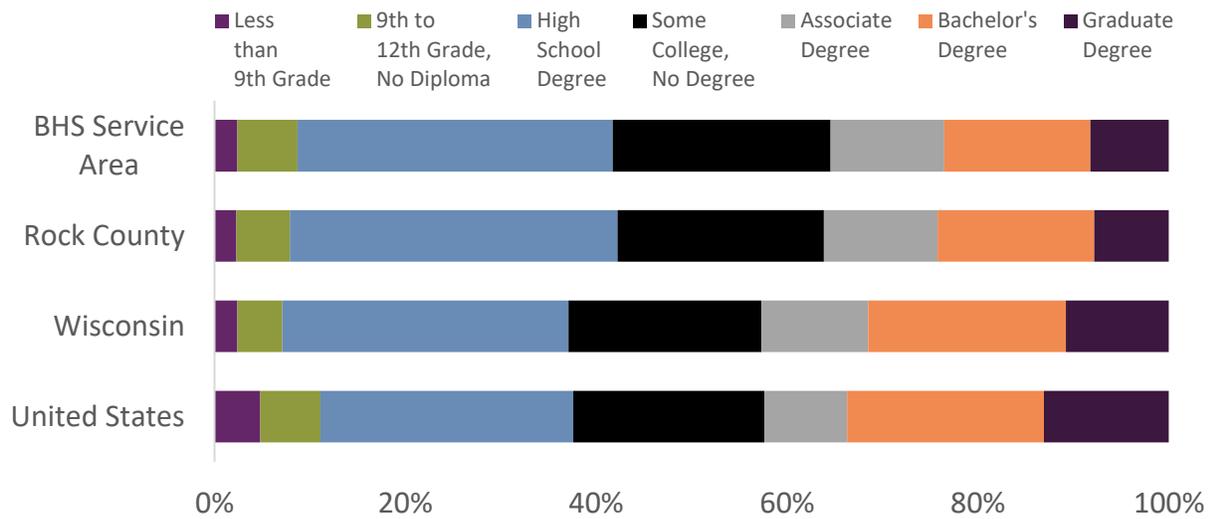
Source: Kaiser Family Foundation

¹¹ U.S. Department of Health and Human Services. Healthy People 2030, Social Determinants of Health.

Educational Attainment

Compared to Wisconsin, Rock County and BHS Service Area have slightly lower percentages of population with a bachelor’s degree or higher.

Exhibit 22: Highest Level of Educational Attainment



	United States	Wisconsin	Rock County	BHS Service Area
Less than 9th Grade	4.8%	2.4%	2.3%	2.4%
9th to 12th Grade, No Diploma	6.3%	4.7%	5.6%	6.3%
High School Degree	26.5%	30.0%	34.3%	33.0%
Some College No Degree	20.0%	20.2%	21.6%	22.8%
Associate degree	8.7%	11.2%	11.9%	11.9%
Bachelor's Degree	20.6%	20.7%	16.4%	15.3%
Graduate Degree	13.1%	10.8%	7.8%	8.2%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Individuals identifying as Hispanic or Latino, or as Black or African American, have lower levels of attainment of a Bachelor’s Degree or Higher, compared to those who identify as Asian or White.

Exhibit 23: Percent of Population with a Bachelor’s Degree or Higher by Race & Ethnicity

	United States	Wisconsin	Rock County	BHS Service Area
Asian Alone	55.6%	50.1%	44.6%	46.4%
White Alone	35.5%	32.6%	25.4%	24.7%
Hispanic or Latino	18.4%	16.8%	15.8%	13.7%
Black or African American Alone	23.3%	15.7%	8.2%	9.1%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

High School Graduation Rates

In Rock County, high school graduation rates among people of color are lower than among those who identify as White alone, with those who identify as Hispanic or Latino exhibiting among the lowest rates.

Exhibit 24: High School Graduation by Race and Ethnicity

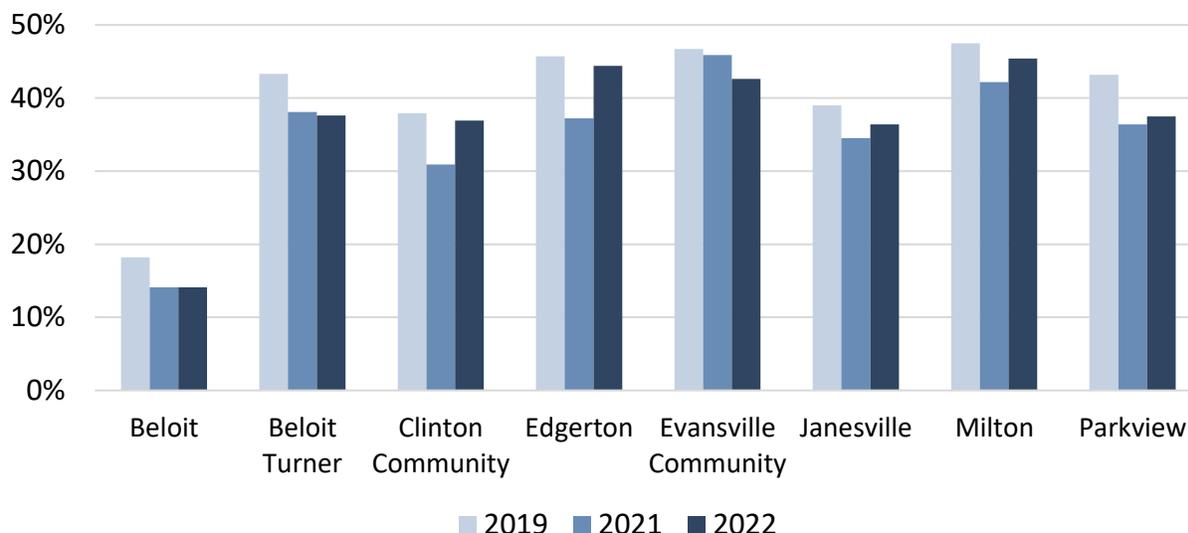
	United States	Wisconsin	Rock County
Native Hawaiian and Other Pacific Islander alone	87.0%	88.6%	100.0%
White alone, not Hispanic or Latino	93.5%	94.9%	94.0%
White Alone	91.4%	94.4%	93.8%
American Indian or Alaska Native alone	79.7%	87.7%	88.1%
Asian alone	87.6%	86.1%	85.9%
Black alone	87.2%	85.5%	85.1%
Two or more races	83.1%	85.4%	80.0%
Hispanic or Latino Origin	71.2%	71.6%	70.3%
Some other race alone	65.00%	67.40%	65.10%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Academic Achievement Measures

Every Rock County school district experienced a decline in the percentage of students with proficient reading ability from 2019 to 2021, with proficiency scores lowest in School District of Beloit students.

Exhibit 25: Percentage of Students with Proficient Reading Ability in School Districts in Rock County



District	2019	2021	2022
Beloit	18.2%	14.1%	14.1%
Beloit Turner	43.3%	38.1%	37.6%
Clinton Community	37.9%	30.9%	36.9%
Edgerton	45.7%	37.2%	44.4%
Evansville Community	46.7%	45.9%	42.6%
Janesville	39.0%	34.5%	36.4%
Milton	47.5%	42.2%	45.4%
Parkview	43.2%	36.4%	37.5%

Source: Wisconsin Department of Public Instruction, Office of Educational Accountability 2021-22

English Language Arts achievement scores are similarly low among School District of Beloit third graders.

Exhibit 26: Rock County School Districts 3rd Grade ELA Achievement Scores

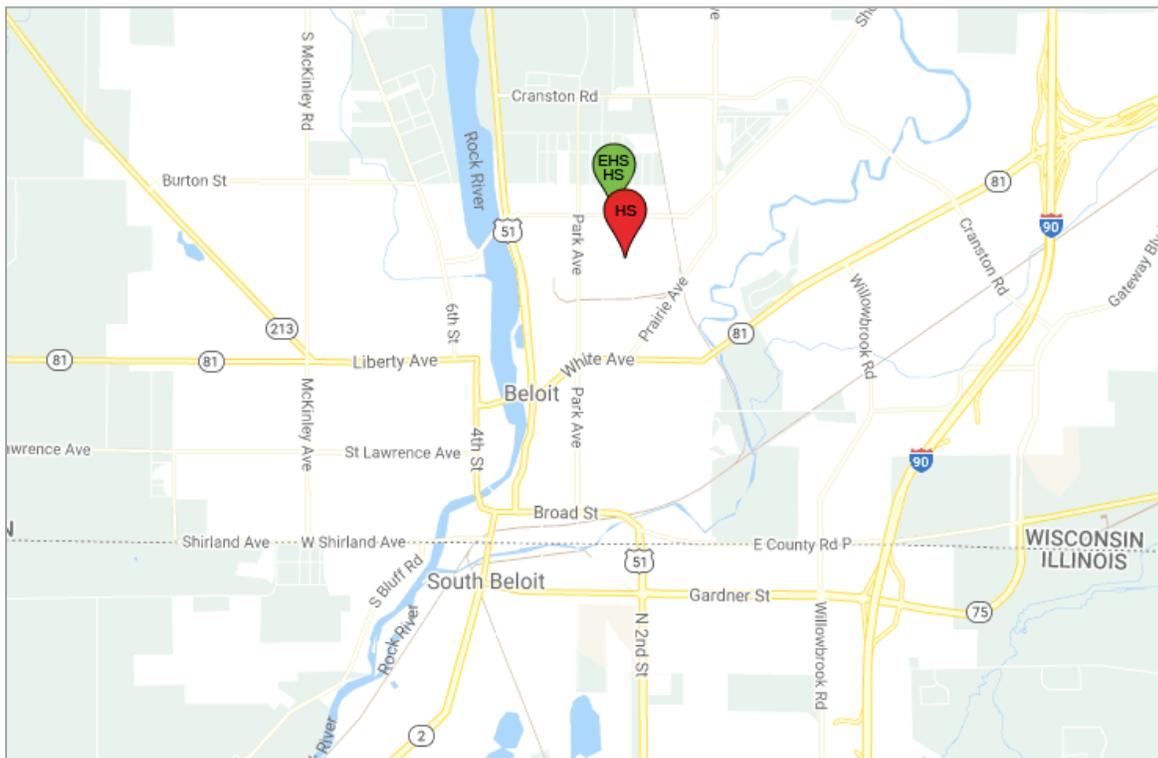
District	2020-21	2021-22
Beloit	38.6	34.0
Beloit Turner	58.4	54.7
Clinton Community	65.0	66.7
Edgerton	50.7	54.6
Evansville Community	68.0	64.9
Janesville	61.7	58.6
Milton	71.7	68.3
Parkview	51.9	53.9

Source: Wisconsin Department of Public Instruction, Office of Educational Accountability 2021-22

Head Start

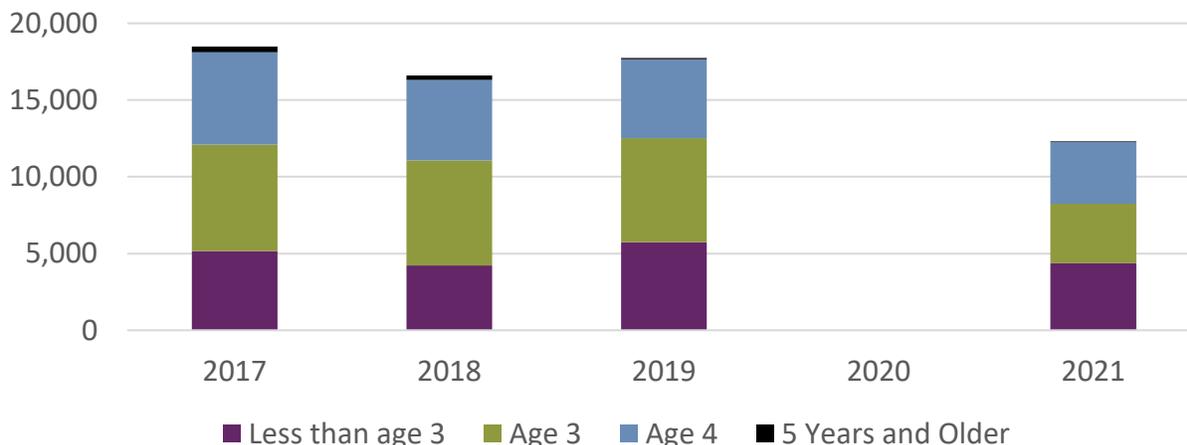
There are two Head Start Centers (Beloit Head Start Child and Family Center, and Merrill Elementary), and one Early Head Start Center (Beloit Head Start Child and Family Center) in the BHS Service Area.

Exhibit 27: Map of Head Start and Early Head Start Locations in BHS Service Area



The number of children enrolled in Head Start in Wisconsin decreased notably from 2019 to 2021, driven by decreases in numbers of enrolled children younger than age four.

Exhibit 28: Wisconsin Head Start Enrollment Overview



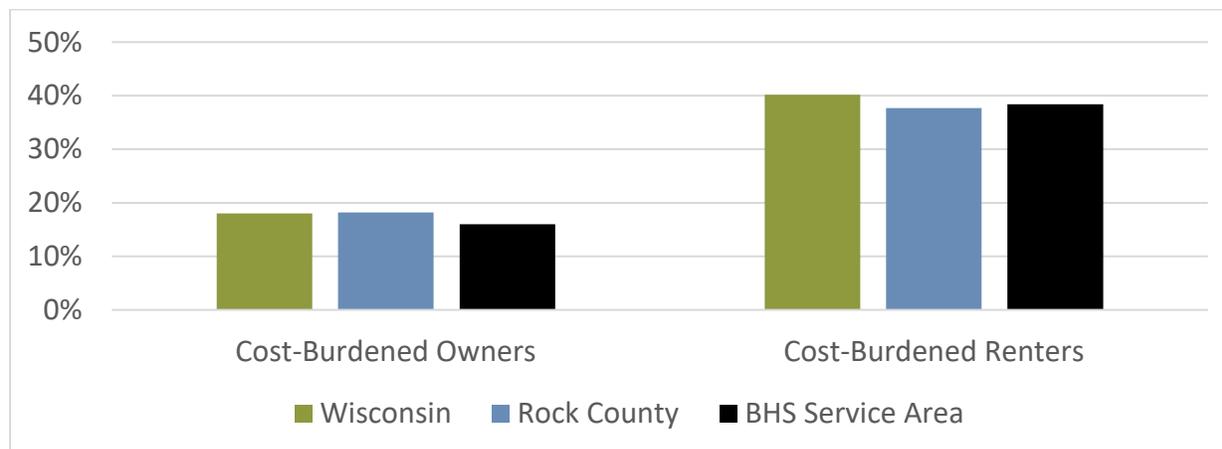
	2017	2018	2019	2020	2021
Younger than age 3	5,155	4,222	5,733	ND	4,363
Age 3	6,950	6,846	6,782	ND	3,894
Age 4	6,007	5,254	5,141	ND	4,022
5 years and older	373	276	94	ND	40
TOTAL	18,485	16,598	17,750	ND	12,319

Source: Annie E. Casey Foundation Kids Count Data

Housing and Physical Environment

The percentages of households that are cost-burdened (that is, that spend 30% or more of household income on rent or mortgage expenses) are comparable across the BHS Service Area, Rock County, and Wisconsin.

Exhibit 29: Cost-Burdened Households



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Median home costs as a percentage of income for owners and renters in the service area are comparable to state and national levels.

Exhibit 30: Housing Costs & Home Value

	United States	Wisconsin	Rock County	BHS Service Area
Median Home Costs as a Percentage of Income - with a Mortgage	20.9%	19.6%	19.6%	19.4%
Median Home Costs as a Percentage of Income - without a Mortgage	11.0%	11.7%	11.6%	15.0%
Percent of Low-Income Households Severely Cost Burdened (2015-2019)	13.0%	10.7%	10.2%	9.5%
Excessive Owner Housing Costs - 30 Percent or More of Income	21.8%	18.0%	18.2%	16.0%
Excessive Renter Housing Costs - Gross Rent 30 Percent or More of Income	46.0%	40.2%	37.7%	38.4%
Median Home Rent	\$1,163	\$916	\$892	\$985
Median Mortgage	\$1,697	\$1,491	\$1,324	\$1,365
Median Home Value	\$244,900	\$200,400	\$165,800	\$154,899
Median Home Value (2010)	\$186,200	\$169,700	\$140,805	\$138,089
Median Household Income	\$69,021	\$67,080	\$65,518	\$74,351
Percent Population Living Alone	14.0%	16.4%	16.0%	17.3%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- The BHS Service Area has a higher median rent than Rock County or Wisconsin.
- Median home value is lower in Wisconsin geographies than at the national level, including a difference of \$90,000 between the median home value in the BHS Service Area and that for the U.S.

The Massachusetts Institute of Technology (MIT) developed the Living Wage Calculator to estimate the cost of living in communities or regions based on typical expenses. This tool helps individuals, communities, and employers determine a local wage rate that allows residents to meet minimum standards of living.¹²

Exhibit 31: Living Wage Calculator & Annual Expenses for Rock County

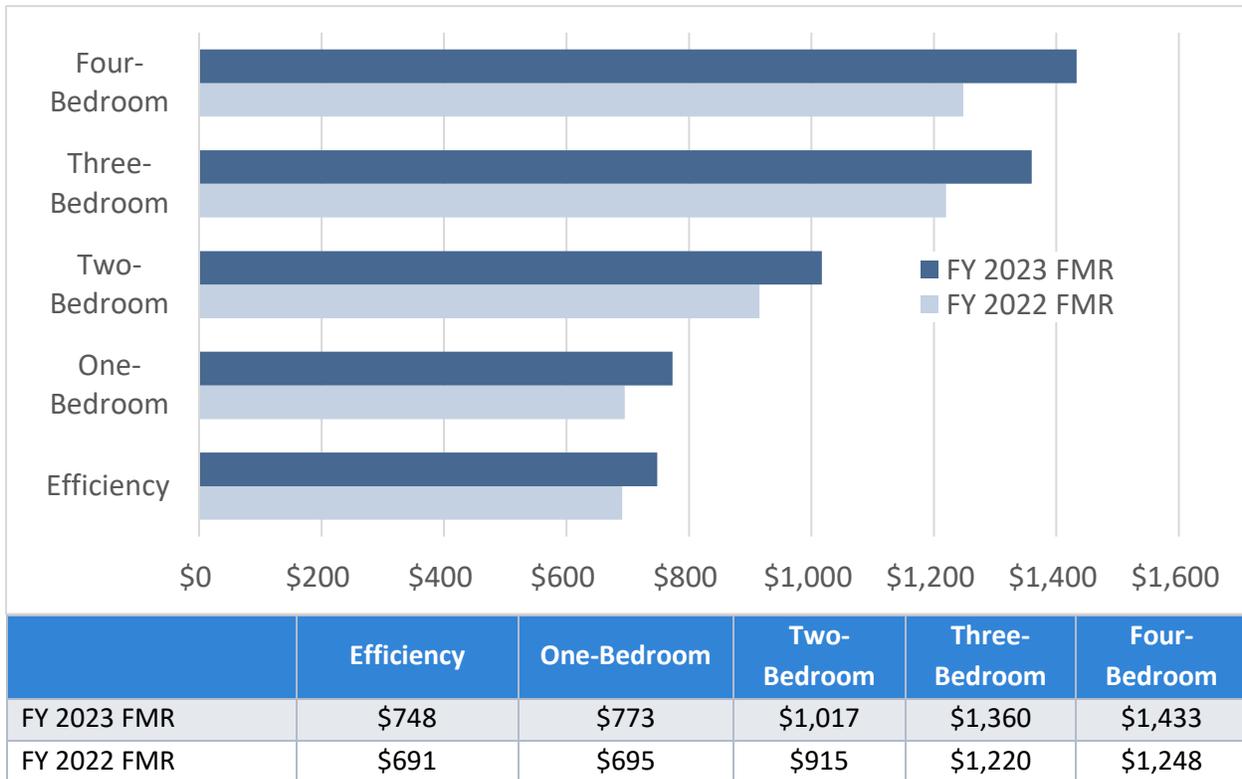
	1 Adult, 0 Children	1 Adult, 1 Child	1 Adult, 2 Children	2 Working Adults, No Children	2 Working Adults, 1 Child	2 Adults, 2 Children
Food	\$4,010	\$5,919	\$8,894	\$7,352	\$9,159	\$11,812
Child Care	\$0	\$10,456	\$20,913	\$0	\$10,456	\$20,913
Medical	\$3,355	\$8,231	\$8,241	\$7,024	\$8,241	\$8,166
Housing	\$8,513	\$11,272	\$11,272	\$8,562	\$11,272	\$11,272
Transportation	\$5,356	\$9,634	\$11,780	\$9,634	\$11,780	\$14,164
Civic	\$2,959	\$5,878	\$6,565	\$5,878	\$6,565	\$8,951
Required annual income after taxes	\$29,136	\$59,915	\$77,701	\$46,975	\$67,509	\$86,282
Annual taxes	\$4,681	\$11,613	\$16,366	\$6,366	\$11,636	\$16,478
Required annual income before taxes	\$33,817	\$71,528	\$94,066	\$53,341	\$79,145	\$102,760
Living Wage	\$16.26	\$34.39	\$45.22	\$12.82	\$19.03	\$24.70
Poverty Wage	\$6.53	\$8.80	\$11.07	\$4.40	\$5.54	\$6.67
Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25

Source: Massachusetts Institute of Technology, Living Wage Calculator, 2022

¹² [Massachusetts Institute of Technology, Living Wage Calculator.](#)

Across housing types in the Janesville-Beloit region, fair market rent prices increased from 2022 to 2023.

Exhibit 32: Janesville-Beloit Fair Market Rent (FMR)



Source: Department of Housing and Urban Development Fair Market Rent Documentation System

Homelessness

In 2022, Wisconsin identified 1,211 children under age 18 who are experiencing homelessness, in addition to 228 unaccompanied youth and 70 parenting youth.

Exhibit 33: Wisconsin Population Experiencing Homelessness

	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing		
Households without Children	2,129	435	242	2,806
Households with at least one adult and one child	415	123	14	552
Households with only children	12	2	0	14
Total Homeless Households	2,556	560	256	3,372
Persons in households without children	2,184	440	245	2,869
Persons Age 18 to 24	162	41	10	213
Persons Over Age 24	2,022	399	235	2,656
Persons in households with at least one adult and one child	1,426	407	56	1,889
Children Under Age 18	899	282	30	1,211
Persons Age 18 to 24	88	9	1	98
Persons Over Age 24	439	116	25	580
Persons in households with only children	14	3	0	17
Total Homeless Persons	3,624	850	301	4,775
Chronically Homeless				
Chronically Homeless persons in households without children	409	12	89	510
Chronically Homeless persons in households with at least one adult and one child	120	0	21	141
Chronically Homeless persons in households with only children	0	0	0	0
Total Chronically Homeless Persons	529	12	110	651
Unaccompanied Youth	175	43	10	228
Unaccompanied Youth Under 18	14	3	0	17
Unaccompanied Youth 18-21	161	40	10	211
Parenting Youth	61	8	1	70
Parenting Youth Under 18	0	0	0	0
Parenting Youth 18-24	61	8	1	70

Source: HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

Transportation

Compared to the United States, Rock County and BHS Service Area have higher proportions of workers who drive alone to work, and fewer who commute via public transit.

The National Walkability Index (2021) is a nationwide geographic data resource that ranks block groups according to their relative walkability. Walkability refers to how easy it is to walk around a place. Walkable neighborhoods make it easier to walk to stores, jobs, and other places, which encourages people to be more active and can help them stay healthier.¹³

Exhibit 34: Transportation

	United States	Wisconsin	Rock County	BHS Service Area
Mean Travel Time to Work (in minutes)	27.0	22.0	23.0	24.0
Workers Commuting by Public Transit	4.2%	1.4%	0.6%	0.5%
Workers who Drive Alone to Work	73.2%	78.5%	82.7%	81.9%
Percent of Income Spent on Housing and Transportation	54.3%	54.2%	56.6%	57.2%
Walkability Index (2019)	9.6	8.9	10.6	8.9

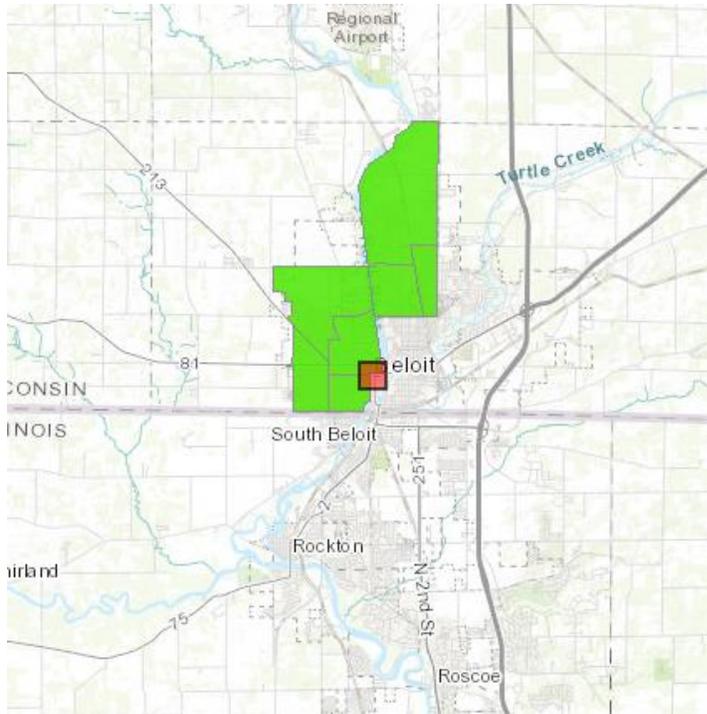
Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021, (Walkability) EPA, National Walkability Index User Guide and Methodology | US EPA

¹³ [National Walkability Index: Methodology and User Guide, June 2021 \(epa.gov\)](https://www.epa.gov/national-walkability-index-methodology-and-user-guide)

Food Access

Food insecurity is the long-term or temporary disruption of food intake or eating patterns because of a lack of money and other resources. It may be influenced by income, employment, race/ethnicity, and disability status, among other factors. Risk for food insecurity increases when money to buy food is limited. People living in some areas, such as rural and/or low-income neighborhoods, may have limited access to full-service grocery stores.¹⁴

Exhibit 35: Food Access Research Atlas



Food Insecure Communities

The Food Access Research Atlas indicates low-income census tracts where a substantial number or share of residents is more than one mile (urban) or 10 miles (rural) from the nearest supermarket.

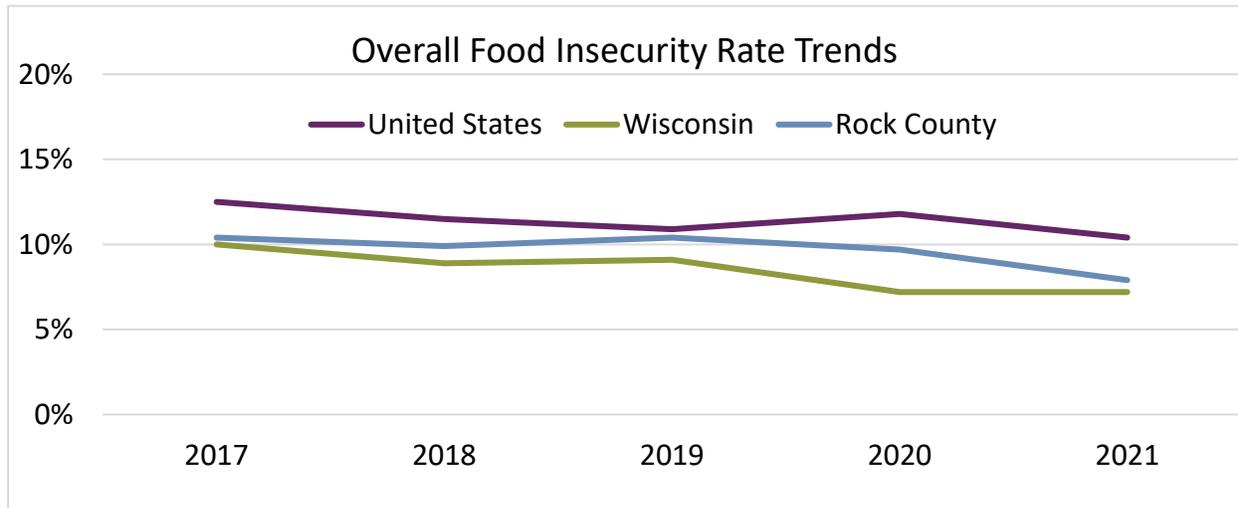
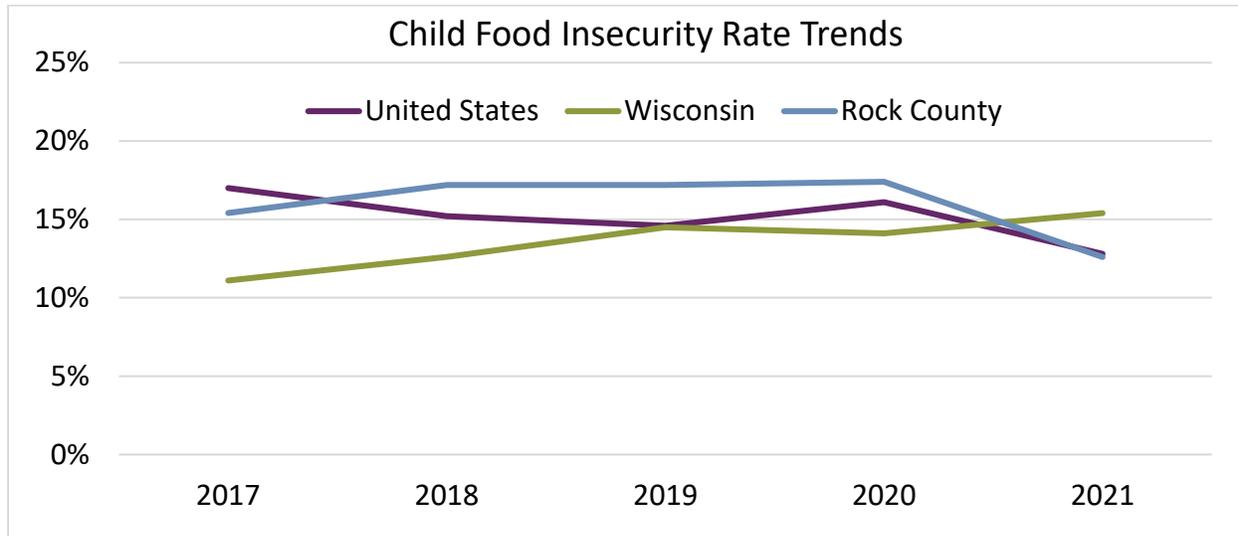
The green shaded areas on the map indicate food deserts within and around Beloit.

Source: U.S. Department of Agriculture. Economic Research Service, Food Access Research Atlas

¹⁴ [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Food Insecurity.](#)

Rock County had a higher rate of child food insecurity from 2018-2020 compared to state and national figures, though it decreased in 2021. Overall food insecurity trends in Rock County are higher than state levels, though lower than national levels.

Exhibit 36: Food Insecurity



Food Insecurity Overall (all ages)	United States		Wisconsin		Rock County	
	Food Insecure Population	Food Insecurity Rate	Food Insecure Population	Food Insecurity Rate	Food Insecure Population	Food Insecurity Rate
2021	33,844,000	10.4%	427,830	7.2%	12,940	7.9%
2020	38,287,000	11.8%	415,400	7.2%	15,810	9.7%
2019	35,207,000	10.9%	530,500	9.1%	16,810	10.4%
2018	37,227,000	11.5%	515,930	8.9%	15,950	9.9%
2017	40,044,000	12.5%	578,480	10.0%	16,810	10.4%

Child Food Insecurity						
2021	9,262,000	12.8%	142,050	11.1%	4,780	12.6%
2020	11,722,000	16.1%	160,890	12.6%	6,550	17.4%
2019	10,732,000	14.6%	183,700	14.5%	6,540	17.2%
2018	11,174,000	15.2%	179,180	14.1%	6,550	17.2%
2017	12,540,000	17.0%	197,290	15.4%	197,290	15.4%

Source: Feeding America, Map the Meal Gap 2021: An Analysis of County & Congressional District Food Insecurity & County Food Cost in the United States, 2019

Health Status Profile

Health Insurance and Access to Care

Rock County has fewer primary care providers per population compared to Wisconsin and the United States.

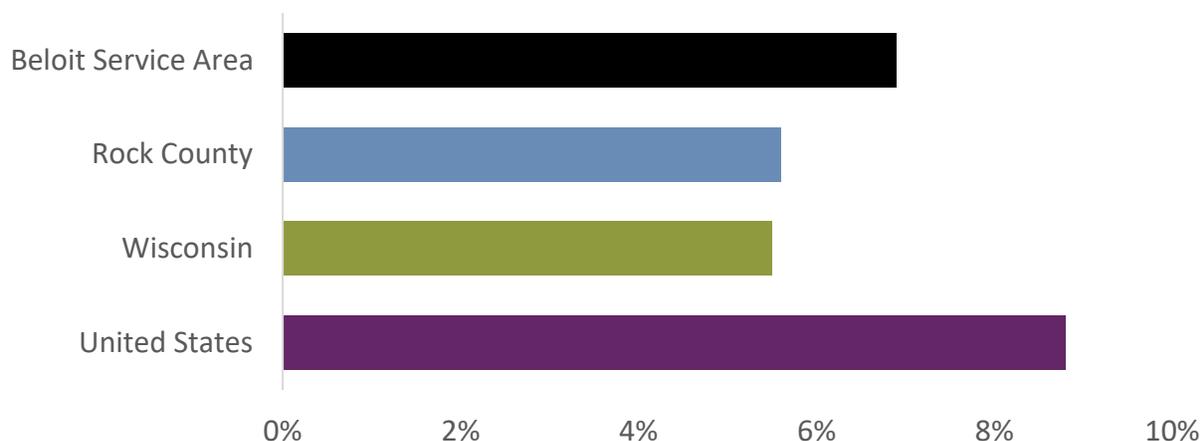
Exhibit 37: Primary Care Provider Ratio

	United States	Wisconsin	Rock County
Primary Care Physicians	1,310:1	1,240:1	2,010:1
Dentists	1,380:1	1,380:1	1,420:1
Mental Health Providers	340:1	420:1	490:1

Source: County Health Rankings & Roadmaps, 2023

Compared to Rock County and Wisconsin, the BHS Service Area has a higher percentage of uninsured population.

Exhibit 38: Uninsured Population



	United States	Wisconsin	Rock County	BHS Service Area
Insured Population	91.2%	94.5%	94.4%	93.1%
Uninsured Population	8.8%	5.5%	5.6%	6.9%
Under Age 6	4.4%	3.8%	2.4%	5.2%
Age 6 to 18	5.7%	3.9%	2.6%	3.7%
Age 19 to 64	12.3%	7.6%	8.2%	9.7%
Over Age 65	0.8%	0.3%	0.6%	0.9%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Self-Reported Health Status

Approximately 14% of the population in Rock County reports experiencing frequent mental distress (that is, 14 or more days of poor mental health per month).

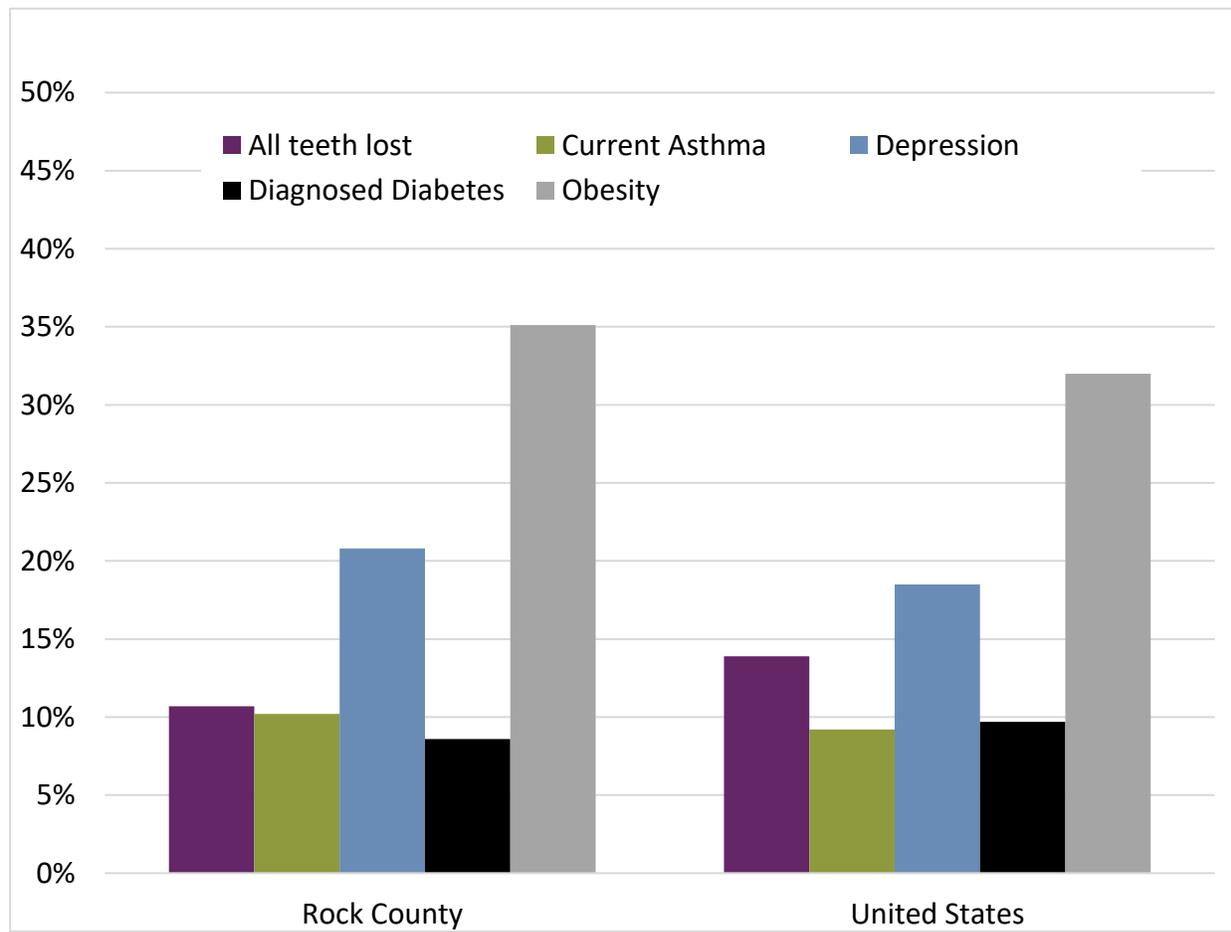
Exhibit 39: Quality of Life

	Wisconsin	Rock County
Frequent Mental Distress	13%	14%
Poor Mental Health Days	4.4	4.7
Poor Physical Health Days	3.3	3.2

Source: County Health Rankings & Roadmaps, 2023

Rock County has slightly higher percentages of population that has current asthma, depression, and obesity compared to the United States.

Exhibit 40: Health Outcomes Among Adults Over Age 18

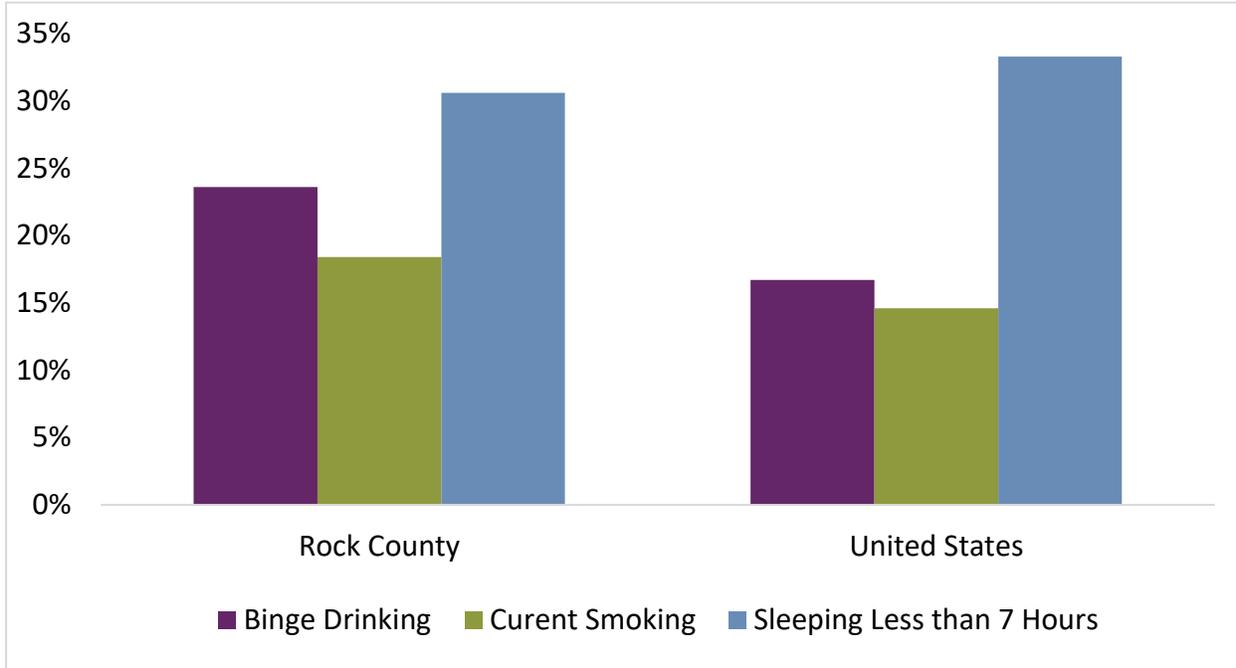


	United States	Rock County
All teeth lost	13.9%	10.7%
Arthritis	21.3%	21.7%
Cancer (excluding skin cancer)	5.5%	6.0%
Chronic kidney disease	2.7%	2.6%
Chronic obstructive pulmonary disease	5.6%	5.8%
Coronary heart disease	5.5%	5.5%
Current asthma	9.2%	10.2%
Depression	18.5%	20.8%
Diagnosed diabetes	9.7%	8.6%
Obesity	32.0%	35.1%
Stroke	2.8%	2.7%

Source: CDC Places: Local Data for Better Health, County Data 2022

Rock County has higher percentages of population compared to the United States that sleeps less than seven hours per night, smokes, and binge drinks.

Exhibit 41: Health Risk Behaviors Adults Over Age 18

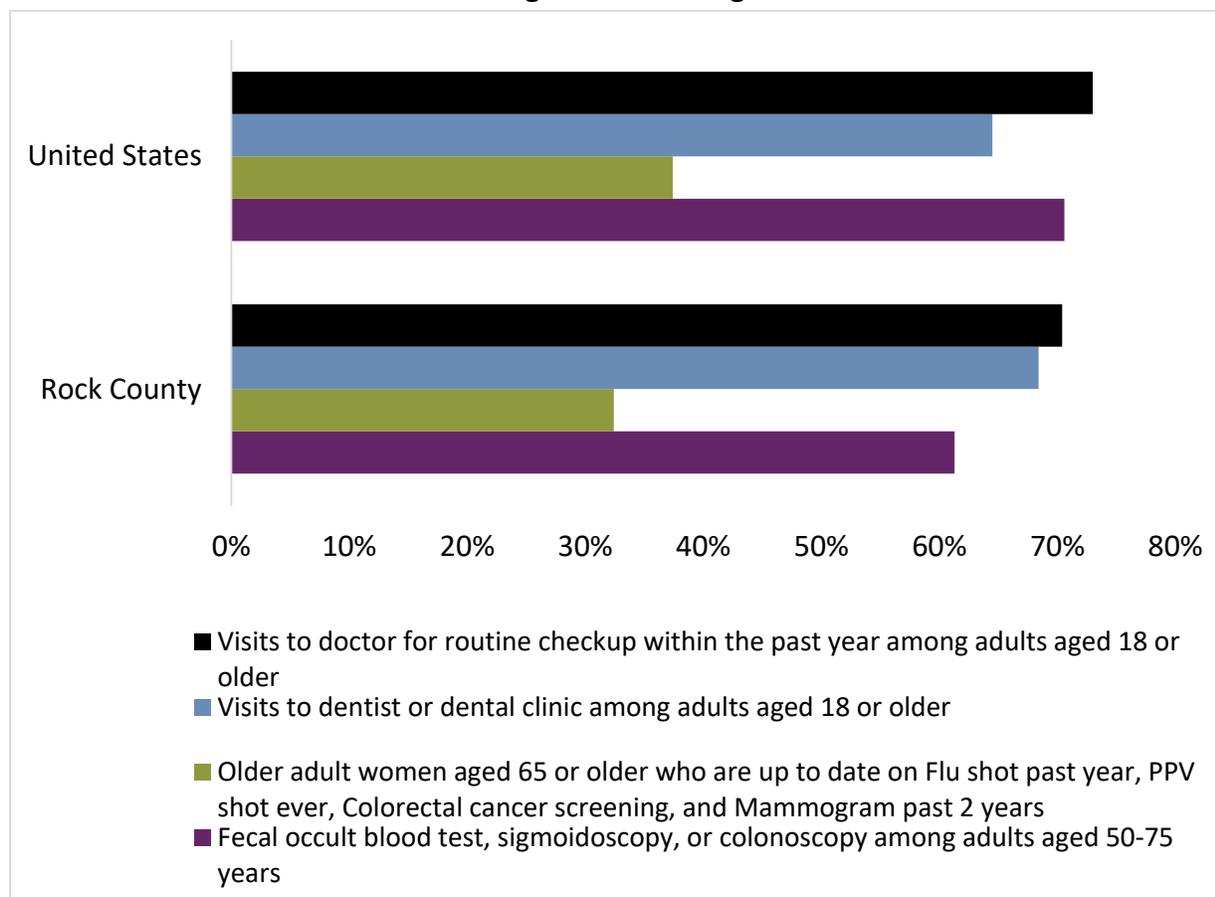


	United States	Rock County
Binge drinking	16.7%	23.6%
Current smoking	14.6%	18.4%
No leisure-time physical activity	22.9%	21.6%
Sleeping less than 7 hours	33.3%	30.6%

Source: CDC Places: Local Data for Better Health, County Data 2022

Rock County has lower percentages of adults compared to national levels that are up to date on various preventive measures.

Exhibit 42: Prevention Measures Among Adults Over Age 18



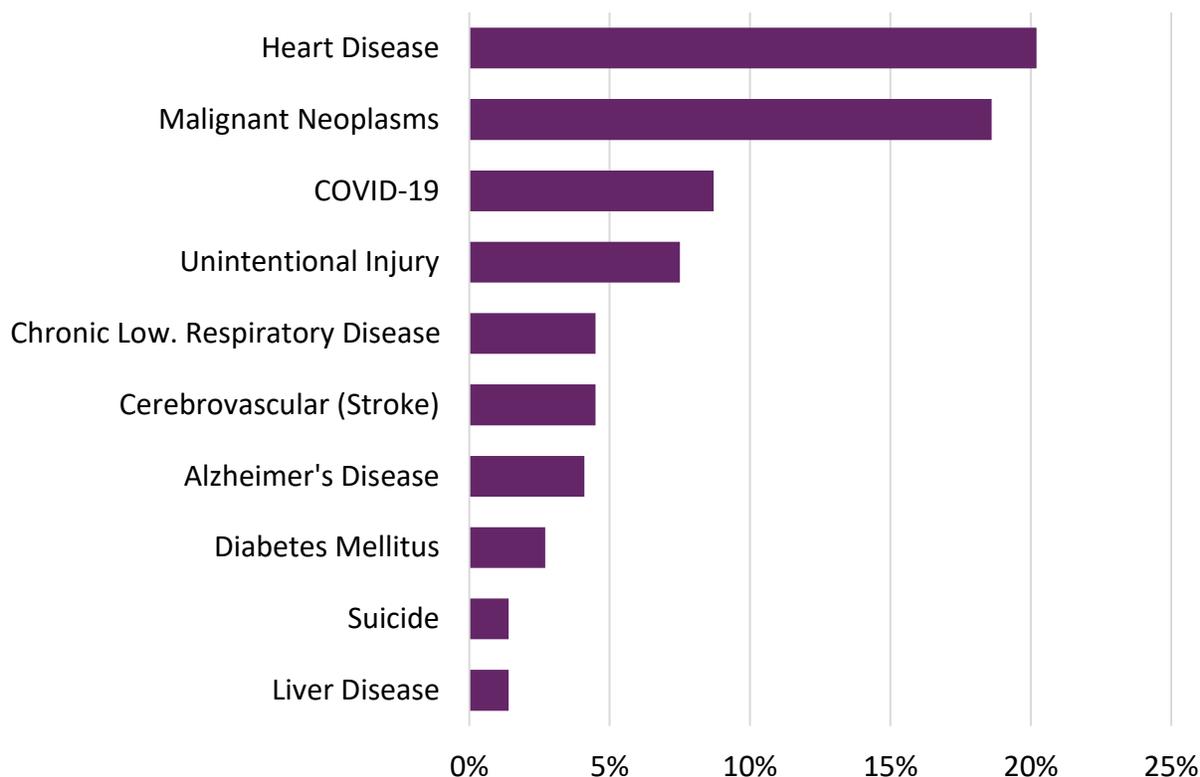
	United States	Rock County
Cervical cancer screening among adult women aged 21-65 years	83.7%	83.3%
Current lack of health insurance among adults aged 18-64 years	13.5%	12.1%
Fecal occult blood test, sigmoidoscopy, or colonoscopy among adults aged 50-75 years	70.6%	61.3%
Mammography use among women aged 50-74 years	77.8%	74.7%
Older adult men aged 65 or older who are up to date on a core set of clinical preventive services: Flu shot past year, PPV shot ever, Colorectal cancer screening	44.0%	42.1%
Older adult women aged 65 or older who are up to date on Flu shot past year, PPV shot ever, Colorectal cancer screening, and Mammogram past 2 years	37.4%	32.4%
Visits to dentist or dental clinic among adults aged 18 or older	64.5%	68.4%
Visits to doctor for routine checkup within the past year among adults aged 18 or older	73.0%	70.4%

Source: CDC Places: Local Data for Better Health, County Data 2022

Causes of Death

In 2020, heart disease, malignant neoplasms, and COVID were the leading causes of death in Wisconsin.

Exhibit 43: Wisconsin Leading Causes of Death



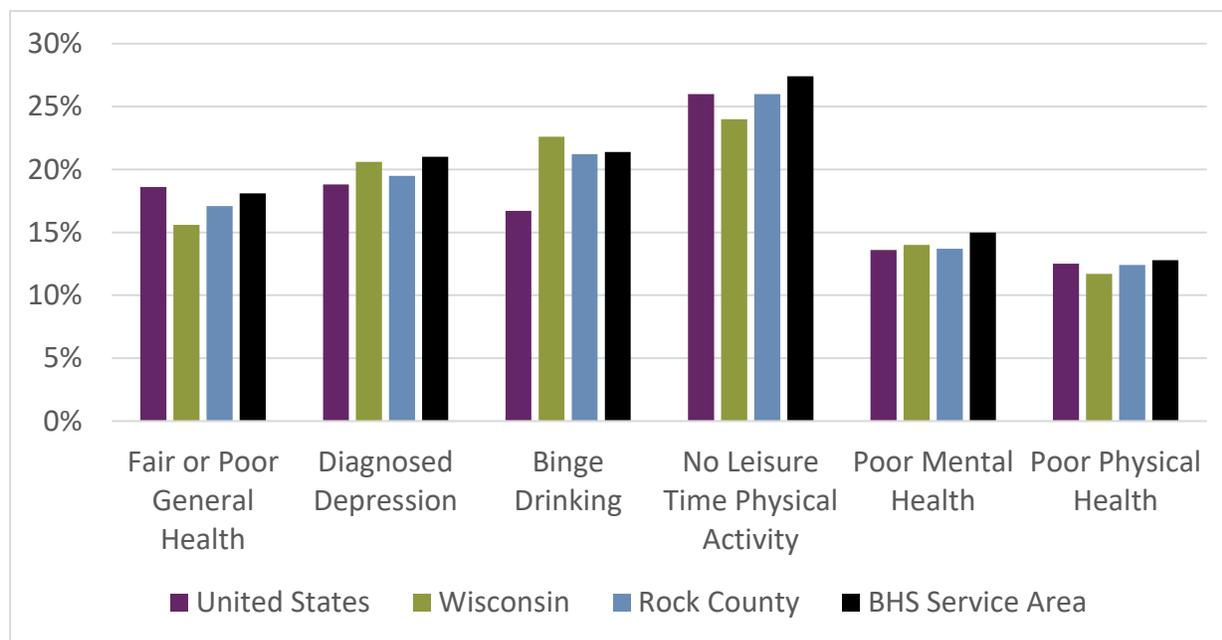
Cause of Death	Number of Deaths	Percentage of all Deaths
All Deaths	62,706	100%
Heart Disease	12,641	20.2%
Malignant Neoplasms	11,654	18.6%
COVID-19	5,432	8.7%
Unintentional Injury	4,682	7.5%
Cerebrovascular (Stroke)	2,827	4.5%
Chronic Low. Respiratory Disease	2,798	4.5%
Alzheimer's Disease	2,595	4.1%
Diabetes Mellitus	1,684	2.7%
Liver Disease	873	1.4%
Suicide	866	1.4%
All Others	16,654	26.6%

Source: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention | National Center for Health Statistics (NCHS), National Vital Statistics System Leading Causes of Deaths Reports, 2020

Health Status & Behaviors

BHS Service Area has slightly higher levels of diagnosed depression, no leisure time physical activity, poor mental health, and poor physical health compared to national, state, and county levels.

Exhibit 44: Health Status Among Adults



	United States	Wisconsin	Rock County	BHS Service Area
Fair or Poor General Health	18.6%	15.6%	17.1%	18.1%
Diagnosed Depression	18.8%	20.6%	19.5%	21.0%
Binge Drinking	16.7%	22.6%	21.2%	21.4%
No Leisure Time Physical Activity	26.0%	24.0%	26.0%	27.4%
Poor Mental Health	13.6%	14.0%	13.7%	15.0%
Poor Physical Health	12.5%	11.7%	12.4%	12.8%

Source: CDC BRFSS PLACES 2019

Chronic Disease Incidence Summary

A slightly higher percentage of males compared to females have diabetes, and the population age 75 and over has higher figures of diagnosed diabetes compared to other age groups.

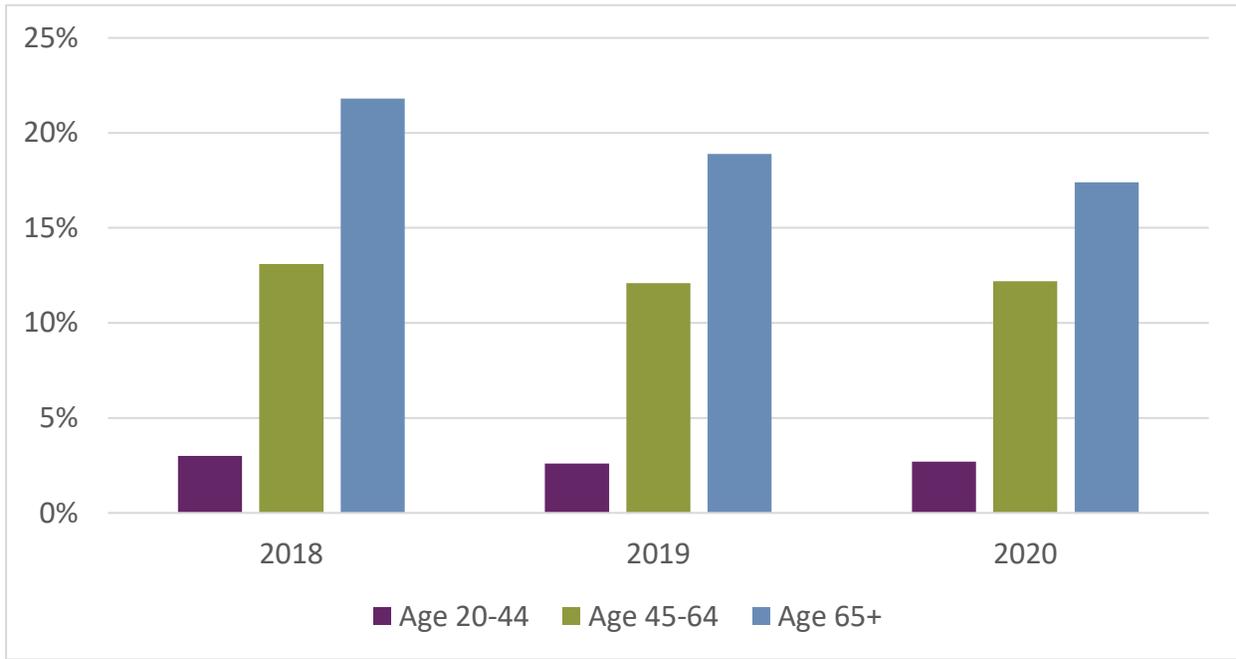
Exhibit 45: Wisconsin Diagnosed Diabetes Incidence Summary

Diagnosed Diabetes	2018	2019	2020
Adults Aged 18+	7.4%	7.4%	7.6%
By Age Group			
15-44	1.6%	1.9%	2.1%
45-64	10.9%	11.5%	10.7%
65-74	18.3%	18.9%	18.5%
75+	20.6%	15.6%	20.2%
By Gender			
Female	6.6%	6.9%	7.4%
Male	8.4%	8.0%	7.9%
By Race & Ethnicity			
Hispanic	12.3%	ND	10.2%
Non-Hispanic White	6.8%	7.1%	7.3%
Non-Hispanic Black	12.5%	ND	11.6%
Non-Hispanic Asian or Pacific Islander	ND	ND	0.4%
By Educational Attainment			
Less than High School	13.8%	7.6%	12.9%
High School Graduate	7.7%	8.2%	7.3%
Post-Secondary Education	6.2%	7.0%	7.1%

Source: Centers for Disease Control and Prevention United States Diabetes Surveillance System

There was a 12.9% decrease from 2018 to 2020 in the percentage of population in Rock County diagnosed with diabetes. A slightly higher percentage of males are diagnosed with diabetes compared to females.

Exhibit 46: Rock County Diagnosed Diabetes Incidence Summary



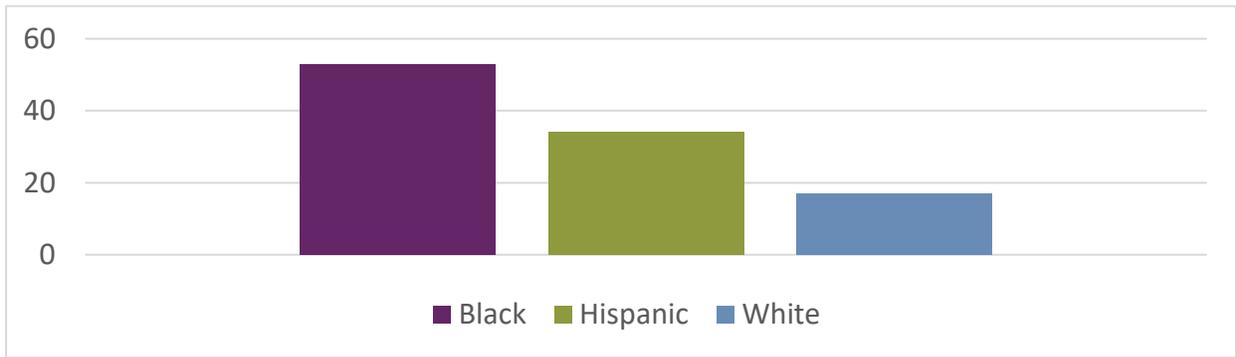
	2018	2019	2020
Total	9.3%	8.3%	8.1%
Age			
20-44	3.0%	2.6%	2.7%
45-64	13.1%	12.1%	12.2%
65+	21.8%	18.9%	17.4%
Gender			
Female	10.2%	9.4%	8.8%
Male	11.5%	10.2%	10.3%

Source: Centers for Disease Control and Prevention United States Diabetes Surveillance System

Maternal and Child Health

The teen birth rate in Rock County is higher than the Wisconsin or national teen birth rates, with the Black population having a notably high rate.

Exhibit 47: Teen Birth Rate



	United States	Wisconsin	Rock County
Number of births per 1,000 female population ages 15-19.	19.0	14.0	22.0
By Race & Ethnicity			
Black	ND	ND	53.0
Hispanic	ND	ND	34.0
White	ND	ND	17.0

Source: County Health Rankings & Roadmaps, 2023

Compared to surrounding counties, Rock County has a higher percentage of low birthweights.

Exhibit 48: Low Birthweight

	2017	2018	Total Births 2018
Rock County	7.5%	8.3%	1,870
Walworth County	6.4%	6.7%	941
Winnebago County	7.0%	7.7%	1,798
Green County	7.1%	6.7%	358

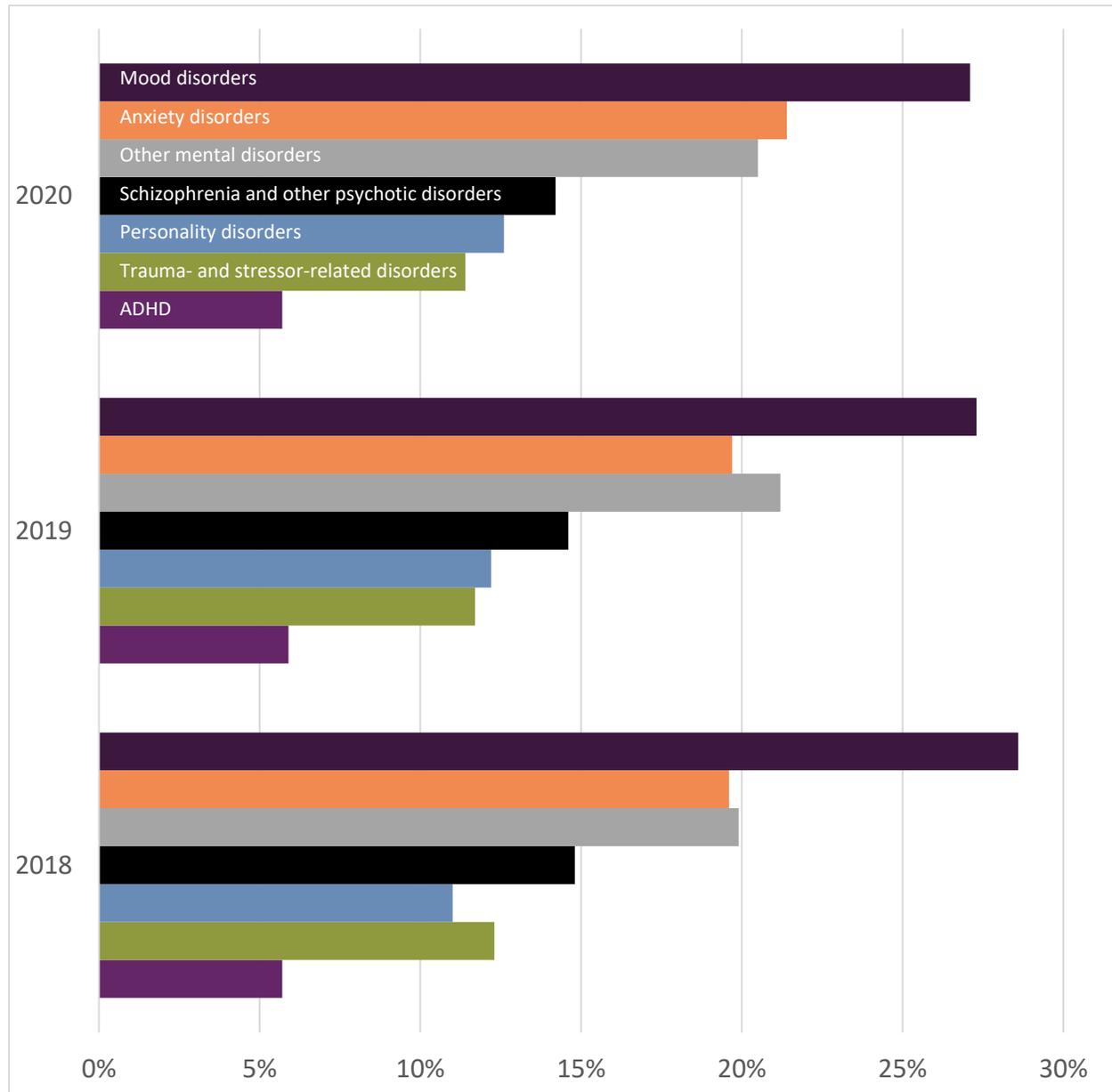
Source: Births and Infant Deaths Detailed Tables 2017-2018 | Wisconsin Department of Health Services.

Behavioral Health Status Profile

Mental Health

There was a 10.3% change from 2017 to 2020 in the percentage of population diagnosed with an anxiety disorder.

Exhibit 49: Wisconsin Population with Mental Health Diagnoses



Source: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Mental Health Annual Report 2015-2020

In 2017, approximately one-fifth of adults and children in the service area were estimated to have any mental illness.

Exhibit 50: Estimates of Individuals with Mental Health Needs in 2017

	2017 Adult (18+) Population Estimate	Number of Estimated Number of Adults with Any Mental Illness	Number of Estimated Number of Adults with Serious Mental Illness	2017 Child (5-17) Population Estimate	Number of Estimated Number of Children with Any Mental Illness	Number of Estimated Number of Children with Severe Emotional Disturbance
Green County	28,463	5,277	1,389	6,433	1,351	708
Rock County	122,950	22,795	6,000	28,448	5,974	3,129
Walworth County	80,563	14,936	3,931	16,973	3,564	1,867
Wisconsin Total	4,469,267	828,602	218,100	956,478	200,860	105,213
Percent of Total Population	--	18.5%	4.9%	--	21.0%	11.0%

Source: Wisconsin Department of Health Services, Division of Care and Treatment Services | Wisconsin Mental Health and Substance Use Needs Assessment 2019

While crisis services are the most frequently utilized mental health services in Rock County year over year, there was a decrease of 23.2% in the number of people receiving crisis services over the 2019 to 2021 period.

Exhibit 51: Rock County Mental Health Service Use Trends

2019		2020		2021	
Top 5 Most Used Services Per Year					
People Served	1,782	People Served	1,575	People Served	1,559
Crisis	1,164	Crisis	904	Crisis	894
Inpatient	319	Medication Management	323	Comprehensive Community Services	374
Medication Management	303	Comprehensive Community Services	311	Medication Management	326
Outpatient Counseling	294	Outpatient Counseling	297	Outpatient Counseling	268
Comprehensive Community Services	256	Inpatient	254	Community Support Program	200
Service Need Per Year					
Ongoing, High Intensity	473	Ongoing, High Intensity	508	Ongoing, High Intensity	543
Ongoing, Low Intensity	464	Ongoing, Low Intensity	476	Ongoing, Low Intensity	439
Short Term / Situational	852	Short Term / Situational	595	Short Term / Situational	577

Source: Substance Use: County Services Dashboard | Wisconsin Department of Health Services.

- There were increases in medication management and comprehensive community services over the period and decreases in outpatient counseling.

Substance Use

The number of people served with substance use services in Rock County decreased by 13.6% over the 2019 to 2021 period.

Exhibit 52: Rock County Substance Use Trends

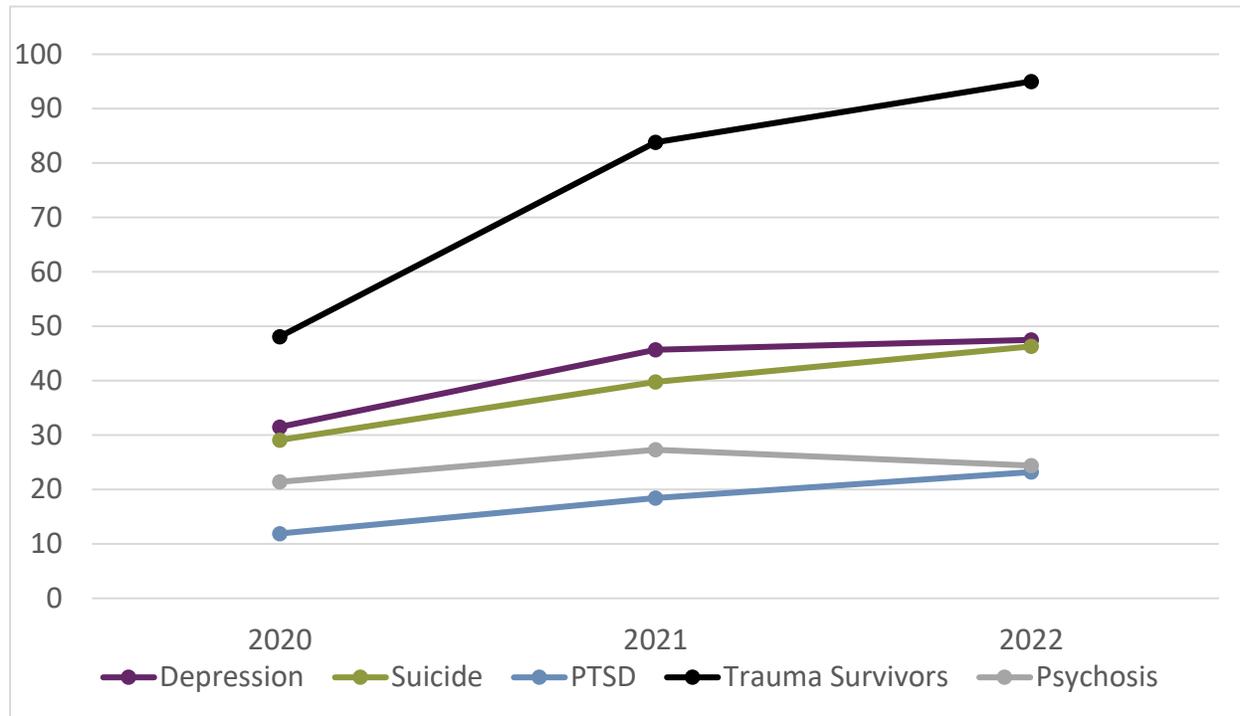
2019		2020		2021	
Top 5 Most Used Services Per Year					
People Served	1,063	People Served	862	People Served	918
Intake & assessment	781	Intake & assessment	668	Intake & assessment	787
Case Management	192	Outpatient Counseling	164	Outpatient Counseling	142
Outpatient Counseling	170	Case Management	125	Case Management	125
Detoxification	119	Medication-Assisted Treatment	92	Medication-Assisted Treatment	82
Medication-Assisted Treatment	95	Detoxification	53	Inpatient	12
Top 5 Most Common Substances Per Year					
Alcohol	852	Alcohol	686	Alcohol	770
Marijuana	272	Marijuana	264	Marijuana	437
Opioids	180	Opioids	153	Cocaine	175
Cocaine	160	Cocaine	131	Opioids	141
Other Opiates and Synthetics	14	Other Opiates and Synthetics	12	Amphetamines	16

Source: Substance Use: County Services Dashboard | Wisconsin Department of Health Services, 2019-2021.

Suicide

There was a 50.8% change from 2020 to 2022 in the rate of Rock County population at risk of depression, a 59.1% change in the rate of population at risk for suicide, a 94.9% change in the rate of population at risk for PTSD, and a 97.5% change in the rate of population scoring as trauma survivors.

Exhibit 53: Rate of Population Scoring for Mental Health Risk, Rock County



	Wisconsin			Rock County		
	2020	2021	2022	2020	2021	2022
Depression	35.5	43.6	44.8	31.5	45.7	47.5
Suicide	38.3	45.5	47.9	29.1	39.8	46.3
PTSD	11.6	23.1	23.7	11.9	18.4	23.2
Trauma Survivors	48.7	80.5	10.25	48.1	83.8	95.0
Psychosis	21.7	29.5	25.5	21.4	27.3	24.4

Source: County and State Data Map: Defining Mental Health Across Communities | Mental Health America.

The suicide rate for youth ages 18-19 in Wisconsin is higher than the suicide rate for the adult population. The rate for males is notably higher than the suicide rate for females, and the suicide rate for the White population is higher than the rate for the Black population.

Exhibit 54: Wisconsin Suicide Rates per 100,000 by Demographics, 2020

	Wisconsin
Number of Deaths	866
Age-Adjusted Rate	14.5
Youth Rate Ages 15-17	13.5
Youth Rate Ages 18-19	19.1
Female	5.3
Male	24.0
White	15.2
Black	9.1
Age Group	
15-19	8.8
20-24	22.8
25-29	15.8
30-34	21.6
35-39	21.4
40-44	19.5
45-49	22.4
50-54	18.4
55-59	19.1
60-64	15.3
65-69	13.2
70-74	16.2
75-79	17.7
80-84	15.9
85+	18.2

Source: Centers for Disease Control and Prevention WISQARS | Explore Fatal Injury Data Visualization Tool, (Youth Rate) Wisconsin 2017 Youth Risk Behavior Survey

Qualitative Research

Approach

The qualitative primary research methodology consisted of community partner interviews and focus group discussions with employers, including business and organizational representatives; service providers; and community members. An interview guide and focus group moderator's guide, each implemented to help guide conversations, are found in Appendix B and E, respectively.

Qualitative data collection resulted in a consensus of several top areas of need that can be described as qualitative themes. Each of these qualitative themes impact the subsequent high-level action areas. The action areas include an overview of the subject and utilize de-identified illustrative observations in italics which are representative of respondents' consensus perspectives.



One-on-One Interviews

A total of **27** stakeholders across the Beloit Health System service area were interviewed via one-on-one Zoom and phone interviews, each lasting approximately 30 minutes, although some community members chose to share a great deal of information and exceeded 30 minutes. These conversations provided the opportunity for in-depth conversations about community strengths and challenges faced by stakeholders with regards to community and health needs, including impacts of the COVID-19 pandemic, as well as ideas for solutions to address identified needs.

Focus Group Discussions

Six (6) focus groups started with brief introductions, followed by hearing participants' broad thoughts about topic areas. Discussions were then narrowed down to focus on topics participants observed as the greatest concerns regarding health in their community and what possible solutions they envisioned. Participants were encouraged to speak about their particular areas of concern, interest, or experience, as many opinions and observations were grounded in both personal and professional experiences.

Qualitative Data Collection Participants

A variety of representatives throughout the BHS Service Area were contacted to participate in the community health needs assessment process. The following group of organizations were represented by individuals in the stakeholder interview and/or focus group discussions and provided valuable insights and helped to bring together groups of community members who spoke to challenges and barriers they experience with living healthy lives in the greater Beloit area.

Exhibit 55: Organizations Represented in Qualitative Research

Alliant Energy
Beloit Area Community Health Center
Beloit City Council
Beloit College
Beloit College
Beloit Health System (BHS)
Beloit Turner School District
BHS Counseling Care Center
BHS Emergency Medical Services Advisory Group
BHS volunteers
City of Beloit
City of Beloit Police Department
City of South Beloit
First Baptist Church / WI Baptist Ministers Council
Grinnell Senior Center
Harlem-Roscoe Fire Department
HealthNet of Rock County
Hendricks CareerTek
Latino Service Providers Coalition
The Lincoln Academy
Rock County
Rock County Jumpstart
Roscoe Police Department
Stateline Boys & Girls Club
Stateline Community Foundation
Stateline Family YMCA
Stateline Mass Transit District
Visit Beloit

High-Level Action Areas

The following High-Level Action Areas are most representative of participants' consensus across qualitative interviews and focus group discussions. These key action areas and some associated observations, that are representative of respondents' consensus perspectives from the interviews, are included on the following pages. Please note that the Action Areas are not in any prioritized order.



Behavioral
Health Acuity &
Resource Needs



Education &
Child Care



Equity &
Cross-Cultural
Issues



Health Care
Accessibility &
Service Gaps



Housing &
Homelessness



Poverty,
Transportation, &
Food Access

Action Area – Behavioral Health Acuity & Resource Needs

A number of stakeholders spoke to the mental health needs among children and adults in Beloit, as well as local resource limitations such as the lack of inpatient and crisis beds. Others identified ways that government could better assist smaller communities that are in need of support in this area, including among first responders and law enforcement.

Selected Community Voices:

"Mental health, for sure. I have employees on waitlists for months that need to see somebody right away."

"Especially within the school system, mental health needs are the greatest."

"The pandemic had a lot to do with people feeling isolated and experiencing psychological issues – they didn't know how to deal with it. Now, many of them don't know how to reconnect with society."

"A lot of children and adolescents have been admitted for inpatient treatment, including several suicide threats. Depression and anxiety are common, as are anger management issues. Children carry the weight of things that are happening at home – things they shouldn't have to worry about. They have social media in their face constantly, as well as bullying, including over video games. Some are becoming desensitized to calling each other names."

"Police calls are often related to mental health – coming out of COVID, for lots of reasons. There are also addiction challenges. However, there are also people talking about mental health today who wouldn't have before."

“The lack of resources for those in a mental crisis – that’s number one. Law enforcement mentioned that the closest secure facility is in Madison (an hour north of here) and when they encounter folks in a state of crisis and need to be transported to that facility it’s a three-hour round trip that they have to send two officers on. Beloit Health System has counselors on staff. We have other providers in our area, but not that next level of care.”

“There are few mental health facilities. For people in crisis, the closest facility is several hours away. This takes officers off the street – can be for 8 hours out of 10-hour shift. The hospital in Beloit is not equipped to deal with them.”

“There is no mental health crisis area. People go to the ER, or they get sent up to Madison. Many end up in jail and continue to have mental health crises while they are in jail.”

“Rock County advertises the Community Support Program, but I have yet to have a client accepted. It is almost negligent at this point. Historically, people would get plugged into resources in one of the larger cities in the state, then transitioned to Rock County. This practice changed more recently – now the state distributes funds to the smaller counties to take on this work. CSP exists in surrounding smaller counties like Walworth and Green counties, and it functions well. Rock County seems woefully underprepared to provide these services – they probably need more money as well. [The absence of step-down services] puts pressure on the therapist at the hospital and leads to increased hospitalizations. Clients who are a little bit more severe than the hospital can handle experience this gap post-hospitalization.”

“We’ve been working a lot on stigma, especially with police and firefighters because they’re always the first to respond and the last to ask for help. They finally break down that wall and decide to get help and then they have to wait two months (due to waiting lists). I’m sure there’s stigma in the community as well.”

Others spoke to the substance use challenges facing the region, including the lack of treatment and recovery supports in the small communities that characterize the BHS Service Area.

Selected Community Voices:

“There are high rates of substance misuse among adults, and this affects the issues youth are facing. It is evidenced in the number of overdose fatalities, especially if you look at these individuals’ histories.”

“Drug overdoses are a challenge – there have been four deaths in the last month.”

“[Among children and adolescents] Vaping and substances are issues. There are resources in the community to address behavioral health, but we need more. The state provides mental health support twice a week at school, and this eliminates some of the barriers to treatment, but there is no local inpatient care for children – the closest is in Madison. It is a small community, too –

people know each other, and this can be a challenge when it comes to seeking care for sensitive issues.”

“Fentanyl is common. The substances used in cities usually predict use in smaller towns in the Stataline region. Narcan is available. [Illinois] is legislating that police and fire do more in this area, without providing additional resources. Recidivism is high – there is little to no follow-up. Better mental health outreach would be helpful.”

“We need sober living facilities – places for people who have been incarcerated and/or are coming out of treatment. Substance misuse tends to not be a high priority when it comes to local needs. We see less meth and more cocaine (combined with fentanyl). Alcohol is always an issue.”

“Inpatient rehabilitation for substance use is difficult to find, and there is a lack of sliding-scale resources locally. There are some partial hospitalization program/intensive outpatient beds in Janesville, but that is the closest. Some patients are sent as far as La Crosse. There are also inadequate MAT services available. We need more doctors willing to prescribe this.”

Action Area – Education & Child Care

Several community members spoke to the challenges around the availability and affordability of child care for families living in the BHS Service Area.

Selected Community Voices:

“All the facilities in our area are full. You can’t even find in-home daycare. YMCA has a list a mile long. Every daycare has a list a mile long.”

“Beloit used to have five or six operable, affordable daycare centers – I’m not sure if there is even one anymore. During COVID, many parents realized they were working just to pay for child care. Some of those in two-parent households realized that maybe one could stay home, and one could work.”

“Minimum wage is \$7.25 and at 40 hours a week – that’s still not enough for child care, which you can’t find. You can probably find housing before you find child care. If you’re on the north side of the state line, would you work for \$7.25 or stay home and find state aid and be with your children? If you can’t find a decent job to make it worthwhile, why wouldn’t you? I don’t know how single parents make it work.”

“We have a lot of employees that are struggling – one just had triplets and she happened to get on this waitlist for a new child care facility the day the waitlist opened, so she has care – but it doesn’t start for several weeks, so she’s [finding ways] to cover the difference. For some first responders that have had babies, one parent will take 12 weeks of leave and then the other will take 12 weeks, and then they switch shifts because there’s nowhere to go [for child care]. It’s

really bad. And even if you can get it, the cost is insane to the point that I don't understand how families are affording it."

"The state has identified Beloit as one of the top child care deserts in the entire state – there are lots of reasons for that. Each center has a substantial waiting list. We've lost a number of child care centers over the last 10 years due to lack of profitability of business, and COVID didn't help. It's not a viable business model unless there's a sponsoring entity like an employer or church. We're actively trying to help – we have free training available for those who want to open their own center. There's a lot going on, but it's an uphill battle."

Others discussed needs associated with local school systems, such as leadership turbulence, student behavioral issues, and academic performance, especially in the context of the pandemic.

Selected Community Voices:

"The City's [Beloit's] educational system has very poor data. BHS was pushing to get strong educational options so they can hire quality staff because people didn't want to work here because of the educational system. The school had major leadership struggles and a huge turnover with school boards. There is a lot of in-fighting amongst the school boards (even before COVID)."

"I would address issues in the public school system. There have been big changes in leadership in the last eight years. Every thriving community has a thriving public school system."

"Our education system is failing. It is dismal and near the bottom of the state. We've not had the board leadership to help those turn over."

"Beloit School District is an issue – dysfunctional school boards and superintendents have created mayhem and havoc. People look at education statistics and don't want to live here."

"In the most recent election, a bunch of ballot measures that would have helped the education system were defeated – I'm not sure why. They were tied to the broader state discourse devaluing the public system in favor of vouchers and the like. The school board has been in disarray for awhile – until the most recent election. There have been attempts to impose an agenda, seeking to remove certain topics from curricula. When you put barriers in the way of young people, you end up with scenarios like people with unwanted children."

"Finding staff for children with higher needs is a real difficulty – there is a high turnover in the in-school and out-of-school aides. There is incredible stress on the system, and not a great deal of help (especially financially) from the state."

"We need to help caregivers support their children from birth to age three – put down the phones and iPads. If kids go through school not having to catch up, then they can go to technical school or college and they can get a good job. Then, companies are able to invest in the

community and stay in the community. We need to get school boards out of the way and have health systems and corporations supporting local schools.”

Action Area – Equity & Cross-Cultural Needs

Many stakeholders spoke to challenges faced by the region’s Black or African American residents, including distrust due to perceptions of differential treatment in accessing health care.

Selected Community Voices:

“During COVID, the Black community did not feel heard or seen in some instances.”

“The Black community has the highest rates of strokes, diabetes, low-birth weight infants ... We are working with several women to start businesses to foster trust with local medical community.”

“For people of color, trying to access services can be daunting – the language used to explain things, the feeling of not being heard or listened to. My son had appendicitis and he went to the ER with abdominal pain. They told him to go home, even after we asked them if it could be something related to his appendix. We felt like we were treated this way because we are Black.”

“I’ve heard enough horror stories about BHS in which Black people’s concerns were dismissed – ‘take two aspirin.’ My friend recently passed at age 91 with a respiratory issue – they were hospitalized for over a week, discharged to a rehab facility, then returned to the hospital and were diagnosed with ‘a whole body full of cancer.’ We were enraged when we heard that the doctors ‘missed it.’”

“Many Black people didn't get vaccinated at the hospital in Beloit – we went elsewhere.”

“There is a historical sense of distrust of the medical community – they were experimenting on people of color. There is more research coming out to provide numbers to support what community has always known, especially in Wisconsin. We prefer to have black doctors – people who will listen.”

“As a Black person, I want someone who provides services that are relevant to my situation, and culturally relevant. We need more counselors of color.”

“Why is there an assumption that Black people can’t or won't eat better? Our community decided to take care of each other.”

“There are groups here and some racial divide, which is interesting because it is diverse among the African Americans in Beloit. People who were part of the Chrysler and other car manufacturing workforce all went to the same church and it became an upper-class Black community. Others that weren’t a part of that community were separated.”

“In Beloit, one of the strongest historical voices was ministers. Many have passed away or moved on. Those who come into the community don't live among us. COVID also had a big role in this, too. People got used to not having to dress up and physically go to services. When you come up in the Black church, it is not about just the biblical teaching; it is about civil rights. Church and community were tied together before – there would be someone there from NAACP, Urban League, etc. There is not the same emphasis anymore.”

“Beloit in the 1960s and 70s was a primarily Black and White community. Now the area includes Hispanic and Asian residents – their issues are observed and responded to. Black voices are ‘like a voice in the wilderness’ – for example, at city council or school board meetings, our concerns are being listened to politely, but not addressed.”

“Minority groups – both African American and Hispanic – carry significant stigma around mental health. No one ever talked about [issues like] mental health or trans identity. It is hard to get appropriate care if you can't get people to acknowledge that there is an issue.”

Others spoke in more detail to the specific barriers experienced by the growing Hispanic population in the region, including issues faced by Spanish speakers and those who are undocumented.

Selected Community Voices:

“African American and Hispanic communities are more consistently underserved (than other residents). At the FQHC, 30-40% of the Hispanic population served is Spanish speaking. It is easy for folks to be forgotten about in seeking specialty care.”

“We have a large Latino population and folks who are not legal citizens that live here. We struggle with the language disparities and the community tries to help.”

“COVID has hurt everybody, and I almost feel like the Latinos are being hurt worse because they needed to work. Many of them are undocumented – they didn't receive financial help during the pandemic, and they've been working. They are the ones being exposed because they don't have the opportunity to become citizens.”

“The Latino immigrant population is the second largest minority population in Beloit today. Many are first generation and have issues related to legal status.”

“The undocumented population has a great deal of difficulty getting resources and a fear of interacting with the government.”

“There are a lot of Spanish speakers. There is a problem with medical racism – at Beloit Health System and elsewhere.”

“When I started working there were no services in Spanish. We were advocating and we got to the point where there were translators and people helping our Latinos – now we're going back

to the point where we started. At Beloit Health System, the translation was really bad – they decided to hire machines and there is no face-to-face translation. In the Beloit Clinic there were translators in every office and every floor, bilingual employees ... now there's no such thing."

"Many Hispanic patients don't have driver's licenses. Some might be too scared to drive [to seek services]."

"The forms aren't in Spanish so they misspell the names of newborn babies a lot of the time and parents don't realize because they can't read the forms and they are being filled out by nurses. In order to correct the birth certificate, they need to pay for this – some parents even need to go to court. It's expensive. The new mothers do sign the form, but they don't speak English and are scared, embarrassed, and in pain. They don't realize the error will be there forever."

"The Latinx community experiences challenges, some regarding language. Some may not have legal status. There is a need for interpreters. Systems are hard to figure out, and legal status is hard to figure out when kids turn 18."

"With the Latino population [mental health] is taboo. When you decide to make an appointment, you call, and they give you a call in six months – that's not helpful. You try to advocate for others but then they find out it's not worth trying."

Action Area – Health Care Accessibility & Service Gaps

The COVID-19 pandemic has exacerbated health care resource needs across the country, including recruitment and retention of providers and staff. Stakeholders described variable access to health care resources in the community, often in relation to regional health care staffing challenges.

Selected Community Voices:

"Access to doctors pre- and post-COVID seems to be more difficult. I think people have a tendency to heal themselves at home a little more before reaching out for health care."

"I know someone who was getting mental health treatment at Beloit Memorial – they liked the psychiatrist and prescriber, but then they changed. Then they sought out treatment in Janesville, but the turnover was disruptive. Eventually they sought out lower-cost care at a sliding fee clinic."

"The other thing is waiting for specialists – I've had people that get a cancer diagnosis and don't get to meet with an oncologist for 30 days. The shortage of health care workers is the biggest hurdle for our patients."

"I would prefer to not have to go to Madison for specialty treatment. Doctors may not want to come to a place like Beloit, versus Madison or Milwaukee."

“Would you rather have a procedure done here, where the doctor does 10 of those procedures a year, versus in Madison, where the doctor does 10 a week? It is a matter of quality and experience.”

“I routinely can't get in to see physicians (like my dermatologist) in six months or more. Physicians come and go.”

“In terms of health care, it would be nicer if they had more clinics and access to doctors – it is quite lengthy to get in to see a general practitioner. I just had to switch doctors about six months ago and it took me about six weeks to get a first appointment. More access and more doctors are needed, as well as referrals for specialty services. Fortunately, I'm healthy, but I've heard a lot of horror stories about how long it takes to get in.”

“There is a shortage of LGBTQ-friendly services. People might not be ‘out’ yet – they may not be sure about safe places [to seek care].”

“There is not a lot of good coordination of resources – there are a lot of good intentions. Beloit loses out on a lot of things to Janesville (the county seat).”

“There are a lot of great services, especially in the City of Beloit, but a lot of people don't know how to access them. Different types of programs aren't available everywhere. Regardless of what services exist, people have to be aware and take initiative to get the help.”

Others spoke to issues associated with the overextension of limited resources in the community, such as emergency medical services and emergency departments, and selective use by residents of emergency resources for non-emergent needs, such as primary care.

Selected Community Voices:

“EMS and ED are the places that can't say no. The difficulty of this isn't appreciated by leadership. It takes a huge toll. I worry about burnout when we are continually responding to the same people. Can social workers help to address some issues?”

“Patients may overwhelm the ER with care needs that could be appropriately handled by Convenient Care. There is a [different] dynamic across the privately insured and Medicaid populations – why are you here [at the ER] for a cold?”

“Monday mornings are especially busy at the hospital. People don't go over the weekend – some don't want to ‘give up’ the weekend. Then they use the ER for primary care. I believe that personal health depends on personal behavior, like if someone drinks beer and eats Doritos their whole life.”

“Staffing continues to be a challenge across health care and first responder settings – this has increased over the past several years. Recruitment and education are challenges.”

“I think one of the biggest struggles is the wait times to get in. I have some employees who don’t have a PCP and they don’t try to find one because nobody is accepting new patients, so they use ER or urgent care like a PCP.”

“Beloit Hospital and NorthPointe are like two different worlds. The population is about the same – Beloit versus Rockton plus the adjacent townships. But Beloit functions more like a bigger city. For people who are intimidated by the ER waiting room, some may drive themselves to NorthPointe – sometimes they end up being taken back to Beloit. Everyone has their idea of what they're seeking in terms of care.”

“Beloit Health System is not accepting the Stay Forward medical insurance for regular visits. They used to advertise this to keep people out of the ER. Now it is not being accepted in community care or urgent care. It's mostly children that have these cards. Now, in order to be seen by a doctor, you need to go to the ER. This changed in the middle of last year. It has affected a lot of people – getting an appointment with a pediatrician [takes] six months. If your daughter has fever and can't swallow and all the symptoms you can mention – we are told to go to the ER.”

Additional identified challenges pertain to opaque insurance issues and obstacles to communication with providers.

Selected Community Voices:

“Trying to navigate insurance is a nightmare. Even as someone [who has worked] in HR, this is complicated. The average person is not going to be able to do that. Helping them to understand is one thing – taking advantage of benefits is another.”

“The [lack of] transparency in billing is terrible. I experienced this while working in the court system. [BHS should] straighten out the billing system and record system, and communicate with patients more clearly.”

“We don’t have a Latino radio station or local TV in Spanish or newspaper. We have nothing local to communicate. Because of the pandemic, most of our people have been communicating through Facebook.”

“I would advise BHS to have materials at lower reading level (7th or 8th grade); myChart is not accessible or intuitive to many.”

“I've had issues accessing Medicaid, and my husband didn't have a pension. Accessing our different accounts has been hard since he passed.”

“With many programs, you need ID and a sympathetic case worker.”

“There is a discrepancy in quality of care based on insurance status, and the hospital will get paid more to bring patients in to the hospital. This may limit [use of] teletherapy.”

“Beloit Health is considered to consider to give a lower quality of care, and that more massive systems have better care.”

“The communication system [between patients and providers] is changing – it includes communication from nurses as the intermediary now.”

“BHS telephone scheduling is terrible – it is hard to get ahold of someone. The website isn't great either. Sometimes I just end up going somewhere else (to another provider).”

Action Area – Housing & Homelessness

Nationally, housing is among the most common challenge faced by individuals and families in the wake of the COVID-19 pandemic. Today's local housing markets are frequently characterized by high demand, high interest rates, and variable housing stock and quality. Many stakeholders spoke to the limited availability of affordable housing for rent or purchase in Beloit, as well as the growing diversity of area residents facing housing instability.

Selected Community Voices:

“The housing vacancy rate is very low (1-3%). This is a real issue for low-income families.”

“There has been an increase in housing prices and rents, and it is becoming untenable. \$900 is about the lowest you can find, with many places going for \$1,100-\$1,200 a month.”

“We were paying \$685 a month before – now you can't find a place for \$1,200. You used to be able to ‘make Madison money and live in Beloit.’ Now, you might as well live in Madison.”

“We definitely have a lack of affordable units. Housing construction has not kept up with job growth, so it has put a strain – there's a lot of housing people that are getting by by any means necessary.”

“There is a housing issue – I helped several people with rent and utilities over the past few years, to the point where I can't afford to do so financially anymore.”

“There is a lot of building happening in the city right now, but who can afford it? People are moving in for jobs, but these are people who are coming in from outside. There are extremely limited rental housing options that are affordable, and they are not great quality.”

“Housing discrimination was rampant in the early 1900s to present. Fairbanks Morse promised affordable housing, but the company didn't realize the extent of discrimination. White people protested emigration of Black people to the East side of town, leading to the establishment of the 'Fairbanks Flats' on the West side. More recently, they were going to demolish these units. They are too much a part of history and were designated historical. Now they have been refurbished so that people can live in them.”

“Housing is a struggle here – for renting or otherwise. Affordable housing is a struggle. I think if you get housing to where you can afford it, for a lot of people it’s not in the best areas where there’s a lot more crime.”

“People being priced out of purchasing new [housing]. They can sell high but can't afford to buy. Homelessness, including homeless teens, has grown, too.”

“Teenage homelessness (couch-surfing, etc.) is a challenge – the shortage of housing compounds the problem. The breakdown of families is also contributing to this. Some come from single-parent households, some have parents with substance use issues. Our students are trying to figure it out by themselves.”

“There is a group of homeless people who won't participate in programs – many live in tents. We have been working with a group regarding homeless teenagers – those who couch-surf and need basic items like underwear and t-shirts. Some have been kicked out of their homes. There is not enough rental housing available, and costs are amazing.”

“Homelessness has changed dramatically over even the past five years. It is more prominent, with people standing out on street corners. There are many more women and kids; previously it was primarily men.”

“[There is a need for] housing for people who are homeless – this affects everybody. There are not sufficient places for people to go, like warming shelters. There is nowhere near the number of appropriate beds. We have one shelter for men and women, one for families, DV shelter for women.”

“There are warming shelters – at the hospital and by the library – but police are nearby. The unhoused people tend to congregate in parks – not in public view, but to have some security.”

Action Area – Poverty, Transportation, & Food Access

Child care and housing were among several interrelated basic needs identified as challenges facing many in the BHS Service Area. For many, poverty and wages are at the heart of these issues.

Selected Community Voices:

“The high school has daycare for kids who have babies. How do you assist these families – help the child? Help the grown child [parent]? Provide information, resources, education? Who is going to take care of the child once they get beyond high school? So much of this is third and fourth generation – how do you break this cycle, help them feel more self-worth for themselves, so they can see a future for themselves?”

“The City is just above the poverty line. There is a lack of opportunity for growth.”

“There is a relatively high poverty rate and the problems associated with that.”

“A lot of justice system-involved people come from low-income communities and have other needs. The County attempts to address issues holistically but this limits availability of intervention to high-risk, high-needs populations.”

“The level of poverty and homelessness – these are things that restrict access to health care. Agencies provide services on sliding scale based on income – some even provide services that are free.”

“Many challenges, health and otherwise, are driven by economics. There is a chasm between haves and have-nots. Many, if not all, students in Beloit school district get free and reduced lunch. A good job leads to health insurance, which leads to access to doctors.”

“People are working hard – barely making ends meet. Some may be working two jobs. It can be hard to find time to access services until it is too late. For those without insurance, things like dental needs can lead to drastic solutions, such as pulling teeth to prevent further issues.”

“This is a manufacturing/warehouse/retail community. There are not many local jobs in the tech/innovative world. Wages are not keeping up with the increased cost of living. When are we going to stop training people for high-paying tech jobs?”

Others spoke to the integral role of transportation access in helping people, particularly seniors, to meet their basic needs and to access community-based services.

Selected Community Voices:

“Transportation is an issue for seniors. The bus does go to Janesville. Beloit is the smallest community in Wisconsin to maintain a public bus system. There are some smaller buses available on request from Rock County Transit.”

“The bus system is limited. This is a specific issue for the elderly. Rock County Transit can be scheduled – but people may have to wait at their destination to get picked back up again. Some churches and other organizations will partner to get people around [elderly or with disability]. People are worried about liability for driving someone.”

“I rely on my friends to go places, along with the Retired Senior Volunteer Program – it helps with transportation, but you have to give them notice ahead of time.”

“People might not know about services [that are available]. Stateline Mass Transit District tries to promote awareness of options. There is some reticence [among seniors] to give up their independence.”

“Public transportation could be increased. Other than that, people who can afford cars can drive just fine. But those who can’t afford (or can’t drive), I think that’s a struggle.”

“Transportation is a challenge – although the city bus does run. It shuts down at night.”

Access to affordable, healthy foods is another foundational basic need that fortifies physical health. Stakeholders described needs associated with food access in the BHS Service Area.

Selected Community Voices:

“Wages are not keeping up with food costs.”

“I am amazed at the number of people who stand in line in the cold to obtain food (from the food pantry).”

“Beloit has a good food bank open to the community. There could be more resources in terms of daily meals. The Salvation Army offers them twice a week. Within Beloit, meals are free for all kids in school (breakfast and lunch for those who qualify for free and reduced meals) plus there are five or six summer meal sites for kids under 18. This is not enough. There are a handful of evening sites. Meals on Wheels serves the elderly. The Rotary Club supports the DV shelter with meals.”

“Salvation Army used to be around, but fewer volunteers limited things. Meals on Wheels primarily serves the elderly, those lacking transportation, or those who are homebound with health issues. The program is being cut back, too. There are no box stores outside of Walmart. There are grocery stores in the community, and some resale shops.”

“[In South Beloit] we don’t have a grocery store but people are able to access fresh produce easily by traveling not far.”

“Food disparities [are a challenge] – I hope more people will come to the farmers' market. Not knowing how to cook foods is a limitation.”

Quantitative Community Survey

The Community Survey enabled a greater share of community residents across the BHS Service Area to share their perspectives on the unique challenges, barriers, and possible solutions to healthcare and social service access, and other community needs.

Survey Methodology

The community survey was made available online in English and in Spanish. The questionnaire included closed-ended, need-specific questions; open-ended questions; and demographic questions. Invitations to participate were distributed by project partners through channels including social media and email. There were 110 survey responses, all of which were to the English language survey.

Special care was exercised to minimize the amount of non-sampling error through assessment of design effects (e.g., question order, question wording, response alternatives). The survey was designed to maximize accessibility and comprehensively evaluate respondents’ insights. Sub-

questions included requests to rate health needs on a five-point scale. See Appendix C for the survey instrument.

The survey served as a practical tool for capturing insights of individuals across the BHS Service Area. This was not a random sample, and findings should not be interpreted as representative of the full population. Additionally, sample sizes of demographic subpopulations are not large enough to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.

Survey Respondent Demographics

Among respondents to the community survey (n=110), more than one in two (56.4%) live in Beloit, with an additional one in five (21.8%) from the Illinois communities of Roscoe, Rockton, and South Beloit. Two in five respondents (41.7%) are age 65 or older. More than four in five respondents (81.9%) identify as female, and the vast majority of respondents (96.8%) identify as heterosexual.

Exhibit 56: Community Survey Respondent Demographics

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
ZIP CODE	
53511	56.4%
61073	9.1%
61072	6.4%
61080	6.4%
53548	3.6%
AGE	
Younger than 18	2.8%
18-24	4.2%
25-34	6.9%
35-44	13.9%
45-54	11.1%
55-64	19.4%
65-74	29.2%
75 and older	12.5%
GENDER IDENTITY	
Female	81.9%
Male	18.1%

Most respondents (94.3%) identify as White or Caucasian. The median household income reported by respondents falls in the \$75,000-\$99,999 range, which is slightly greater than the median household income estimated for the population in the BHS Service Area (\$74,351).¹⁵ A majority of respondents (54.3%) reported having a Bachelor’s degree or higher.

Exhibit 57: Community Survey Respondent Demographics (continued)

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
RACE	
White or Caucasian	94.3%
Black or African American	4.3%
Another race	1.4%
American Indian or Alaska Native	0.0%
Asian	0.0%
Native Hawaiian or other Pacific Islander	0.0%
ETHNICITY	
Hispanic, Latino, or other Spanish origin	4.4%
Not Hispanic, Latino, or other Spanish origin	95.6%
ANNUAL HOUSEHOLD INCOME	
None	3.5%
Under \$25,000	1.8%
\$25,000-\$49,999	15.8%
\$50,000-\$74,999	17.5%
\$75,000-\$99,999	21.1%
\$100,000-\$124,999	15.8%
\$125,000-\$149,999	10.5%
\$150,000-\$199,999	12.3%
\$200,000 or more	1.8%
EDUCATIONAL ATTAINMENT	
Less than a high school diploma	2.9%
High school degree or equivalent (such as GED/HiSET)	11.4%
Some college, no degree	25.7%
Associate degree	5.7%
Bachelor’s degree	24.3%
Master’s degree	17.1%
Professional or doctorate degree (such as MD, DDS, DVM, PhD)	12.9%
HOUSEHOLD COMPOSITION	
Living in a single-parent household	10.8%
Living in a multi-generation household or in a home with three or more generations living together (such as grandparents, kids, and grandkids)	8.1%

¹⁵ U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021.

Survey Findings

Routine Care

The vast majority of respondents (96.3%) reported having a family doctor or place to go for routine care.

Exhibit 58: Do you have a family doctor or a place where you go for routine care?

	PERCENT
Yes, family doctor, family health center, or clinic	96.3%
Yes, emergency room	0.9%
Other - VA	0.9%
No	1.9%

Occasions When Not Getting Needed Care

It was relatively uncommon for respondents to report having unmet medical or mental health needs. Among respondents, about one in four (26.2%) reported needing care in the past two years but chose not to get it.

Exhibit 59: In the past two years, has there been one or more occasions when you needed medical or mental healthcare but chose NOT to get it?

	PERCENT
Yes	26.2%
No	73.8%

Reasons for Not Getting Needed Care

Among those who reported choosing not to get care in the past two years, more than one in two (53.6%) reported long wait times to be a reason they did not seek care, and one in four (25.0%) identified lack of money or ability to pay to be a barrier.

Exhibit 60: Reason for Not Getting Need Care

	PERCENT
Long wait times to see a provider	53.6%
Lack of money / ability to pay	25.0%
Did not feel comfortable with available providers	14.3%
Doctor's office is too far from my house	10.7%
COVID-19-related restrictions	10.7%
Lack of transportation	7.1%
I don't like the providers	7.1%
Lack of health insurance	3.6%

Community Profile

The following question was presented in the survey: *“Thinking about Community Health, please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).”* The exhibit below shows the percentage of respondents who chose either *“Disagree”* or *“Strongly Disagree”*. Overall, a minority of respondents disagreed or strongly disagreed with statements about their community’s ability to improve its health. One in three respondents disagreed with the statement about neighbors helping them to stay healthy.

Exhibit 61: Ranking Community Health, please rate each statement.

PERCENT "DISAGREE" OR "STRONGLY DISAGREE"	PERCENT
I know my neighbors will help me stay healthy	34.6%
My community has the resources to improve its health	18.5%
My community works together to make positive change for health	17.4%
My community can work together to improve its health	3.7%

Community Engagement & Belonging

Respondents reported belonging to a variety of groups and organizations. Nearly one in three reported belonging to a volunteer group (30.9%) and/or a church, temple, or religious group (29.1%). Fewer than one in five (19.1%) reported not belonging to any of the groups listed.

Exhibit 62: Do you belong to any of the following in the community?

	PERCENT
Volunteer group	30.9%
Church, temple, or religious group	29.1%
Social organization (such as Lions Clubs, Masonic organizations, etc.)	13.6%
Professional or trade organizations	10.0%
Youth-focused organizations or groups (such as Cub Scouts, Girl Scouts, PTA, Gay Straight Alliance, etc.)	8.2%
School, university, technical training, or adult education	7.3%
Neighborhood association or club	5.5%
Recreational or sports club or team	5.5%
None of the above	19.1%

Social Connectedness

For all but one statement, no more than one in five respondents reported that the various types of support listed below were available to them “none” or “a little of the time.” More than one in five (21.9%) reported not having someone to help if they were confined to bed, and a slightly smaller proportion reported not having someone to confide in or talk to, and/or to help with daily chores (18.9% each).

Exhibit 63: How often is each of the following kinds of support available to you if you need it?

PERCENT SAYING, "NONE" OR "A LITTLE OF THE TIME"	PERCENT
Someone to help you if you were confined to bed	21.9%
Someone to confide in or talk to about yourself or your problems	18.9%
Someone to help with daily chores if you were sick	18.9%
Someone to take you to the doctor if you needed it	16.4%
Someone to get together with for relaxation	14.7%
Someone to turn to for suggestions about how to deal with a personal problem	13.7%
Someone to do something enjoyable with	12.0%
Someone to give you information to help you understand a situation	9.6%
Someone who hugs you	9.5%
Someone you can count on to listen to you when you need to talk	6.8%
Someone to love and make you feel wanted	5.3%

Unmet Health Needs

More than four in five respondents (84.9%) reported that they or their family did not have unmet mental health or substance abuse needs. Most commonly, respondents reported that they themselves have an unmet need (9.6%), as opposed to an adult family member or child family member.

Exhibit 64: Do you or your family currently have unmet mental health or substance abuse needs?

	PERCENT
Yes, I have an unmet need	9.6%
Yes, an adult family member has an unmet need	6.8%
Yes, a child family member has an unmet need	4.1%
No	84.9%

Impact of COVID-19

Generally, fewer than one in five respondents reported challenges stemming from the past two years, with respondents reporting having the most common challenges enjoying leisure activities (18.7%) or feeling lonely (11.8%).

Exhibit 65: The past two years have been a challenge for all of us. Currently, are you having any challenges with the following?

PERCENT SAYING THAT THIS IS A "COMMON" OR MORE FREQUENT CHALLENGE	PERCENT
Enjoying leisure activities	18.7%
Feeling lonely	11.8%
Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	10.4%
Performing well at school or work	8.3%
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or major illness	8.0%
Getting along with people at work or in the community	8.0%
Establishing and maintaining trusted relationships	8.0%
Getting along well with friends and family members	5.3%

Prioritized Needs

Overall, respondents prioritized behavioral health needs, including counseling services for adolescents/children and adults, as well as crisis programs for mental health. Affordable prescription drugs were the second highest prioritized need. Other high priorities, such as affordable quality child care, livable wage job opportunities, and access to safe, affordable housing, are rooted in social determinants of health. A full table of all ranked needs from the survey is available in Appendix D.

Exhibit 66: Which of the following community and health-related issues do you feel need more attention for improvement?

RANK	NEED
1	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children
2	Affordable prescription drugs
3	Crisis or emergency care programs for mental health
4	Counseling services for mental health issues such as depression, anxiety, and others for adults
5	Affordable quality child care
6	Livable wage job opportunities
7	Access to safe, affordable housing
8	Social services (other than healthcare) for people experiencing homelessness
9	Affordable healthcare services for individuals or families with low income
10	Healthcare services for people experiencing homelessness

Access Audit

Access audit calls are an effective way to evaluate the community’s access to healthcare services within the BHS Service Area – not to profile any site. The goal of conducting access audits is to understand practical access to health care and other services and barriers experienced by community members seeking care. Results provide insight to access gaps, improvement strategies, and service variations. The service sites were called on the telephone by Crescendo, seeking to schedule an appointment or to learn about other factors that potentially impact community member’s access to services.

Calls were made at different times throughout the day in early June 2023. Approximately 21 calls were attempted across the service area, of which 17 (85%) resulted in the caller being connected to a staff person. The remaining calls were either not answered, could not be completed, or sent to voicemail.

Exhibit 67: Health Care Facilities Contacted in Access Audit

Mercy Health	Northpointe Clinic
Beloit Health System	LSF Medical Group Rockton
Beloit Area Community Health Center	Swedish American Stateline Clinic
Mercy Options Behavioral Care	Ortho Illinois / Wisconsin
West Side Clinic	South Beloit Clinic
Clinton Clinic	Beloit Dental
Stateline Mental Health Services	Gateway Dental Care
Holistic Counseling Services	Health Net
Life Balance Medical Center	SSM
Mercy Health Urgent Care - Roscoe	Mercy Health Janesville & Trauma

Findings

Ability of the site or facility to accept new patients

Of the 20 sites, all but four are accepting new patients, although in several instances, not all providers at the site were accepting new patients or availability for new patients was limited. Wait times for an appointment ranged depending on the facility type and/or services offered. Urgent care or crisis services, for instance, were available within hours, and chiropractic care was available within a week, while primary care appointments were commonly available within one to four months, with availability often varying by provider within a practice or medical group. One location had providers that did not have appointments available until a year out. Staff commonly inquired as to the specific services being sought in order to provide a specific estimate of provider and/or appointment availability.

Ability of the facility to answer questions and refer the caller elsewhere when the desired services are unavailable

Most sites contacted had staff members who were friendly and informative, often anticipating patient questions and providing specific information without it being explicitly requested by the caller. The staff members asked questions to assess the appropriate level of care needed and were willing to explain the process of becoming a new patient to the caller. Staff at several sites explained why appointment availability was limited and told the caller the names of providers and asked the caller if they preferred seeing a female or male provider. Staff often asked what insurance the caller had and listed the different insurance options accepted when asked.

How staff asks questions to define prospective patient's needs

Most staff members asked questions to ensure that their facilities' services aligned with the caller's needs. Staff members often asked what type of insurance the caller had to make sure that the site accepts their insurance to help the caller to avoid paying out of pocket for services. Beyond insurance coverage, other probing questions intended to tailor service appropriateness included inquiries about location (in order to determine the closest appropriate site).

Ease of speaking with a person

At most sites, the ease of speaking with a person was easy. Three sites went to voicemail, and one could not be completed. Many sites had someone answer the phone, then transfer the caller to a phone tree or another helpful person. Approximately 13 of the sites had phone trees, and the efficiency of these automated services in connecting the caller to a person ranged from immediate to calls that ended at voicemail boxes. Several phone trees required the caller to select an option from a list of two to nine choices. Some phone trees offered the caller a choice to receive a callback once it was their turn to speak to someone. Three of the phone trees were equipped with a choice to hear options in Spanish. The longest wait time to speak to someone was 20 minutes, but many calls were transferred to a live person immediately or within several minutes. There was one instance in which a long wait (20 minutes) culminated in ending the call without a voicemail option or callback choice after reaching the top of the queue. The majority of staff answered the phone with a friendly voice and were eager to help the caller.

Needs Prioritization

Prioritizing the community health needs helps build leadership consensus and facilitates consensus on program implementation. Crescendo worked with community service leaders, underserved populations, and others, and used the following the research to inform the list of needs:

- Secondary Research
- Qualitative Interviews and Focus Group Discussions
- Quantitative Online Community Survey
- Access Audit

The results identified 30 community health needs or service gaps. A significant, common challenge faced by communities at this point is that the final prioritization is often based on positional authority, non-representative quantitative ranking, or some other process that does not fully incorporate disparate insights and build consensus among the stakeholders.

To address this potential challenge, Crescendo worked with BHS to identify a CHNA Leadership Group comprising BHS leadership and board members. This group participated in a two-stage needs scoring process facilitated by Crescendo. The first stage consisted of a survey in which Leadership Group members scored each need (answering the question "How great is the need for additional focus on the following need or challenge..."). The second stage was a facilitated session in which the Leadership Group considered results of the first stage and subsequently scored need based on BHS degree of control and timeline of foreseen impact. The results:

- Clearly identify the core impact areas
- Create a prioritized list of needs to be addressed
- Develop a sense of ownership of the ongoing initiatives developed to address the needs.

Prioritized Needs

The Leadership Group identified the following ten (10) priority needs by scoring each based on importance, BHS degree/locus of control, and timeline within which impact could be foreseen:

Exhibit 68: Top Ten Needs Prioritized by the CHNA Leadership Group

NEED
Improve appropriate community utilization of emergency departments and EMS (i.e., finding ways to decrease the use of these services for non-emergent matters)
Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
Improve provider and system communication with patients, including improving the clarity of billing and insurance-related communications
Increase awareness of services or programs to help people learn about, and enroll in, programs that provide support, including appropriate reimbursement, for people needing health care and related services, including those serving the undocumented population
Increase case management services for people, including connection to existing programs, with complex chronic health conditions
Increase long-term care or dementia care for seniors
Increase the number of primary care services (such as a family doctor or other provider of routine care)
Increase the number of Spanish-speaking health care providers at the hospital and in the community
Increase the number of specialty health care providers in the community
Provide cultural competency training to all health care providers and staff to address implicit biases

This list of needs is alphabetized; the list is not in any other order of priority. A full list of the 30 needs considered by the CHNA Leadership Group is available in Appendix F.

Top Two Prioritized Needs

Of the prioritized needs identified by the Leadership Group, two needs rose to the top in terms of importance, BHS degree of control, and foreseeable impact within a year. These needs are:

- Increase the number of primary care services (such as a family doctor or other provider of routine care):** Rock County has fewer primary care providers per population compared to Wisconsin and the United States. Interviewees and focus group participants alike spoke to the burdens levied on emergency response personnel and services for routine care and for preventable or chronic health conditions exacerbated by lack of access to primary care:

"Access to doctors pre- and post-COVID seems to be more difficult. I think people have a tendency to heal themselves at home a little more before reaching out for health care."

"I think one of the biggest struggles is the wait times to get in. I have some employees who don't have a primary care provider (PCP) and they don't try to find one because nobody is accepting new patients, so they use ER or urgent care like a PCP."

"Patients may overwhelm the ER with care needs that could be appropriately handled by Convenient Care... Why are you here [at the ER] for a cold?"

Further, among those who took the community survey and reported having unmet medical or mental health needs, a majority reported long wait times to see a provider as a reason for not getting needed care.

BHS is well-poised to expand primary care access throughout the communities it serves on each side of the Wisconsin-Illinois state line. By doing so, BHS seeks to address the widely reported challenges associated with access to timely care, as well as to alleviate the burden on emergency response personnel and services through an expanded network of sources of care that are responsive to community needs.

- Improve provider and system communication with patients, including improving the clarity of billing and insurance-related communications:** In addition to expanding the array of primary care options available across the community, BHS recognizes the widely identified need for improved communication between patients and providers on topics ranging from care regimens to billing and insurance.

Community members spoke to a variety of ongoing challenges related to establishing and maintaining consistent lines of communications with providers:

"The communication system [between patients and providers] is changing – it includes communication from nurses as the intermediary now."

“When I started working there were no services in Spanish. We were advocating and we got to the point where there were translators and people helping our Latinos – now we’re going back to the point where we started.

“I would advise BHS to have materials at lower reading level (7th or 8th grade); myChart is not accessible or intuitive to many.”

Others identified issues specific to insurance and billing:

“Trying to navigate insurance is a nightmare... The average person is not going to be able to do that. Helping them to understand is one thing – taking advantage of benefits is another.”

“The [lack of] transparency in billing is terrible. [BHS should] straighten out the billing system and record system and communicate with patients more clearly.”

BHS values clear and effective communication as an integral to the process of connecting people to appropriate care across the continuum. By prioritizing this need, BHS recognizes that there are several tangible areas, from patient care to insurance and billing, in which it can promote and instill more effective and equitable communication practices across the health system in the coming year and beyond.

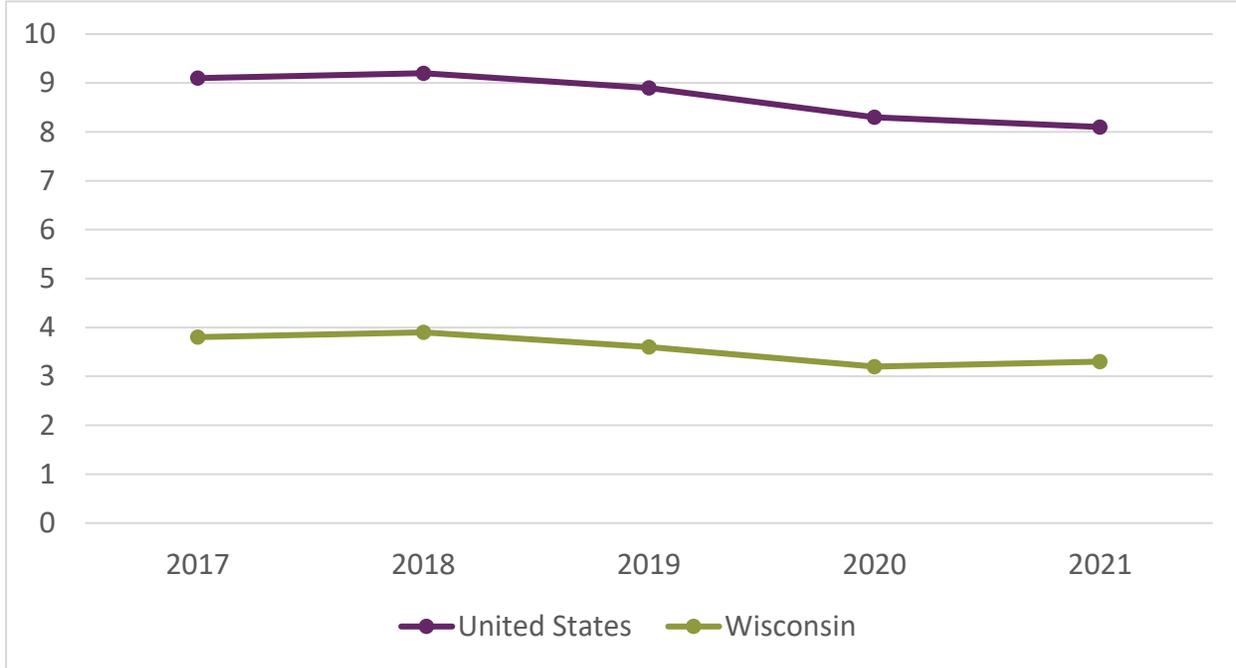
Appendices

Appendix A. Supplementary Secondary Data Research

Child Abuse and Neglect

Rates of child abuse and neglect in Wisconsin are lower than national rates.

Exhibit 69: Child Abuse and Neglect Victim Rates



	2017	2018	2019	2020	2021
Wisconsin	3.8	3.9	3.6	3.2	3.3
United States	9.1	9.2	8.9	8.3	8.1

Source: U.S. Department of Health & Human Services Administration for Children & Families, Administration on Children, Youth and Families, Children’s Bureau | Child Maltreatment 2021

Food Access

Exhibit 70: Access to Healthy Food, by Race and Ethnicity

	Distance from Access to Healthy Food	United States	Wisconsin	Rock County	BHS Service Area
American Indian and Alaska Native	1/2 Mile	73.5%	76.8%	85.9%	87.3%
	1 Mile	49.3%	51.6%	51.9%	48.8%
	10 Miles	10.2%	4.8%	ND	0.0%
	20 Miles	4.2%	0.0%	ND	0.0%
Asian	1/2 Mile	53.3%	66.7%	76.7%	83.5%
	1 Mile	20.7%	28.1%	45.6%	59.1%
	10 Miles	0.1%	0.3%	ND	0.0%
	20 Miles	0.0%	0.0%	ND	0.0%
Black or African American	1/2 Mile	63.0%	54.8%	78.4%	79.0%
	1 Mile	29.5%	15.1%	37.5%	38.2%
	10 Miles	0.9%	0.1%	ND	0.0%
	20 Miles	0.0%	0.0%	ND	0.0%
Native Hawaiian and Other Pacific Islander	1/2 Mile	60.2%	75.5%	97.4%	98.7%
	1 Mile	28.1%	44.9%	69.2%	52.0%
	10 Miles	0.8%	2.4%	ND	0.0%
	20 Miles	0.1%	0.2%	ND	0.0%
Other / Multiple Race	1/2 Mile	54.5%	61.9%	80.5%	82.9%
	1 Mile	23.6%	27.1%	41.6%	42.7%
	10 Miles	0.8%	0.9%	ND	0.0%
	20 Miles	0.1%	0.0%	ND	0.0%
White	1/2 Mile	73.8%	79.0%	85.1%	89.2%
	1 Mile	44.8%	51.0%	58.4%	65.5%
	10 Miles	1.9%	2.6%	ND	0.0%
	20 Miles	0.2%	0.0%	ND	0.0%

Source: USDA ERS Food Access Research Atlas, 2019.

Appendix B. Stakeholder Interview Guide

Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Beloit Health System to conduct a regional community health needs assessment.

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding health care-related needs, ways that people seek services, ongoing impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community.

We are also very interested to hear your insights about equal access to health care services and the challenges or advantages that some communities may experience, if any. We will describe our discussion in a written report; however, individual names will not be used. **Please consider what you say in our conversation to be confidential.**

Do you have any questions for me before we start?

Self-introduction Questions

Please tell me a little about yourself and the ways that you like to interact with the community where you live [where appropriate, "... and the populations your organization (or you) serves."].

1. When you think of the good things about living/working in this community, what are the first things that come to mind? [*PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity*]
2. Generally, what are some of the challenges to living here?
3. What would you say are the two or three most urgent health care-related needs in your community? [*PROBE: obesity, diabetes, depression*]

Health Equity

4. Are health care services equally available to everyone regardless of gender, race, age, or socioeconomics?
 - a. Are there any barriers to access to services based on economic, race/ethnicity, gender, or other factors?
 - b. Is there an experience of yours or someone you know about finding a doctor or getting needs met that you would like to share?
5. To what degree do health care providers care for patients in a culturally sensitive manner?
6. What are some of the biggest needs for those who are more vulnerable than others?
[PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities]
 - a. How does the community support or not support them?
7. What are some of the local or community-level actions that can be done to provide for community health and make well-being more equitable?
 - a. Are there any 'low hanging fruit' that could be addressed quickly?
8. Do you feel that there is any stigma around the local health care facilities (e.g., a person may choose not to utilize the health department's services because "it's for poor people")?

Health Care System

9. To what degree are community members or families struggling with finding and accessing quality health care? *[PROBE: Are there certain types of care that are more difficult to find?]*
 - a. Quality primary care and/or specialty care availability (Services for adults, children & adolescents).
 - b. What specialty care services are available or missing?
10. Is maternal care for expectant mothers accessible in your community? Other OB/GYN services?
 - a. What are the barriers and facilitators, if any, to accessing prenatal or maternal health services?

11. What are some of the health care challenges and benefits that older adults may experience in your community? (*PROBE: hospice, end-of-life care, specialists, etc.*).
12. Do people have access to affordable prescription medications and a local place to pick them up?
13. What types of prevention programs are available in your community (e.g., drug and alcohol, smoking cessation, HIV/AIDS/STI, diabetes, etc.)?
14. How do you think COVID-19 has impacted how people take care of themselves and how people interact with the health care system or doctors and other providers? [*PROBE: such as for screenings or routine services, vaccine perceptions, virtual health care, mental health, or others?*]
 - a. How, if at all, has COVID-19 affected the trust of health care providers or systems and the public health system?
15. What would improve access to services, medications, and programs?

Behavioral Health

16. When community members need help in a mental health crisis, who do they tend to turn to for assistance (health care-related, community services, or otherwise)?
 - a. What about in a substance use crisis? What substances do you see or hear about in the community?
 - b. Are there existing early intervention programs for local youth that may be experimenting or initiating substance use?
 - c. Are there supports in place to help with treatment? [*Probe: AA/NA meetings*]
 - d. What is or is not working?
17. Is there a stigma around seeking treatment for mental health and/or substance use disorders?

Neighborhood & Physical Environment

18. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges. Are there any services to help with housing?
19. Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?
20. How would you describe access to healthful, affordable food? What are some features or services that are working well? Where are the service gaps? What communities face unique challenges?
21. Does everyone typically have reliable transportation to work or go to the grocery store, doctors, or school? If not, are there services in the community that help those experiencing barriers/without a vehicle?

Education, Employment & Basic Needs

22. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or facilitators?
23. Describe the job market in the area before the pandemic and currently. [*PROBES: Generally, are “good” jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?*]
 - a. If people mention community education classes, PROBE: What are some ideas/suggestions to increase attendance?

Enhancing Outreach & Disseminating Information

Reference: Health literacy is: [from Healthy People 2020]: “The degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

24. To what degree is health literacy a community advantage or challenge?
 - a. How do you think health organizations can improve the health literacy of the community?
25. How do community members generally learn about access to and availability of services in the area (e.g., online directory; social media; hotline; word of mouth)? What method tends to work the best or worst?

26. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?
27. What types of activities would best reach those more vulnerable groups in the community? (people experiencing homelessness, people living with disabilities, or other diverse or hard-to-reach populations)
 - a. What resources are you aware of that are already helping those populations?

Community Connection & Social Support

Reference: Social associations can help us live healthier lives. These associations may include civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, professional organizations, and others.

28. As a resident of your community, do you get enough social interaction? Where do you get that interaction, and which of those are the most fulfilling sources?
29. Do you wish there were more opportunities for social support or social interaction between community members? If so, what would you like to see?

RESEARCHER NOTES

- Bring up each of the following topics and include probes and subcategories in the dialogue.
- Note comments and particular areas of emphasis. Include comparisons between topics where helpful.
 - *e.g., “So which do you think requires more attention: substance abuse education in schools or opioid abuse intervention among the homeless?”*
- Not all topics will be covered with all interviewees. Discussion content will be modified to respond to the interviewees’ professional background and availability of time during the interview.
- Health equity is a priority for this project. To the extent possible, all health equity questions should be included in interviews.

Appendix C. Community Survey Instrument

Beloit Health System is conducting a Community Health Needs Assessment (CHNA) for the greater Beloit Area.

The Community Health Needs Assessment helps the partners to learn more about community health and issues that need more focus and attention. This short survey is designed to learn your thoughts and ideas on these important topics. ***Your comments will be kept confidential.***

If you would like to be entered to win one of two \$50 gift cards, please enter your contact information at the end of the survey.

1. What is your zip code? _____

Access to Health Care

2. Do you have a family doctor or a place where you go for routine care?

- Yes, family doctor, family health center, or clinic
- Yes, emergency room
- Yes, Walk-in urgent care
- No
- Other (please specify)

3. In the past two years, has there been one or more occasions when you needed medical or mental health care but chose NOT to get it?

- Yes
- No

4. If yes, what prevented you from accessing health care or mental health services when you needed it? (Check all that apply)

- Lack of health insurance
- Lack of money / ability to pay
- Did not feel comfortable with available providers
- Providers did not speak my language
- Providers are not culturally competent
- Concern about my immigration status
- Providers not knowledgeable about people with my sexual orientation or gender status
- Lack of transportation
- Long wait times to see a provider
- Doctor's office is too far from my house
- COVID-19-related restrictions
- I don't like the providers
- Providers are not culturally competent

Community Health Needs

A "healthy" community can include a variety of things such as the availability of healthcare services (including behavioral health), social services, economic and career growth opportunities, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next few questions ask you about your opinions on programs and resources in your community.

5. On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement?

	No more needed 1	2	Neutral 3	4	Much more needed 5	I don't know
Transportation services for people needing to go to doctor's appointments or the hospital						
Accessible sources for affordable, nutritious food						
Affordable quality child care						
Access to quality education for youth						
General public transportation						
Access to safe, affordable housing						
Supportive housing for individuals in need of wrap-around supportive services						
Programs to support community cohesion and inclusion, including those to combat discrimination and racism						
Access to clean, public places to play and exercise						
Healthcare services for people experiencing homelessness						
Social services (other than healthcare) for people experiencing homelessness						
Access to quality education and job training						
Livable wage job opportunities						

On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement?

	No more needed 1	2	Neutral 3	4	Much more needed 5	I don't know
Activities for youth (such as a public pool, roller skating rink, bowling alley)						
Primary care services (such as a family doctor or other provider of routine care)						
Emergency care and trauma services						
Long-term care or dementia care for seniors						
Affordable healthcare services for individuals or families with low income						
Affordable prescription drugs						
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare						
Counseling services for mental health issues such as depression, anxiety, and others for adults						
Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children						
Support services for children with developmental disabilities						
Support services for adults with developmental disabilities						
Drug and other substance abuse education and prevention						
Drug and other substance abuse early intervention services						
Drug and other substance abuse treatment services						
Programs to help drug and other substance use disorder patients in recovery stay healthy						

On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement?

	No more needed 1	2	Neutral 3	4	Much more needed 5	I don't know
Crisis or emergency care programs for mental health						
Crisis or emergency care services for medical issues						
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers						
Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.						
Programs for diabetes prevention, awareness, and care						
Programs for heart health or cardiovascular health						
Programs for obesity prevention, awareness, and care						
Programs for smoking cessation (including vaping)						
Programs to help steward and protect environmental resources						
Programs and initiatives to mitigate the health impacts of environmental changes						
Healthcare services for seniors						
Women's health services / Prenatal care / Reproductive health services						
Services or education to help reduce teen pregnancy						
Parenting classes for new parents						
HIV / AIDS education and screening						
HIV / AIDS treatment services						
Opportunities for physical fitness						

6. Thinking about Community Health, please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).

	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly agree
My community can work together to improve its health					
My community has the resources to improve its health					
My community works together to make positive change for health					
I know my neighbors will help me stay healthy					

Mental Health

We are interested in understanding the mental and emotional wellness of individuals and the community as a whole. Reminder: Your answers will be confidential.

7. If you were experiencing a mental health or substance abuse challenge, would you know where to turn for help?
- Yes
 - No
 - I'm not sure
8. Do you or your family currently have unmet mental health or substance abuse needs?
- Yes, I have an unmet need
 - Yes, an adult family member has an unmet need
 - Yes, a child family member has an unmet need
 - No
 - I don't know
 - I prefer not to answer
9. Over the course of the COVID-19 pandemic, have you or someone you know experienced any of the following mental health challenges? (Please select all that apply)
- Depression or Anxiety
 - Loneliness or Isolation
 - Grief
 - Other (please specify)

Challenges

10. The past two years have been a challenge for all of us. Currently, are you having any challenges with the following?

	I struggle with this issue daily	This is a common challenge for me	I frequently struggle with this issue but generally manage fairly well	I occasionally struggle but am generally doing well in this area of my life	I'm doing well in this area of my life
Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks					
Performing well at school or work					
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or major illness					
Enjoying leisure activities					
Getting along well with friends and family members					
Getting along with people at work or in the community					
Feeling lonely					
Establishing and maintaining trusted relationships					

11. What are other challenges in the community that you think are important for us to know about?

12. If you had a magic wand and could change one thing to make your community a better place, what would it be?

Social Connectedness

Beloit Regional Community Health Needs Assessment partners are interested in understanding social connectedness or the feeling that you belong to a group and generally feel close to other people.

13. Do you belong to any of the following in the community?

- Church, temple, or religious group
- Social organization (such as Lions Clubs, Masonic organizations, etc.)
- Neighborhood association or club
- Volunteer group
- Recreational or sports club or team
- School, university, technical training, or adult education
- Professional or trade organizations
- Youth-focused organizations or groups (such as Cub Scouts, Girl Scouts, PTA, Gay Straight Alliance, etc.)
- Other (Please specify)

14. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Someone you can count on to listen to you when you need to talk					
Someone to give you information to help you understand a situation					
Someone to confide in or talk to about yourself or your problems					
Someone to turn to for suggestions about how to deal with a personal problem					
Someone to help you if you were confined to bed					
Someone to take you to the doctor if you needed it					
Someone to help with daily chores if you were sick					
Someone who hugs you					
Someone to love and make you feel wanted					
Someone to get together with for relaxation					
Someone to do something enjoyable with					

A little bit about you

15. To which gender identity do you most identify?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Non-Binary
- My gender identity is not listed
- I prefer not to answer

16. What is your sexual orientation?

- Heterosexual
- Gay/Lesbian
- Bisexual/Pansexual
- My sexual orientation is not listed
- I prefer not to answer

17. Are you of Hispanic, Latino, or other Spanish origin?

- Yes
- No
- I prefer not to answer

18. What is your race? [Check all that apply]

- White or Caucasian
- Black or African American
- Asian
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race
- I prefer not to answer

22. Which of the following ranges best describes your total annual household income in the past year?

- None
- Under \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$75,999
- \$75,000 - \$99,999
- \$100,000 - \$124,999
- \$125,000 – \$149,999
- \$150,000 - \$199,000
- \$200,000 or more
- Unknown
- I prefer not to answer

23. What is your age?

- Less than 18 years old

- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- More than 75 years old
- I prefer not to answer

24. Do you have any of the following disability / ability?

- A sensory impairment (vision or hearing)
- A learning disability (i.e., ADHD, dyslexia)
- A mobility impairment
- A mental health disorder
- A long-term medical illness (i.e., epilepsy, cystic fibrosis)
- A temporary impairment due to illness or injury (i.e., broken ankle, surgery)
- A disability or impairment not listed
- I do not identify with a disability or impairment
- I prefer not to answer

25. What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have received.)

- Less than a high school diploma
- High school degree or equivalent (such as GED/HiSET)
- Some college, no degree
- Associate degree
- Bachelor's degree
- Master's degree
- Professional or doctorate degree (such as MD, DDS, DVM, PhD)
- I prefer not to answer

25. What is your profession?

[drop down menu of options]

26. Do you live in a single-parent household?

- Yes
- No

27. Do you live in a multi-generation household or in a home with three or more generations living together (such as grandparents, kids, and grandkids)?

- Yes
- No

Appendix D. Full List of Ranked Needs from the Community Survey

Exhibit 71: Which of the following community and health-related issues do you feel need more attention for improvement?

RANK	NEED
1	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children
2	Affordable prescription drugs
3	Crisis or emergency care programs for mental health
4	Counseling services for mental health issues such as depression, anxiety, and others for adults
5	Affordable quality childcare
6	Livable wage job opportunities
7	Access to safe, affordable housing
8	Social services (other than healthcare) for people experiencing homelessness
9	Affordable healthcare services for individuals or families with low income
10	Healthcare services for people experiencing homelessness
11	Drug and other substance abuse treatment services
12	Long-term care or dementia care for seniors
13	Programs to help drug and other substance use disorder patients in recovery stay healthy
14	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.
15	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
16	Access to quality education for youth
17	Drug and other substance abuse education and prevention
18	Activities for youth (such as a public pool, roller skating rink, bowling alley)
19	Drug and other substance abuse early intervention services
20	Programs for obesity prevention, awareness, and care
21	Services or education to help reduce teen pregnancy
22	Transportation services for people needing to go to doctor's appointments or the hospital
23	Support services for children with developmental disabilities
24	Access to quality education and job training
25	Accessible sources for affordable, nutritious food
26	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare
27	Healthcare services for seniors
28	Programs to support community cohesion and inclusion, including those to combat discrimination and racism
29	Support services for adults with developmental disabilities
30	Programs for diabetes prevention, awareness, and care

RANK	NEED
31	Crisis or emergency care services for medical issues
32	Supportive housing for individuals in need of wrap-around supportive services
33	Parenting classes for new parents
34	General public transportation
35	Programs to help steward and protect environmental resources
36	Women's health services / Prenatal care / Reproductive health services
37	Primary care services (such as a family doctor or other provider of routine care)
38	Emergency care and trauma services
39	Programs and initiatives to mitigate the health impacts of environmental changes
40	Programs for smoking cessation (including vaping)
41	Access to clean, public places to play and exercise
42	Programs for heart health or cardiovascular health
43	Opportunities for physical fitness
44	HIV / AIDS education and screening
45	HIV / AIDS treatment services

Appendix E. Focus Group Moderator's Guide



Focus Group Moderators Guide

WELCOME AND INTRODUCTIONS

Good morning [or afternoon]. My name is [*Moderator Name*] from Crescendo Consulting Group. We are working with Beloit Health System to conduct a community health needs assessment for the greater Beloit area.

EXPLAIN THE GENERAL PURPOSE OF THE DISCUSSION

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding healthcare-related needs, ways that people seek services, impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community. We are also very interested to hear your insights about equal access to healthcare services and challenges or advantages that some communities may experience, if any.

EXPLAIN THE NECESSITY FOR NOTETAKING AND RECORDING

We're taking notes and recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear today to be confidential.

DESCRIBE LOGISTICS (VIRTUAL GROUPS)

Logistics are a bit different than normal since we're virtual, but we'd appreciate it if you gave us your full attention for the next hour or so. If you need to take a break to use the restroom, please do.

- If you have a private question, feel free to type it in the chat area of the software and I'll respond as soon as possible.

DESCRIBE THE PROTOCOL FOR THOSE WHO HAVE NOT BEEN TO A GROUP BEFORE

For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make, as this is a conversation. If you don't understand a question, let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable. Be respectful of

the opinions of others. Honest opinions are the key to this process, and there are no right or wrong answers. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions before we start?

INTRODUCTIONS

Please feel free to tell us your name and include your organization or role in the community. Please briefly share how you interact with the community and the populations your organization (or you) serves, if any.

ACCESS AND AVAILABILITY OF SERVICES

30. When you think of the good things about living in this community, what are the first things that come to mind? *[PROBE: things to do, parks or other outdoor recreational activities, strong sense of family, cultural diversity]*
31. What would you say are the two or three most urgent health-related needs in your community? *[PROBE: heart disease, obesity, diabetes, depression, health equity, access to care, etc.]*

AFFORDABILITY OF HEALTH CARE AND BASIC NEEDS

32. To what degree are community members or families struggling with finding and accessing quality healthcare? *[PROBE: are there certain types of care that are more difficult to find?]*
 - a. Are healthcare services equally available to everyone regardless of gender, race, age, sexuality, socioeconomic status? Are there any barriers in access to services based on economic, race / ethnicity, gender, or other factors? Is there an experience of your or someone you know finding a doctor or getting needs met that you would like to share?
 - b. To what degree do healthcare providers care for patients in a culturally sensitive manner?
 - c. How are people accessing care, for example, virtual/telemedicine, face-to-face?
 - d. To what degree is quality primary care and/or specialty care available? For youth specifically?
33. When community members need help in a mental health crisis, who do they tend to turn to for assistance (healthcare-related, community services, or otherwise)? *[PROBE: friends and family, local Health Department, their doctor, churches]*
 - a. What about in a substance use crisis? What substances do you see or hear about in the community?

- b. What services are most helpful? What other services or supports would you like to see?
34. Do people in the community struggle with accessing other basic needs besides healthcare such as accessing nutritious / healthy food, washing and hygiene, or affordable prescription medications?
- a. What are some resources or services in the community that work really well? What doesn't work?
35. What are some of the health care challenges that seniors may experience in your community? (Probe: hospice, end of life care, specialists, etc.).

HEALTH EQUITY

36. Health equity is an important consideration. First, what does health equity mean to you?
37. We know some people in our community struggle to get the medical care they need. What do you think we can do about this? How can we ensure doctors and medical care are available to all people?

SOCIAL DETERMINANTS OF HEALTH

38. What are some non-healthcare-related challenges or barriers people in the community might have?
- a. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.
 - b. To what degree of homelessness is a concern in your community? Are there any programs that are available for those who are experiencing homelessness?
 - c. Describe the job market in the area before the pandemic and currently. Generally, are "good" jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?
 - d. Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?
 - e. Does everyone typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle? Do you or the people you know have reliable transportation? What personal stories or stories from friends, family or neighbors do you have to share?
 - f. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or barriers?

IMPACT OF COVID-19 (IF COVID HAS NOT BEEN MENTIONED YET)

39. How do you think COVID-19 will impact the way that people take care of themselves and how people interact with the healthcare system or doctors and other providers, such as for screenings or routine services, vaccine perceptions, virtual healthcare, or others?
 - a. How, if at all, has COVID-19 affected trust of healthcare providers or systems?
40. From what you have seen and experienced, how has the pandemic affected mental health or substance misuse issues?

ENHANCING OUTREACH AND DISSEMINATING INFORMATION

41. Is there adequate health information available – especially in diverse or marginalized communities? How do you think health organizations can improve health literacy of the community? *Reference: Health literacy is: [from Healthy People 2020]: “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”*
42. When community members need help, who do they tend to turn to for assistance (healthcare-related, community services, or otherwise)? [*PROBE: friends and family, Town Hall, local Health Department, their doctor, churches*]
 - g. Basic needs, for example, food, rent, and utility assistance?
 - h. Unexpected pregnancy?

COMMUNITY CONNECTION AND SOCIAL SUPPORT

43. To what degree is social support between community members an advantage or challenge? So, for example, acts such as helping, sharing, comforting, donating, volunteering, or cooperation, that are intended to benefit others.
 - a. Do you as a resident of your community get enough social interaction? Where do you get that interaction, and which of those are the most fulfilling sources?
 - b. Do you wish there were more opportunities for social interaction? If so, what would you like to see? [*PROBE: how about for youth specifically?*]
 - c. Are there opportunities to support your community through helping, sharing, comforting, donating, volunteering, or other types of cooperation? If so, where and in what ways? What barriers are there to participation in such activities?
 - d. Do you wish there were more opportunities for social support between community members? If so, what would you like to see?

MAGIC WAND

What would a vibrant, healthy, flourishing community look like? Let’s assume that money and resources weren’t issues. Where would you start ... what is the first thing you would do for your community?

Appendix F. List of Identified Needs Considered by Leadership Group

The following list of needs is alphabetized; the list is not in any other order of priority.

Community Need
Address/facilitate improvement in societal trust issues with the Black and Hispanic communities by implementing measures to address perceptions of discrimination and racism in health care settings
Develop behavioral health crisis or emergency care programs and resources
Develop programs to reduce social isolation, especially among seniors
Develop supportive/transitional housing for individuals in need of wrap-around supportive services
Identify affordable healthcare services for low-income individuals and families
Improve access to quality education for youth, particularly in local public schools
Improve access to services for people experiencing homelessness or housing instability
Improve appropriate community utilization of emergency departments and EMS (i.e., finding ways to decrease the use of these services for non-emergent matters)
Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
Improve provider and system communication with patients, including improving the clarity of billing and insurance-related communications
Improve recruitment and retention of first responders
Improve transportation options, in partnership with RSVP and others, for people needing to go to doctor's appointments or access other services
Improve utilization of local and county-level programs, such as Rock County's Community Support Program (CSP), to fill in gaps in the local service continuum
Increase access to affordable housing and resources to support homeownership
Increase access to affordable prescription drugs
Increase access to affordable rental housing
Increase access to affordable, high-quality childcare
Increase awareness of local providers and resources that are available to meet the unique needs of the LGBTQ+ community
Increase awareness of services or programs to help people learn about, and enroll in, programs that provide support, including appropriate reimbursement, for people needing healthcare and related services, including those serving the undocumented population
Increase case management services for people, including connection to existing programs, with complex chronic health conditions
Increase drug and other substance abuse prevention and treatment services, including programs to help drug and other substance use disorder patients in recovery stay healthy
Increase livable wage job opportunities
Increase long-term care or dementia care for seniors
Increase support and advocacy services for children with developmental disabilities
Increase the number of accessible sources for affordable, nutritious food
Increase the number of mental health providers for children and adults
Increase the number of primary care services (such as a family doctor or other provider of routine care)
Increase the number of Spanish-speaking health care providers at the hospital and in the community
Increase the number of specialty health care providers in the community
Provide cultural competency training to all health care providers and staff to address implicit biases