

2026

COMMUNITY HEALTH NEEDS ASSESSMENT



Prepared by:

crescendo 

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Letter from Leadership

Dear Community Members, Partners, and Colleagues,

On behalf of Beloit Health System, I am proud to present our 2026 Community Health Needs Assessment. This report represents more than data and statistics, it reflects the voices, experiences, and priorities of the communities we are privileged to serve.

At Beloit Health System, our mission is to be the leader in regional health and wellness services by delivering high quality, value, and satisfaction to the patients and communities we serve. Guided by our promise of being Committed to our Community, Dedicated to your Health, we believe our responsibility extends far beyond the walls of our hospitals and clinics. It means listening to our neighbors, understanding the challenges they face, and working together to build a healthier future for everyone in our region.

Through surveys, conversations with community leaders and local organizations, and the analysis of public health data, we sought to better understand the health needs and opportunities within our communities. What we learned reinforces an important truth: health is shaped by much more than medical care alone. Access to primary and preventive services, mental and behavioral health resources, chronic disease management, nutrition, transportation, and other social factors all influence the well-being of individuals and families.

The priorities identified through this assessment will help guide Beloit Health System's planning and investment over the coming years. They will shape the programs we develop, the partnerships we strengthen, and the resources we dedicate to improving the health and wellness of our region.

The strength of Beloit Health System has always come from our dedicated employees, our outstanding medical staff, and our devoted volunteers. They are the reason generations of families continue to place their most precious asset—their health—in our trust. Their compassion and commitment, combined with the insights shared through this assessment, will help us continue delivering exceptional care while addressing the evolving needs of our community.

I want to extend my sincere gratitude to everyone who participated in this process. Your perspectives and experiences are invaluable, and your input will help ensure that our efforts remain focused on what matters most to the people we serve.

As we move forward, we remain steadfast in our mission and our commitment to those who rely on us. Together, through collaboration, innovation, and a shared vision for a healthier future, we will continue to be Committed to our Community, Dedicated to your Health.

With gratitude,

Timothy McKeve
President & Chief Executive Officer
Beloit Health System

Executive Summary

Beloit Health Systems (BHS) contracted with Crescendo Consulting Group to conduct their 2026 Community Health Needs Assessment (CHNA). The CHNA is a requirement of all not-for-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act (ACA) and codified under IRS Section 501(r)(3). The ACA mandates that not-for-profit hospitals complete a CHNA every three years to evaluate community health needs and access to services. Using both quantitative and qualitative data, the CHNA will inform Implementation Strategy Plans (ISP), Community Health Improvement Plans (CHIP) and other local and regional initiatives.

The CHNA is a key process for improving community health and advancing equity. By combining data analysis with stakeholder input, it provides a foundation for understanding local health status, identifying challenges and resources and prioritizing strategies to address the most pressing needs.

To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:

- Identifying resources, strengths and barriers to improving health outcomes
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations
- Enabling partners to collaborate around the opportunities for population health improvement

Methodology Overview

BHS CHNA had a comprehensive methodology that included a mixed-methods approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included five focus group discussions and 21 key informant interviews.
- **Survey Research:** The community survey engaged 97 respondents and provided insights the breadth of key CHNA issues.
- **Access Audit:** Provided insights into access to care barriers and challenges experienced by community members within the BHS service area when attempting to access services and resources.
- **Needs Prioritization Process:** This prioritization process was conducted on August 3, 2026, with BHS leadership and Crescendo Consulting Group to prioritize the most significant health needs for BHS. The meeting was divided into three sections: presentation of collected data, discussion of needs and needs prioritization voting.

Introduction

The Community Health Needs Assessment is also a requirement of all not-for-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act and codified under IRS Section 501(r)(3). To conduct a Community Health Needs Assessment (CHNA), a hospital facility must complete several key steps. First, it must define the community it serves. Next, it must assess the health needs of that community, incorporating input from individuals who represent the broad interests of the community, including those with specialized knowledge or expertise in public health. The findings must then be documented in a written CHNA report, which must be formally adopted by an authorized body of the hospital facility. This CHNA was approved on September 22, 2026. Finally, the CHNA report must be made widely available to the public. A hospital is considered to have conducted a CHNA once all of these steps, including public dissemination of the report, have been completed.¹

To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:

- Identifying resources, strengths and barriers to improving health outcomes
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations
- Enabling partners to collaborate around the opportunities for population health improvement

Dissemination of the information in this document in different forms is a critical step in communications that informs partners, stakeholders, community agencies and the public about the availability of the Community Health Needs Assessment and what community members can do to make a difference. The CHNA results will be used on local and regional levels to inform and guide Implementation Strategy Plans (ISP), Community Health Improvement Plans (CHIP) and other strategic initiatives.

About Beloit Health Systems

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 within the BHS service area to best meet their needs.

¹ Internal Revenue Service, Community health needs assessment for charitable hospital organizations - Section 501(r)(3).
<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Programs & Services

Beloit offers a vast array of health care services including but not limited to family medicine, cardiology, orthopedics, cancer care and hospice. Here's a list of current services:

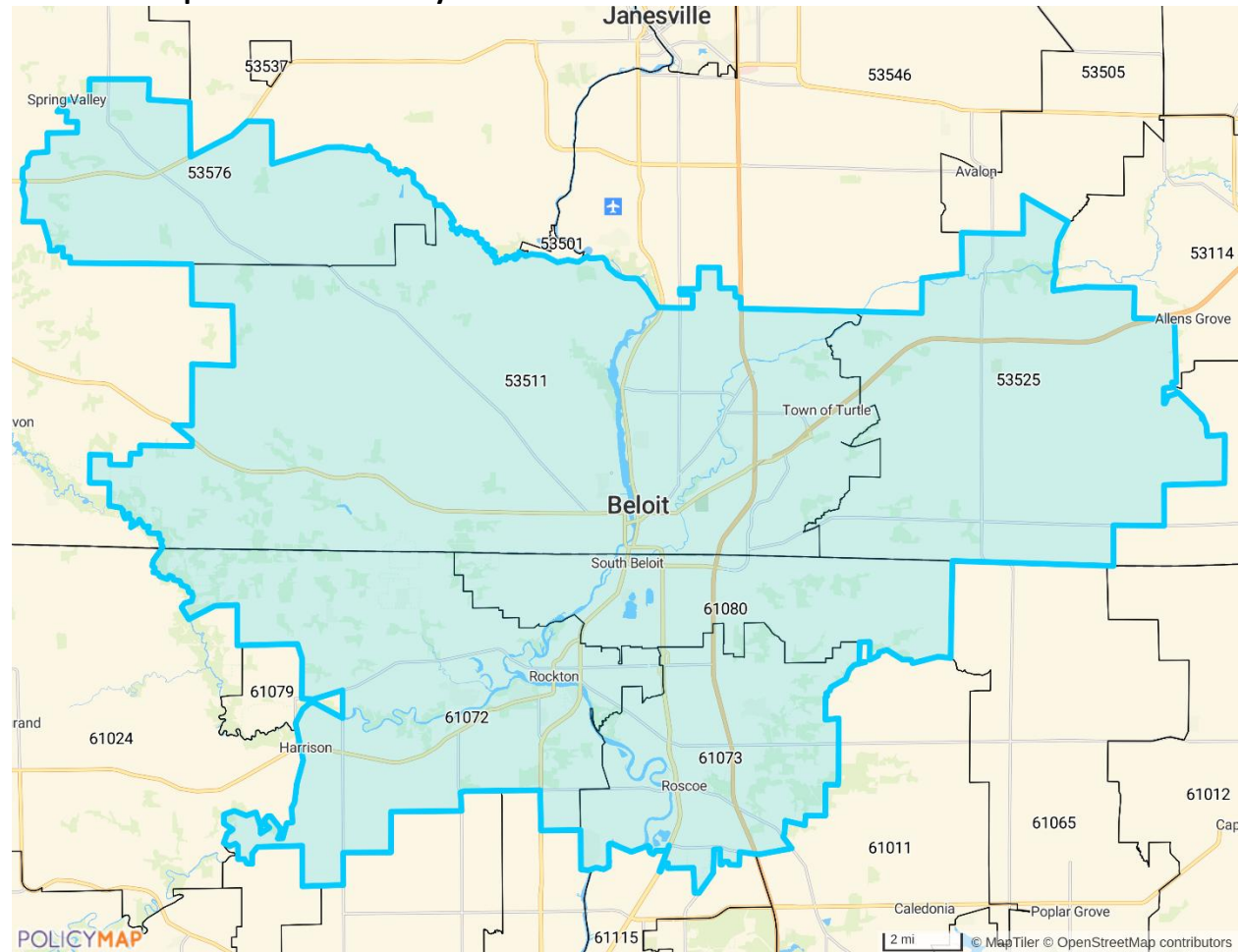
- Audiology
- Cancer Care
- Cardiology
- Class I, II and III Pilot Examinations
- Convenient Care
- Dermatology
- Diabetes Care
- Dialysis
- Ear, Nose and Throat
- Emergency Care
- Eye Care
- Facial Plastic and Reconstructive Surgery
- Family Medicine
- Gastroenterology
- Hospice
- Hospitalist Care
- Imaging
- Infusion Therapy
- Internal Medicine
- Laboratory
- Mental Health - Counseling Care
- Midwifery
- Neurology
- NorthPointe Birth Center
- Obstetrics & Gynecology
- Occupational Health
- Orthopedics
- Packard Family Care Center
- Pain Management
- Palliative Care
- Physical Rehabilitation
- Plastic Surgery
- Podiatry
- Primary Care
- Pulmonary Care
- Rheumatology
- Senior Living
- Sleep Medicine
- Spa Rejuvenation
- Stroke Care
- Surgery
- Urology

To learn more about the service BHS provides, please visit <https://www.beloithealthsystem.org/services/>.

Service Area

The BHS Service Area spans 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



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. Straddling the Rock River, Beloit's storied history has included roles as a way station on the Underground Railroad. 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.² 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 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. In July 2025, A&E launched a home renovation show, "Betting on Beloit," featuring Diane and her daughter Konya Hnedricks Schuh, as they pursue their mission to restore neglected properties in Beloit's historic neighborhoods.³ 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: 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: 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.

The Village of Orfordville: 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),

Illinois

The City of South Beloit 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 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

² PBS Wisconsin. "Beloit's African-American History." Available at: <https://pbswisconsin.org/watch/university-place/beloits-african-american-history-ev9cic/>

³ <https://www.aetv.com/shows/betting-on-beloit>

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

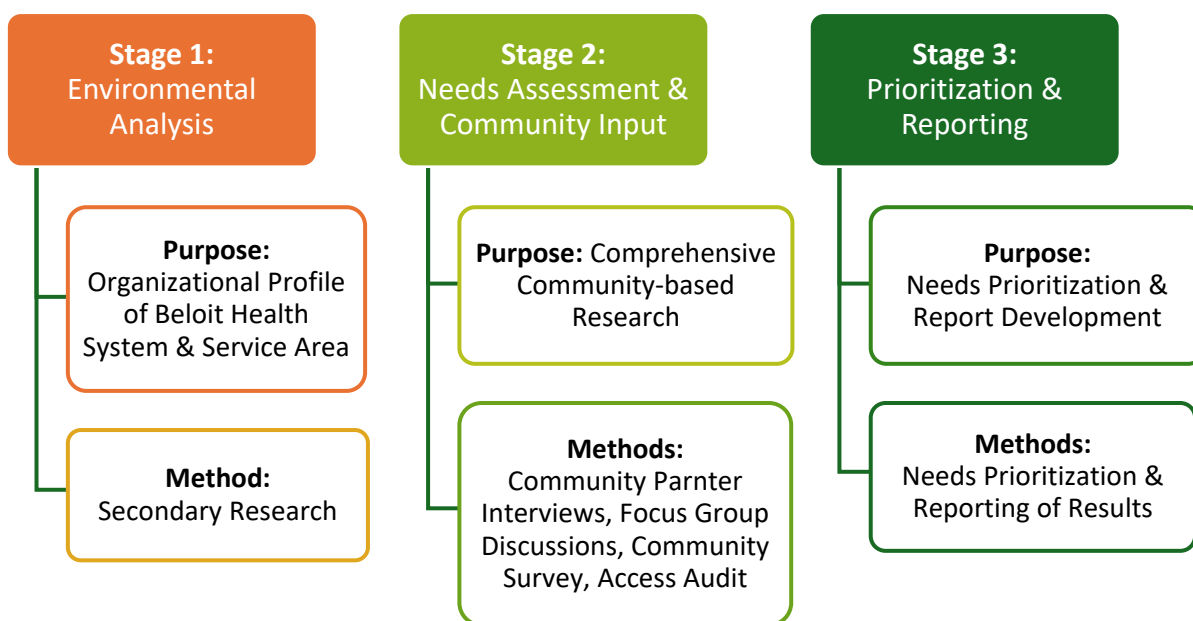
⁵ [About South Beloit](#) | [South Beloit](#)

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 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.

Methodology

The CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions from the required community sectors and community members, especially those from underserved populations and/or their representatives. The major sections of the methodology include the following:



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>.

Secondary data

These data provide critical insights into the demographics, social drivers of health, health outcomes, and behavioral health-related measures, among others. The data was mainly collected from the U.S. Census Bureau American Community Survey and the United States Centers for Disease Control and Prevention. Additional data was also collected from state department of health data where available.

Qualitative Research



The qualitative research efforts sought to better understand the needs of the Beloit Health System community and how these needs impact health and well-being. Qualitative activities included one-on-one key informant interviews conducted virtually and focus groups conducted in person and virtually. Key informant interviews and focus groups were conducted with individuals who work closely with populations that may have unique or significant health needs. Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps, and barriers present in the community and their impact on residents' well-being. The one-on-one key informant interviews provided an opportunity for in-depth discussions regarding the assets and gaps in the community. Focus groups allowed participants to provide their first-hand experience and to identify areas of consensus and discordance with other community members.

ATLAS.ti software was used to code the data. Thematic analysis⁸ was conducted using a deductive coding approach to extrapolate themes from the focus group and key informant interview data. These themes were categorized into four sections:

Community Considerations are contextual factors that allow for a deeper understanding of the community so that needs are met in a way that is responsive to its culture and identity.

Strengths are assets within the community that can be leveraged to address the needs identified.

Community Needs are the underlying factors and conditions that drive the most pressing challenges, barriers, and concerns faced in the community.

⁸ Ahmed, S. K., Mohammed, R. A., Nashwan, A. J., Ibrahim, R. H., Abdalla, A. Q., M. Ameen, B. M., & Khedhir, R. M. (2025). Using thematic analysis in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 6, 100198. <https://doi.org/10.1016/j.jglmedi.2025.100198>

Opportunities for Action are the opportunities to address the gaps, barriers, and challenges that participants identified.

These four concepts are intertwined and considering them holistically can inform future efforts to improve the well-being of the community and its members. Quotes from participants have been selected to represent themes identified throughout the data.

Community Survey

There were 97 valid survey responses. Survey questions were developed in collaboration with Beloit Health System. Survey questions are included in Appendix D. The survey was distributed via Beloit Health systems social media accounts and through staff and patient email distribution lists in electronic format using SurveyMonkey platform. Survey was provided in both English and Spanish.

To ensure valid responses, only participants who answered at least one survey question beyond the basic demographics were included in the analysis. Survey data were imported into STATA for data cleaning, then analyzed in SPSS using descriptive statistical methods to calculate response frequencies and percentages for each survey item.

Access Audit

Crescendo telephoned 28 community-based organizations to identify any potential barriers faced by individuals seeking care. The list of organizations was developed in collaboration with Beloit Health Systems identifying some of the most common resources providers and navigators refer patients to for support.

Data Limitations

Data collection methodologies inherently present certain limitations that can affect the comprehensiveness and representativeness of findings. These limitations underscore the importance of interpreting data within the context of its collection methods and acknowledging potential biases that may influence the findings.

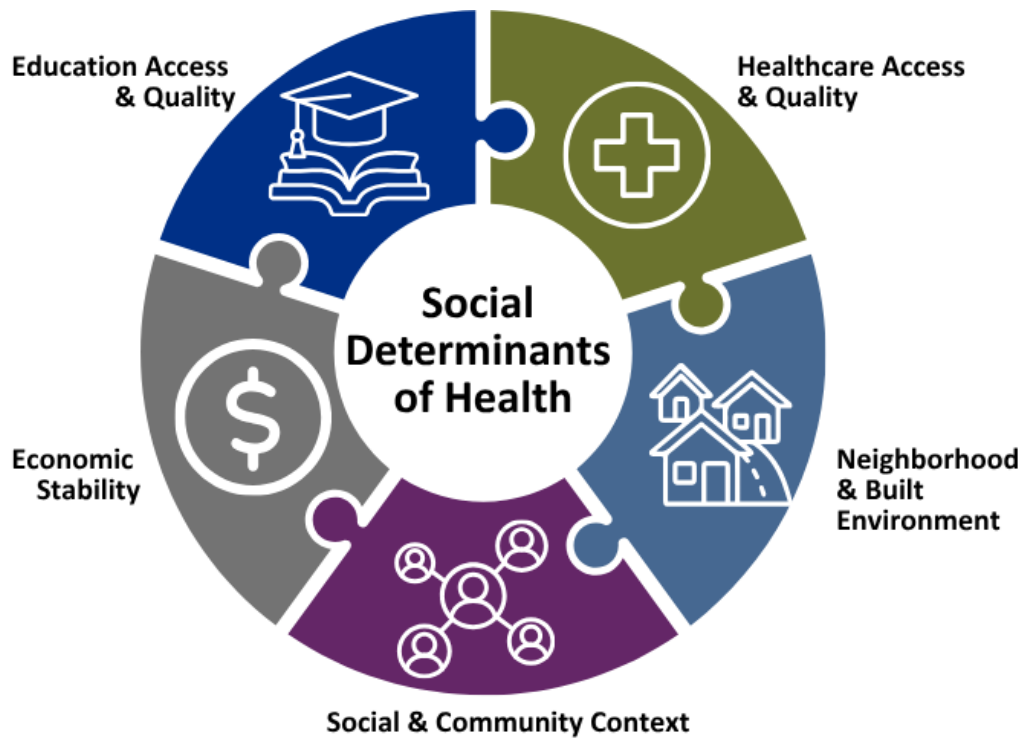
Environmental Analysis: Utilizing publicly available secondary data sources, such as the U.S. Census Bureau's American Community Survey (ACS), provides valuable insights. However, these datasets are limited to respondents who completed the survey, potentially leading to underrepresentation of specific groups. In addition, these large-scale efforts take time to collect, clean, and make publicly available and therefore often these data can lag a year or two behind current conditions.

Qualitative Data: Efforts to engage diverse community sectors are crucial for comprehensive qualitative insights. Despite these efforts, participation is limited to those who chose or were able to engage, which may not fully capture the perspectives of all community segments.

Secondary Data Findings

Organized largely following the SDoH framework, we begin with demographics and health outcomes, which lays the groundwork for the findings by SDoH categories.

Social Determinants of Health



Social Vulnerability Index

The Social Vulnerability Index (SVI) was developed by the United States Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to county and state quality assurance data. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.⁹

For example, during a public health emergency, such as a pandemic, the SVI score of a particular region can be instrumental in guiding response efforts. Using SVI data, targeted interventions can be implemented, including providing multilingual public health messaging, offering financial assistance to vulnerable households and deploying mobile units to isolated areas with high-risk individuals, such as the elderly. Tailoring responses through the lens of SVI allows the specific needs of at-risk communities to be met, fostering resilience and reducing health disparities.

The SVI measures are grouped into four major categories:

SOCIOECONOMIC STATUS	Population Living in Poverty Unemployed Population Population with No High School Diploma
HOUSEHOLD COMPOSITION & PEOPLE LIVING WITH A DISABILITY	Age 65 & Over Age Below 18 Population Living With a Disability Single-Parent Households
MINORITY POPULATION & LANGUAGE	Minority Population Population Who Speaks English Less than Very Well
HOUSING & TRANSPORTATION	Multi-Unit Housing Structures Mobile Homes Crowding Population With No Vehicle

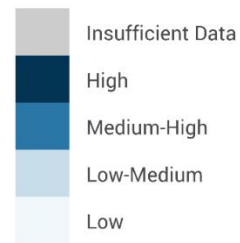
⁹ Agency for Toxic Substances & Disease Registry, CDC/ATSDR Social Vulnerability Index. <https://www.atsdr.cdc.gov/place-health/php/svi/index.html>

The map below indicates the SVI rank of each census tract in the BHS service area. A few census tracts, concentrated around the city of Beloit, have high SVI rankings, indicating that the residents living in these census tracts may be more vulnerable than others in the service area.

Social Vulnerability Index Ranking

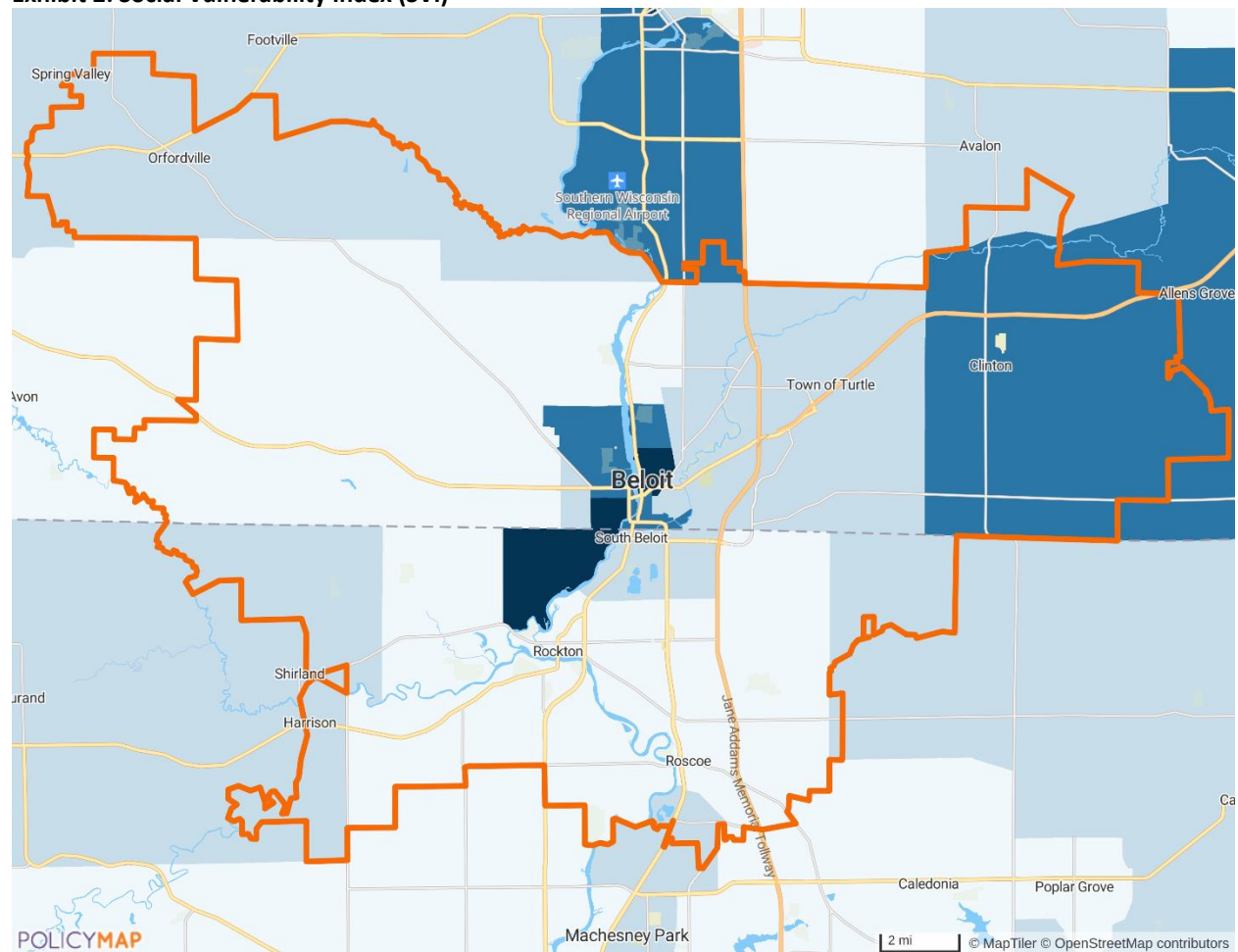
Source: CDC

Year: 2022



Shaded by: Census Tract, 2022

Exhibit 2: Social Vulnerability Index (SVI)



Sources: Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, 2022

Demographics of the Service Area

Beloit Health System Service Area Demographic Overview



Population by Age



Under 18
24.9%



18 to 64
58.3%



65 +
16.8%



Median Age
40.0

Population Change



2014
97,026

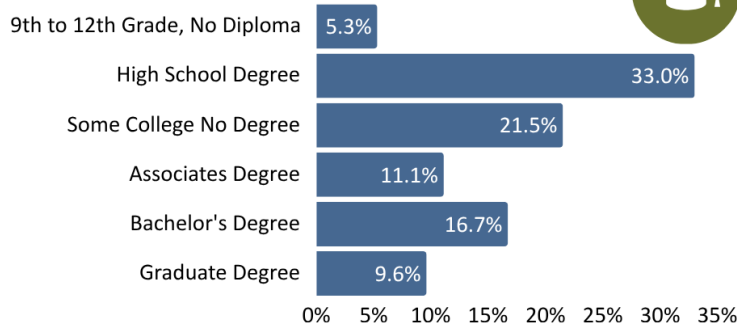


2024
97,689



2029
98,119

Education



5.3% of BHS service area residents **do not have a high school diploma.**

Race and Ethnicity



36.3%
of the population
is considered a
minority

Economic Wellbeing



Median Household Income
\$82,496



Households Below Poverty Level
9.9%

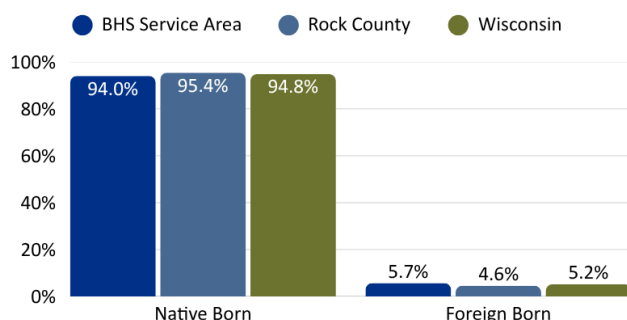


Unemployment Rate
4.9%



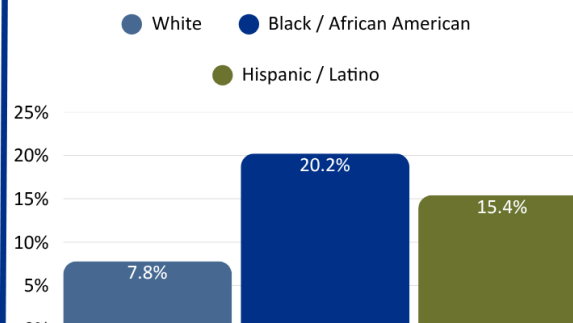
Households Receiving SNAP Benefits
14.2%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

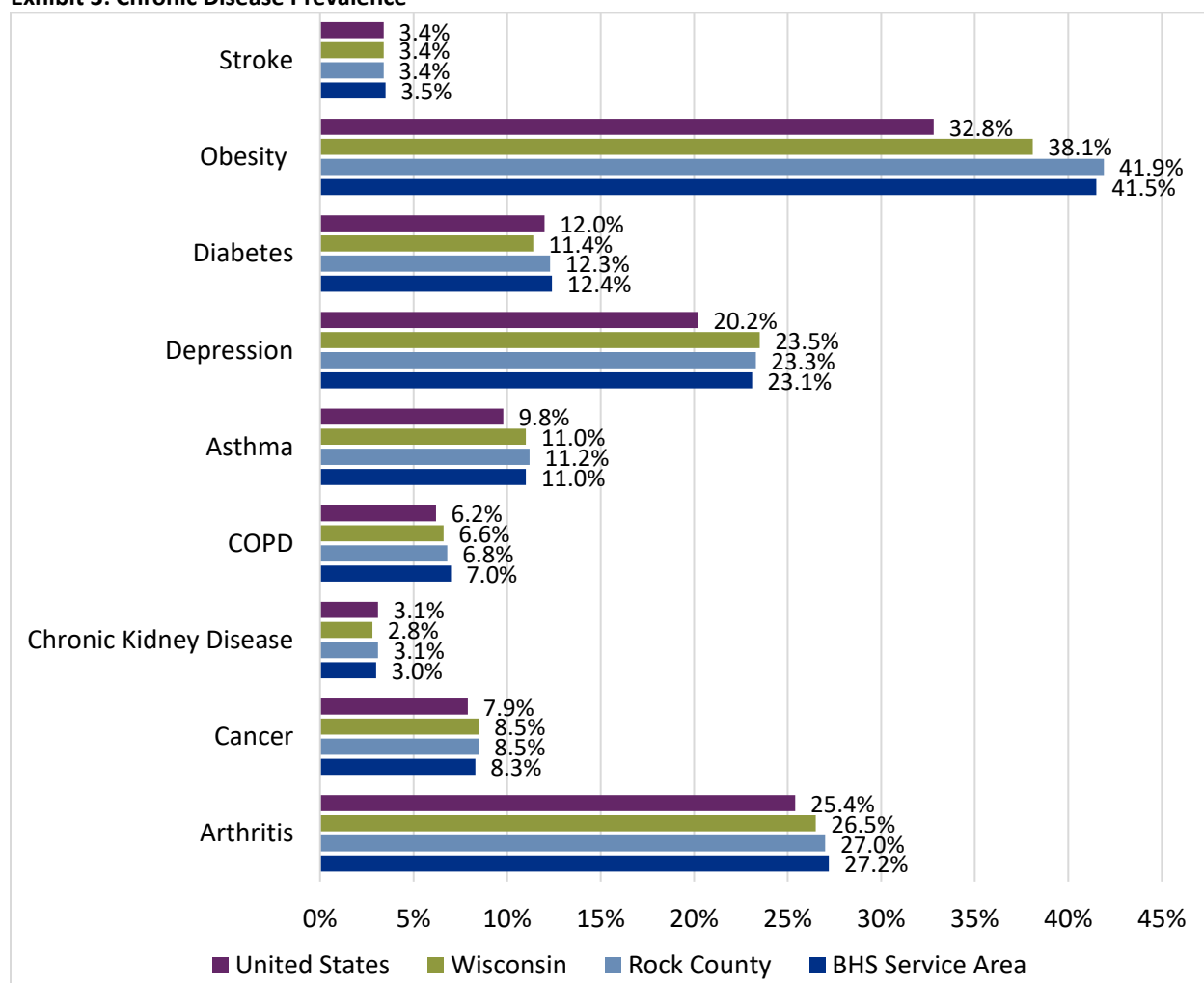
Trend of Population Living in Poverty



Health Outcomes

Many of the risk factors driving chronic disease are shaped by circumstances outside of an individual's control, pointing to the need for broader policy-level solutions.¹⁰ Obesity was the most prevalent condition in both the service area and Rock County, affecting about four out of 10 residents, followed by arthritis and depression. While other conditions may not be as widespread, they still warrant attention. Conditions like diabetes were more common in the service area than statewide, and understanding the burden of these diseases is essential to reducing their impact. Together, these conditions contribute to lasting health challenges across the community and reinforce the need for sustained prevention efforts, stronger access to primary care, and strategies that address the underlying social and environmental factors driving poor health outcomes.¹¹

Exhibit 3: Chronic Disease Prevalence



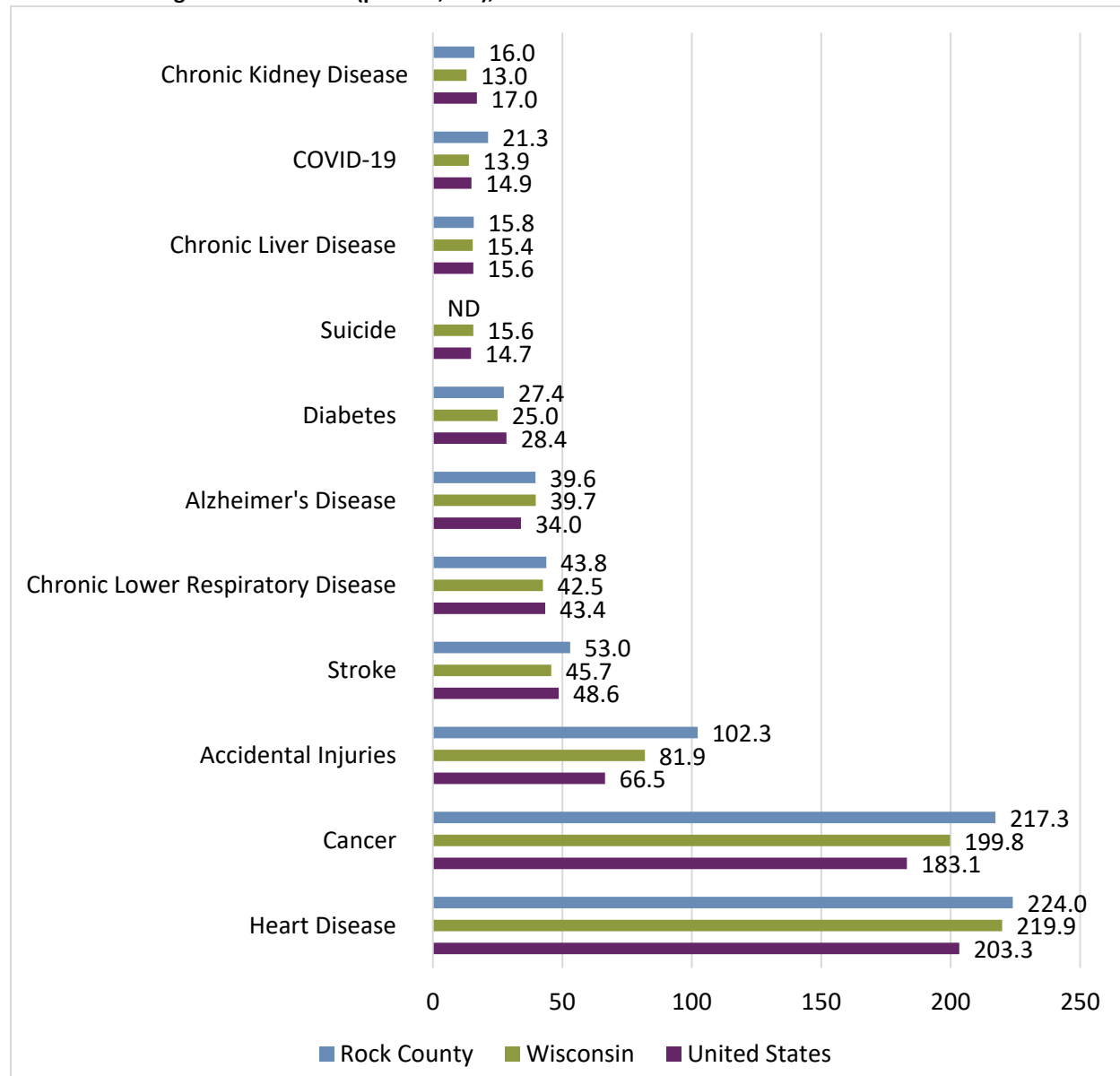
Source: CDC BRFSS PLACES 2023

¹⁰ National Center for Chronic Disease Prevention and Health Promotion. Chronic Disease Prevalence in the US: Sociodemographic and Geographic Variations by Zip Code Tabulation Area, February 2024. https://www.cdc.gov/pcd/issues/2024/23_0267.

¹¹ CDC. Morbidity and Mortality Weekly Report (MMWR). Preventable Premature Deaths from the Five Leading Causes of Death in Nonmetropolitan and Metropolitan Counties, United States, 2010-2022: <https://www.cdc.gov/mmwr/volumes/73/ss/ss7302a1.htm>

As shown in Exhibit 4 the top 3 leading causes of death in Rock County were heart disease (224.0), cancer (217.3), and accidental injuries (102.3) per 100,000 residents, all of which exceeded state and national rates.

Exhibit 4: Leading Causes of Death (per 100,000), 2023

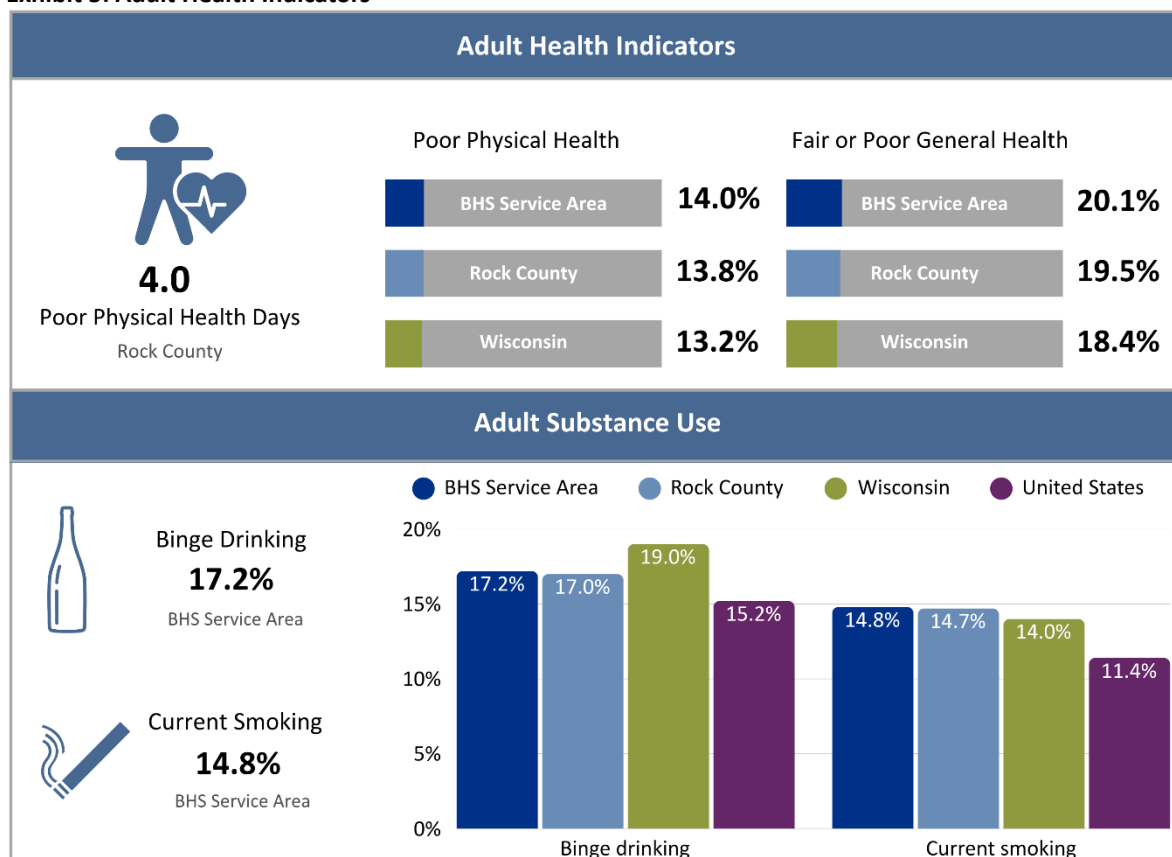


Source: CDC WONDER Causes of Death, 2023. <https://wonder.cdc.gov/>

Looking at health behaviors in Rock County, adults reported an average of 4.0 poor physical health days per month. As for fair or poor general health, about 1 in 5 residents in the service area (20.1%) reported fair or poor general health, exceeding the Wisconsin share of 18.4%.

When looking at substance use, binge drinking was similar in Rock County (17.0%) compared to the service area (17.2%) and statewide (19.0%). The same is true for current smoking where the percent in the service area (14.8%) is similar to the State of Wisconsin (14.0%).

Exhibit 5: Adult Health Indicators



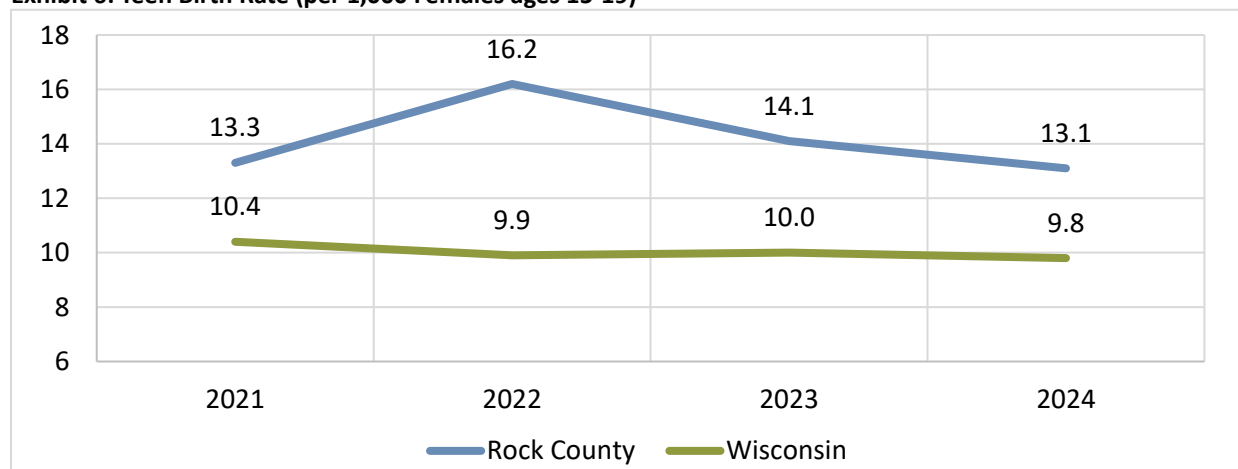
Source: CDC BRFSS PLACES 2023

Maternal and Infant Health

Maternal and child health is a key indicator of community well-being, reflecting access to care, health behaviors, and broader social and economic conditions. Teen birth rates are associated with increased risks for both mothers and infants, including lower educational attainment, higher poverty rates, and adverse health outcomes¹²

In Rock County, teen birth rates have consistently been higher compared to state figures over the 2021–2024 period, peaking at 16.2 in 2022 before declining to 13.1 in 2024, compared to the state rate of 9.8. While this downward trend is encouraging, the gap between Rock County and Wisconsin persists.

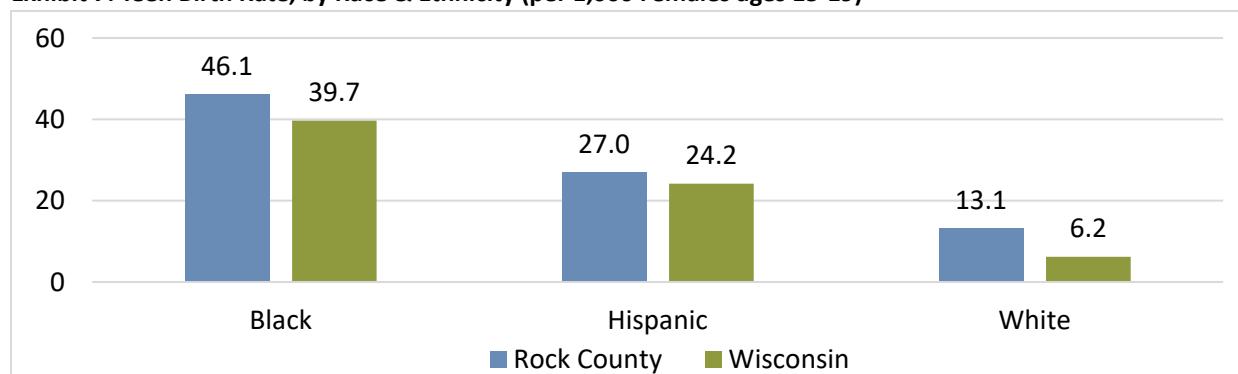
Exhibit 6: Teen Birth Rate (per 1,000 Females ages 15-19)



Source: Wisconsin DPHS, 2021-2024

Differences in teen birth rates were also seen by race and ethnicity, with higher rates in Rock County compared to the state. The teen birth rate among Black youth is 46.1 per 1,000 females ages 15 to 19, nearly twice the rate among Hispanic youth (27.0) and more than three times that of White youth (13.1). These disparities point to a need for more equitable access to reproductive health education and services for youth across Rock County communities.

Exhibit 7: Teen Birth Rate, by Race & Ethnicity (per 1,000 Females ages 15-19)

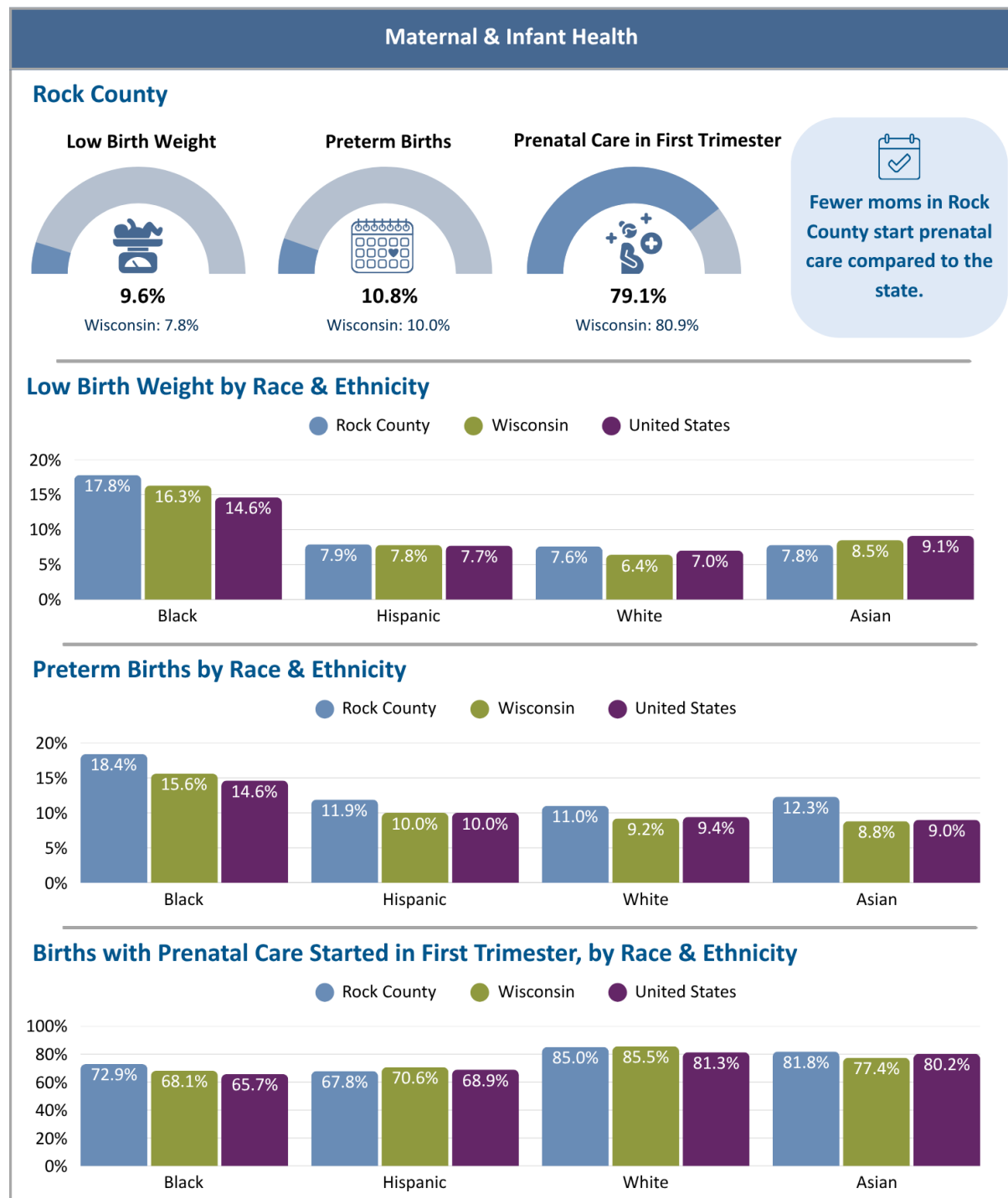


Source: Healthy Rock Wisconsin, 2017-2023

¹² Centers for Disease Control and Prevention. (2016). Reduced disparities in birth rates among teens aged 15–19 years, United States, 2006–2007 and 2013–2014. MMWR, 65(16). <https://www.cdc.gov/mmwr/volumes/65/wr/mm6516a1.htm>

Large racial disparities persist in maternal and infant health in Rock County as shown in Exhibit 8. Compared to state averages, Rock County has higher rates of low birth weight, preterm births, and fewer mothers beginning prenatal care in the first trimester. These gaps are most pronounced among Black residents.

Exhibit 8: Maternal and Infant Health Indicators



Sources: CDC WONDER Natality, 2024 | CDC WONDER Natality, 2020-2024

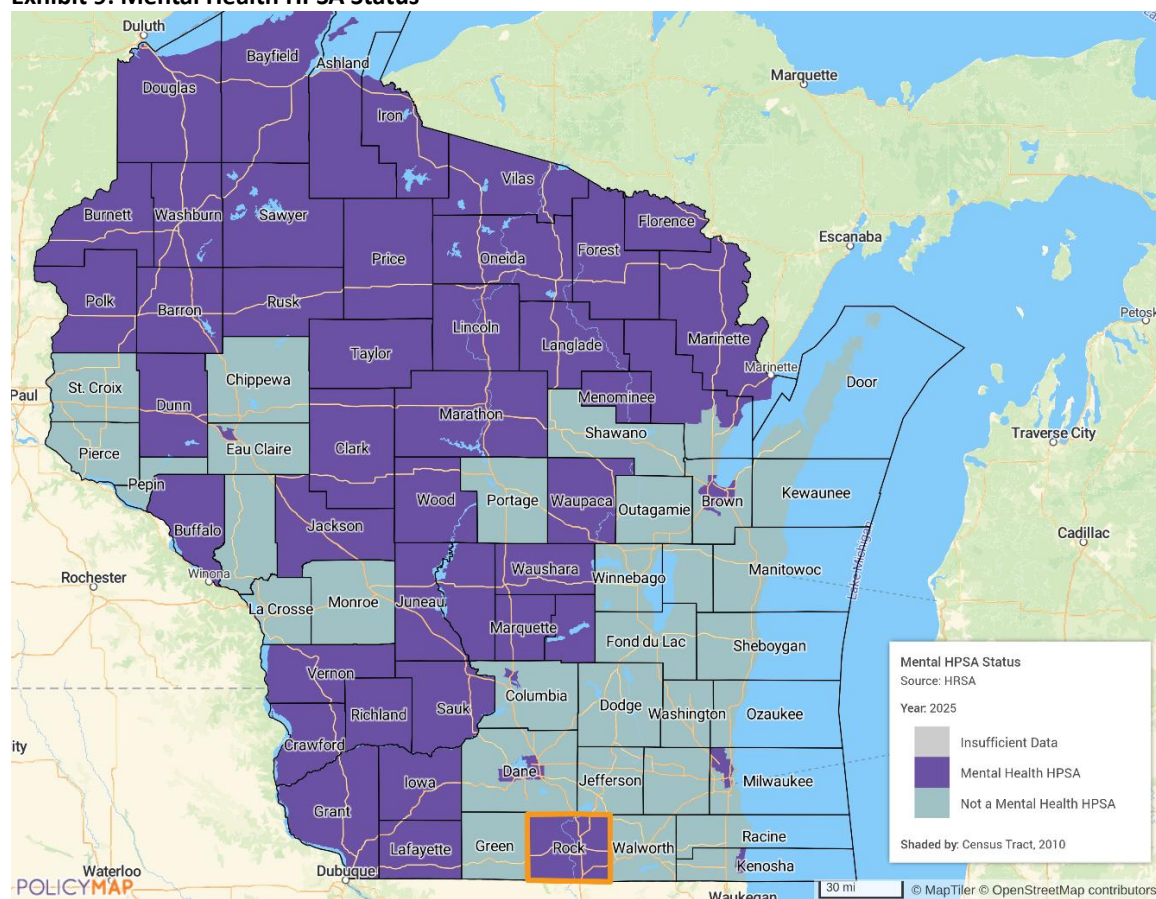
Behavioral Health Status

Mental health includes emotional, psychological, and social well-being and is essential to overall health. Poor mental health and conditions like depression can raise the risk of physical health conditions such as diabetes and heart disease.¹³

Data from the Health Resources and Services Administration (HRSA) identifies Rock County as a Mental Health Professional Shortage Area (HPSA), signaling that there is a gap between mental health services and the providers available to meet it. HRSA designates HPSAs in communities where access to care is critically limited, based on three key criteria: the ratio of residents to mental health providers, the proportion of the population living below the federal poverty level, and the distance and travel time to the nearest available care outside the designated area.

As shown in the map below, most Wisconsin counties are in a Mental Health HPSA area. This may create barriers for residents who are seeking behavioral health support. Without enough local providers this may force residents to travel outside of the county to receive care. Challenges like finding reliable transportation and taking time off work can make that difficult, and when these barriers stack up, people often delay or skip the care they need.

Exhibit 9: Mental Health HPSA Status



Source: HRSA, 2025

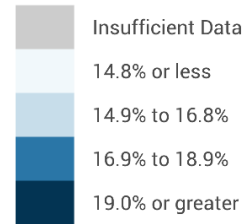
¹³ Centers for Disease Control and Prevention. (2024, April 25). About mental health. U.S. Department of Health and Human Services. <https://www.cdc.gov/mental-health/about/index.html>

Among adults in Rock County, 1 out of 6 reported experiencing frequent mental distress, defined as 14 or more days in the past 30 days during which their mental health was not good. The percentage of adults reporting frequent mental distress in Rock County (18.0%) was slightly higher than both the state (17.0%) and national (16.0%) levels. As shown in the map below, differences were seen at the census tract level in the BHS service area, with pockets of greater mental distress concentrated around Beloit.

Prevalence of Frequent Mental Distress

Source: CDC_PLACES

Year: 2023



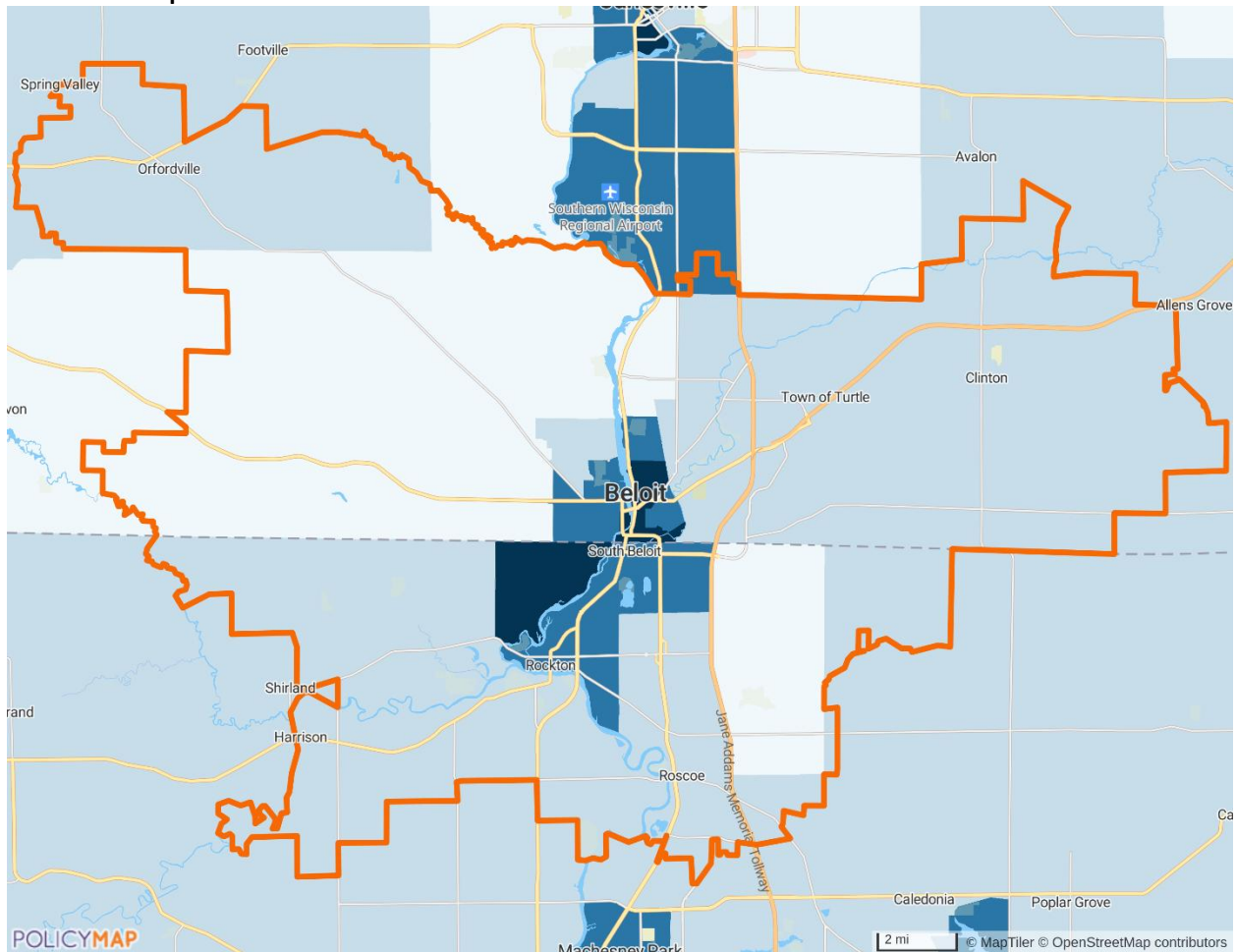
Shaded by: Census Tract, 2022

Exhibit 10: Mental Health Indicators

	Rock County	Wisconsin	United States
Frequent Mental Distress	18.0%	17.0%	16.0%

Source: CDC PLACES, 2023

Exhibit 11: Frequent Mental Distress



Source: CDC PLACES, 2023

As shown in Exhibit 12, Rock County mental health services reached 1,498 residents in 2024, a slight decrease from prior years. The top five most used services remained consistent from 2022 to 2024, with crisis services being the most utilized, serving over 800 residents each year. When looking at service needs, ongoing high-intensity services increased from 527 in 2022 to 568 in 2024, suggesting a growing number of residents requiring more intensive and sustained support.

Exhibit 12: Rock County Mental Health Service Use Trends

2022		2023		2024	
Top 5 Most Used Services Per Year					
People Served	1,544	People Served	1,584	People Served	1,498
Crisis	882	Crisis	889	Crisis	807
Comprehensive Community Services	414	Comprehensive Community Services	458	Comprehensive Community Services	457
Medication Management	285	Medication Management	260	Medication Management	240
Outpatient Counseling	212	Outpatient Counseling	191	Outpatient Counseling	187
Community Support Program	197	Community Support Program	189	Community Support Program	161
Service Need Per Year					
Ongoing, High Intensity	527	Ongoing, High Intensity	581	Ongoing, High Intensity	568
Ongoing, Low Intensity	4,405	Ongoing, Low Intensity	392	Ongoing, Low Intensity	346
Short Term / Situational	614	Short Term / Situational	618	Short Term / Situational	599

Source: Substance Use: County Services Dashboard | Wisconsin Department of Health Services, 2022-2024

Substance use is a leading factor affecting community health, contributing to chronic disease, injury, and preventable death.¹⁴ Alcohol, tobacco, and drug use can lead to long-term physical and mental health consequences, while substance dependency places strain on families, healthcare systems, and emergency response networks.¹⁵

In Rock County, substance use saw a decrease in the number of people served from 2022 to 2024. Intake and assessment were the most utilized services each year, reflecting continued demand for entry-level care. Alcohol remained the most commonly reported reason for substance use treatment across all three years, followed by marijuana and cocaine. Outpatient counseling and medication-assisted treatment remained consistent among the top services used, emphasizing the ongoing need for accessible, community-based treatment options in Rock County.

Exhibit 13: Rock County Substance Use Trends

2022		2023		2024	
Top 5 Most Used Services Per Year					
People Served	908	People Served	862	People Served	846
Intake & assessment	766	Intake & assessment	720	Intake & assessment	767
Case Management	135	Outpatient Counseling	113	Outpatient Counseling	89
Outpatient Counseling	133	Case Management	99	Case Management	63
Medication-Assisted Treatment	88	Detoxification	65	Medication-Assisted Treatment	59
Detoxification	32	Medication-Assisted Treatment	63	Residential	24
Top 5 Most Common Substances Per Year					
Alcohol	776	Alcohol	752	Alcohol	760
Marijuana	444	Marijuana	427	Marijuana	465
Cocaine	176	Cocaine	168	Cocaine	171
Heroin	118	Heroin	97	Heroin	60
Other Opiates and Synthetics	43	Other Opiates and Synthetics	36	Other Opiates and Synthetics	29

Source: Substance Use: County Services Dashboard | Wisconsin Department of Health Services, 2022-2024.

¹⁴ NIH. Addiction and Health. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addictionhealth>.

¹⁵ Schulte, M. T., & Hser, Y. I. (2014). Substance Use and Associated Health Conditions throughout the Lifespan. Public health reviews, 35(2), https://webbeta.archive.org/web/20150206061220/http://www.publichealthreviews.eu/upload/pdf_files/14/00_Schulte_Hser.pdf.
<https://doi.org/10.1007/BF03391702>

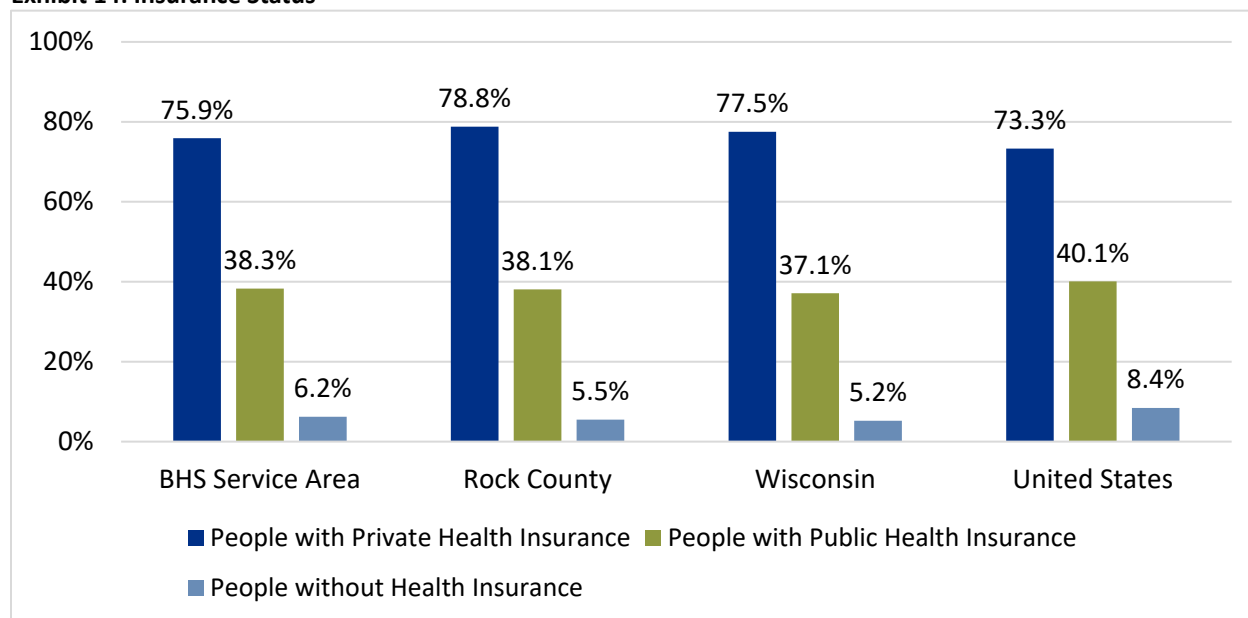
Healthcare Access and Quality

Healthcare access and quality is one of the five social drivers of health and plays a critical role in keeping communities healthy. Without reliable access to care, residents are less likely to receive preventive services, manage chronic conditions, and get timely treatment when health problems arise.¹⁶

Health insurance coverage is one important part of healthcare access. Health insurance coverage can include private plans, public programs, or a combination of both. Private insurance is often obtained through employers, unions, or direct purchase, while public coverage includes programs such as Medicare, Medicaid, and Veterans Health Administration services. However, having insurance does not always ensure access to care. Not all providers accept all types of insurance, and publicly funded programs like Medicaid may face limitations related to provider participation and reimbursement rates, which can restrict access for lower-income populations.

As shown in Exhibit 14, most BHS service area residents are covered by private insurance, while 38.3% rely on public coverage. A small share of residents are uninsured, which can lead to delays in seeking care and unmet health needs.

Exhibit 14: Insurance Status



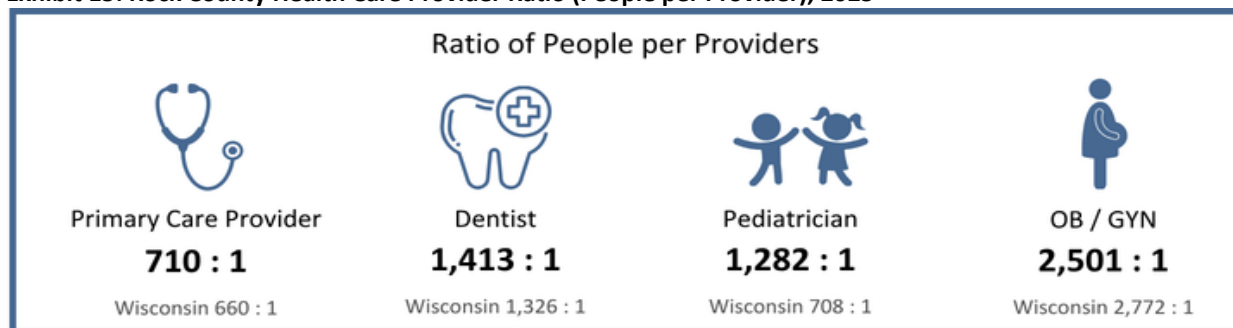
Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

¹⁶ Office of Disease Prevention and Health Promotion [ODPHP]. (n.d.). Healthy People 2030: Health Care Access and Quality. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>

While insurance coverage plays a key role in healthcare access, the availability of providers is another critical factor. Even insured residents may face barriers if there are not enough providers in the area. Provider-to-population ratios offer insight into this issue, with higher ratios indicating fewer providers relative to the population and therefore more limited access.

In Rock County, most provider ratios exceed state benchmarks, indicating reduced provider availability across several specialties. The greatest shortages are seen in obstetrics and gynecology, with one provider for every 2,501 residents. Dental care access is also limited, with one dentist serving 1,413 residents, followed by pediatric care, with one pediatrician for every 1,282 residents. These higher ratios suggest that residents may face challenges when seeking children's healthcare, dental services, and women's health care.

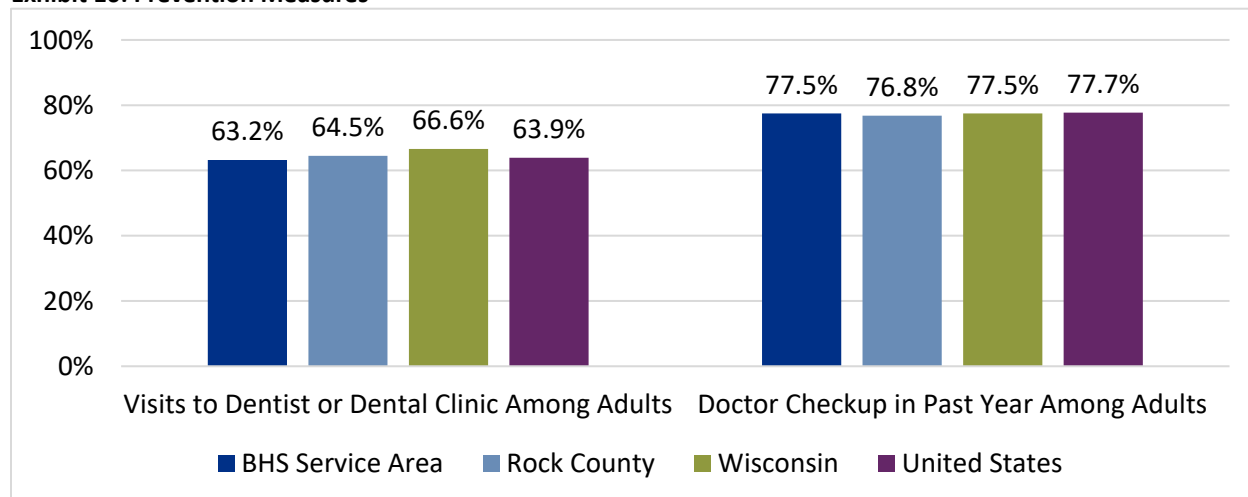
Exhibit 15: Rock County Health Care Provider Ratio (People per Provider), 2025



Sources: National Plan & Provider Enumeration System NPI, 2025. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination>

Looking at how residents are using preventive care, 77.5% of adults in the BHS service area reported seeing a doctor in the past year, which is consistent with county, state and national figures. Only 63.2% of adults reported visiting a dentist or dental clinic. The limited number of dental providers in the county may be a contributing factor, as residents can face barriers to oral health care, including cost, provider shortages, and difficulty finding providers who accept their insurance.

Exhibit 16: Prevention Measures



Source: CDC BRFSS PLACES 2022

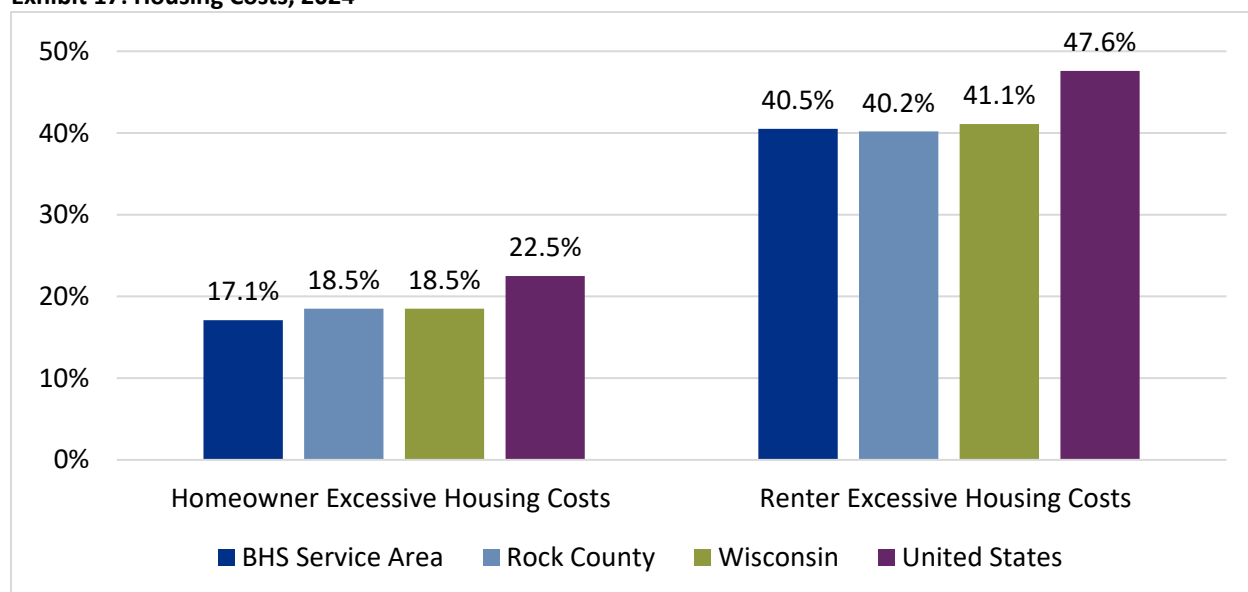
Neighborhood and Built Environment

The places where people live shape their health in meaningful ways. The physical environment including housing, transportation, parks, and recreational spaces plays a central role in supporting or undermining well-being.¹⁷

Affordable, safe, and stable housing is essential for health and wellbeing. When housing costs become too high, households are often left with less money for basic needs like food, transportation, and healthcare, which can lead to poorer health outcomes.¹⁸

In the BHS service area and Rock County, two in five renters spend more than 30% of their income on housing costs, a threshold known as housing cost burdened. This level is consistent with state and national levels. Homeowners are also affected, with about one in six homeowners in the service area spending more than 30% of their income on housing, similar to Wisconsin and national levels.

Exhibit 17: Housing Costs, 2024



Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

¹⁷ Office of Disease Prevention and Health Promotion [ODPHP]. (n.d.). Healthy People 2030: Neighborhood and built environment. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment>

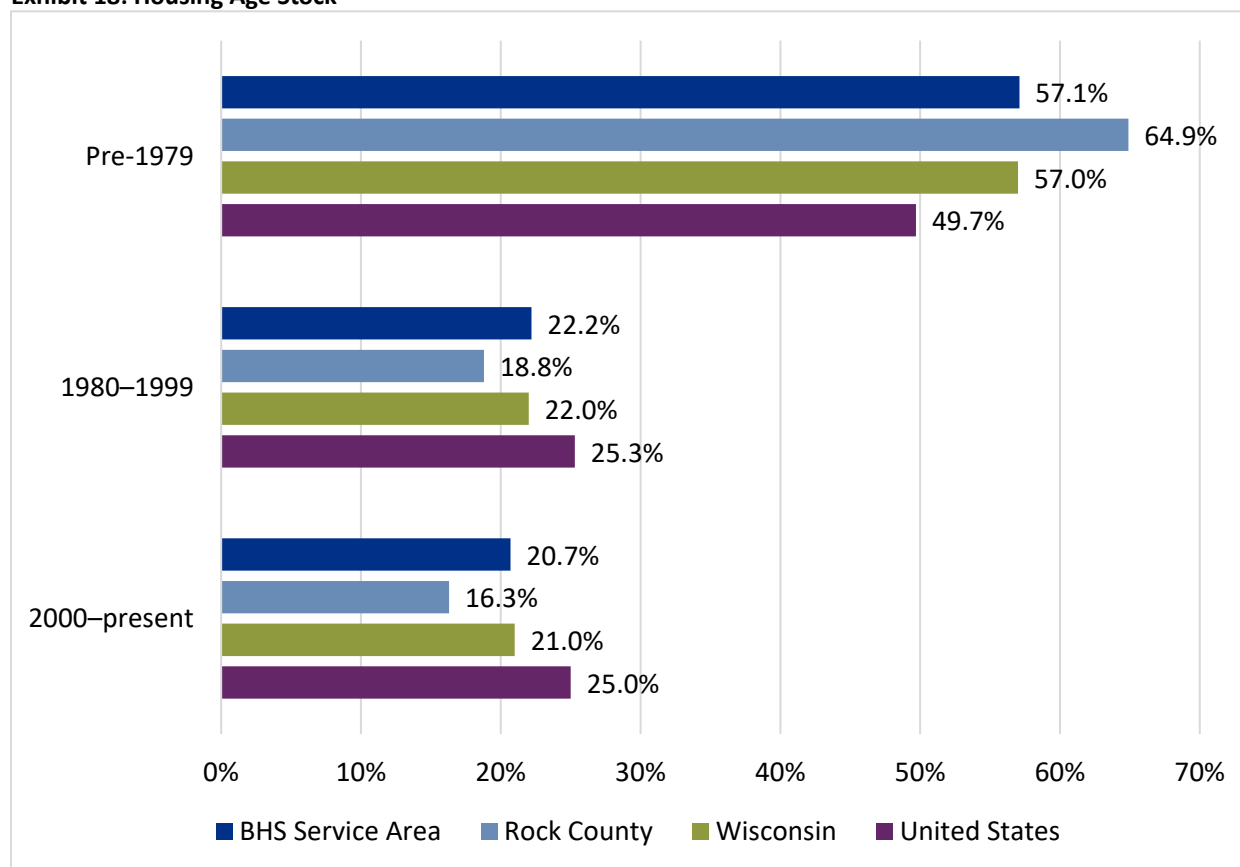
¹⁸ Center on Budget and Policy Priorities [CBPP]. (2022, June 29). Chart Book: Housing and health problems are intertwined. So are their solutions. <https://www.cbpp.org/research/health/housing-and-health-problems-are-intertwined-so-are-their-solutions>

Housing conditions go beyond cost. The age and quality of a home also play an important role in the health of residents and the broader community.

The age of a home can affect maintenance needs, energy costs, and the overall quality and safety of living conditions. Older homes may also present environmental health concerns, particularly around lead exposure. Homes built before 1978 are at higher risk of containing lead-based paint, as federal regulations prohibiting its use in residential buildings did not take effect until that year.¹⁹ When lead paint deteriorates, it can produce dust or flakes that residents may swallow or breathe in, posing serious health risks for young children and pregnant individuals.²⁰

As shown in Exhibit 18, nearly two thirds of homes in Rock County (64.9%) were built before 1979, well above the state (57.0%) and the nation (49.7%) with the BHS service area close behind at 57.1%. This means service area and Rock County residents are more likely to live in older housing that may carry lead paint risks than residents in most other parts of the country.

Exhibit 18: Housing Age Stock



Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

¹⁹ Centers for Disease Control and Prevention [CDC]. (2025, March 26). About Lead in Paint. <https://www.cdc.gov/lead-prevention/prevention/paint.html>

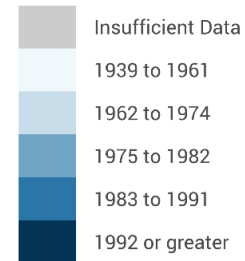
²⁰ Centers for Disease Control and Prevention [CDC]. (2025, March 26). About Lead in Paint. <https://www.cdc.gov/lead-prevention/prevention/paint.html>

As shown in the map below, the service area is split between newer and older housing. In the northern part of the service area, the oldest housing stock is concentrated in the urban core of Beloit, where many tracts reflect median build years from the 1930s through the 1960s. The southern part of the service area shows more variation, with some zip codes reflecting much newer construction.

Median Year Built

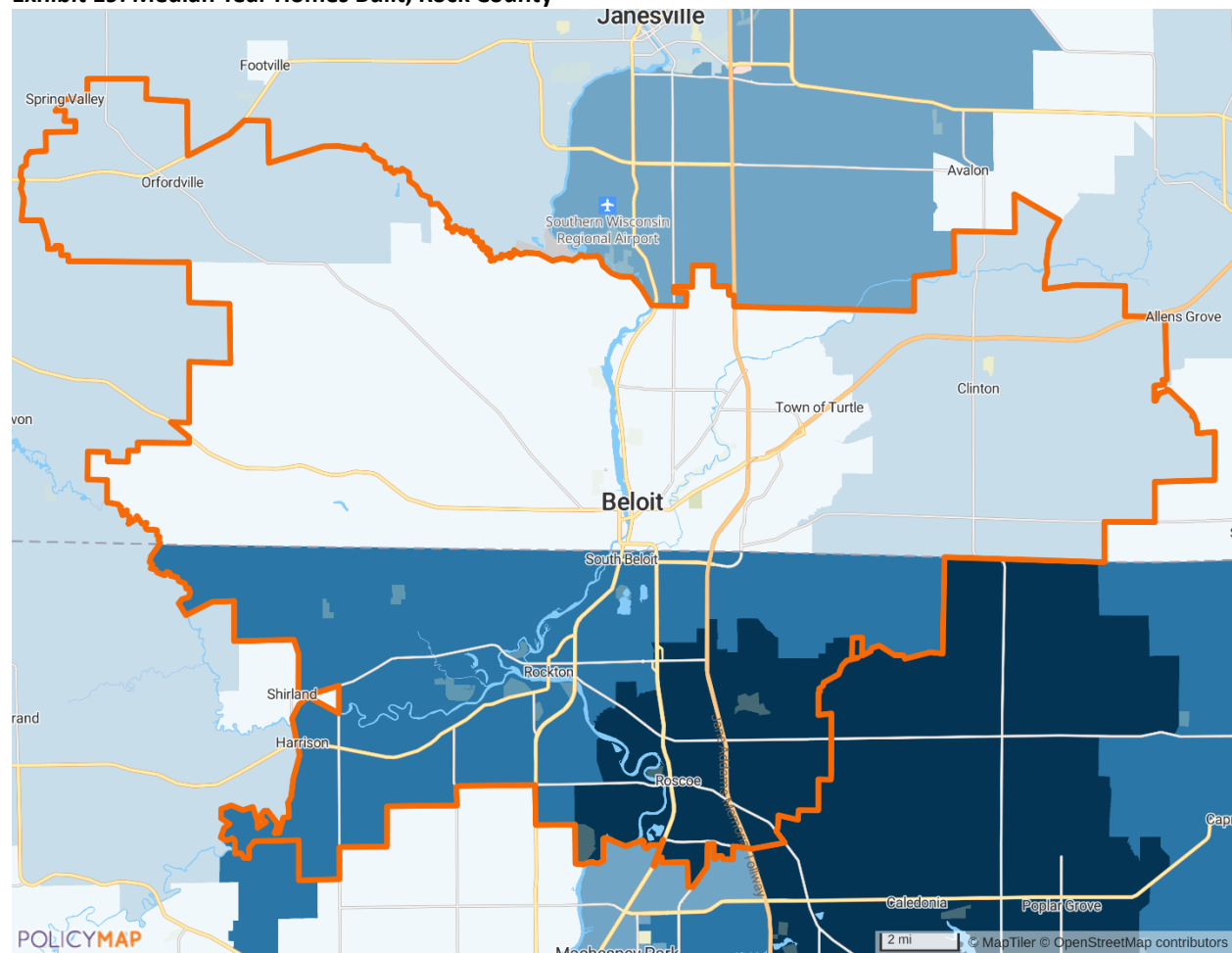
Source: Census

Year: 2020-2024



Shaded by: Zip Code Tabulation Area, 2020

Exhibit 19: Median Year Homes Built, Rock County

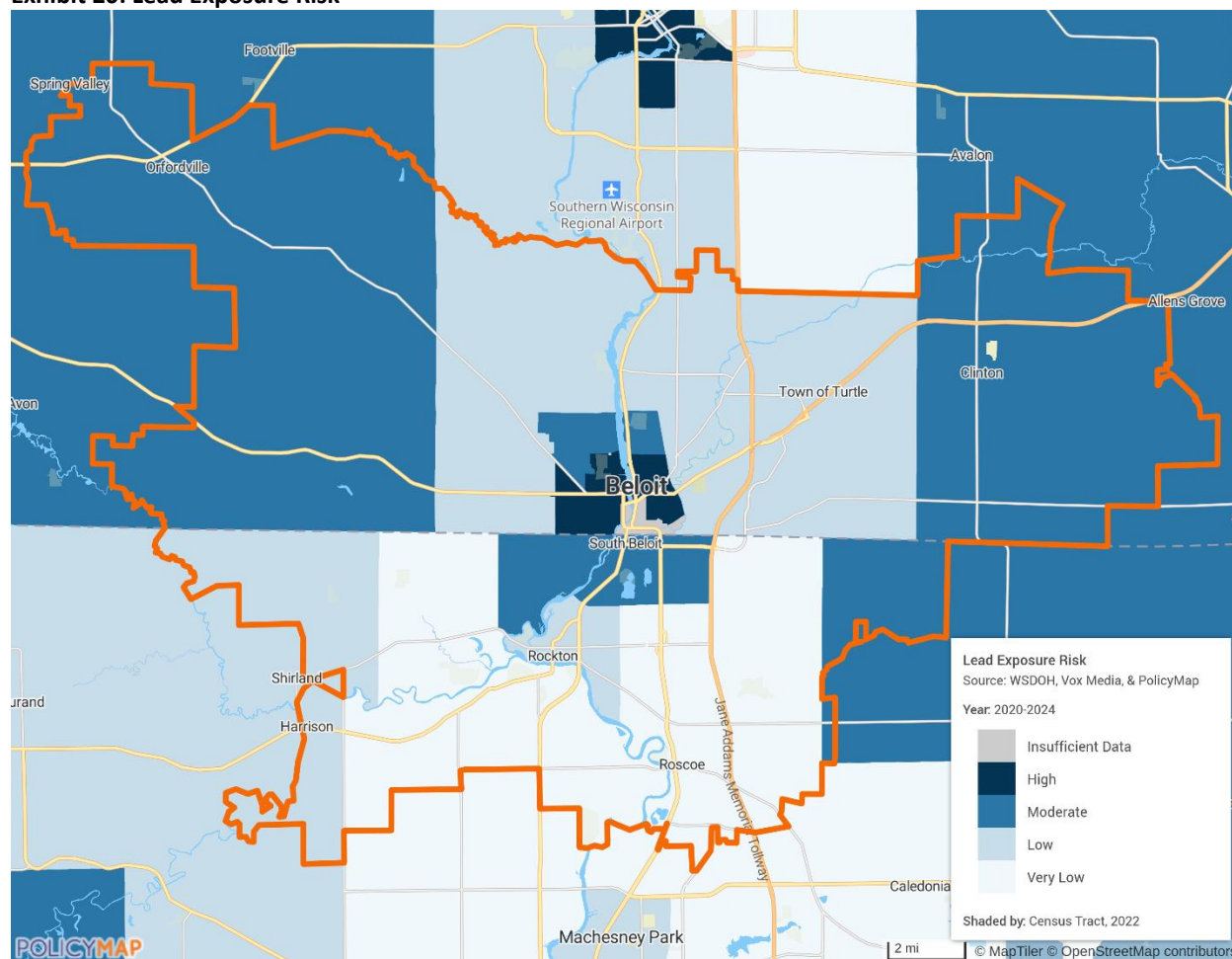


Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Where housing is oldest, lead exposure risk tends to be highest. Lead exposure risk data for Rock County, based on a 2016-2020 census tract index developed by the Washington State Department of Health, demonstrates this pattern. The index considers two key factors, the age of housing stock and poverty rates. Areas with more older homes and higher rates of poverty receive a higher risk score, shown in the darker blue, as both factors are strongly associated with elevated blood lead levels in young children.²¹

As shown in Exhibit 20, high risk areas are concentrated around Beloit, reflecting the combination of older housing and greater economic hardship in those communities. Residents in these areas, particularly families with young children, may face a greater likelihood of lead exposure through deteriorating paint in their homes.

Exhibit 20: Lead Exposure Risk



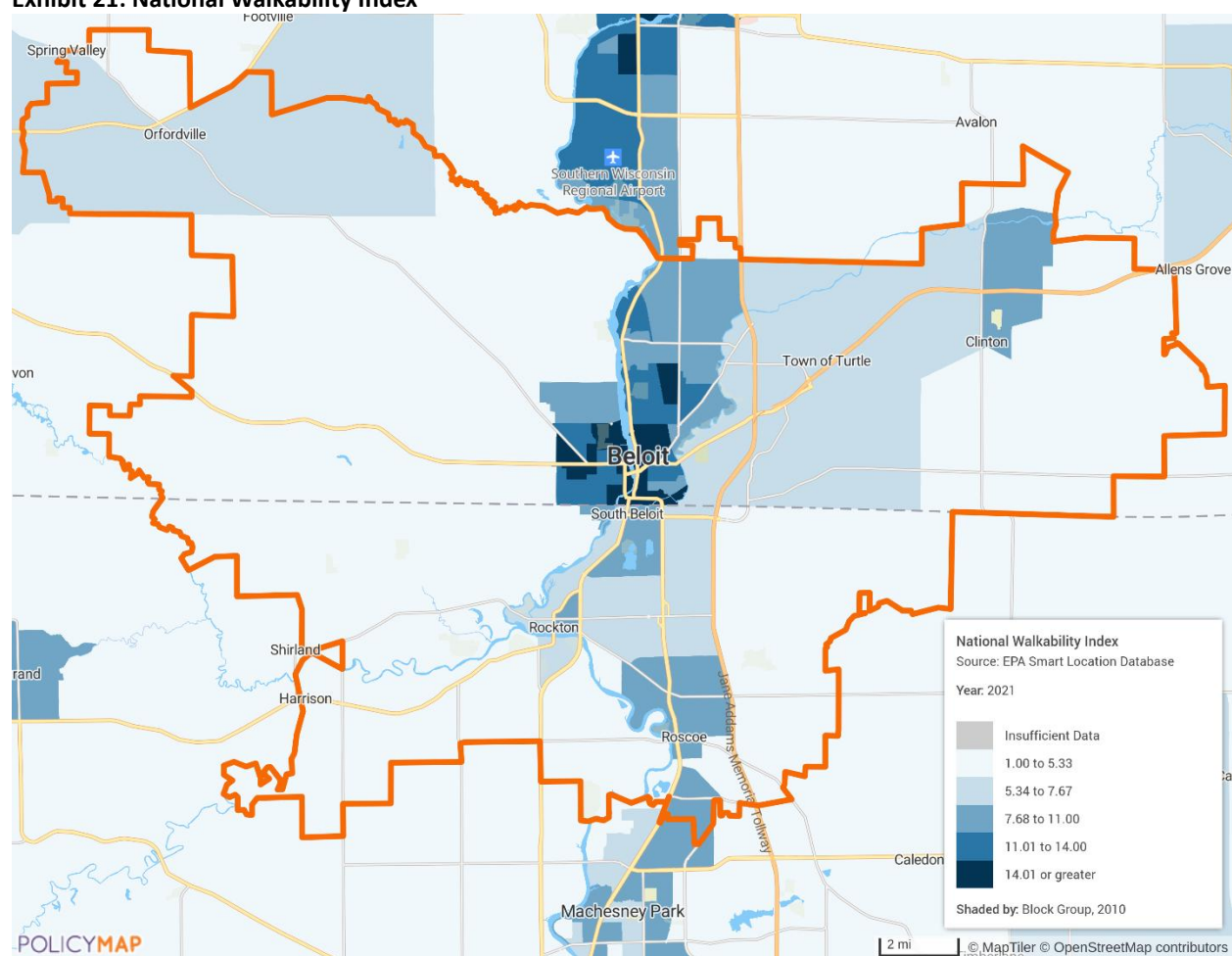
Source: Washington State Department of Health, Vox Media, PolicyMap, 2016-2020

²¹ Washington State Department of Health, Vox Media, & PolicyMap. (2023). Lead exposure risk index [Data set]. PolicyMap. <https://www.policymap.com/data/sources/washington-state-department-of-health-vox-media-policymap>

Beyond the age and condition of homes, the design of the surrounding neighborhood also shapes health. Access to safe, walkable streets and reliable transportation are important features of a healthy built environment.²² Walkability refers to how easily residents can reach destinations like grocery stores, parks, schools, and healthcare on foot. Neighborhoods with higher walkability are associated with increased physical activity, lower rates of chronic disease, and better overall health outcomes.²³

As shown in Exhibit 21, walkability in service area is concentrated in the urban cores of Beloit, while rural and suburban areas have substantially lower scores. At the same time, the majority of residents (79.1%) commute by driving alone, at percentages higher than both the state and the nation (Exhibit 22). This reliance on personal vehicles can create barriers for households without consistent access to transportation.

Exhibit 21: National Walkability Index



²² Office of Disease Prevention and Health Promotion [ODPHP]. (n.d.). Healthy People 2030: Neighborhood and built environment. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment>

²³ Wang, M. L., Narcisse, M. R., & McElfish, P. A. (2023). Higher walkability associated with increased physical activity and reduced obesity among United States adults. *Obesity* (Silver Spring, Md.), 31(2), 553–564. <https://doi.org/10.1002/oby.23634>

Other factors that contribute to a person's overall well-being is access to a personal vehicle. One out of 10 within BHS service area rental units do have a personal vehicle. While this is greater access than Rock County, the State of Wisconsin, and the U.S., this still poses a challenge for accessing the resources and meeting the needs of daily living.

Exhibit 22: Transportation

	BHS Service Area	Rock County	Wisconsin	United States
Commute Transportation by Drive Alone	79.1%	80.1%	74.4%	68.8%
Renter Occupied Housing without Vehicles	11.3%	14.6%	15.1%	17.9%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

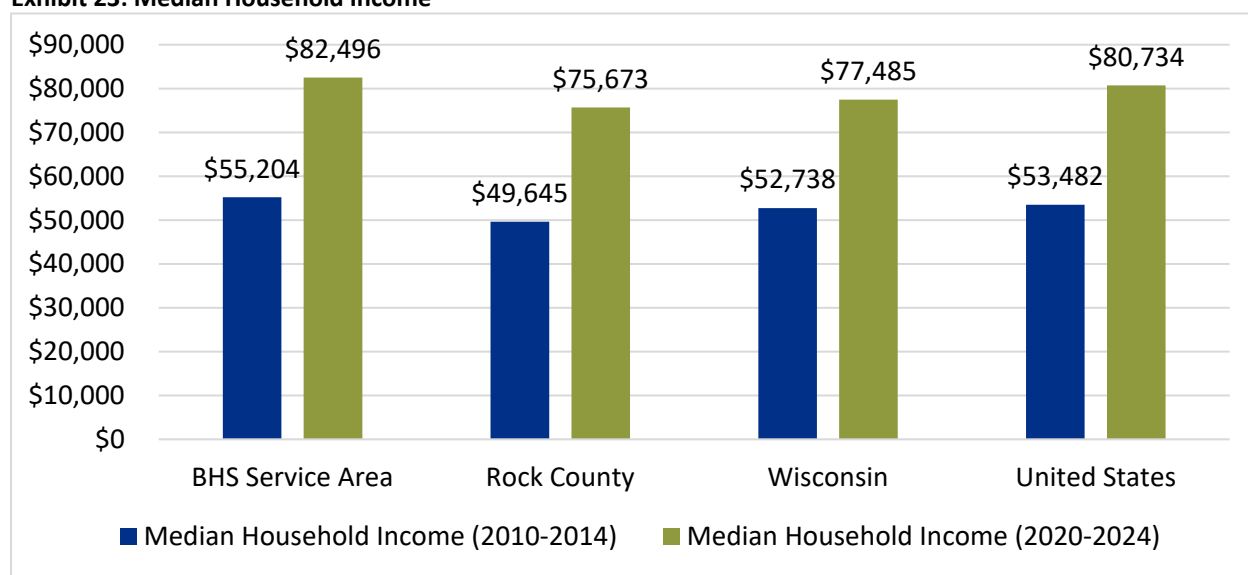
Economic Stability

Economic stability is one of the five social drivers of health, encompassing income, employment, and financial security. It reflects the resources and opportunities people need to secure and maintain good jobs, meet basic needs, and sustain a balanced, healthy lifestyle.²⁴

Income is a well-established predictor of health outcomes. Residents experiencing lower incomes face greater barriers to healthcare access, healthy food, stable housing, and other resources that support well-being.²⁵

From 2014 to 2024, the median household income in the BHS service area grew by 49.4%, rising from \$55,204 to \$82,496. While this growth reflects economic progress, overall Rock County median income remains below both the state (\$77,485) and national (\$80,734) medians, indicating that residents who live in Rock County face greater financial strain than their peers within the greater BHS service area, Wisconsin and across the country.

Exhibit 23: Median Household Income



Sources: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

²⁴ Office of Disease Prevention and Health Promotion [ODPHP]. (n.d.). Healthy People 2030: Economic Stability. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

²⁵ Office of Disease Prevention and Health Promotion [ODPHP]. (n.d.). Healthy People 2030: Economic Stability. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

This gap is not felt equally across all residents. According to ACS 2024 five-year estimates, median household income in the service area and Rock County varies by race and ethnicity. In the service area, Asian residents reported the highest median income at \$129,734, higher than the state and national levels, while residents of two or more races followed at \$96,931. In contrast, Black or African American residents had the lowest median income at \$60,819, representing a gap of more than \$20,000 compared to White residents in the service area. Hispanic or Latino residents earned a median income of \$89,813, above both state and national levels (Exhibit 25).

Exhibit 24: Median Household Income by Race

	BHS Service Area	Rock County	Wisconsin	United States
Asian	\$129,734	\$77,361	\$90,216	\$116,503
White	\$83,413	\$78,230	\$80,923	\$86,271
Two or More Races	\$96,931	\$69,402	\$69,784	\$75,660
Other Race	\$80,998	\$60,000	\$62,564	\$67,563
Native Hawaiian and Other Pacific Islander	ND	ND	\$62,288	\$81,811
American Indian and Alaska Native	\$96,250	\$85,947	\$59,670	\$62,420
Black or African American	\$60,819	\$45,321	\$43,296	\$55,157

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

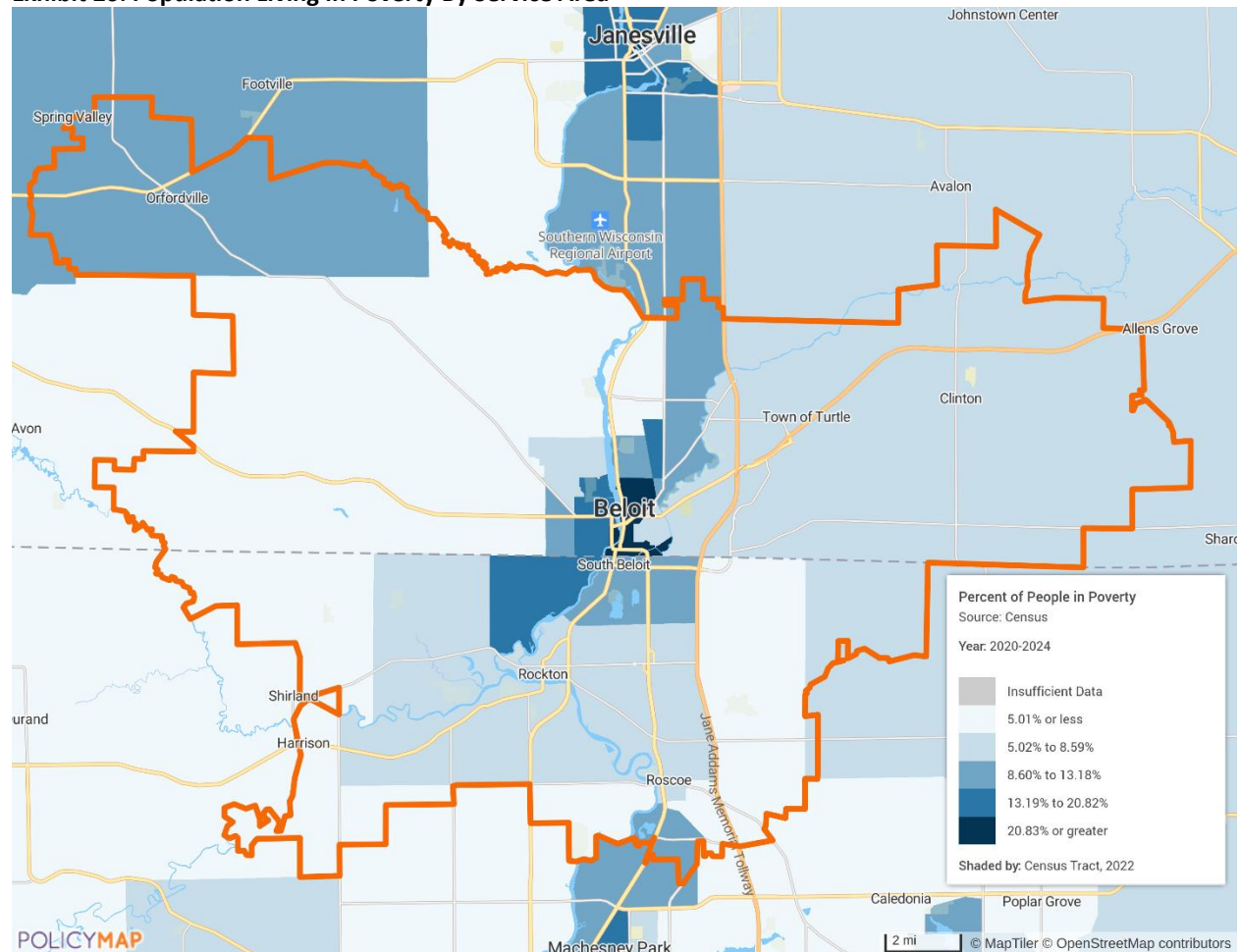
Exhibit 25: Median Household Income by Ethnicity

	BHS Service Area	Rock County	Wisconsin	United States
Hispanic or Latino	\$89,813	\$66,730	\$64,859	\$71,415

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Although incomes have generally increased, poverty continues to affect many individuals. Those experiencing poverty often face barriers to accessing healthcare, nutritious food, stable housing, and opportunities for physical activity. Research indicates that lower income levels are associated with poorer health outcomes, including shorter life expectancy and higher rates of illness and mortality.²⁶

Exhibit 26: Population Living In Poverty By Service Area

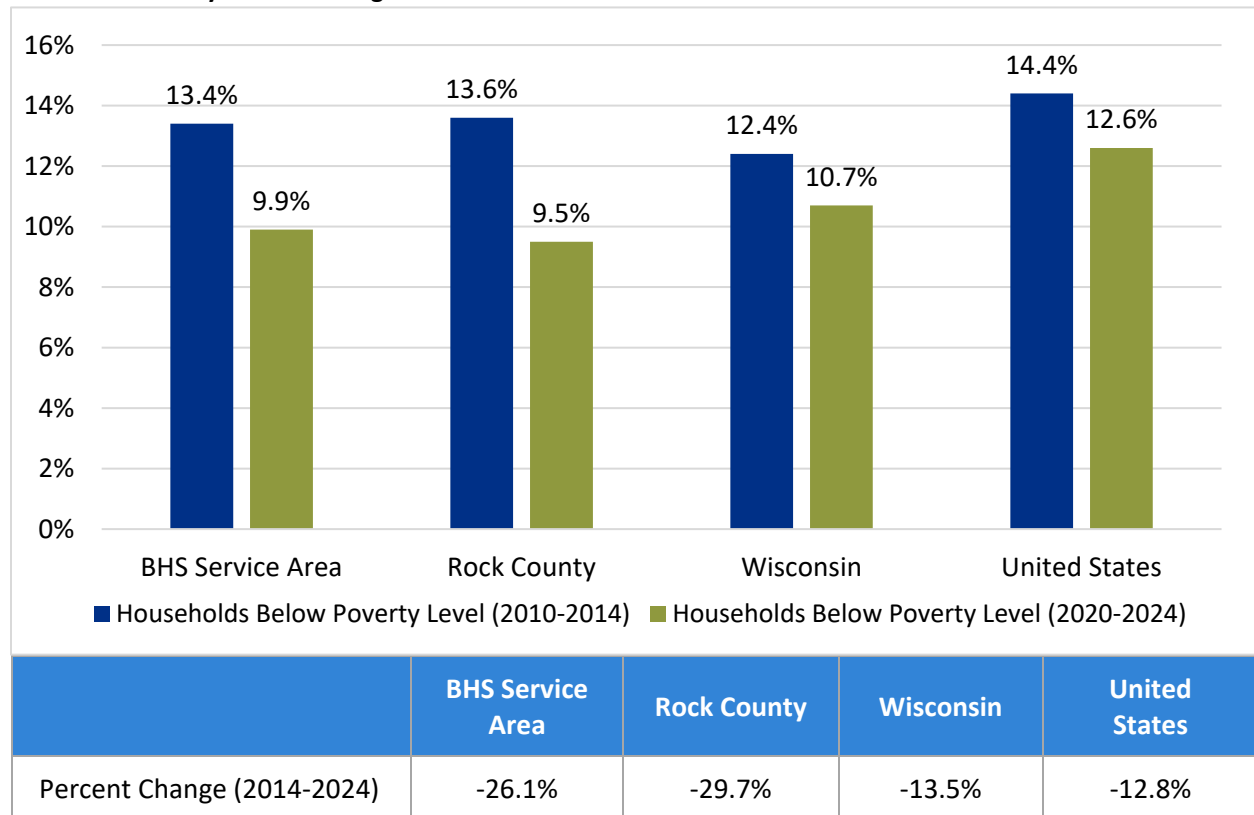


Source: American Community Survey, 2020-2024

²⁶ American Academy Of Family Physicians, Poverty and Health. The Family Medicine Perspective, April 2021.
<http://www.aafp.org/about/policies/all/povertyhealth.html>

The term “population living in poverty” refers to individuals whose income falls below 100% of the Federal Poverty Level (FPL). As shown in Exhibit 27, over the past decade, the percentage of households in poverty in the service area declined by 26.1%, compared to a 29.7% decline in Rock County. In 2024, 9.9% of households in the service area were below the poverty level, similar to Rock County (9.5%) and lower than both state and national figures.

Exhibit 27: Poverty Percent Change



Sources: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Among racial groups, Black or African American residents experience the highest percentage of poverty in the service area and Rock County, which is consistent with state and national patterns. In contrast, Asian and White residents have the lowest poverty levels, below 8.0%. Native Hawaiians had a poverty rate of 0% because Native Hawaiians account for 0% of the population in the service area and Rock County. While some groups in Rock County and the service area have lower poverty levels compared to Wisconsin and the United States overall, these disparities emphasize ongoing inequities.

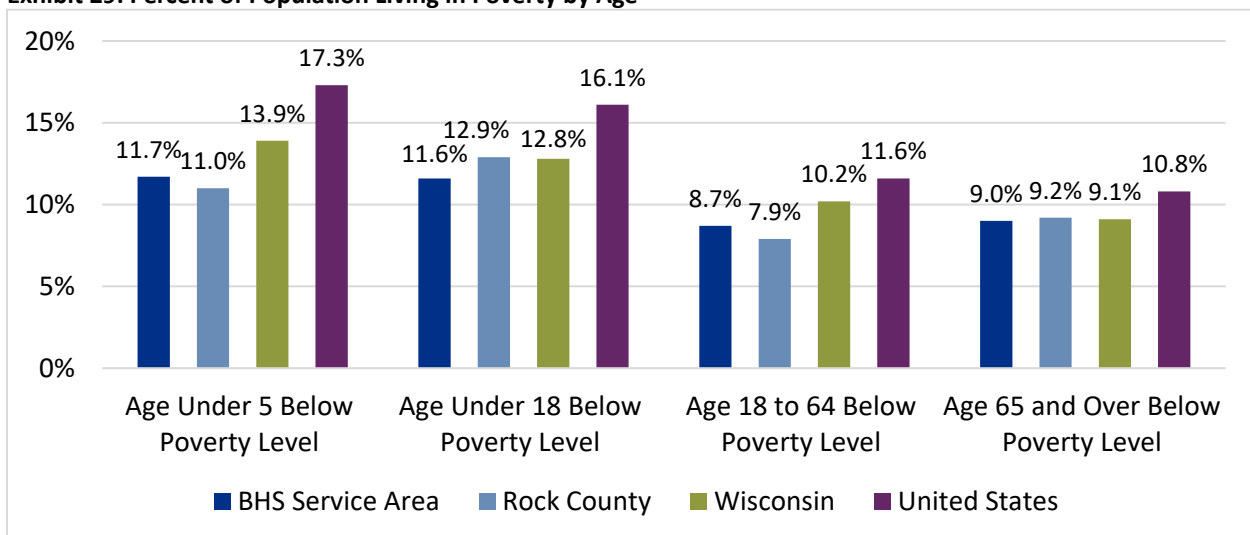
By ethnicity, 15.4% of Hispanic or Latino residents in the service area live below the poverty level, a higher figure than state and national levels, representing a population that may face increased barriers to resources and services.

Exhibit 28: Percent of Population Living in Poverty by Race & Ethnicity²⁷

	BHS Service Area	Rock County	Wisconsin	United States
American Indian and Alaska Native	8.9%	5.4%	21.7%	21.1%
Asian	6.6%	8.9%	13.7%	9.9%
Black or African American	20.2%	23.8%	27.3%	21.2%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	19.1%	16.8%
Some Other Race	20.0%	12.8%	18.0%	18.2%
Two or More Races	11.6%	11.2%	15.4%	14.6%
White	7.8%	8.1%	8.4%	9.7%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Poverty also varies by age group. Children under age 18 experience the highest poverty level compared to other age groups. Economic hardship during childhood can shape health, learning, and overall well-being over time.²⁸ Additionally, approximately one in 11 seniors in the service area and in Rock County are living in poverty, indicating a need for continued support.

Exhibit 29: Percent of Population Living in Poverty by Age

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

²⁷ Hispanic or Latino ethnicity is collected separately from race in U.S. Census data. Individuals identifying as Hispanic or Latino may be of any race, so categories are not mutually exclusive.

²⁸ Redd, Z., Thomson, D., & Moore, K.A. (2024). Poverty matters for children's well-being, but good policy can help. Child Trends.
<https://doi.org/10.56417/3401c1202m>

Asset Limited, Income Constrained, Employed (ALICE) households are those that earn above the Federal Poverty Level but still do not make enough income to cover the basic cost of living in their community, including housing, childcare, food, transportation, and healthcare.²⁹

In Rock County, approximately one in four households (26.0%) fall into the ALICE category, meaning they are above the poverty level but still struggle to meet basic needs. Because their income exceeds eligibility thresholds, these households often do not qualify for public assistance programs despite ongoing financial strain.



ASSET LIMITED

ALICE has no safety net for emergencies



INCOME CONSTRAINED

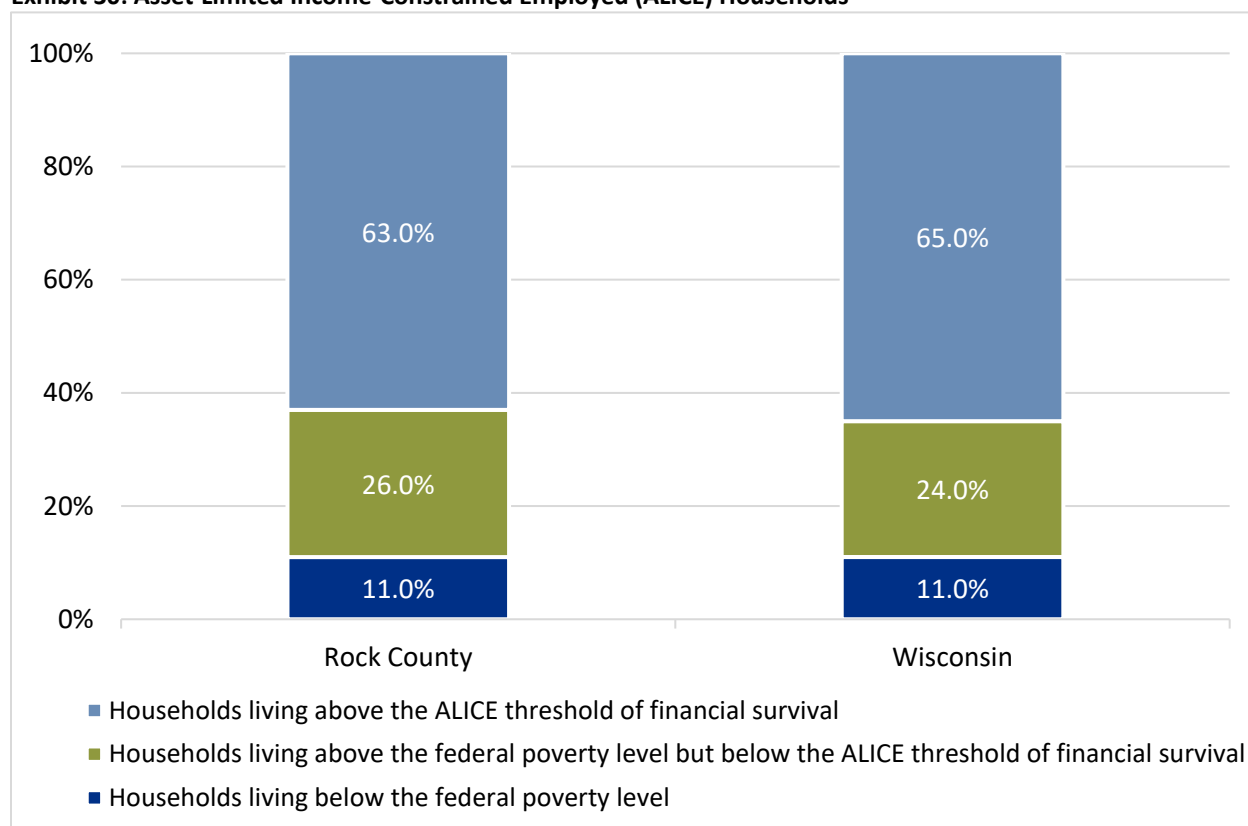
ALICE's income falls short of basic necessities



EMPLOYED

ALICE is working, but can't afford the cost of living

Exhibit 30: Asset-Limited Income-Constrained Employed (ALICE) Households



Source: United Way. United for ALICE, 2023

²⁹ United For ALICE. (n.d.). Meet ALICE. <https://www.unitedforalice.org/meet-alice>

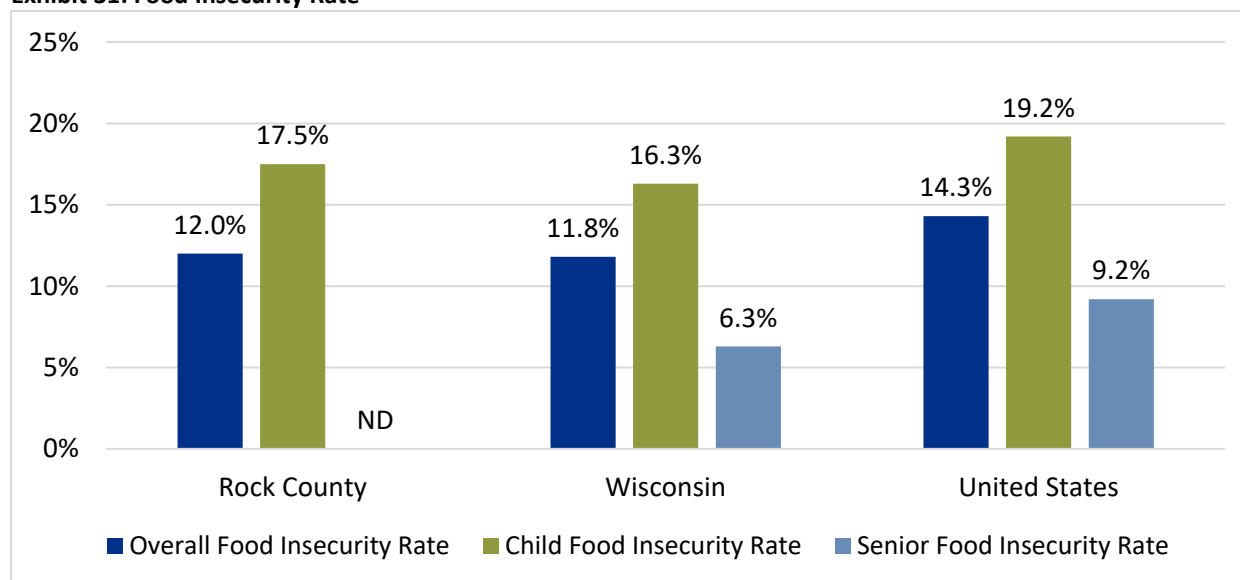
Food Insecurity

Access to adequate and nutritious food is a fundamental driver of health. Food insecurity can contribute to chronic disease, poor mental health, and developmental challenges, particularly among children and older adults.³⁰

In 2024, 12.9% of Rock County households received Supplemental Nutrition Assistance Program (SNAP) benefits, higher than the state level of 11.0% and the national level of 12.1%. Despite the availability of nutrition assistance programs, food insecurity remains a concern for many residents in the county.

As shown in Exhibit 31, 12.0% of Rock County residents, or approximately one in eight, were considered food insecure, slightly above the Wisconsin rate of 11.8% but below the national figure of 14.3%. Children were disproportionately affected, with nearly one in six (17.5%) experiencing food insecurity. Inadequate nutrition during early development can impact physical growth, academic performance, and long-term health outcomes, making food insecurity among children an important area of focus.³¹

Exhibit 31: Food Insecurity Rate



Source: Feeding America, Map the Meal Gap, 2023

³⁰ U.S. Department of Health and Human Services [HHS]. (n.d.). Food insecurity. Healthy People 2030.

<https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/food-insecurity>

³¹ Casey, E. G., & Winsler, A. (2025). Impacts of Food Insecurity on Child Development: Strengthening the Role of Childcare. *Nutrients*, 17(15), 2427. <https://doi.org/10.3390/nu17152427>

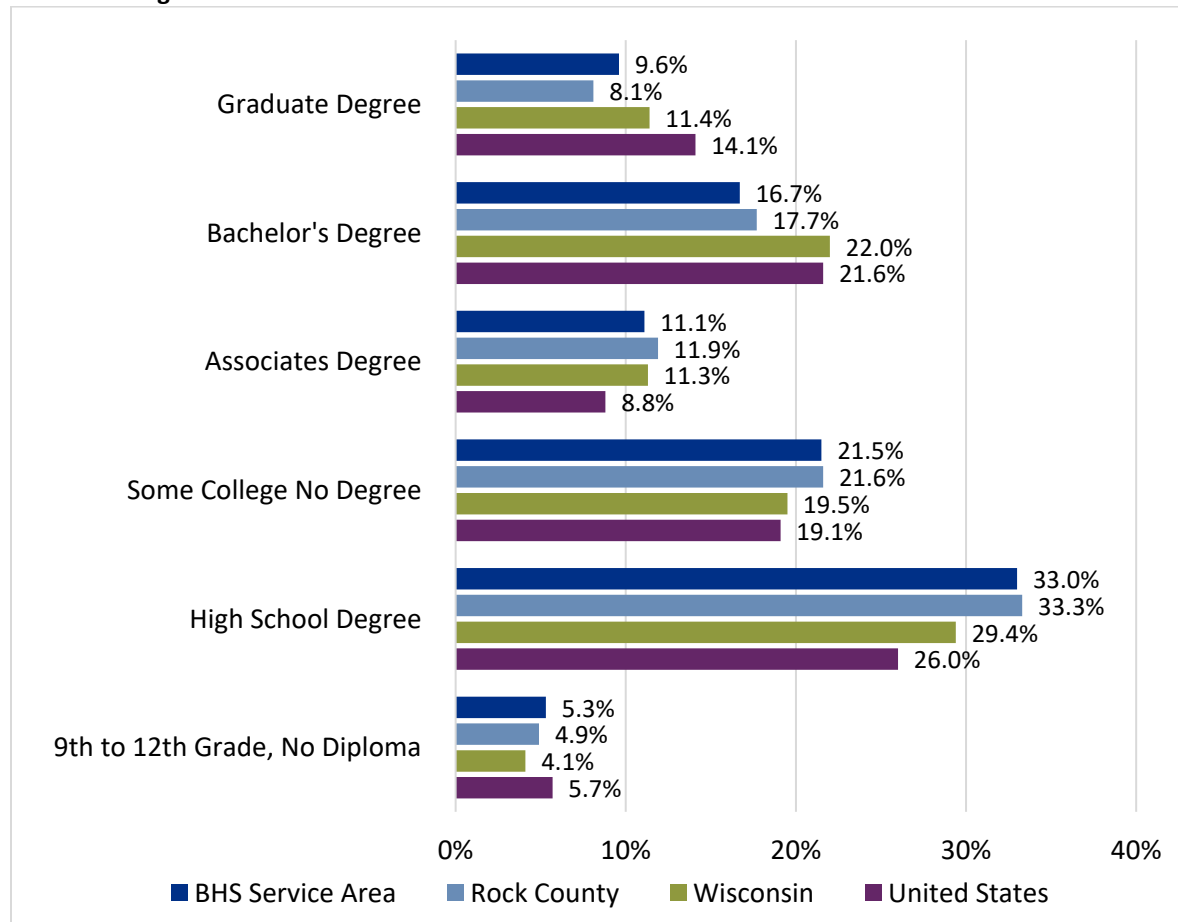
Education

Educational attainment is a key social determinant of health, influencing access to stable employment, adequate income, and health-related resources. Individuals with lower levels of education may face greater challenges navigating health systems, obtaining health insurance, and engaging with preventive care services.³²

According to the ACS 2024 five-year estimates, 5.3% of residents in the BHS service area did not complete a high school diploma (Exhibit 32), exceeding the state figure of 4.1%. Meanwhile, the largest share of residents, 33.0% or approximately one in three, held a high school degree as their highest level of attainment.

The second most common level of educational attainment was some college (no degree), at 21.5%, which was slightly higher than both state and national figures. The remaining 37.4% of residents held higher-education degrees, such as associate's, bachelor's, or graduate-level credentials.

Exhibit 32: Highest Level of Educational Attainment

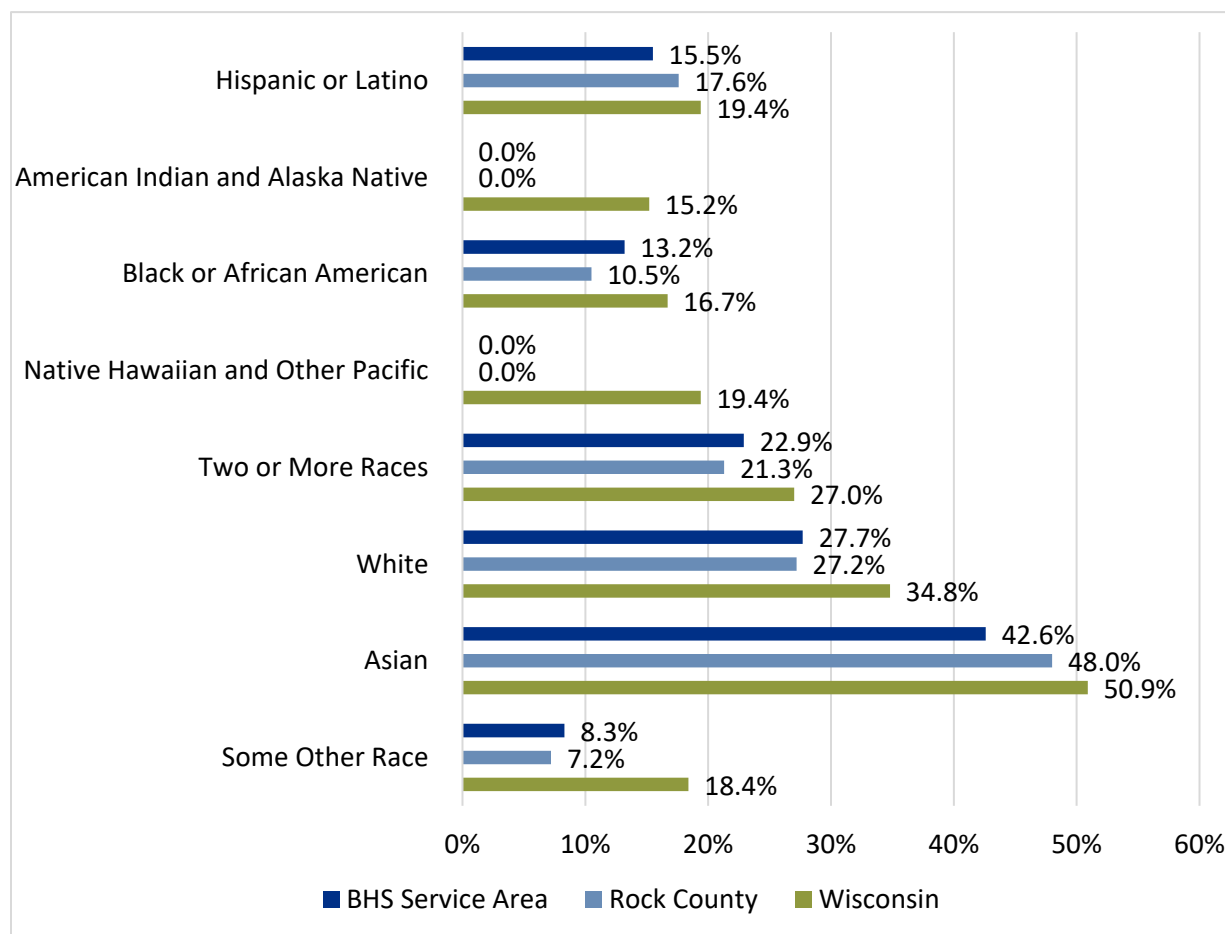


Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

³² Zajacova, A., & Lawrence, E. M. (2018). The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. *Annual review of public health*, 39, 273–289. <https://doi.org/10.1146/annurev-publhealth-031816-044628>

Educational attainment also varied across racial and ethnic groups in the service area and Rock County, as shown in Exhibit 33. Asian residents had the highest level of bachelor's degree attainment or higher in both areas, at 42.6% in the service area and 48.0% in Rock County, though both were below the Wisconsin figure of 50.9%. White residents followed at 27% in the service area and Rock County, also below the state figure of 34.8%. Black or African American residents had an attainment level of 13.2% in the service area and 10.5% in Rock County, notably below the Wisconsin figure of 16.7%.

Exhibit 33: Educational Attainment of Bachelor's Degree or Higher by Race & Ethnicity³³



Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

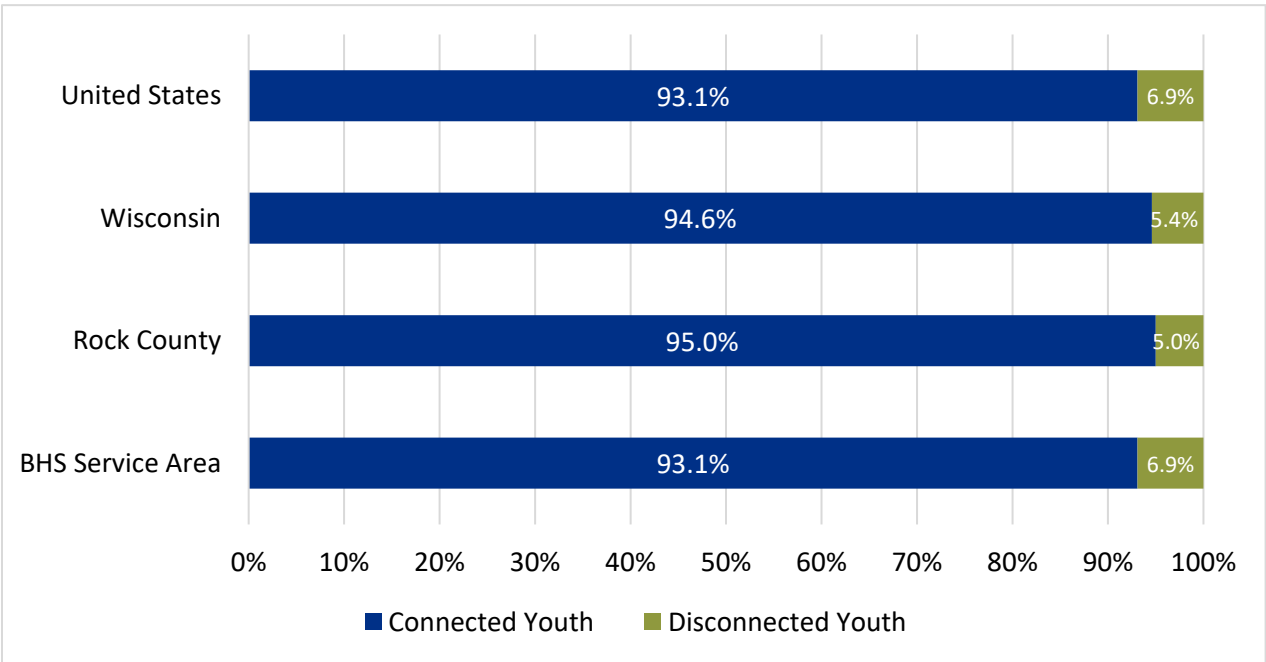
³³ Hispanic or Latino ethnicity is collected separately from race in U.S. Census data. Individuals identifying as Hispanic or Latino may be of any race, so categories are not mutually exclusive.

Social and Community Context

The relationships and connections people have with family, friends, coworkers, and their broader community can shape their health and well-being. When people face challenges such as living in unsafe neighborhoods, experiencing discrimination, or struggling to meet basic needs, it can affect their health and safety across all stages of life.³⁴

Disconnected youth are young people between the ages of 16 and 19 who are neither enrolled in school nor participating in the workforce. In the BHS Service Area, 6.9% of youth fall into this category, slightly above the state figure of 5.4% and Rock County's rate of 5.0%. Identifying and engaging these youth early through alternative education pathways and workforce development programs may reduce long-term barriers to health and well-being.³⁵

Exhibit 34: Connected and Disconnected Youth



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

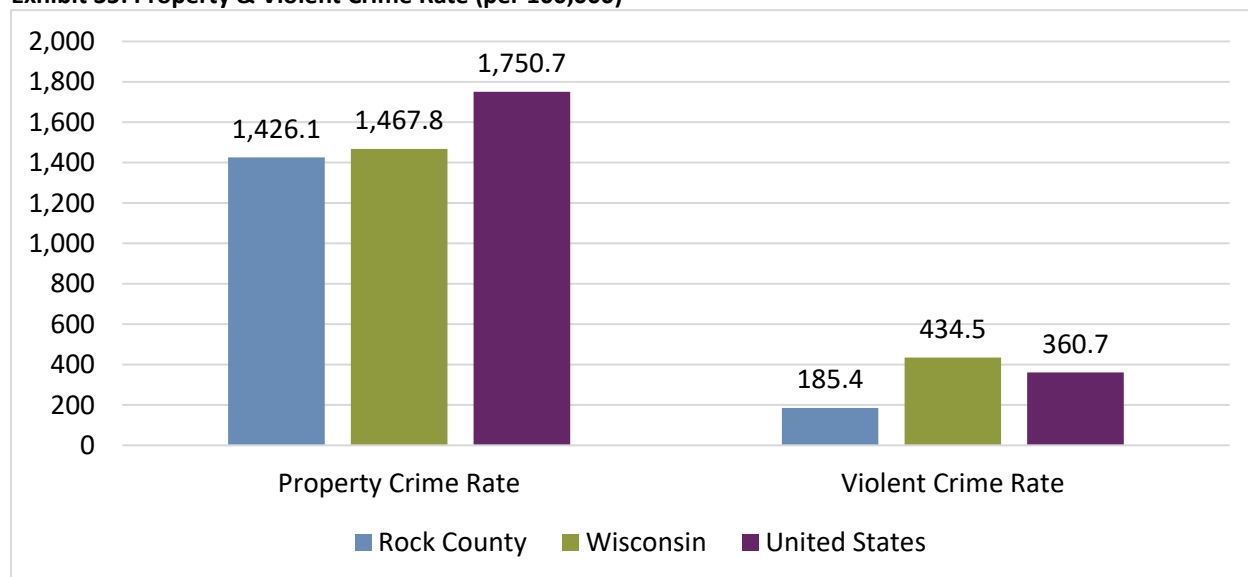
³⁴ U.S. Department of Health and Human Services. Healthy People 2030. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/social-andcommunity-context>

³⁵ Mendelson, T., Mmari, K., Blum, R. W., Catalano, R. F., & Brindis, C. D. (2018). Opportunity Youth: Insights and Opportunities for a Public Health Approach to Reengage Disconnected Teenagers and Young Adults. <https://doi.org/10.1177/0033354918799344>

Crime and violence touch communities in many ways, whether through direct experience, witnessing an incident, or simply living in an area where it is present. The effects can extend well beyond physical injury, contributing to anxiety, depression, and a reduced sense of safety that impacts overall well-being.³⁶ Recognizing crime and violence as public health concerns is an important step toward building healthier and safer communities.

As shown in Exhibit 35, Rock County's property crime rate was 1,426.1 per 100,000 residents, lower than Wisconsin's at 1,467.8 and the national figure of 1,750.7. Rock County's violent crime rate of 185.4 per 100,000 residents was well below both the state level of 434.5 and the national level of 360.7, with Wisconsin reporting more than twice the rate of violent crime compared to Rock County.

Exhibit 35: Property & Violent Crime Rate (per 100,000)



Source: US Department of Justice (DOJ), Federal Bureau of Investigation (FBI). Uniform Crime Reporting (UCR) Program, 2024

³⁶ U.S. Department of Health and Human Services. Healthy People 2030. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/social-andcommunity-context>

Qualitative Data Findings

Community Considerations

Location

Where community members live in the service area directly impacts their access to resources. Those living in rural areas must travel long distances to reach resources such as healthcare, food, and employment opportunities with a livable wage. The closure of several mental health centers in Northern Illinois has impacted the availability of those services for residents living near the Wisconsin-Illinois border. Higher pay in Madison also impacts the retention of healthcare providers in Rock County. There is also limited availability of services and affordable housing in certain neighborhoods within the city of Beloit. When paired with limited transportation options, residents in these neighborhoods face multiple barriers to accessing these services. Bringing resources into those areas can help lift community members out of poverty. Increasing outreach and awareness efforts can help to improve accessibility to resources. Participants identified older adults as a group that is particularly impacted by their location, as they face heightened mobility and transportation barriers.



“Those that live in rural areas have kind of a ‘double whammy’ of availability to technology, transportation. They would have probably a much more difficult time with some of the things we've talked about.”

- Key Informant

Community Trust

Participants explained that the current and historical practices of local organizations have fractured community trust. They identified confusing or incorrect billing practices, inadequate provider-patient communication, and low-quality care as challenges that make community members hesitant to seek services. Ensuring that change is community driven and supported can help address

“[Getting diagnosed with a health condition] is a very scary time. And to just push me through what I felt like was an assembly line and not explain to me, ‘Okay, this is going to happen.’ [...] when you're communicating with a [patient about a health concern] this becomes this really scary situation, you should have a certain way you communicate with them about the process, right? Communication is a huge issue to me when you work in healthcare, like not just with billing, but with everything, the whole process. Communication should be a part of the quality of care, the whole process from start to finish.”

- Key Informant

these concerns. Increasing diversity among healthcare providers and providing additional training opportunities can help ensure that the team is compassionately and transparently communicating with colleagues and patients.

Diversity

Diversity in a community encompasses not only racial and ethnic diversity, but also socioeconomic, age, veteran status, religious, and cultural differences among various groups. It can lead to a variety of perspectives and innovative ideas that can be beneficial for a community, but it can also lead to resource and health disparities due to current and historical prejudice. Participants report a growing Hispanic population in the service area that is experiencing fear about leaving their homes and accessing services and resources, which in some cases, leads individuals to forego care. Many participants called for additional diverse providers, more resources in historically underserved areas, and reliable transportation options to help address inequitable access.

“I think the Hispanic population, I mean, right now, they're in a struggle, they're in a battle of just being able to maintain residency here. So I think they're just scared to go anywhere and possibly have that not be an option for them anymore.”

- Key Informant

Funding Concerns

Participants expressed concerns about inadequate funding for various services and programs in the community. They noted that this lack of funding inhibits the community from establishing programs and infrastructure that could benefit the health of local residents, and recent funding cuts continue to exacerbate these concerns.

“Social services organizations, they're getting their funding cut severely, and they don't have the personnel to take care of it. I hear that all the time. [...] So, you know, those kinds of services have been compressed into a very small organization to try to deliver services to a much wider expand of people and area.”

- Key Informant

Strengths

Community organizations, resources, and businesses are eager to help

Participants highlighted organizations in the community as being particularly valuable and described various recreational activities and facilities that support the whole person. Beloit is a tight-knit city with long-standing relationships among community members.

“The thing you need to know about Beloit is it’s a tightly interwoven town. Even though there’s 35,000 people, virtually everyone either went to school together, worked together, is related through blood or marriage, know each other from workplaces – there’s always a close connection between everyone in town.”

- Key Informant

Collaborative partnerships

Key informants noted the many close collaborations and partnerships among organizations and service providers throughout the service area. Some of the organizations have been in the community for years, which has resulted in passionate staff who live in and are part of the community. Their longstanding tenure has also fostered relationships among staff at all levels throughout various partnerships. Partner meetings among some healthcare providers and between prevention coalitions were cited as being helpful opportunities to identify gaps and share resources and events. There have been significant improvements in the community because of partnerships, such as the increase in sober living facilities. Participants shared that these relationships can be further strengthened by expanding collaborations between local government officials, grassroots organizations, and community members.

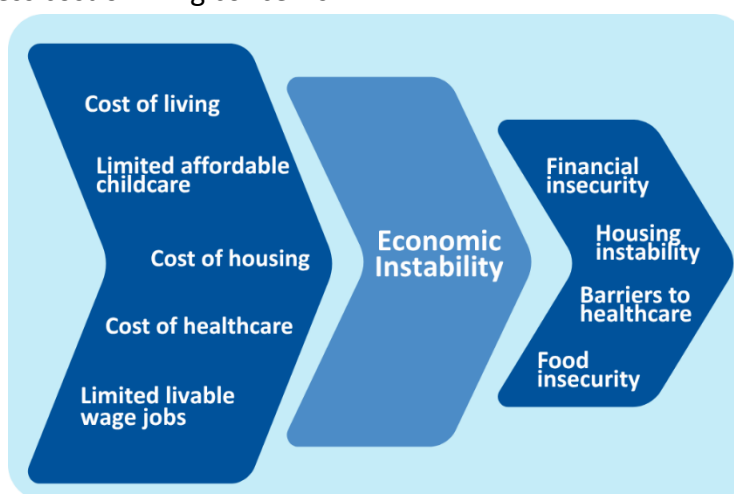
Community Needs

Economic instability and poverty

Though community members acknowledged that the service area has valuable resources, there remains a need for economic opportunities that offer a livable wage, insurance, affordable groceries, and recreational opportunities for youth. The increased cost of living is impacting community members' ability to pay for basic needs such as housing, transportation, healthcare, medications, insurance, groceries, and childcare. Approximately 23.8% of Black or African American community members in Rock County live in poverty, which is a higher level compared to other racial groups and emphasizes ongoing inequities. There is also a need for ongoing support among the 9.2% of older adults living in poverty in the service area.³⁷ Targeted initiatives, such as policies that support livable wages, affordable healthcare, and pro-housing and land use policies³⁸ can help address cost of living concerns.

"Why is everything costing so much? Medicine is costing these people. The lady that takes me to church, she needs this medicine: \$1,000. My son's best friend has diabetes medicine: \$500 shot. Come on. Nobody's got that."

- Focus Group, Older Adults



Food insecurity

Food insecurity is a concern in the service area, which participants explained is due to various factors including food and resource deserts, lack of access to transportation, and the increased cost of living. One in six children are disproportionately experiencing food insecurity, which has a long-term impact on their ability to learn and grow.³⁹ Increasing the availability and accessibility of nutritious options at food banks and low-cost or free cooking and nutrition classes could help reduce chronic disease levels. Though the community touted the Beloit farmers' market, it was noted that there could be more participation by increasing vendor diversity. Participants explained the connection between not being able to afford and access healthy food, stress, and the high levels of chronic disease in the community, also noting that

³⁷ U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

³⁸ McKernan, S., Harvey, C., Acs, G., Jenkins, W., Lastowka, L., Cressman, S., Adams, G., Berger, A. L., Berlow, M., Clemans-Cope, L., Cohen, O., Davenport, J., Dubay, L., Freemark, Y., Giannarelli, L., Greenberg, E., Gupta, P., Haley, J. M., Jacobs, E., . . . Wong, J. (2026, April 2). *Housing affordability*. Urban Institute. <https://www.urban.org/apps/policy-solutions-affordable-future/housing>

³⁹ Feeding America, Map the Meal Gap, 2023

individuals who are unable to afford or access healthcare may end up with preventable diet-related health conditions.

“Yeah, health literacy for sure and understanding how to navigate the health care system [are important]. And like I said, people can't put it as a priority because they're focusing so much on where they're going to sleep that night or where they are going to find food for the next week is clouding their ability to access the other services that they need and the long-term effects obviously compound and make situations a lot harder in the long run.”

- Key Informant

Lack of affordable childcare

The shortage of affordable childcare in the service area is a barrier to employment, sometimes forcing individuals to choose between working or staying at home to take care of their children.

Access to quality affordable childcare is an investment in the long-term economic stability and appeal of a community, and for young children, provides a critical educational foundation. Reviewing legislation and regulations around childcare could help address the root cause of the childcare shortage.

“Mostly [childcare] is people utilizing their relatives to take care of the children when they're young. We had [an employee] here who had to quit, who loved the job here, but **he had to quit because he just couldn't afford the childcare. It didn't pay to work.**”

- Key Informant

Lack of affordable housing

With 40.2% of renters in Rock County spending more than 30% of their income on housing costs, community members need affordable housing for all income levels as well as older adults. Participants identified housing inventory, long wait lists, the increased cost of rent and the increased cost of living as contributors to the lack of affordable, safe housing in the area, which makes it difficult for individuals and families to afford basic needs. Key informants also shared concerns about the high level of youth who are unhoused. Participants acknowledged that the community is working on the complex issue of developing additional affordable housing, and that there is a need to continue supporting and developing a system that creates accessible affordable housing for all income levels, which could help recruit and retain qualified staff and healthcare providers to the area. Educating elected officials and the community about affordable housing may help address existing stigma.⁴⁰

Focus group participants and key informants identified a shortage of affordable housing as a key contributor to the growing number of unhoused youth in the area.

⁴⁰ Overcoming NIMBY Opposition to Affordable Housing, National Low Income Housing Coalition.

Insurance and technical barriers

Participants repeatedly shared how financial and insurance barriers, including cost of medications, co-pays, network and regulatory restrictions and changes, and how the payor mix limits community members' ability to access needed healthcare services. Participants in key informant interviews and focus group discussions explained that community members who are struggling to pay for basic needs may be unable to prioritize healthcare costs. Typical business hours also limit individuals' ability to access healthcare services as some community members are unable to take time off during those hours to get care. Individuals experiencing financial and technical barriers may forgo receiving needed care because of the unaffordable cost of care and a confusing system. The limited access to providers who accept Medicaid or Medicare affects nearly two in five people in Rock County who rely on public coverage.⁴¹ Those who are uninsured or underinsured may go to the emergency room with low acuity needs to receive care, which is also exacerbated by the shortage of primary care and specialty care providers. Participants also recommended implementing a universal electronic health record system between health systems to improve communication.

Local primary care and specialty care provider shortage, including dental

"We see folks who have no coverage and we ask them to apply for our sliding scale. And we have a wait list of folks who need that care. And so they need care today. Certainly, a lot of times they're going to end up in urgent care or ERs in order to get the care that they need. So there is definitely a need for folks who have no insurance coverage. I think that's just going to continue to grow with all the changing landscape."

- Key Informant

Though participants in focus group discussions and key informant interviews acknowledged the work done to recruit and retain primary care and specialty providers, there is still a need for additional providers as indicated by long wait times and high utilization of emergency services for low-acuity needs. There is a need for dentists who accept Medicaid, as well as a need for geriatric psychiatrists, women's health providers, and pediatric medication management, among other specialists. Continuing to increase the number of local primary care providers, including racially and ethnically diverse and bilingual providers, may reduce the high utilization levels of the emergency department and EMS for low acuity needs. Increasing the number of providers may also improve access to preventative healthcare and screenings. A partnership with other healthcare systems could also help address the provider shortage.

Chronic disease

Participants in focus group discussions and key informant interviews explained how resource and food deserts, limited access to transportation, high healthcare and medication costs, limited access to preventative care, and economic and food insecurity can contribute to chronic

⁴¹ U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

disease. Concerns were shared about the relationship between chronic disease and environmental concerns, including poor air quality and lead exposure in the service area.

“And some other specific health-related things would be like preventable health. Our screening rates are not great for certain cancers. I know mammograms are not high. [...] And the chronic diseases that go along with not being able to access healthy foods and stress are increasing. So we got a lot of things to improve, that's for sure.”

- Key Informant

Local behavioral health provider and resource shortage, particularly for youth

Secondary data indicate that most Wisconsin counties, including Rock County, are in a mental health provider shortage area, which was exacerbated by the closure of mental health centers in Northern Illinois. One out of six adults in Rock County report experiencing 14 or more days in the past 30 days during which their mental health was not good. Key informants specifically noted the lack of local inpatient care, respite care, and a shortage of case managers, which could improve care coordination. Facilities that treat co-occurring conditions are of need, including those that focus on youth.

Youth mental health was noted as a concern in the community, particularly for those who have experienced trauma. Reducing stigma through educational efforts may help increase access to substance use treatment and prevention. Implementing a universal communication system for providers may reduce the burden on individuals to repeatedly share their trauma with new providers, which may help to increase their engagement with the healthcare system.

Participants in key informant interviews identified the lack of affordable housing and the increased cost of living as a driver of mental and behavioral challenges in the community.

“I really think that there's a problem with drugs in our youth. I used to be [involved in the school system] and I felt that there were a lot of kids that were exposed to their parents being on drugs. [...] And then that dovetails into the mental health issues. And then that also dovetails into the students not performing as well.”

- Key Informant

Opportunities for Action

Increase accessible health education opportunities for all

Participants shared how stigma and fear can be barriers to accessing healthcare, particularly among older adults who may be afraid to see the doctor for different

“I think the complexity of the system and healthcare navigation and it's difficult for even the general population to navigate and when you add in socioeconomic status and education and literacy, it becomes more complex. We've made the easy button to access thru 911 and ERs and it isn't even close to the correct insertion to the healthcare system.”

- Focus Group

reasons, and people of color, who have experienced current and historical prejudice. It may help improve awareness and access to resources, utilize nutrition as medicine, better understand healthcare instructions and system navigation, and increase access to preventative screenings. Strengthening wraparound care to help individuals navigate the system is also needed.

Continue supporting public transportation accessibility

Additional low-cost and free medical transportation would help address the need for transportation access in the community. Discount cards from Janesville to Beloit are beneficial, though participants noted that they work inconsistently. Updating the schedules so that they are easy to read and have current bus times would increase access. Accessibility can continue to be improved by expanding bus routes and times to include locations where people access employment, businesses, and other resources.

Improving physical access to health services



Free medical van for non-emergent transportation



Expansion of public transportation schedules and routes



More information on accessing public transit



Mobile health units

Increase affordable home health service and recovery care

There is a need for additional low-cost comprehensive home health services and post-hospital care for mental and physical health. A universal communication system and an up-to-date universal resource list between providers and systems were suggested as ways to continue improving the continuum of care. An emergency room for mental and behavioral health crises was suggested, a strategy that could reduce wait time in the emergency room and the use of other emergency services, such as police.

“It’d be advantageous to have a more aggressive home health service in the area, especially for the underprivileged population and not just physical wellbeing or after-hospital visit, but to address things like mental health. Having counselors that can be a little more mobile and go to patients we’re seeing instead of relying on how the system currently is to address those needs. We have a lot of people in communities that are released from hospital or physician’s care and either don’t understand their medication instructions or can’t get medication.”

- Focus Group

Targeted efforts to strengthen community relations and resource awareness

Community members appreciate meeting healthcare providers as they become part of the healthcare system, which can help to strengthen relationships, particularly with underserved and vulnerable communities. Bringing in additional bilingual and diverse healthcare providers could also strengthen ties between community members and the healthcare system, as participants identified this as something that could nurture confidence in the healthcare system. Many participants acknowledged ongoing efforts to clarify billing and patient communications,

noting that more detailed information could be provided through the patient portal. There is also an opportunity for healthcare systems to collaborate care coordination to increase specialty care access. Since some community members, such as older adults, prefer to speak with a live person, increasing access to live staff and case management services may help reduce barriers and anxiety associated with scheduling and managing various systems.

Ideas to strengthen local community relationships



Community events to meet new providers



Increasing access to bilingual and diverse providers



Transparency in patient communication



Collaborative care between different providers



Increase access to case management services

“We need to have informational sessions. [Someone] just did a talk for older adults. Getting them out talking and sharing their information and expertise **gets them into being a part of the community and [builds] trust, ideally [helping] the trust issues and getting people more comfortable.** You shouldn't wait until you're almost on your deathbed to come to the emergency room to get care.”

- Focus Group

Survey Data Findings

There are 97 valid respondents who took the community survey. As shown in Exhibit 36, majority of the respondents identified as female (87.7%), majority of the respondents identify their sexual orientation as straight (95.2%), and majority of the respondents identify as White (80.3%) and not Hispanic or Latino (82.5%). Nearly one in three respondents (28.8%) were age 65-74 years old and a little over one in four respondent (25.8%) were age 55-64 years old.

Exhibit 36: Respondents Demographics

Gender	Percent
Female	87.7%
Male	9.2%
Transgender Female	0.0%
Transgender Male	0.0%
Gender Non-Binary	1.5%
I don't want to answer	1.5%
I identify in a different way	0.0%
SEX ORIENTATION	
Straight	95.2%
Gay or Lesbian	0.0%
Bisexual or Pansexual	1.6%
I don't want to answer	1.6%
I identify in a different way	0.0%
AGE	
Under 18	0.0%
18 to 24	0.0%
25 to 34	4.6%
35 to 44	18.2%
45 to 54	19.7%
55 to 64	25.8%
65-74	28.8%
75 or older	3.0%
I don't want to answer	0.0%
RACE	
American Indian or Alaska Native	1.5%

Asian	0.0%
Black or African American	7.6%
Middle Eastern or North African	0.0%
Native Hawaiian or Other Pacific Islander	0.0%
White	80.3%
I don't want to answer	13.6%
ETHNICITY	
Hispanic or Latino	4.8%
Not Hispanic or Latino	82.5%
I prefer not to share	12.7%

As shown in Exhibit 37, nearly one in three respondents (28.8%) have Bachelor's degree. A little over two in five respondents (40.9%) reported their annual income is between \$50,000 - 124,999.

Exhibit 37: Respondents Education and Income

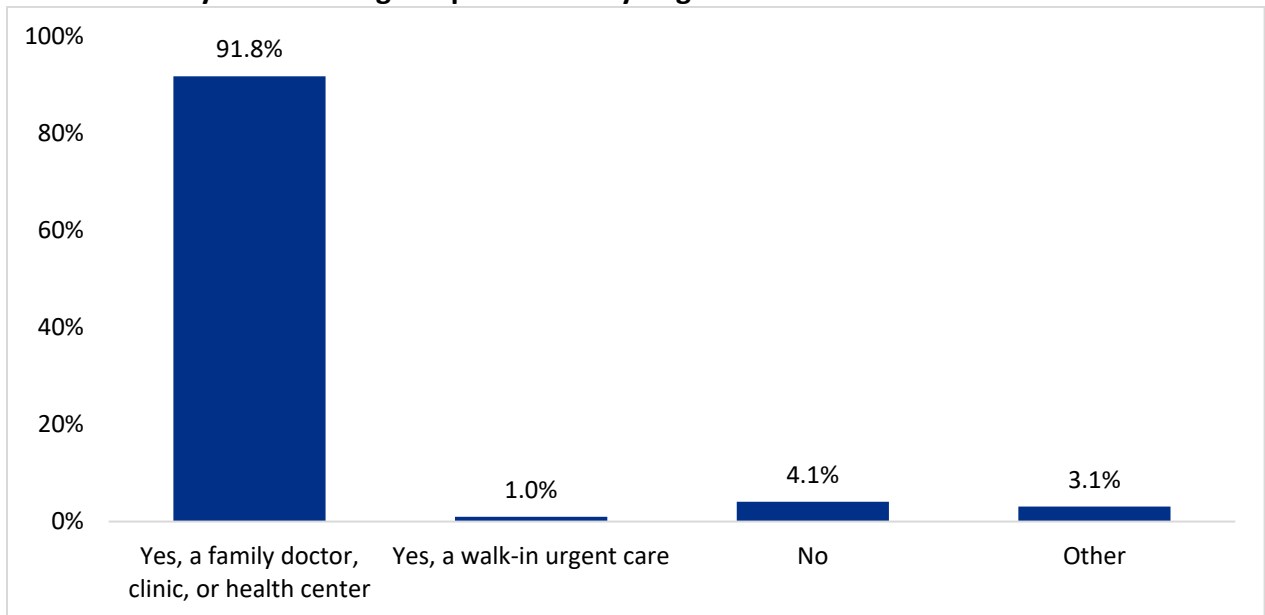
Education	Percent
Less than high school	3.0%
High school or GED	7.6%
Some college	15.2%
Associate degree	22.7%
Bachelor's degree	28.8%
Master's degree	16.7%
Doctorate or professional degree (like MD, DDS, DVM, PhD)	6.1%
I don't want to answer	0.0%
INCOME	
None	3.0%
Under \$25,000	7.6%
\$25,000 - \$49,999	7.6%
\$50,000 - \$74,999	15.2%
\$75,000 - \$99,999	13.6%
\$100,000 - \$124,999	12.1%
\$125,000 - \$149,999	7.6%
\$ 150,000 - \$199,000	9.1%
\$ 200,000 or more	4.5%

I don't know	1.5%
I don't want to answer	18.2%

Access to Health Care

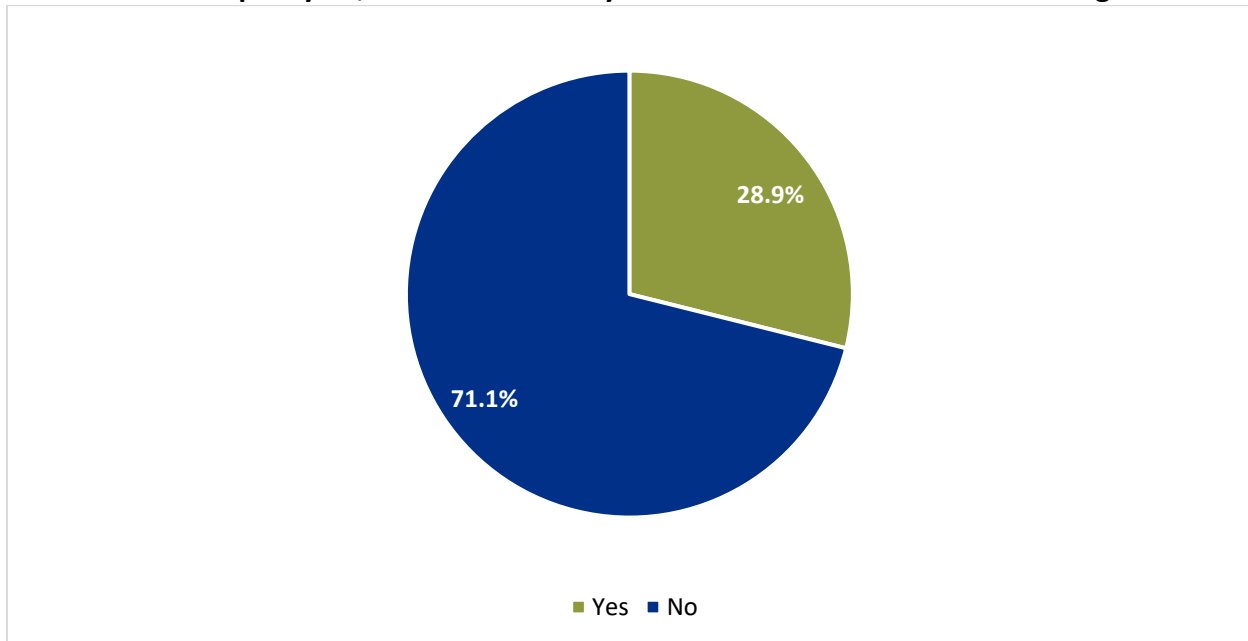
As shown in Exhibit 38, majority of the respondents (91.8%) reported they have a family doctor, clinic, or health center for their routine check.

Exhibit 38: Do you have a regular place where you go for health care?



As shown in Exhibit 39, nearly one in three respondents (28.9%) needed medical care but did not get the care in the past year.

Exhibit 39: In the past year, was there a time you needed medical care but did not get it?



Yes=28

As shown in Exhibit 40, the top reason that people cannot get the medical care they need is due to long time to get an appointment (68.0%). This is followed by not affording the care (48.0%), do not feeling comfortable with the doctors (20.0%), do not like the doctors (12.0%), and do not have health insurance (8.0%).

Exhibit 40: If yes, why didn't you get care?

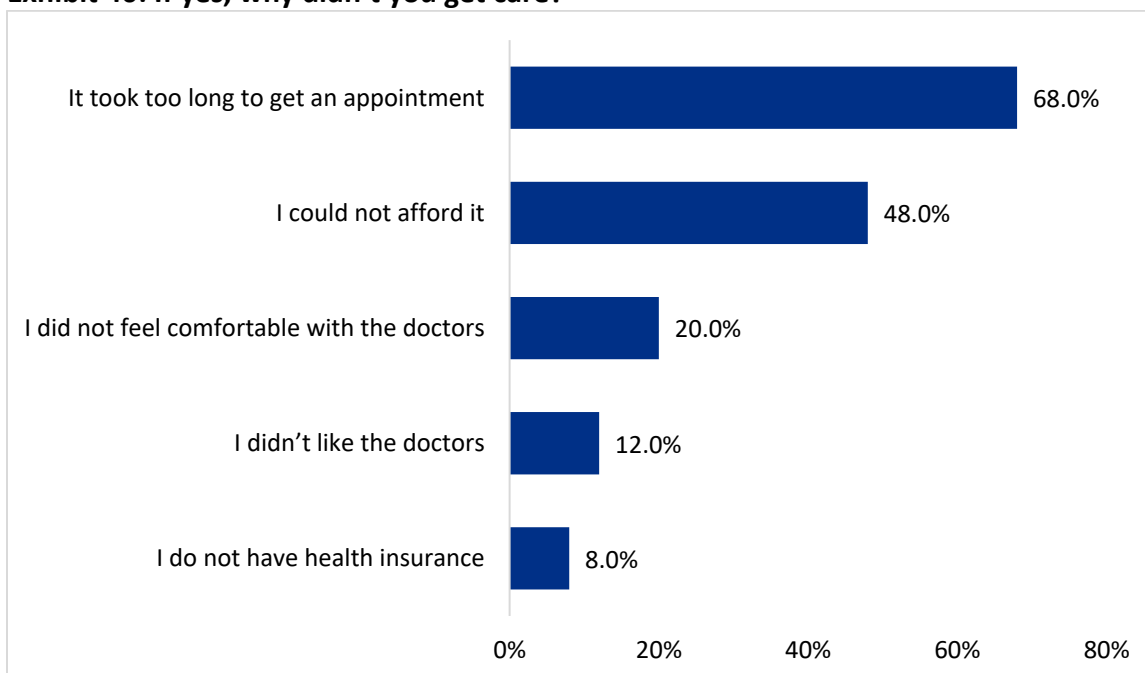
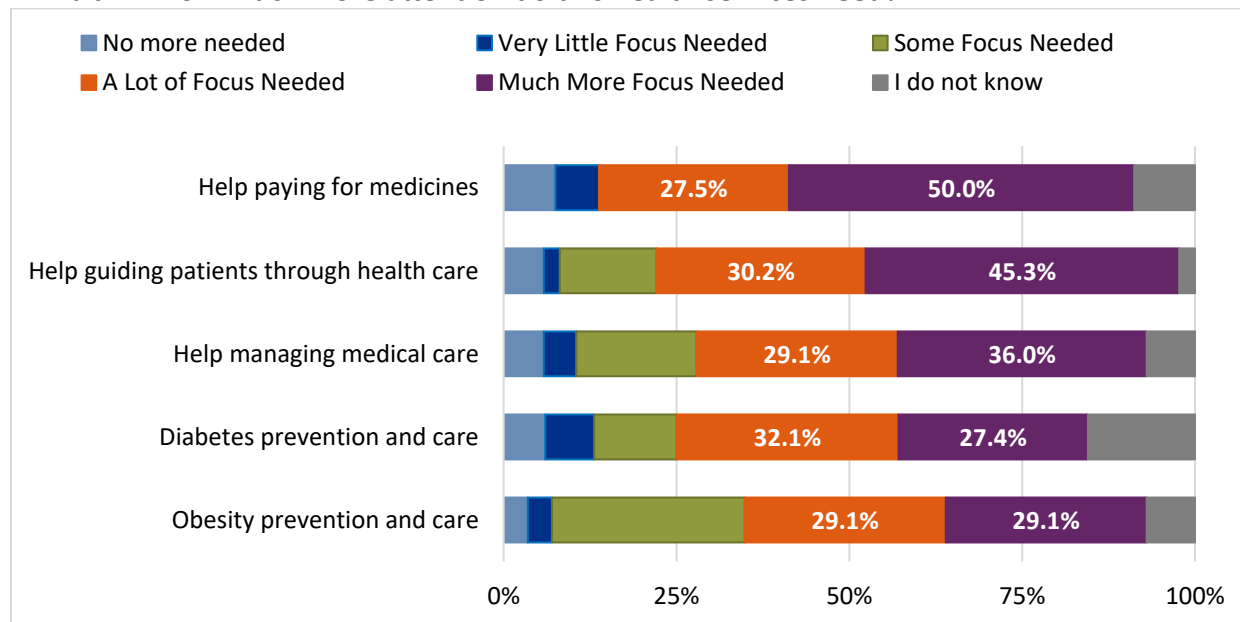


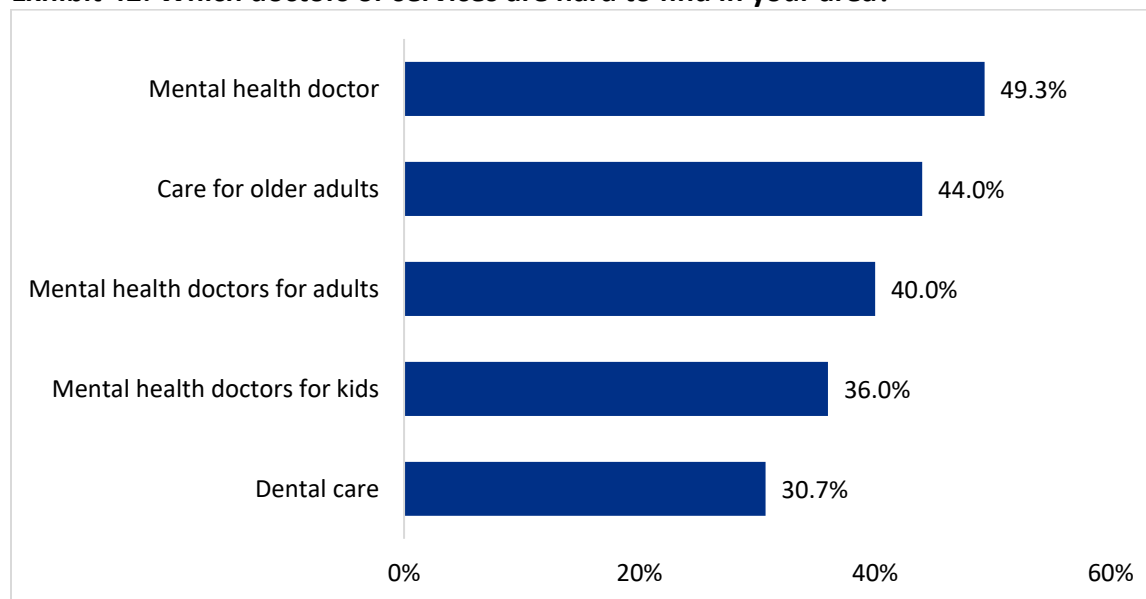
Exhibit 41 asks respondents about health service needs, more than three out of four respondents (77.5%) identified help paying for medicines as ‘a lot’ or ‘much more’ focus needed. Other health services that identified as ‘a lot’ or ‘much more’ focus needed include help guiding patients through health center (75.5%), helping to manage medical care (65.1%), diabetes prevention and care (59.5%), and obesity prevention and care (58.2%).

Exhibit 41: How much more attention do this health services need?



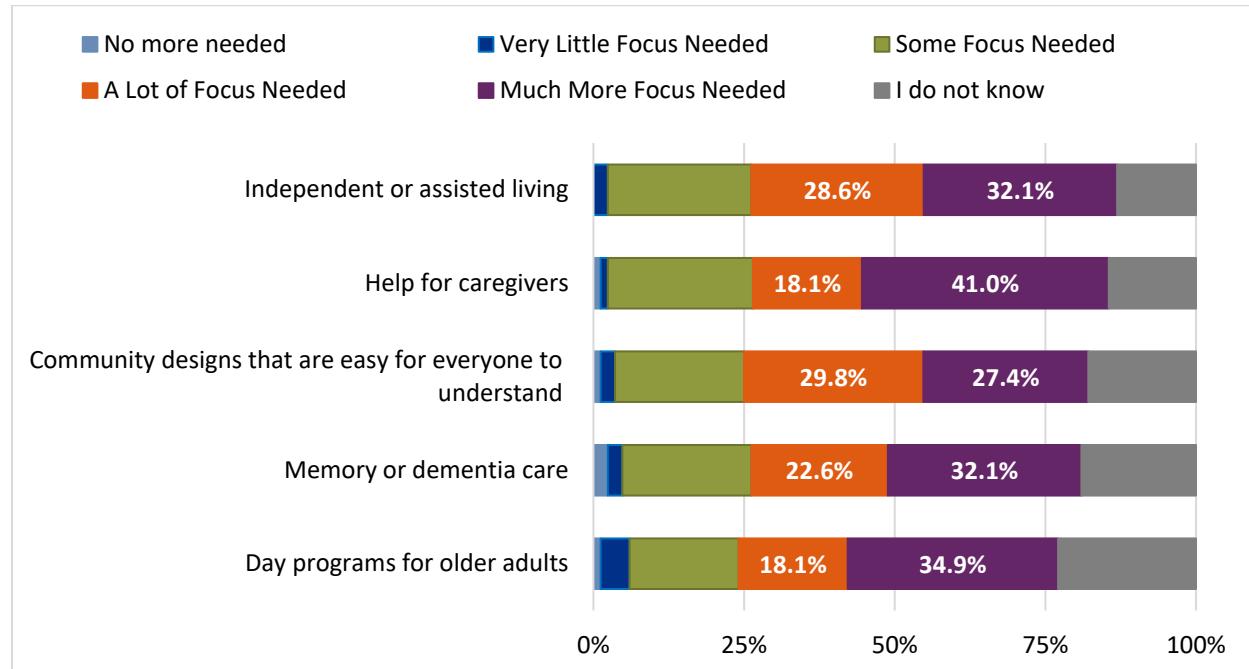
As shown in Exhibit 42, nearly half of the respondents (49.3%) reported mental health doctors are hard to find in the area. This is followed by care for older adults (44.0%), mental health doctors for adults (40.0%), mental health doctors for kids (36.0%), and dental care (30.7%).

Exhibit 42: Which doctors or services are hard to find in your area?



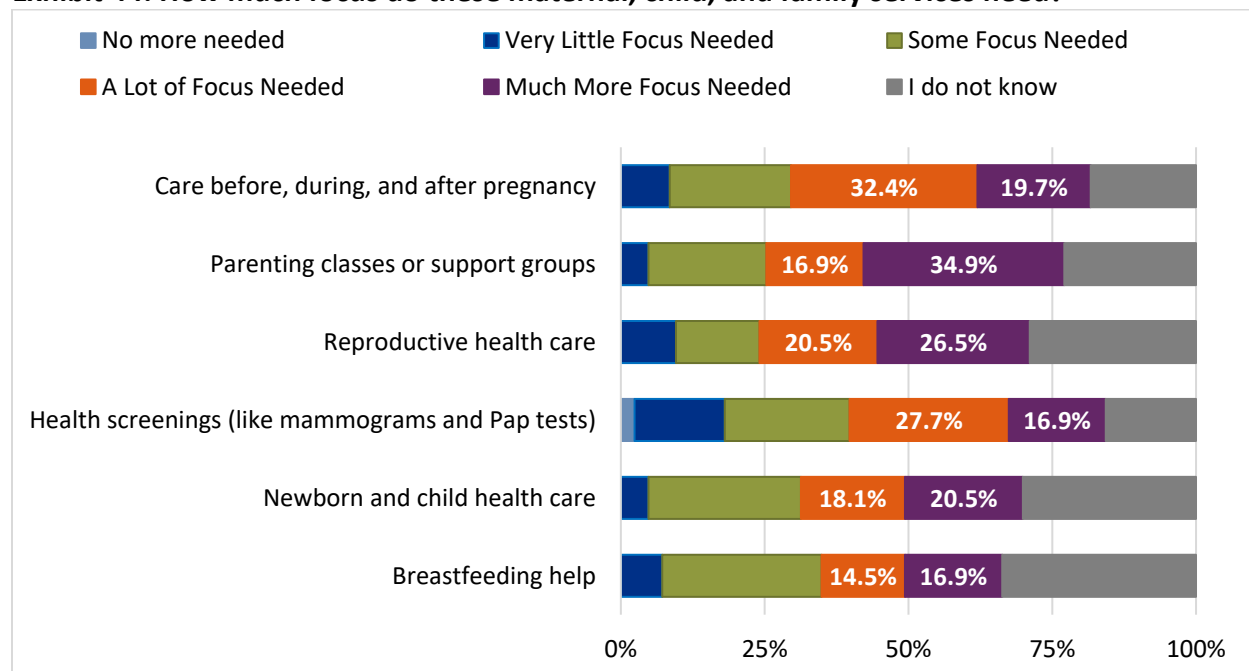
As shown in Exhibit 43 asks respondents about older adults’ needs. About three out of five respondents (60.7%) identified independent or assisted living as ‘a lot’ or ‘much more’ focus needed.

Exhibit 43: How much focus do these services for older adults need?



The survey also asked respondents about maternal, child and family service’s needs. More than half of respondents (52.1%) identified care before, during, and after pregnancy as ‘a lot’ or ‘much more’ focus needed.

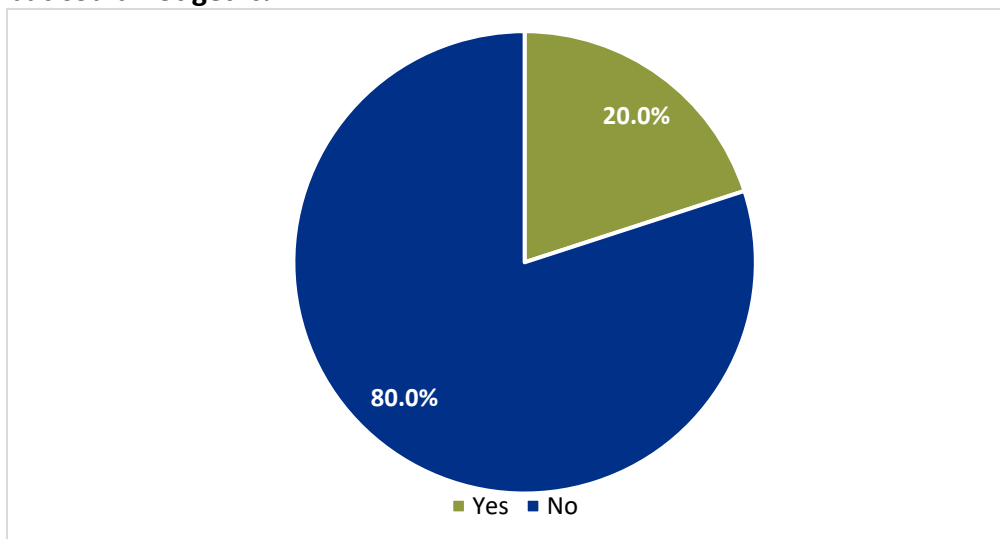
Exhibit 44: How much focus do these maternal, child, and family services need?



Behavioral Health

As shown in Exhibit 45, one in five respondents (20.0%) reported they needed mental health or substance use help but could not get it in the past year.

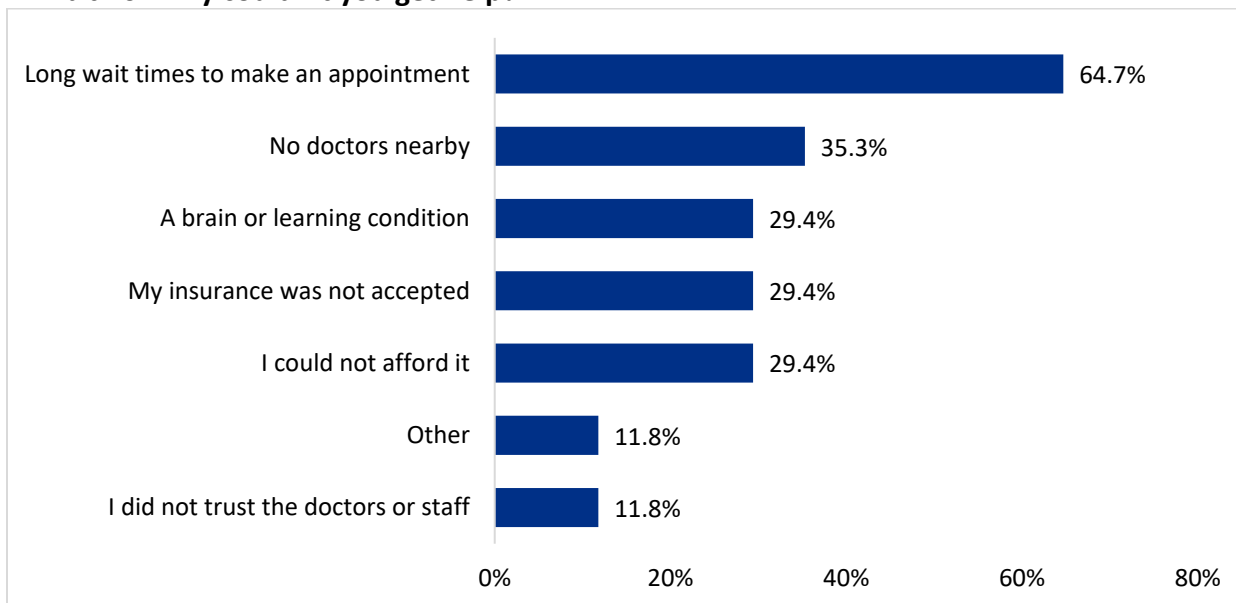
Exhibit 45: In the past year, was there a time you needed mental health or substance use help but could not get it?



Yes=17

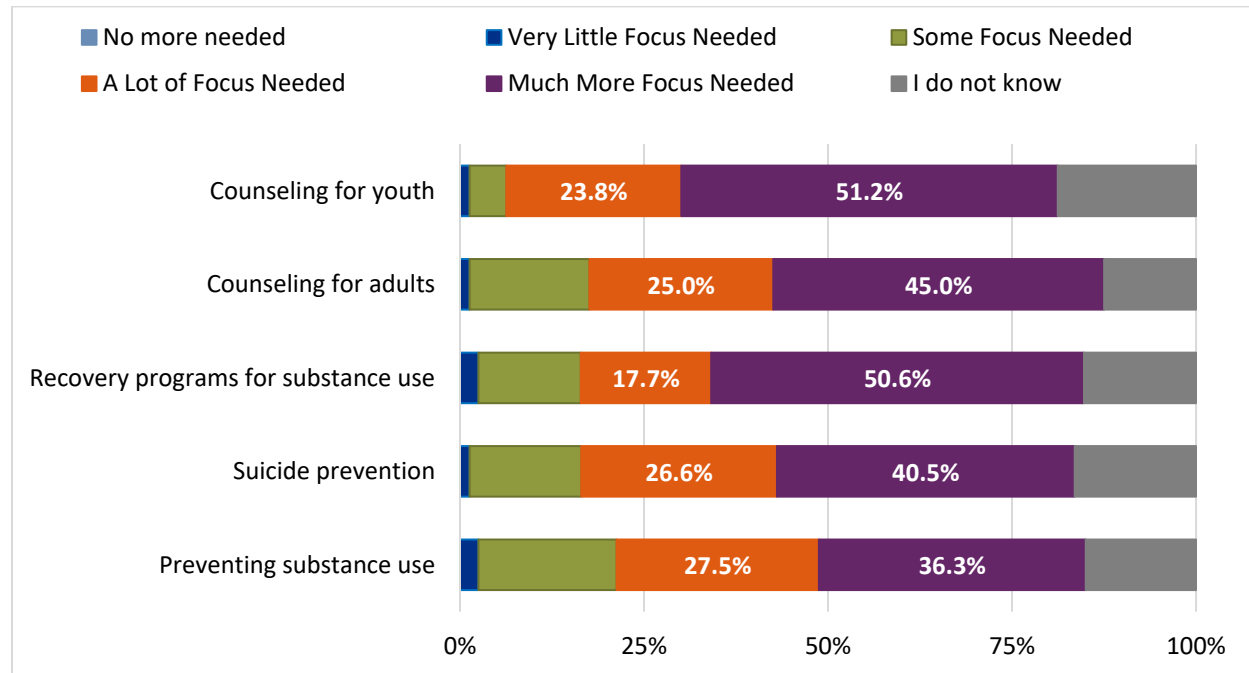
When asked why they were unable to get the help they needed, more than half of the respondents (64.7%) reported long wait times to make an appointment is the top reason preventing them to seek the care they needed.

Exhibit 46: Why couldn't you get help?



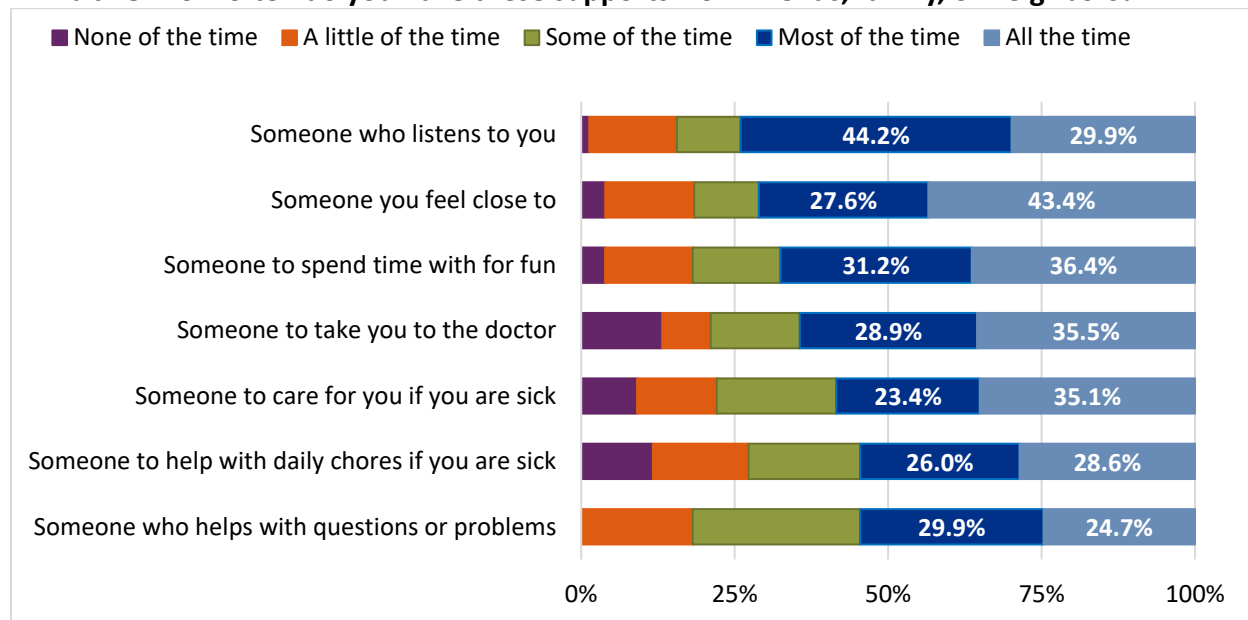
When asked about mental health service needs, three out of four respondents (75.0%) identified counseling for youth as ‘a lot’ or ‘much more’ focus needed. Other health services that identified as ‘a lot’ or ‘much more’ focus needed include counseling for adults (70.0%), recovery programs for substance use (68.3%), suicide prevention (67.1%), and preventing substance use (63.8%).

Exhibit 47: How much focus do this mental health services need?



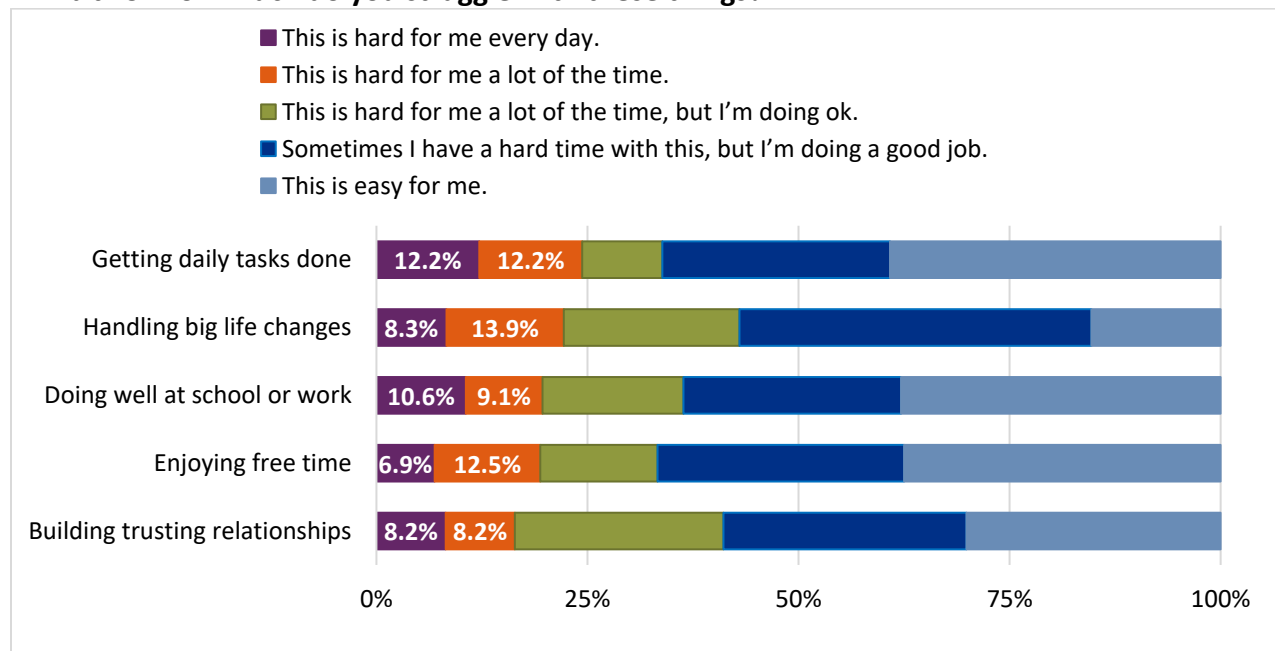
There were positive responses from the community regarding social supports. When asked, nearly three out of four respondents (74.1%) reported that most of the time or all the time, they can find someone who listens to them.

Exhibit 48: How often do you have these supports from friends, family, or neighbors?



Following a similar theme, the majority of respondents did not report struggling with building trusting relationships or enjoying free time as shown in Exhibit 49. One in four did report that getting daily task done or handling big life changes as a struggle. Given the level of social support respondents stated they enjoyed, these results are not surprising.

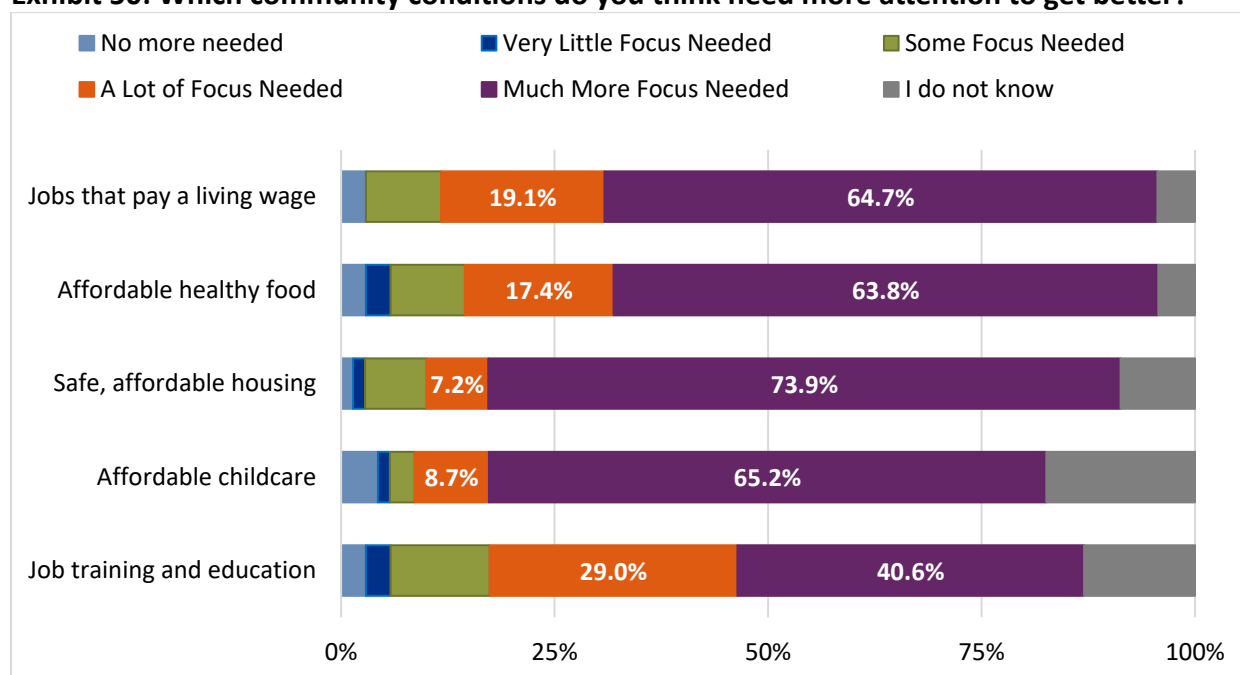
Exhibit 49: How much do you struggle with these things?



Community Conditions and Resources

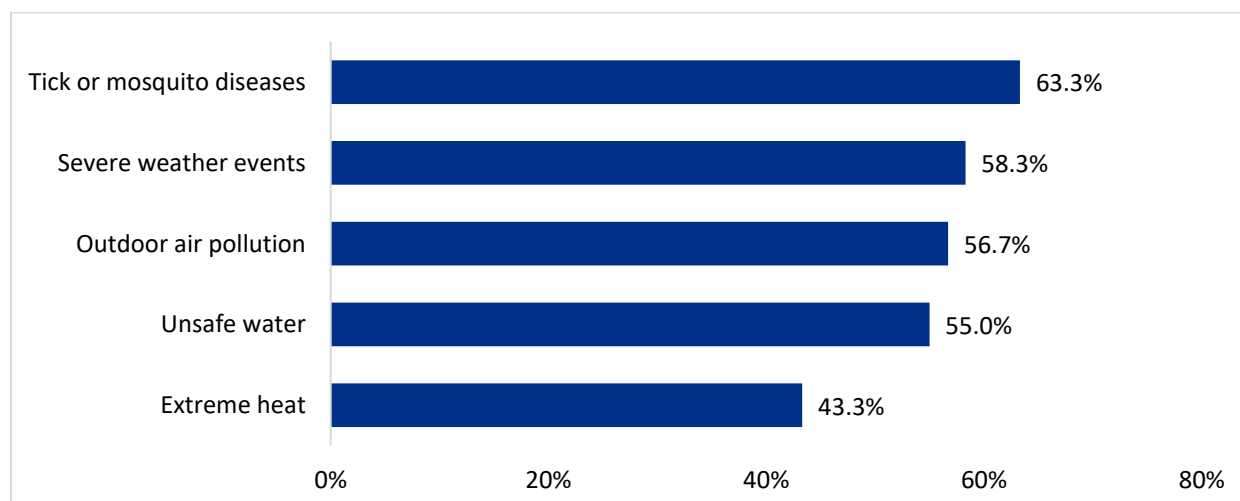
Survey respondents were asked about the resources in the community and the overall community conditions that impact health. When asked community conditions the majority of the respondents (83.8%) identified jobs that pay a living wage as ‘a lot’ or ‘much more’ focus needed, followed by affordable healthy food (81.2%), safe, affordable housing (81.1%), affordable childcare (73.9%), and job training and education (69.2%).

Exhibit 50: Which community conditions do you think need more attention to get better?



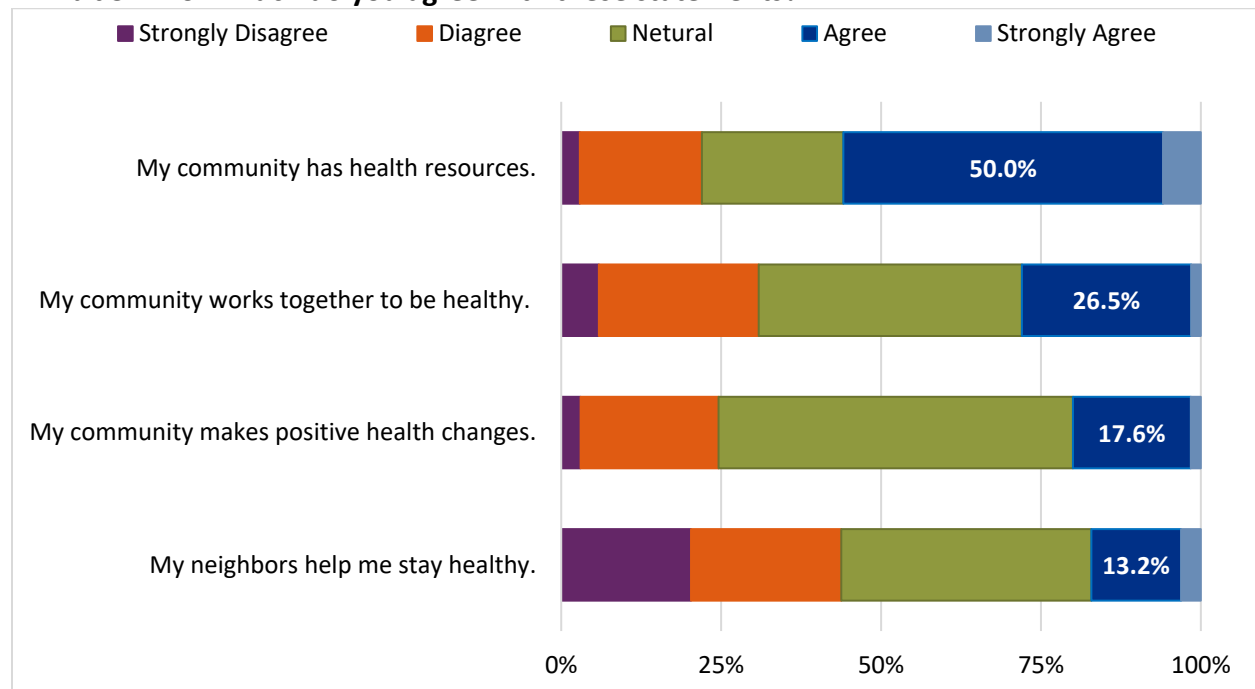
Respondents were also asked about environmental threats. More than three out of five respondents (63.3%) reported they worried about ticks or mosquito disease, followed by severe weather events (58.3%), outdoor air pollution (56.7%), unsafe water (55.0%), and extreme heat (43.3%)

Exhibit 51: Are you worried about these environmental issues that affect your health?



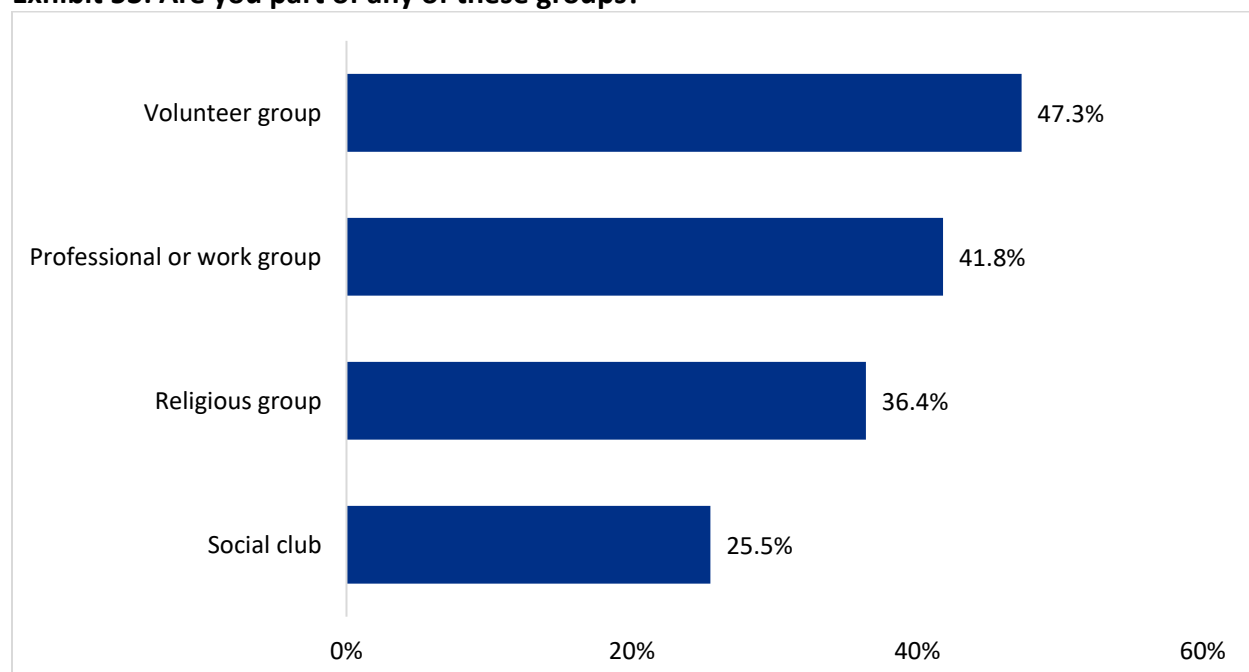
As shown in Exhibit 52, half of the respondents (50.0%) agree their community has health resources. This is followed by community works together to be healthy (26.5%), community making positive health changes (17.6%), and neighbors help them stay health (13.2%).

Exhibit 52: How much do you agree with these statements?



As shown in Exhibit 53, nearly half of the respondents (47.3%) are in volunteer group, this is followed by professional or work group (41.8%), religious group (36.4%), and social club (25.5%).

Exhibit 53: Are you part of any of these groups?



Community Survey Participants were also asked to share any other community health problems or challenges. Individual responses include:

- Knowing who to contact for health, community outreach coordinators
- Wheelchair assistance at Beloit Clinic
- Reduce waiting times to see a PCP
- Reduce waiting times to see a dermatologist
- Mental health options, especially for children and the homeless
- Access to affordable housing
- Increase youth vaccination rates in school settings
- Substance use outpatient options
- Transportation for older adults to meet demands of daily living
- Nutrition counseling
- Emergency Medical services
- Sidewalks to increase access to safe exercise options
- Increased in insurance options/coverage

When asked if they could change one thing to make your community better, survey respondents mentioned:

- Improved wages for healthcare workers
- Better air quality
- Health insurance/universal healthcare/choices
- Support groups for mothers/parents
- Housing for vulnerable populations
- More specialists
- Reduce stigma for seeking mental health treatment
- Youth activities
- No cell phone calls/texts while driving
- Build community partnerships
- Increase hours of operations to accommodate those who work M-F 9-5
- Affordable childcare

Access Audit

Phone-based access audits serve as an effective tool to evaluate how easily community members can access healthcare services within the Beloit service area, with a focus on assessing access rather than profiling specific sites. The main aim of these audits is to gain a thorough understanding of practical access to healthcare and other vital services, as well as to identify barriers faced by individuals seeking care. The findings from these audits offer valuable insights into existing gaps in access, strategies for improvement, and variations in service delivery.

The audit included calls to 28 facilities within Beloit's service area, which cover an array of services including primary and specialty healthcare, urgent care, mental health services, federally qualified health centers, chiropractic care, and hospital systems. The facilities included in the audit are:

Exhibit 54 Facilities Included in Access Audit

Alden Meadow Park	Mercy Health
Autumn Lakes Nursing Facility	Mercy Health Janesville and Trauma
Beloit Area Community Health Center	Mercy Health Urgent Care - Roscoe
Beloit Dental	Mercy Options Behavioral Care
Beloit Health and Rehabilitation	Northpointe Clinic
Beloit Health System	Ortho Illinois / Wisconsin
Beloit Senior Living	OSF Medical Group Rockton
Bickford Senior Living	Pioneer Court
Clinton Clinic	South Beloit Clinic
Fair Oaks Nursing	St Mary's
Gateway Dental Care	Stateline Mental Health Services
Health Net	UW Health Northern IL Group
Holistic Counseling Services	West Side Clinic
Life Balance Medical Center	Willowick Senior Living

Phone calls were conducted at various times during the standard business hours from Monday to Friday in February 2026. The caller spoke with a staff member and acquired helpful information at 24 facilities (86%). In instances when the caller left a voicemail, most of the facilities called back within 24 hours. Upon returning the callback, the caller was able to speak with a staff member and collect helpful information from most of the facilities.



In instances where the caller was unable to collect helpful information, there was one instance during which the caller was on hold for over 16 minutes and was unable to speak with a staff member and did not have an option to leave voicemail or contact information. In two instances with two different facilities, the caller encountered an automated answer each time they called, which required that they leave voicemail. The caller did receive a callback from each facility, and returned the call, though they encountered the automated answer again. Another facility had a disconnected number.

Ability to answer questions and to refer elsewhere.

Staff members at the 24 facilities were friendly, eager to help, and informative, often anticipating patient questions and providing specific information without being asked. In instances where facilities had multiple locations, staff often asked where the caller lived, what location they preferred, and explained any limitations or regulations around Medicaid, insurance, and service availability. Staff provided contact information for other facilities when asked or when desired services were unavailable. In one instance, the staff member was unable to connect the caller with a helpful staff member, so they asked for the caller's name and contact information to call back.

How staff screening helps to meet clients' needs

Staff at 23 facilities probed the caller a great deal to ensure that the caller's needs aligned with the services at the facility. Staff inquired about the potential client's Medicaid type, the service that the caller is inquiring about, the caller's residential address and whether the caller prefers a male or female doctor. These types of probing questions are imperative since many facilities only accept certain types of Medicaid, only offer certain services, and possibly be offered at a location closer to the caller. In one instance, the caller connected with an agent who collected comprehensive information about the prospective client to determine the best match for the client's needs. Staff at 23 sites explained the process of becoming a new patient at the facility. Many staff recommended making an appointment as soon as possible.

Ease of speaking with a person

At most of the sites, the caller was able to speak with a person immediately without navigating a phone tree. In instances where the caller encountered a phone tree, it was efficient, and the caller was able to speak with a staff member in less than five minutes. At sites where the caller was unable to speak with a staff member on the same day, the caller left a voicemail or

provided the staff member with their name and contact information. In one instance, the caller was on hold for over 16 minutes without an option to leave a voicemail or receive a call back. In another instance, the caller made three calls to a facility before connecting with a staff member, who took the caller's contact information and name to call back. The caller encountered an automated answer at one facility during their call back and was therefore unable to connect with staff. The number was disconnected at another facility.

Language Offerings

Two of the 28 facilities contacted provided a phone tree with Spanish as an alternative language. Providing language accommodations ensures that non-English speaking individuals can access necessary information and services effectively within these facilities.

Significant Health Needs of the Community

Prioritized Needs

The CHNA identified 14 community needs. On August 3, 2026, Beloit Health System leadership prioritized these needs in a one-hour session using a modified Hanlon Method. Needs were ranked by magnitude, severity, and feasibility, with scores guiding the hospital's Implementation Strategy. The lowest score indicates the highest priority.

Top Needs

Pediatrician, primary care, and mental health provider recruitment and retention

Heart health and diabetes educational programming

The full list of needs considered during the Needs Prioritization session in ranked order:

Refer to Appendix A for the Needs Prioritization presentation.

Rank	Priority Need	Score
1	Pediatrician recruitment and retention	6.6
2	Primary care provider recruitment and retention	8.9
3	Mental health provider recruitment and retention	10.1
4	Heart health educational programming	17.7
5	Type 2 diabetes educational programming	17.9
6	Culturally appropriate obstetrics and gynecological care	19.8
7	Insurance/healthcare navigation supports	23.8
8	Obesity prevention programming such as physical activity and nutrition counseling	26.4
9	Older adult prevention programming and supports such as case management, navigation, and caregiver support	27.5
10	Older adult health systems of care such as independent or assisted living, memory care, or dementia care	31.1
11	Support with caregiver supports	36.2
12	Prescription medication financial assistance	43.1
13	Healthy, affordable food	45.3
14	Assistance with meeting basic needs such as affordable housing	51.3

Appendix A: Needs Prioritization Presentation



2026 Community Health Needs Assessment

Needs Prioritization Meeting

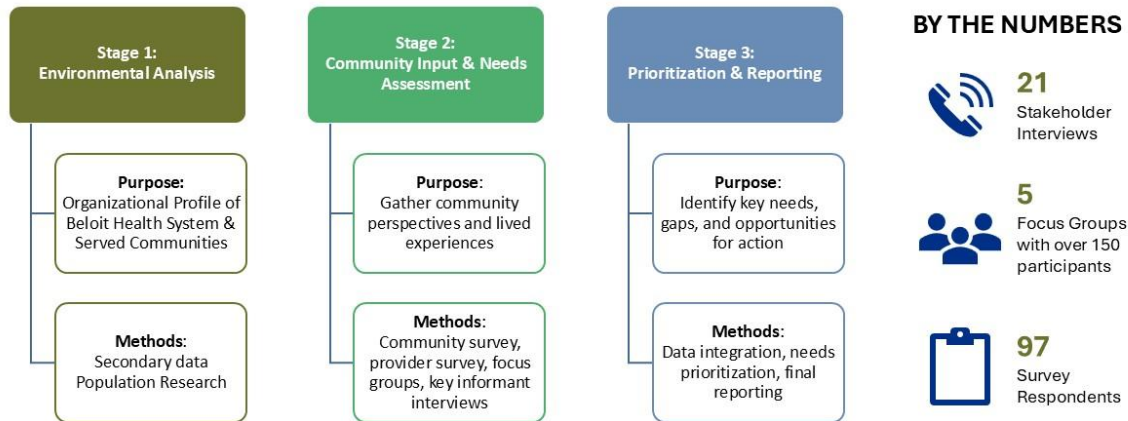
August 3, 2026

Community Health Needs Assessment

What is a Community Health Needs Assessment?

- All non-profit hospitals are mandated by the Affordable Care Act (ACA) to conduct a CHNA every three years.
- The process provides a way for communities to identify and prioritize health needs and to plan and act upon unmet community health needs.
- Hospitals are also required to complete an implementation plan, describing how they will address prioritized needs.

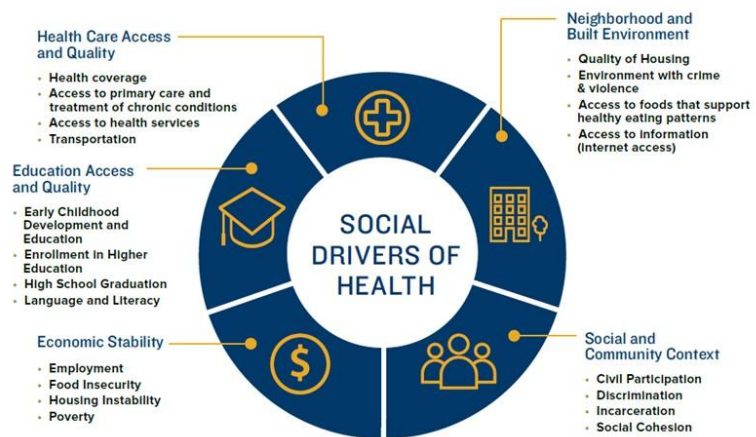
Methodology Overview



Social Drivers of Health

Social Drivers of Health (SDoH) are the conditions in the environments where people live that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDoHs also contribute to wide health disparities and inequities.



Source: Healthy People 2023

Demographics



Total Population

BHS Service Area

97,689

Rock County

164,350

Percent Change (2014-2024): +2.4% (RC) +3.3% (WI)



Median Age

BHS Service Area

40.0

Rock County

40.3

Wisconsin: 40.2



Population with Disability

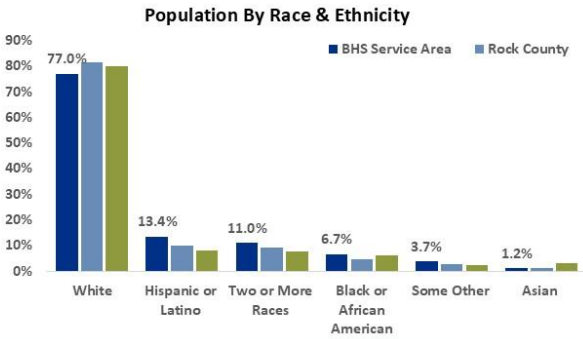
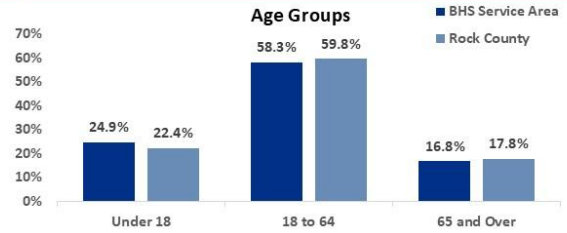
BHS Service Area

12.0%

Rock County

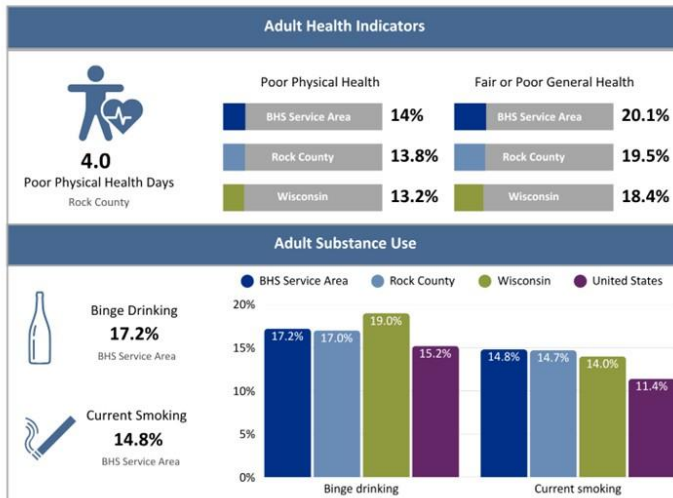
12.7%

Wisconsin: 12.2%

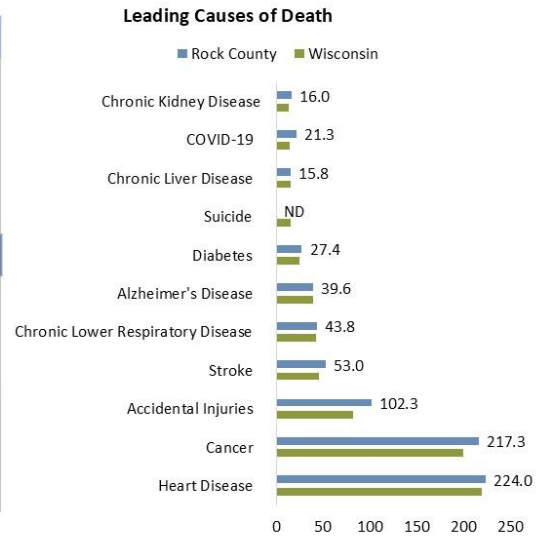


Source: U.S. Census Bureau, n.d. American Community Survey, 2020-2024.

Health Status & Outcomes



Source: CDC WONDER Causes of Death, 2023 | CDC BRFSS PLACES, 2023



Economic Stability



Median Household Income

BHS Service Area **\$82,496** Rock County **\$75,673**

Wisconsin: \$77,485



People Below Poverty Level

BHS Service Area **9.4%** Rock County **9.3%**

Wisconsin: 10.6%



ALICE Households

26.0%

Wisconsin: 24.0%



81.2%

Survey respondents reported the need for affordable healthy food

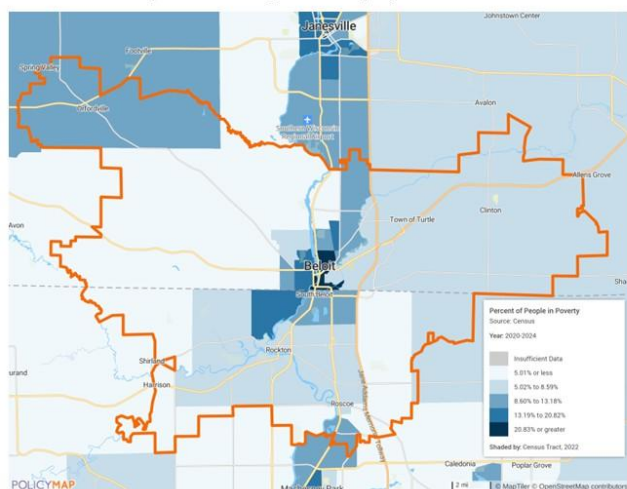
Annual Median Household Income By Race & Ethnicity

	BHS Service Area	Rock County	Wisconsin	United States
Asian	\$129,734	\$77,361	\$90,216	\$116,503
White	\$83,413	\$78,230	\$80,923	\$86,271
Two or More Races	\$96,931	\$69,402	\$69,784	\$75,660
Other Race	\$80,998	\$60,000	\$62,564	\$67,563
Native Hawaiian and Other Pacific Islander	ND	ND	\$62,288	\$81,811
American Indian and Alaska Native	\$96,250	\$85,947	\$59,670	\$62,420
Black or African American	\$60,819	\$45,321	\$43,296	\$55,157
Hispanic or Latino	\$89,813	\$66,730	\$64,859	\$71,415

Source: U.S. Census Bureau, n.d. American Community Survey, 2020-2024. | Preliminary Survey Data

Economic Stability

Population Living In Poverty By Service Area

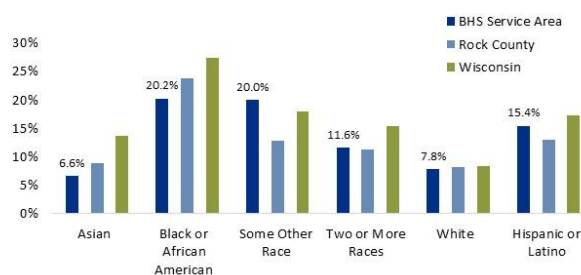


Source: U.S. Census Bureau, n.d. American Community Survey, 2020-2024.

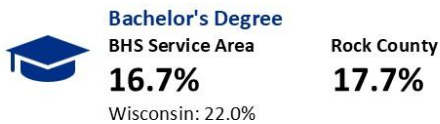
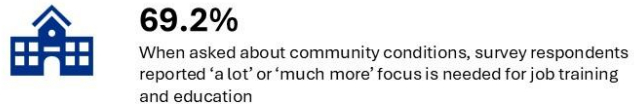
"We've got several manufacturing companies that pay a living wage. The issue is always going to be if someone makes a decent salary, then they can't afford decent housing, or they can't drive a decent car to even get back and forth to work. So, while wages may appear to be sufficient, the cost of living is going up at a rate that is not equal to that."

- Key Informant

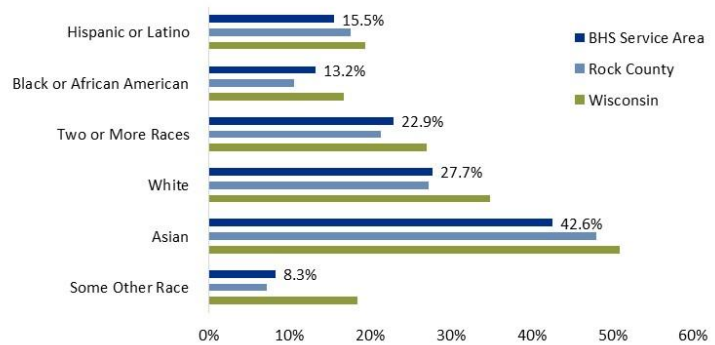
Population Living In Poverty By Race



Education Access and Quality



Educational Attainment of Bachelor's Degree or Higher by Race & Ethnicity

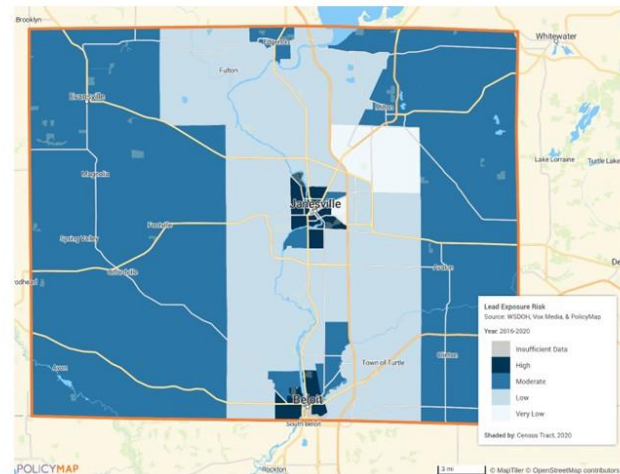


Source: U.S. Census Bureau, n.d. American Community Survey, 2020-2024.

Neighborhood & Built Environment



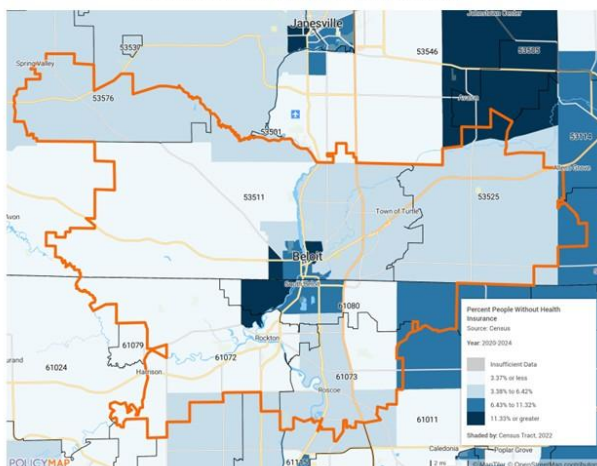
Lead Exposure Risk



Source: National Low Income Housing Coalition. Out of Reach Report, 2025 | Feeding America, Map the GAP, 2023.

Access to Health Care & Quality

Uninsured Population By Service Area



Source: U.S. Census Bureau, n.d. American Community Survey, 2020-2024.

"We see folks who have no coverage, and we ask them to apply for our sliding scale. And we have a wait list of folks who need that care--today. Certainly, a lot of times they're going to end up in urgent care or ERs to get the care that they need. So there is definitely a need for folks who have no insurance coverage. I think that's just going to continue to grow with all the changing landscape."

- Key Informant



Population Without Health Insurance

BHS Service Area	Rock County
6.2%	5.5%
Wisconsin: 5.2%	

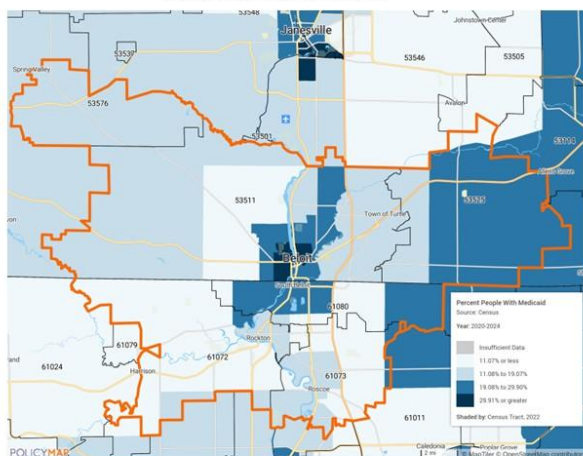


Uninsured Population in the Labor Force

BHS Service Area	Rock County
8.1%	6.8%
Wisconsin: 6.7%	

Access to Health Care & Quality

Population with Medicaid

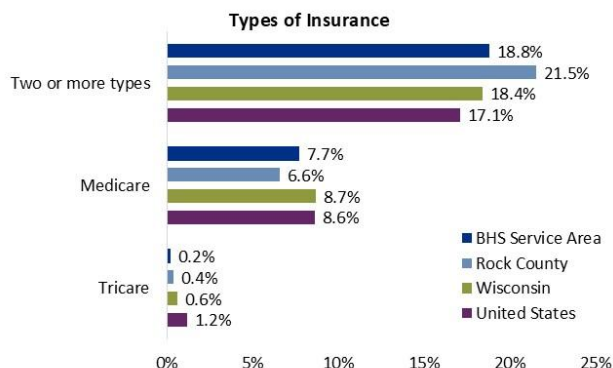


Source: U.S. Census Bureau, n.d. American Community Survey, 2020-2024.



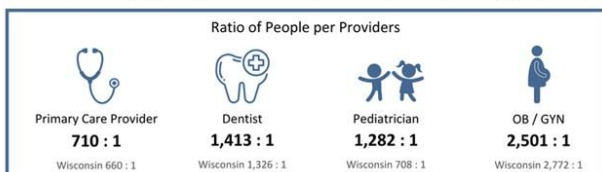
Population With Medicaid

BHS Service Area	Rock County
18.9%	17.4%
Wisconsin: 15.6%	

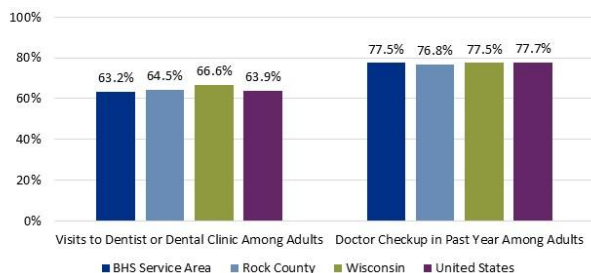


Access to Health Care & Quality

Rock County Health Care Provider Ratio (People per Provider), 2025



Prevention Measures



Source: National Plan & Provider Enumeration System NPI, 2025. | CDC BRFSS PLACES 2022.

"If I have an issue and I call my provider, it'd be nice to be able to get in to see that provider within a couple of days, a week, you know, something like that. Currently, if I were to call my provider and say I need to be seen, they would refer me to convenient care or ER because their schedule doesn't allow them to, I guess, put in a stat request to see me.... It's probably two to three months out before I can be seen."

- Key Informant



91.8%

Survey Respondents reported receiving routine health care at a family doctor, health center, or clinic

Top 3 Reasons Why Survey Respondents Could Not Access Medical Care When Needed

1. Long wait times to make an appointment
2. Could not afford it
3. Did not feel comfortable with the doctors

Behavioral Health



Diagnosed Depression Among Adults

BHS Service Area: **23.1%**
Rock County: **23.3%**
Wisconsin: 23.5%



Suicide Death Rates per 100,000 population

Rock County: **100.5**
Wisconsin: 95.5



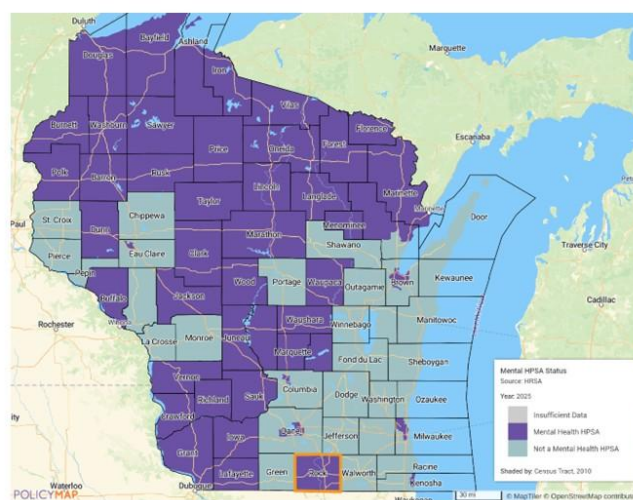
Mental Health Provider Ratio

Rock County: **713:1**
Wisconsin: 570:1

Top 3 Reasons Why Survey Respondents Could Not Access Mental Health or Substance Use Help When Needed

1. Long wait times to make an appointment
2. No doctors nearby
3. Could not afford it / My insurance was not accepted

Mental Health HPSA Status



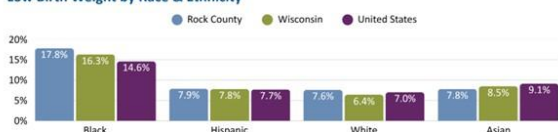
Source: National Plan & Provider Enumeration System NPI, 2025. | CDC BRFSS PLACES 2023.

Maternal Health

Rock County



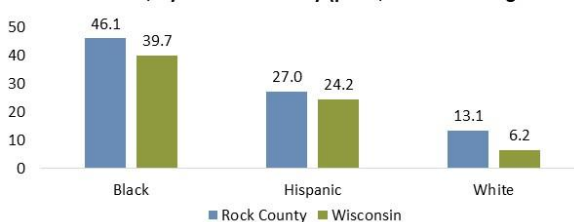
Low Birth Weight by Race & Ethnicity



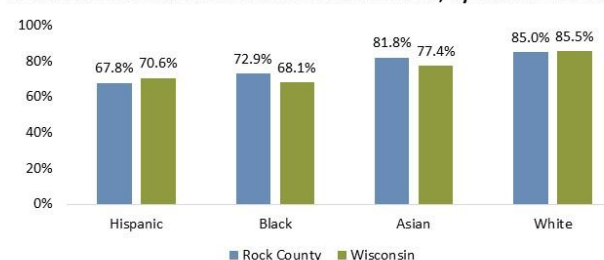
Preterm Births by Race & Ethnicity



Teen Birth Rate, by Race & Ethnicity (per 1,000 Females ages 15-19)



Births with Prenatal Care Started in First Trimester, by Race & Ethnicity



Source: CDC WONDER Natality, 2024. | Wisconsin DPHS, 2021-2024 | Healthy Rock Wisconsin, 2017-2023

Health Program or Services Needing more Community Focus



50.0%

Survey Respondents reported that **help paying for medicines** require much more focus in their community.



29.1%

Survey Respondents reported that **obesity prevention and care** require much more focus in their community.



45.3%

Survey Respondents reported that **helping guide patients through healthcare services or supports** require much more focus in their community.



27.4%

Survey Respondents reported that **diabetes prevention and care** require much more focus in their community.

Discussion #1: Data Discussion

- What surprises you about the data?
- What factors might explain the patterns we're seeing?
- Do the findings align with your knowledge of your community?

Top Priorities from 2023 CHNA

Increase primary care capacity

Improve provider / patient communication regarding care, insurance, and billing

Discussion #2: Progress since 2023 CHNA?

- What were our initiatives?
- What did we accomplish?
- What barriers, if any, did we face?

2026 Beloit Community Identified Needs

Older adult prevention programming and supports such as case management navigation caregiver support
Obesity prevention programming such as physical activity and nutrition counseling
Type 2 Diabetes educational programming
Heart health educational programming
Mental health provider recruitment and retention
Culturally appropriate obstetrics and gynecological care
Primary care provider recruitment and retention
Pediatrician recruitment and retention
Insurance/healthcare navigation supports
Healthy affordable food
Prescription medication financial assistance
Assistance with meeting basic needs such as affordable housing
Older adult health systems of care such independent or assisted living, memory or dementia care
Support with caregiver supports

Discussion #2: Severity and Feasibility

- What is the magnitude (size) and severity of this need in the community?
- What are the potential outcomes if we don't address this need in the community?
- What are some potential barriers to addressing the need in the community?

Survey

Link: <https://www.research.net/r/BeloitNP>

Rank each need on the list three times in terms of:

Magnitude: How big is the problem in the community?

Severity: How serious will the problem become if we do nothing?

Feasibility: Is addressing the problem possible based on resources, capacity, funding, current laws, etc.?



- 1 is the most/highest (magnitude, severity, or feasible)
- 5 is the least/lowest (magnitude, severity, or feasible)

Rank	Priority Area	Score
1	Pediatrician recruitment and retention	6.6
2	Primary care provider recruitment and retention	8.9
3	Mental health provider recruitment and retention	10.1
4	Heart health educational programming	17.7
5	Type 2 diabetes educational programming	17.9
6	Culturally appropriate obstetrics and gynecological care	19.8
7	Insurance/healthcare navigation supports	23.8
8	Obesity prevention programming such as physical activity and nutrition counseling	26.4
9	Older adult prevention programming and supports such as case management, navigation, and caregiver support	27.5
10	Older adult health systems of care such as independent or assisted living, memory care, or dementia care	31.1
11	Support with caregiver supports	36.2
12	Prescription medication financial assistance	43.1
13	Healthy, affordable food	45.3
14	Assistance with meeting basic needs such as affordable housing	51.3

Thank You

Jo Morrissey, MPH

Director of Consulting Services

crescendo | 

Appendix B: Secondary Data Tables

Demographics

Exhibit 55: Total Population and Projected Percent Change in Population, 2014-2029

	BHS Service Area	Rock County	Wisconsin	United States
Total Population, 2014	97,026	160,465	5,724,692	314,107,084
Total Population, 2024	97,689	164,350	5,914,872	334,922,499
Percent Change (2014-2024)	0.7%	2.4%	3.3%	6.6%
Total Population (2029)	98,119	166,930	6,029,059	348,825,767
Percent Change (2024-2029)	0.4%	1.6%	1.9%	4.2%

Sources: U.S. Census Bureau American Community Survey 2010-2014 five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 56: Median Age

	BHS Service Area	Rock County	Wisconsin	United States
Median Age, 2014	40.0	38.8	38.8	37.4
Median Age, 2024	40.0	40.3	40.2	38.9
Percent Change (2014-2024)	0.0%	3.9%	3.6%	4.0%

Sources: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 57: Population by Age Group

	BHS Service Area	Rock County	Wisconsin	United States
Age Under 5	6.1%	5.6%	5.3%	5.6%
Under Age 18	24.9%	22.4%	21.4%	22.0%
Age 18 to 64	58.3%	59.8%	60.1%	60.8%
Age 65 and Over	16.8%	17.8%	18.5%	17.2%
Age 5 to 9	7.0%	6.5%	5.9%	6.0%

	BHS Service Area	Rock County	Wisconsin	United States
Age 10 to 14	7.3%	6.1%	6.2%	6.4%
Age 15 to 19	7.1%	6.5%	6.6%	6.6%
Age 20 to 24	5.9%	6.1%	6.7%	6.5%
Age 25 to 34	11.7%	12.4%	12.6%	13.7%
Age 35 to 44	12.4%	12.6%	12.7%	13.2%
Age 45 to 54	12.4%	12.4%	11.8%	12.2%
Age 55 to 59	6.7%	6.8%	6.7%	6.2%
Age 60 to 64	6.6%	7.2%	7.1%	6.4%
Age 65 to 74	10.4%	10.8%	11.2%	10.2%
Age 75 to 84	4.8%	5.0%	5.2%	5.1%
Age Over 85	1.6%	1.9%	2.1%	1.9%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 58: Population in Group Quarters

	BHS Service Area	Rock County	Wisconsin	United States
Group Quarters (2020-2024)	1.9%	1.6%	2.4%	2.4%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 59: Population by Race

	BHS Service Area	Rock County	Wisconsin	United States
White	77.0%	81.6%	80.1%	61.0%
Two or More Races	11.0%	9.3%	7.6%	12.6%
Black or African American	6.7%	4.7%	6.1%	12.2%
Asian	1.2%	1.1%	3.0%	6.0%
Some Other	3.7%	2.9%	2.5%	7.1%
American Indian and Alaska Native	0.3%	0.3%	0.8%	0.9%

	BHS Service Area	Rock County	Wisconsin	United States
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%	0.2%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 60: Population by Ethnicity

	BHS Service Area	Rock County	Wisconsin	United States
Hispanic or Latino	13.4%	10.1%	8.0%	19.3%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 61: Black, Indigenous, and People of Color (BIPOC)

	BHS Service Area	Rock County	Wisconsin	United States
BIPOC, 2024	26.1%	20.4%	21.4%	42.6%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 62: Population by Sex

	BHS Service Area	Rock County	Wisconsin	United States
Males	49.7%	49.8%	50.1%	49.5%
Females	50.3%	50.2%	49.9%	50.5%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 63: Language Spoken at Home (People Over Age 5)

	BHS Service Area	Rock County	Wisconsin	United States
Asian-Pacific Islander	0.8%	0.7%	1.7%	3.6%
English Only	89.4%	91.2%	91.0%	77.7%
Other Indo-European	1.0%	0.8%	1.9%	3.9%
Other	0.1%	0.1%	0.4%	1.2%
Spanish	8.7%	7.2%	4.9%	13.6%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 64: Ability to speak English Less than very Well

	BHS Service Area	Rock County	Wisconsin	United States
Ability to Speak English Less Than Very Well (2020-2024)	3.7%	3.0%	3.2%	8.6%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 65: Foreign-Born Population

	BHS Service Area	Rock County	Wisconsin	United States
Naturalized US Citizen	2.7%	1.9%	2.5%	7.4%
Not US Citizen	3.0%	2.7%	2.7%	6.8%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 66: Population with Disability

	BHS Service Area	Rock County	Wisconsin	United States
Population Living with a Disability	12.0%	12.7%	12.2%	13.1%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 67: Population Living with Disability by Age

	BHS Service Area	Rock County	Wisconsin	United States
Age Under 5 with a Disability	2.0%	1.1%	0.6%	0.7%
Age 5 to 17 with a Disability	4.4%	5.5%	5.8%	6.3%
Age 18 to 34 with a Disability	6.7%	8.0%	8.1%	8.1%
Age 35 to 64 with a Disability	12.0%	12.7%	11.4%	12.5%
Age 65 to 74 with a Disability	25.1%	24.6%	19.9%	24.0%
Age 75 and Over with a Disability	42.6%	37.8%	42.0%	46.2%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 68: Population Living with Disability by Type

	BHS Service Area	Rock County	Wisconsin	United States
Vision Difficulty	1.7%	1.8%	1.9%	2.5%
Hearing Difficulty	3.4%	3.6%	3.6%	3.6%
Cognitive Difficulty	4.4%	5.1%	4.8%	5.3%
Ambulatory Difficulty	6.2%	6.0%	5.4%	6.3%
Independent Living Difficulty	3.6%	4.1%	4.1%	4.6%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 69: Population Living with Disability by Race

	BHS Service Area	Rock County	Wisconsin	United States
Asian	4.9%	11.4%	7.0%	8.2%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	6.9%	13.2%
American Indian and Alaska Native	4.8%	6.2%	17.2%	15.6%
Black or African American	16.1%	17.7%	14.6%	14.8%
White	12.6%	13.3%	12.6%	14.3%
Some Other Race	11.3%	8.3%	10.0%	10.4%
Two or More Races	7.8%	8.1%	10.0%	11.0%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 70: Population Living with Disability by Ethnicity

	BHS Service Area	Rock County	Wisconsin	United States
Hispanic or Latino	9.9%	8.2%	9.2%	10.3%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 71: Veteran Population

	BHS Service Area	Rock County	Wisconsin	United States
Veteran Population	6.4%	6.9%	6.2%	6.2%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Health Outcomes**Exhibit 72: Chronic Disease Prevalence**

	BHS Service Area	Rock County	Wisconsin	United States
Arthritis	27.2%	27.0%	26.5%	25.4%
Cancer ⁴²	8.3%	8.5%	8.5%	7.9%
Chronic Kidney Disease ⁴³	3.0%	3.1%	2.8%	3.1%
COPD	7.0%	6.8%	6.6%	6.2%
Asthma	11.0%	11.2%	11.0%	9.8%
Depression	23.1%	23.3%	23.5%	20.2%
Diabetes	12.4%	12.3%	11.4%	12.0%
Obesity	41.5%	41.9%	38.1%	32.8%
Stroke	3.5%	3.4%	3.4%	3.4%

Source: CDC BRFSS PLACES 2023

Exhibit 73: Healthy Behaviors Among Adults

	BHS Service Area	Rock County	Wisconsin	United States
Binge drinking	17.2%	17.0%	19.0%	15.2%
Current smoking	14.8%	14.7%	14.0%	11.4%

Source: CDC BRFSS PLACES, 2023

⁴² Cancer (except skin cancer) among adults

⁴³ 2021 incidence rates.

Exhibit 74: Healthy Behaviors Among Adults

	BHS Service Area	Rock County	Wisconsin	United States
No leisure-time physical activity	27.8%	29.6%	27.0%	24.5%
Sleeping less than 7 hours	36.4%	37.2%	33.3%	36.0%

Source: CDC BRFSS PLACES, 2023

Exhibit 75: Poor Mental Health Among Adults

	BHS Service Area	Rock County	Wisconsin	United States
Poor Mental Health Among Adults	16.7%	16.0%	15.8%	15.6%

Source: CDC BRFSS PLACES, 2023

Exhibit 76: Self-reported Health Indicators

	BHS Service Area	Rock County	Wisconsin	United States
Poor Physical Health Days	NA	4.0	3.9	3.9
Poor Physical Health	14.0%	13.8%	13.2%	12.8%
Fair or Poor General Health	20.1%	19.5%	18.4%	19.2%

Source: CDC BRFSS PLACES, 2023

Exhibit 77: Mental Health Indicators

	Rock County	Wisconsin	United States
Frequent Mental Distress	18.0%	17.0%	16.0%
Poor Mental Health Days	5.2	5.4	5.1

Source: County Health Rankings, 2022

Maternal and Infant Health Measures

Exhibit 78: Teen Birth Rate (per 1,000 Females ages 15-19)

	Rock County	Wisconsin
2024	13.1	9.8
2023	14.1	10.0
2022	16.2	9.9
2021	13.3	10.4

Source: Wisconsin DPHS, 2021-2024

Exhibit 79: Teen Birth Rate, by Race & Ethnicity (per 1,000 Females ages 15-19)

	Rock County	Wisconsin
Black	46.1	39.7
Hispanic	27.0	24.2
White	13.1	6.2

Source: Healthy Rock Wisconsin, 2017-2023

Exhibit 80: Preterm Births

	Rock County	Wisconsin	United States
Total Preterm Births	10.8%	10.0%	10.4%

Source: CDC WONDER Natality, 2024

Exhibit 81: Preterm Births by Race & Ethnicity

	Rock County	Wisconsin	United States
Black	18.4%	15.6%	14.6%
Hispanic	11.9%	10.0%	10.0%
White	11.0%	9.2%	9.4%
Asian	12.3%	8.8%	9.0%

Source: CDC WONDER Natality, 2020-2024

Exhibit 82: Low Birth Weight

	Rock County	Wisconsin	United States
Low Birth Weight	9.6%	7.8%	8.5%

Source: CDC WONDER Natality, 2024

Exhibit 83: Low Birth Weight by Race & Ethnicity

	Rock County	Wisconsin	United States
Black	17.8%	16.3%	14.6%
Hispanic	7.9%	7.8%	7.7%
White	7.6%	6.4%	7.0%
Asian	7.8%	8.5%	9.1%

Source: CDC WONDER Natality, 2020-2024

Exhibit 84: Births with Prenatal Care Started in First Trimester

	Rock County	Wisconsin	United States
Prenatal Care Started in First Trimester	79.1%	80.9%	74.0%

Source: CDC WONDER Natality, 2024

Exhibit 85: Births with Prenatal Care Started in First Trimester, by Race & Ethnicity

	Rock County	Wisconsin	United States
Black	72.9%	68.1%	65.7%
Hispanic	67.8%	70.6%	68.9%
White	85.0%	85.5%	81.3%
Asian	81.8%	77.4%	80.2%

Source: CDC WONDER Natality, 2020-2024

Behavioral Health Status

Exhibit 86: Diagnosed Depression Among Adults, 2023

	BHS Service Area	Rock County	Wisconsin	United States
Diagnosed Depression	23.1	23.3%	23.5%	20.2%

Source: CDC BRFSS PLACES 2023

Exhibit 87: Prevalence of Mental Health Needs

	Wisconsin
Any Mental Illness	24.8
Serious Mental Illness	6.5
Major Depressive Episode	9.0

Source: Wisconsin Department of Health Services, Division of Care and Treatment Services | Wisconsin Mental Health and Substance Use Needs Assessment 2025

Exhibit 88: Rock County Mental Health Service Use Trends

2022		2023		2024	
Top 5 Most Used Services Per Year					
People Served	1,544	People Served	1,584	People Served	1,498
Crisis	882	Crisis	889	Crisis	807
Comprehensive Community Services	414	Comprehensive Community Services	458	Comprehensive Community Services	457
Medication Management	285	Medication Management	260	Medication Management	240
Outpatient Counseling	212	Outpatient Counseling	191	Outpatient Counseling	187
Community Support Program	197	Community Support Program	189	Community Support Program	161
Service Need Per Year					
Ongoing, High Intensity	527	Ongoing, High Intensity	581	Ongoing, High Intensity	568
Ongoing, Low Intensity	4,405	Ongoing, Low Intensity	392	Ongoing, Low Intensity	346
Short Term / Situational	614	Short Term / Situational	618	Short Term / Situational	599

Source: Substance Use: County Services Dashboard | Wisconsin Department of Health Services, 2022-2024.

Exhibit 89: Rock County Substance Use Trends

2022		2023		2024	
Top 5 Most Used Services Per Year					
People Served	908	People Served	862	People Served	846
Intake & assessment	766	Intake & assessment	720	Intake & assessment	767
Case Management	135	Outpatient Counseling	113	Outpatient Counseling	89
Outpatient Counseling	133	Case Management	99	Case Management	63
Medication-Assisted Treatment	88	Detoxification	65	Medication-Assisted Treatment	59
Detoxification	32	Medication-Assisted Treatment	63	Residential	24
Top 5 Most Common Substances Per Year					
Alcohol	776	Alcohol	752	Alcohol	760
Marijuana	444	Marijuana	427	Marijuana	465
Cocaine	176	Cocaine	168	Cocaine	171
Heroin	118	Heroin	97	Heroin	60
Other Opiates and Synthetics	43	Other Opiates and Synthetics	36	Other Opiates and Synthetics	29

Source: Substance Use: County Services Dashboard | Wisconsin Department of Health Services, 2022-2024.

Exhibit 90: Age-adjusted Suicide Deaths (per 100,000)

	Rock County	Wisconsin
Suicide Death Rate	100.5	95.5

Source: Centers for Disease Control and Prevention WISQARS | Explore Fatal Injury Data Visualization Tool, 2023.

Exhibit 91: Wisconsin Suicide Rates by Demographics (per 100,000), 2023

	Wisconsin
Sex	
Female	6.4
Male	23.6
Age Group	
15-19	11.8
20-24	18.6
25-29	19.1
30-34	21.7
35-39	19.4
40-44	21.7
45-49	22.6
50-54	20.1
55-59	21.1
60-64	19.4
65-69	15.7
70-74	16.2
75-79	14.0
80-84	18.0
85+	21.1

Source: WISQARS injury mortality reports for suicides, Centers for Disease Control and Prevention | Wisconsin Mental Health and Substance Use Needs Assessment 2025.

Economics and Stability

Exhibit 92: Poverty Percent Change

	BHS Service Area	Rock County	Wisconsin	United States
Total Households Below Poverty Level, 2014	13.4%	13.6%	12.4%	14.4%
Total Households Below Poverty Level, 2024	9.9%	9.5%	10.7%	12.6%
Percent Change (2014-2024)	-26.1%	-29.7%	-13.5%	-12.8%

Sources: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 93: Income to Poverty Ratios

	BHS Service Area	Rock County	Wisconsin	United States
Income 100% to 124% of the FPL	3.2%	3.5%	3.1%	3.7%
Income 125% to 149% of the FPL	4.4%	4.7%	3.6%	4.0%
Income 150% to 184% of the FPL	5.8%	5.6%	5.2%	5.6%
Income 185% to 199% of the FPL	3.8%	2.9%	2.7%	2.6%
Income 200% and Over the FPL	73.4%	74.1%	74.9%	71.8%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 94: Percent of Population Living in Poverty

	BHS Service Area	Rock County	Wisconsin	United States
People Below Poverty Level	9.4%	9.3%	10.6%	12.5%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 95: Percent of Population Living in Poverty by Race

	BHS Service Area	Rock County	Wisconsin	United States
American Indian and Alaska Native	8.9%	5.4%	21.7%	21.1%
Asian	6.6%	8.9%	13.7%	9.9%
Black or African American	20.2%	23.8%	27.3%	21.2%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	19.1%	16.8%
Some Other Race	20.0%	12.8%	18.0%	18.2%
Two or More Races	11.6%	11.2%	15.4%	14.6%
White	7.8%	8.1%	8.4%	9.7%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 96: Percent of Population Living in Poverty by Ethnicity

	BHS Service Area	Rock County	Wisconsin	United States
Hispanic or Latino	15.4%	12.9%	17.3%	16.7%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 97: Percent of Population Living in Poverty by Age

	BHS Service Area	Rock County	Wisconsin	United States
Age Under 5 Below Poverty Level	11.7%	11.0%	13.9%	17.3%
Age Under 18 Below Poverty Level	11.6%	12.9%	12.8%	16.1%
Age 18 to 64 Below Poverty Level	8.7%	7.9%	10.2%	11.6%
Age 65 and Over Below Poverty Level	9.0%	9.2%	9.1%	10.8%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 98: Asset-Limited Income-Constrained Employed (ALICE) Households

	Rock County	Wisconsin
Households living above the federal poverty level but below the ALICE threshold of financial survival	26.0%	24.0%
Households living above the ALICE threshold of financial survival	63.0%	65.0%

Source: United Way. United for ALICE, 2023

Exhibit 99: Median Household Income Percent Change

	BHS Service Area	Rock County	Wisconsin	United States
Median Household Income (2010-2014)	\$55,204	\$49,645	\$52,738	\$53,482
Median Household Income (2020-2024)	\$82,496	\$75,673	\$77,485	\$80,734
Percent Change (2014-2024)	49.4%	52.4%	46.9%	51.0%

Sources: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 100: Median Household Income by Race

	BHS Service Area	Rock County	Wisconsin	United States
Asian	\$129,734	\$77,361	\$90,216	\$116,503
White	\$83,413	\$78,230	\$80,923	\$ 86,271
Two or More Race	\$96,931	\$69,402	\$69,784	\$ 75,660
Other Race	\$80,998	\$60,000	\$62,564	\$ 67,563
Native Hawaiian and Other Pacific Islander	ND	ND	\$62,288	\$ 81,811
American Indian and Alaska Native	\$96,250	\$85,947	\$59,670	\$ 62,420
Black or African	\$60,819	\$45,321	\$43,296	\$ 55,157

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 101: Median Household Income by Ethnicity

	BHS Service Area	Rock County	Wisconsin	United States
Median Income of Hispanic or Latino	\$89,813	\$66,730	\$64,859	\$71,415

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 102: GINI Index

	BHS Service Area	Rock County	Wisconsin	United States
Income Inequality	0.4	0.4	0.4	0.5

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 103: Labor Force Participation

	BHS Service Area	Rock County	Wisconsin	United States
Labor Force Participation Rate	65.9%	65.2%	65.3%	63.5%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 104: Unemployment Rate

	BHS Service Area	Rock County	Wisconsin	United States
Unemployment Rate	4.9%	3.8%	3.2%	5.2%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 105: Household Receiving SNAP

	BHS Service Area	Rock County	Wisconsin	United States
Household Receiving SNAP	14.2%	12.9%	11.1%	12.1%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 106: Food Insecurity

	Rock County	Wisconsin	United States
Overall Food Insecurity Rate	12.0%	11.8%	14.3%
Child Food Insecurity Rate	17.5%	16.3%	19.2%
Senior Food Insecurity Rate	ND	6.3%	9.2%

Source: Feeding America, Map the Meal Gap, 2023

Exhibit 107: Living Wage for Two Adults in Rock County

	0 Children	1 Child	2 Children	3 Children
Living Wage	\$14.22	\$21.61	\$27.91	\$33.84
Poverty Wage	\$5.08	\$6.41	\$7.73	\$9.05
Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25

Source: Living Wage Calculation, MIT, 2025.

Exhibit 108: Cost of Living for Two Working Adults in Rock County

	0 Children	1 Child	2 Children	3 Children
Food	\$7,741	\$9,621	\$12,376	\$15,097
Child Care	\$0	\$14,754	\$29,507	\$38,624
Medical	\$6,027	\$8,136	\$8,438	\$8,773
Housing	\$10,592	\$13,894	\$13,894	\$18,184
Transportation	\$11,851	\$14,928	\$17,177	\$19,055
Civic	\$5,504	\$6,077	\$7,791	\$8,643
Internet & Mobile	\$2,093	\$2,093	\$2,093	\$2,093
Other	\$7,900	\$8,763	\$9,949	\$11,037
Required annual income after taxes	\$51,707	\$78,265	\$101,224	\$121,505
Annual taxes	\$7,462	\$11,639	\$14,868	\$19,278
Required annual income before taxes	\$59,169	\$89,904	\$116,093	\$140,783

Source: Living Wage Calculation, MIT, 2025.

Exhibit 109: National Low-Income Housing Coalition: Housing Costs

	Rock County	Wisconsin
Hourly wage necessary to afford a 2-bedroom Fair Market Rate	\$22.17	\$23.15
Annual income needs to afford a 2-bedroom at Fair Market Rate	\$46,120	\$48,149
Full-time jobs at minimum wage needed to afford 2-bedroom at Fair Market Rate	3.1	3.2

Source: National Low Income Housing Coalition. Wisconsin Out of Reach Report, 2025

Education

Exhibit 110: Highest Level of Educational Attainment

	BHS Service Area	Rock County	Wisconsin	United States
9th to 12th Grade, No Diploma	5.3%	4.9%	4.1%	5.7%
High School Degree	33.0%	33.3%	29.4%	26.0%
Some College No Degree	21.5%	21.6%	19.5%	19.1%
Associates Degree	11.1%	11.9%	11.3%	8.8%
Bachelor's Degree	16.7%	17.7%	22.0%	21.6%
Graduate Degree	9.6%	8.1%	11.4%	14.1%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 111: Educational Attainment of Bachelor's Degree or Higher by Race

	BHS Service Area	Rock County	Wisconsin	United States
Some Other Race	8.3%	7.2%	18.4%	16.2%
Asian	42.6%	48.0%	50.9%	57.7%
White	27.7%	27.2%	34.8%	38.8%
Two or More Races	22.9%	21.3%	27.0%	28.2%
Native Hawaiian and Other Pacific	0.0%	0.0%	19.4%	19.0%
Black or African American	13.2%	10.5%	16.7%	25.5%
American Indian and Alaska Native	0.0%	0.0%	15.2%	16.4%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 112: Educational Attainment of Bachelor's Degree or Higher by Ethnicity

	BHS Service Area	Rock County	Wisconsin	United States
Hispanic or Latino	15.5%	17.6%	19.4%	20.5%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Healthcare Access & Quality

Exhibit 113: Health Care Provider Ratio (People per Provider), 2025

	Rock County	Wisconsin	United States
Primary Care Physician	710:1	660:1	734:1
Primary Care Nurse Practitioners	2,251:1	1,208:1	929:1
Dentist	1,413:1	1,326:1	1351:1
Mental Health Provider	713:1	570:1	465:1
Pediatrician	1,282:1	708:1	681:1
Obstetrics Gynecology OBGYN	2,501:1	2,772:1	2,861:1
Midwife and Doula	1,1791:1	10,505:1	7,026:1

Sources: National Plan & Provider Enumeration System NPI, 2025. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

Exhibit 114: Insurance Status

	BHS Service Area	Rock County	Wisconsin	United States
People with Private Health Insurance	75.9%	78.8%	77.5%	73.3%
People with Public Health Insurance	38.3%	38.1%	37.1%	40.1%
Medicaid	18.9%	17.4%	15.6%	20.2%
Medicare	7.7%	6.6%	8.7%	8.6%
Tri-Care	0.2%	0.4%	0.6%	1.2%
Direct purchase	7.6%	7.5%	7.1%	8.5%
People with two or more types of insurance	18.8%	21.5%	18.4%	17.1%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 115: Disability Population without Uninsured by Age

	BHS Service Area	Rock County	Wisconsin	United States
Age 18 and Under with a Disability without Health Insurance	0.0%	0.9%	2.6%	4.2%
Age 19 to 64 with a Disability without Health Insurance	8.2%	7.8%	5.8%	9.9%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 116: Uninsured Population

	BHS Service Area	Rock County	Wisconsin	United States
Age Under 6 without Health Insurance	6.6%	3.9%	4.2%	4.6%
Age 6 to 18 without Health Insurance	2.4%	3.6%	4.0%	5.8%
Age 19 to 64 without Health Insurance	8.8%	7.7%	7.2%	11.7%
Age 65 and Over without Health Insurance	0.9%	0.5%	0.4%	0.8%
People in Labor Force without Health Insurance	8.1%	6.8%	6.7%	11.0%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 117: Birth Rate (per 1,000), 2024

	Rock County	Wisconsin	United States
Birth Rate	11.1	10.0	10.7

Source: CDC WONDER Natality Birth Rate, 2024 <https://wonder.cdc.gov/>

Exhibit 118: Death Rate (per 100,000), 2023

	Rock County	Wisconsin	United States
Death Rate	10.5	9.7	9.2

Source: CDC WONDER Causes of Death, 2021. <https://wonder.cdc.gov/>

Exhibit 119: Leading Causes of Death (per 100,000), 2023

	Rock County	Wisconsin	United States
Heart Disease	224.0	219.9	203.3
Cancer	217.3	199.8	183.1
Accidental Injuries	102.3	81.9	66.5
Stroke	53.0	45.7	48.6
Chronic Lower Respiratory Disease	43.8	42.5	43.4
Alzheimer's Disease	39.6	39.7	34
Diabetes	27.4	25.0	28.4
Suicide	ND	15.6	14.7
Chronic Liver Disease	15.8	15.4	15.6
COVID-19	21.3	13.9	14.9
Chronic Kidney Disease	16.0	13.0	17.0

Source: CDC WONDER Causes of Death, 2023. <https://wonder.cdc.gov/>

Exhibit 120: Prevention Measures

	BHS Service Area	Rock County	Wisconsin	United States
Visits to dentist or dental clinic among adults aged 18 or older	63.2%	64.5%	66.6%	63.9%
Doctor Checkup in Past Year Among Adults	77.5%	76.8%	77.5%	77.7%

Source: CDC BRFSS PLACES 2022

Exhibit 121: Prevention Screenings

	Rock County	Wisconsin
Mammography use among women aged 50-74 years	74.0%	79.8%

Source: CDC BRFSS PLACES 2022

Neighborhood and Built Environment

Exhibit 122: Housing Costs & Home Value, 2024

	BHS Service Area	Rock County	Wisconsin	United States
Home Owner Excessive Housing Costs	17.1%	18.5%	18.5%	22.5%
Renter Excessive Housing Costs	40.5%	40.2%	41.1%	47.6%
Owner Occupied Housing Mobile Homes	1.8%	2.5%	3.0%	5.7%
Renter Housing Mobile Homes	0.9%	1.0%	1.5%	3.9%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 123: Household Composition

	BHS Service Area	Rock County	Wisconsin	United States
Household with Children	30.2%	27.9%	26.1%	29.5%
Grandparents responsible for grandchildren	1.0%	0.9%	0.6%	1.2%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 124: Age 65 and Over Live Alone

	BHS Service Area	Rock County	Wisconsin	United States
People Age 65 and Over who Live Alone	30.3%	32.1%	30.3%	27.4%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 125: Transportation

	BHS Service Area	Rock County	Wisconsin	United States
Mean Travel Time to Work (in minutes)	24.0	23.8	22.2	26.4

	BHS Service Area	Rock County	Wisconsin	United States
Commute Transportation by Drive Alone	79.1%	80.1%	74.4%	68.8%
Commute Transportation by Public Transit	0.4%	0.5%	1.1%	3.2%
Owner Occupied Housing without Vehicles	2.7%	2.5%	2.3%	3.2%
Renter Occupied Housing without Vehicles	11.3%	14.6%	15.1%	17.9%

Sources: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 126: Broadband

	Rock County	Wisconsin	United States
Household Without Internet Access	5.8%	6.9%	6.5%
Number of Internet Providers (2020-24)	19	81	2,106

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Social and Community Context

Exhibit 127: Disconnected Youth

	BHS Service Area	Rock County	Wisconsin	United States
Connected Youth	93.1%	95.0%	94.6%	93.1%
Disconnected Youth	6.9%	5.0%	5.4%	6.9%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Exhibit 128: Property & Violent Crime Rate (per 100,000)

	Rock County	Wisconsin	United States
Property Crime Rate	1,426.1	1,467.8	1,750.7
Violent Crime Rate	185.4	434.5	360.7

Source: US Department of Justice (DOJ), Federal Bureau of Investigation (FBI). Uniform Crime Reporting (UCR) Program, 2024

Exhibit 129: Crimes by Type (per 100,000)

	Rock County	Wisconsin	United States
Aggravated Assault	97.3	320.3	243.8
Burglary	125.7	145.3	219.6
Larceny	1,211.2	1,122.8	1,197.7
Murder	6.0	6.8	4.9
Rape	59.2	50.3	35.4
Robbery	21.2	52.0	58.5
Vehicle Theft	76.2	182.7	245.9

Source: US Department of Justice (DOJ), Federal Bureau of Investigation (FBI). Uniform Crime Reporting (UCR) Program, 2024

Appendix C: Focus group and Interview Instruments

Consent

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Beloit Health System to conduct interviews for the 2026 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 community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals. Is that ok with you?

We ask everyone the same questions, but it is OK to not answer all questions. This discussion is completely voluntary, and you are free to exit this session at any time.

[IF RECORDING] Is it ok if I record and transcribe this meeting using an AI-based note taker?

Do you have any questions for me before we start?

Introduction

1. Going around the room, please share your first name and share with the group a little about yourself and how you interact with your local community.
2. What programs, services, or organizations are working well in meeting community needs? (NOTE TO researcher: use program full names, spell out all acronyms)

Community Priorities & Needs

1. What do you see as the most current pressing health needs in the community?
((Prompt: chronic disease, mental health, substance use, oral health, maternal and child health, adolescent health, aging care, men's health, preventative screenings and/or immunizations))
2. The previous needs assessment cycle (3 years ago) two priorities rose to the top in terms of importance, degree of control, and foreseeable impact within a year. How well do these align with what you think of as the health needs of the community today?
3. What factors contribute most to poor health in your community?

Social Determinants

4. Beyond health, what are the biggest challenges community members face (housing, food, income, transportation)?
5. What is driving these challenges? What are their root causes?

Access to Services

6. What healthcare services or social support services missing or needed?
7. Why do some people find it difficult to get in to see a doctor? (first level prompt: financial, physical, or emotional barriers? Second level: insurance, transportation, cost, stigma, availability)?
8. Thinking about all these issues, are do groups more than others find it harder to get in to see a doctor? If so, why?

Future & Solutions

9. If you had unlimited resources, what would you do to fix the challenges we discussed today?
10. Are there any other thoughts or comments you would like to share that we have not discussed?

Appendix D: Survey Instrument

Access to Health Care

1. Do you have a regular place where you go for health care?
 - ☐ Yes, a family doctor, clinic, or health center.
 - ☐ Yes, the emergency room.
 - ☐ Yes, a walk-in urgent care.
 - ☐ No
 - ☐ Other (please tell us)

2. In the **past year**, was there a time you needed medical care but did **not** get it?
 - ☐ Yes
 - ☐ No (skip to question 5)

3. If yes, why didn't you get care? (Check all that apply)
 - ☐ I do not have health insurance.
 - ☐ I could not afford it.
 - ☐ I did not feel comfortable with the doctors.
 - ☐ The doctors did not speak my language.
 - ☐ The doctors did not understand my culture.
 - ☐ I was worried about my immigration status.
 - ☐ The doctors did not understand my gender or sexual identity.
 - ☐ I did not have transportation.
 - ☐ It took too long to get an appointment.
 - ☐ The doctor's office was too far away.
 - ☐ I didn't like the doctors.

4. How much more attention do these health services need?
 (1 = No more needed, 5 = Much more needed, or "I don't know")

Health Programs or Services	No more needed	Very Little Focus Needed	Some Focus Needed	A Lot of Focus Needed	Much More Focus Needed	I do not know
Help managing medical care						
Help guiding patients through health care						
Diabetes prevention and care						
Heart health care						

Obesity prevention and care						
Help quitting smoking or vaping						
Emergency and trauma care						
Help paying for medicines						
Vaccines						
HIV, hepatitis C, and STI testing and care						

5. Which doctors or services are hard to find in your area? Check all that apply:

- ☐ Care for older adults
- ☐ Heart doctors
- ☐ Mental health doctors
- ☐ Mental health doctors for adults
- ☐ Mental health doctors for kids
- ☐ Dental care
- ☐ Arthritis care
- ☐ Cancer care
- ☐ Pregnancy and women's health doctors
- ☐ Children's doctors
- ☐ Other (please explain):

6. How much focus do these services for older adults need?

(No more needed → Much more needed, or "I don't know")

Older Adults (55+)	No more needed	Very Little Focus Needed	Some Focus Needed	A Lot of Focus Needed	Much More Focus Needed	I do not know
Independent or assisted living						
Home health aides						
Hospice care						
Community designs that are easy for everyone to understand						

Physical therapy and rehab						
Memory or dementia care						
Day programs for older adults						
Help for caregivers						
Fall prevention and safety education						

7. How much focus do these services need?

(No more needed → Much more needed, or “I don’t know”)

Maternal, Child and Family Services	No more needed	Very Little Focus Needed	Some Focus Needed	A Lot of Focus Needed	Much More Focus Needed	I do not know
Health screenings (like mammograms and Pap tests)						
Care before, during, and after pregnancy						
Breastfeeding help						
Newborn and child health care						
Reproductive health care						
Parenting classes or support groups						

Behavioral Health

We want to understand how individuals and the community are doing with their mental and emotional health. Reminder: Your answers will be private.

8. In the past year, was there a time you needed mental health or substance use help but could not get it?

- ☐ Yes
- ☐ No (skip to Q10)

Why couldn't you get help? (Check all that apply)

- ☐ I didn't have health insurance
- ☐ I could not afford it
- ☐ My insurance was not accepted
- ☐ Long wait times to make an appointment
- ☐ No doctors nearby
- ☐ No transportation
- ☐ I did not trust the doctors or staff.
- ☐ The doctor did not listen to my needs.
- ☐ The doctors or staff do not understand my culture.
- ☐ The doctors or staff did not speak my language.
- ☐ I was worried about my immigration status.
- ☐ The doctors or staff did not understand my gender or sexual identity.
- ☐ A brain or learning condition (like ADHD, ADD, OCD, autism, etc.)
- ☐ Other (please explain): _____

9. How much focus do these mental health services need?

(No more needed → Much more needed, or “I don’t know”)

Behavioral and Mental Health	No more needed	Very Little Focus Needed	Some Focus Needed	A Lot of Focus Needed	Much More Focus Needed	I do not know
Help managing care						
Reducing stigma						
Suicide prevention						
Counseling for adults						
Counseling for youth						
Mental health hospital beds for adults						
Mental health hospital beds for youth						
Preventing substance use						
Substance use treatment						
Recovery programs for substance use						
Harm reduction programs (like safe syringe programs, test strips, passing out Narcan, etc.)						
Developmental or learning support						

10. How often do you have these supports from friends, family, or neighbors?

(None of the time → All of the time)

Social Support	None of the time	A little of the time	Some of the time	Most of the time	All the time
Someone who listens to you					
Someone who helps with questions or problems					
Someone to care for you if you are sick					

Someone to take you to the doctor					
Someone to help with daily chores if you are sick					
Someone you feel close to					
Someone to spend time with for fun					

11. How much do you struggle with these things?

Self Care	This is hard for me every day.	This is hard for me a lot of the time.	This is hard for me a lot of the time, but I'm doing ok.	Sometimes I have a hard time with this, but I'm doing a good job.	This is easy for me.
Getting daily tasks done					
Doing well at school or work					
Handling big life changes					
Enjoying free time					
Getting along with friends and family					
Getting along with people at work or where you live					
Feeling lonely					
Building trusting relationships					

Community Health

A **healthy community** has many important things. These include access to health care, access to mental health care, help from social services, job and career opportunities, a clean and safe environment, and other supports. The next questions ask what you think about the programs and services in your community.

12. Which community and health issues do you think need more attention to get better? Use a scale of one to five. One means no focus is needed, and five means a lot more focus is needed.

	No more needed 1	2	Not Good or Bad 3	4	Much more needed 5	I don't know.
Transportation to doctor's visits or the hospital						
Affordable healthy food						
Affordable childcare						
Good schools						
Safe, affordable housing						
Job training and education						
Safe places to play and exercise						
Activities for kids						
Services and doctors for people without homes						
Activities for adults (like concerts, festivals, book clubs, etc.)						
Jobs that pay a living wage						

13. Are you worried about these environmental issues that affect your health? (Check all that apply)

- ☐ Tick or mosquito diseases (like Lyme, West Nile, Zika, etc.)
- ☐ Indoor air pollution
- ☐ Outdoor air pollution
- ☐ Unsafe water
- ☐ Flooding
- ☐ Extreme heat
- ☐ Severe weather events (like hurricanes, tornadoes, wildfires, etc.)

14. How much do you agree with these statements?
(Strongly disagree → Strongly agree)

	1 Strongly disagree	2 Disagree	3 I don't agree or disagree	4 Agree	5 Strongly agree
My community works together to be healthy.					
My community has health resources.					
My community makes positive health changes.					
My neighbors help me stay healthy.					

15. Are you part of any of these groups?

- ☐ Religious group
- ☐ Social club (like Lions Clubs, book club, gaming club)
- ☐ Neighborhood club
- ☐ Volunteer group
- ☐ Sports club or team
- ☐ School or training program
- ☐ Professional or work group
- ☐ Youth groups (like Cub Scouts, Girl Scouts, etc.)
- ☐ Other (Please explain)

16. What other community health problems or challenges should we know about?

17. If you could change **one thing** to make your community better, what would it be?

A little bit about you

18. What is your gender identity?

- ☐ Female
- ☐ Male
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Gender Non-Binary
- ☐ I don't want to answer.
- ☐ I identify in a different way (Please explain):

19. What is your sexual orientation?

- ☐ Straight
- ☐ Gay or Lesbian
- ☐ Bisexual or Pansexual
- ☐ I don't want to answer
- ☐ I identify in a different way (Please explain):

20. What is your race? Check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ I don't want to answer.

21. What is your ethnicity?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I don't want to answer.

☐ What was your household income last year?

- ☐ None
- ☐ Under \$25,000
- ☐ \$25,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ I don't want to answer.
- ☐ \$100,000 - \$124,999
- ☐ \$125,000 - \$149,999
- ☐ \$150,000 - \$199,000
- ☐ \$200,000 or more
- ☐ I don't know

22. What is your age?

- ☐ Under 18
- ☐ 18 – 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65 – 74
- ☐ Over 75
- ☐ I don't want to answer.

23. What is the highest level of school you finished?

- ☐ Less than high school
- ☐ High school or GED
- ☐ Some college
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate or professional degree (like MD, DDS, DVM, PhD)
- ☐ I don't want to answer.

Appendix E: Evaluation of Impact from Previous CHNA

Beloit Health System did not receive any comments from the public on their 2023 Community Health Needs Assessment and Implementation Strategies.

Appendix F: Resources

Food, Nutrition, and Meals

Resource Name	Service Type	Location	Phone / Website
WIC Program	Nutrition Support	Beloit	608-362-1566
WIC Program	Nutrition Support	Janesville	608-754-3722
New Zion Baptist Church	Food Pantry	Beloit	608-362-2010
Emanuel Baptist Church	Food Pantry	Beloit	608-362-0562
Peoples Church	Food Pantry	Beloit	608-362-7556
Church of the Nazarene	Food Pantry	Janesville	608-752-1323
Bethel Baptist / First Harvest	Food Pantry	Janesville	608-754-8711
Midwest Christian Center	Food Pantry	Janesville	608-755-1750
Harvesters Community Church	Food Pantry	Janesville	608-755-5707
Milton Food Pantry	Food Pantry	Milton	608-686-1166
Ecumenical Care Closet	Food Pantry	Evansville	608-882-4532
Central Christian Food Pantry	Food Pantry	Beloit	608-362-7663
Central Christian Church	Food Pantry	Beloit	608-362-7663
Christ Lutheran	Food Pantry	Clinton	608-676-4994
Orfordville C.U.P. Food Pantry	Food Pantry	Orfordville	608-290-6592
ECHO	Food / Clothing Pantry	Janesville	608-754-5333
Caritas	Food / Clothing Pantry	Beloit	608-362-4403
UW Expanded Food and Nutrition Education Program (EFNEP)	Food & Nutrition	Beloit / Janesville	608-363-6272 / 608-757-5694
Beloit Meals on Wheels	Home Delivered Meals	Beloit	608-362-3683

Resource Name	Service Type	Location	Phone / Website
Community Outreach	Home Delivered Meals	Edgerton	608-884-5956
Mercyhealth Meals on Wheels	Home Delivered Meals	Janesville	608-756-6077
Rock County Nutrition Program	Home Delivered Meals	Rock County	608-757-5474
Edgerton Care Center	Home Delivered Meals	Edgerton	608-884-1675
Nutrition Program Meal Sites	Nutrition	Beloit, Clinton, Evansville, Janesville, Milton	608-757-5474
Salvation Army	Shelter / Food Pantry		608-757-8300 / 608-365-6572

Medication Help and Discounts

Resource Name	Service Type	Location	Phone / Website
Prescription Assistance BHS	Medication Help	Beloit	608-364-2481
Community Healthcare Center	Medication Help	Beloit	608-361-0311
Healthnet of Rock County	Medication Help	Janesville	608-756-4638
Crusader Community Health	Medication Help	Rockford	815-490-1600
Case Management Support	Medication Help	Beloit	608-363-5880
Partnership for Prescription Assistance	Medication Help		888-477-2669

Resource Name	Service Type	Location	Phone / Website
Prescription Drug Helpline – Medicare Part D	Medication Help		855-677-2783
SeniorCare Prescription Drug Program	Medication Help	Wisconsin	800-657-2038
GoodRx	Medication Coupons	Online	goodrx.com
Walgreens Pharmacy - Script Savings Club	Medication Discounts	Nationwide	walgreens.com
Walmart Discount Medications	Medication Discounts	Nationwide	walmart.com
SingleCare	Medication Discounts	Online	singlecare.com
Cost Plus Drug Company	Medication Discount Online Pharmacy	Online	costplusdrugs.com

Housing, Shelter, and Rental Assistance

Resource Name	Service Type	Location	Phone / Website
Housing & Rental Assistance	Housing Support	Beloit	608-313-1300
Beloit Housing Authority	Housing	Beloit	608-364-8740
GIFTS Shelter	Shelter (Men Only)	Janesville	608-728-4941
Brittan House	Shelter (Men Only)		608-365-4787
Sparrow's Nest	Shelter	Beloit	608-362-8215
Twin Oaks Shelter	Shelter	Darien	262-882-3662
House of Mercy	Shelter	Janesville	608-754-0045
Rockford Rescue Mission	Shelter	Rockford	815-965-5332
Family Promise	Shelter (Families)	Beloit	608-363-0683

Resource Name	Service Type	Location	Phone / Website
Project 16:49	Youth Shelter	Rock County	608-314-4199
ECHO	Housing, Food, Transportation Help	Janesville	608-754-5333
Community Action	Housing Help	Janesville / Beloit	608-755-2488 / 608-313-1300
Beloit Housing Authority	Housing & Rental Issues	Beloit	608-364-8740
Edgerton Housing Authority	Housing & Rental Issues	Edgerton	608-884-8454
Evansville Housing Authority	Housing & Rental Issues	Evansville	608-882-4518
Janesville Housing & Neighborhood Services	Housing & Rental Issues	Janesville	608-755-3065
NeighborWorks Blackhawk Region	Housing & Rental Issues		608-362-9051
Rock County Housing Development	Housing & Rental Issues	Rock County	608-757-5587
Salvation Army Housing Resource	Housing & Rental Issues		608-757-8300

Transportation Services

Resource Name	Service Type	Location	Phone / Website
Beloit Transit	Bus & Paratransit	Beloit	608-364-2870
VEYO / MTM (Medicaid)	Non-Emergency Medicaid Transportation	Regional	866-907-1493
You Buy We Fly	Paratransit & Cab Services	Beloit, Janesville, and Rock County Areas	608-363-3939
Call Me A Cab	Taxi	Beloit	608-364-6900
Beloit Transit (bus & paratransit)	Transportation Services	Beloit	608-364-2870
Breeze Way	Transportation Services		608-636-9675
Disabled American Veteran Transportation	Transportation Services		608-301-7137
Edgerton Taxi	Transportation Services	Edgerton Only	608-884-9847
Janesville Transit (bus & paratransit)	Transportation Services	Janesville	608-755-3150
Lavigne Bus Company	Transportation Services		920-563-1515
LME Taxi	Transportation Services		608-359-2016
Rock County Transit	Transportation Services	Rock County	608-757-5054
RSVP Seniors Volunteering for Seniors	Transportation Services		608-362-9593

Crisis, Emergency, Domestic Violence, and Public Safety

Resource Name	Service Type	Location	Phone / Website
Domestic Violence Center Crisis Hotline	Crisis Hotline	Beloit	608-365-1119
YWCA Domestic Violence Resources	Crisis Support	Janesville	608-752-2583
Crisis Line of Swedish American Hospital	Crisis Support	Rockford	815-966-2273
Rock County Crisis Line	24-Hour Crisis	Rock County	608-757-5025
Non-Emergency Police	Public Safety	Rock County	608-757-2244
Police / Fire / Ambulance	Emergency	Rock County	911
Suicide Prevention Lifeline	Mental Health Crisis	Nationwide	988
Rockford Remedies	Domestic Violence Services	Rockford	815-962-6102
Crisis Intervention (24 hour)	Crisis		608-757-5025
Clinton Community Outreach	Crisis	Clinton	608-295-9548
Edgerton Community Outreach	Crisis	Edgerton	608-884-9593
Faith Works of Rock County	Crisis	Rock County	608-531-1880
Milton Community Action	Crisis	Milton	608-868-1166
Veterans Family / Caregiver Crisis Line	Veterans		800-273-8255
Aging and Disability Resource Center	Elder Abuse	Wisconsin	608-741-3600

Behavioral Health, Counseling, and Substance Use

Resource Name	Service Type	Location	Phone / Website
Associates in Psychotherapy	Counseling	Beloit / Janesville	608-365-4313 / 608-752-7255
Beloit Counseling Center	Counseling	Beloit	608-363-6300
Beloit Health System	Counseling	Beloit	608-3694-5686
Catholic Charities	Counseling	Janesville / Rockford	608-752-4906 / 815-965-0895
Children Service Society (Developmental Screening and In-House Parenting)	Counseling	Janesville	608-314-9006
Crisis Intervention	Counseling		608-757-5025
Crossroads Counseling	Counseling	Janesville	608-755-5260
Family Counseling Services of Northern Illinois	Counseling	Rockford	815-962-5585
Family Service of Southern Wisconsin and Northern Illinois	Counseling	Beloit	608-365-1244
First Call	Counseling	Janesville	608-752-3100
Genesis Counseling	Counseling	Janesville	608-757-0404
Glenwood Center	Counseling	Rockford	815-968-5342
Green, Cornelia PhD	Counseling	Beloit	605-365-7078
Janesville Counseling Center	Counseling	Janesville	608-757-5215
Janesville, Psychiatric Clinic	Counseling	Janesville	605-755-1475
Janet Wattles Mental Health Center	Counseling	Rockford	815-968-9300
Lutheran Social Services	Counseling	Beloit / Janesville	608-362-6629 / 608-752-7660
In Touch (Help in the Home)	Counseling	Rockford	815-389-8180
Mangus, Elizabeth PhD	Counseling	Beloit	608-365-4313
Mercy Options	Counseling	Janesville	608-756-5555

Resource Name	Service Type	Location	Phone / Website
Monroe Clinic, Dr. Jane Smith	Counseling	Monroe	608-324-2000
Counseling Center	Counseling	Beloit / Janesville	608-757-5850
Rosecrance - AODA	Substance Use Treatment	Rockford	815-391-1000
Beloit Community Health Center	Healthcare / Counseling	Beloit	608-361-0311

Healthcare, Dental, Hearing, Vision, and Medical Services

Resource Name	Service Type	Location	Phone / Website
Beloit Area Community Health Center	Health Services		608-361-0311
Comprehensive Community Service	Health Services		608-741-3500
Dean 24-Hour Nurse Advice Line	Health Services		800-576-8773
Wisconsin Parkinson Association	Health Services	Wisconsin	414-312-6990
Rock County Health Department	Health Services	Rock County	608-757-5442 / 608-364-2010
Veterans Clinic	Health Services	Janesville	608-758-9300
Well Woman Program	Health Services	Wisconsin	608-242-6392
Tobacco Quit Line	Health Services	Wisconsin	800-784-8669
Beloit Area Community Health Center	Dental	Beloit	608-361-0311
Donated Dental Services (WDA)	Dental		888-338-6852
Familia Dental	Dental		608-7575-0057
Office for the Deaf and Hard of Hearing	Hearing		608-319-1249
Telecommunication Assistance Program	Hearing		608-267-7195

Resource Name	Service Type	Location	Phone / Website
Office for the Blind & Visually Impaired	Vision		888-879-0017
WI Council of the Blind & Visually Impaired	Vision	Wisconsin	800-783-5213

Public Assistance, Benefits, Information, Legal, and Consumer Resources

Resource Name	Service Type	Location	Phone / Website
FoodShare & Medical Assistance	Benefits	Regional	888-794-5780
Energy Assistance Program	Public Assistance		608-363-9200
FoodShare / Medical Assistance / Southern Consortium Call Center	Public Assistance		888-794-5780
Food Share QUEST Card Customer Service	Public Assistance		877-415-5164
Lifeline Program – Internet and Cell Phone	Public Assistance		608-267-3595
Long-term Care Funding – ADRC	Public Assistance		608-741-3600
Property Tax Deferral Loan Program	Public Assistance		800-755-7835
Weatherization Assistance Program	Public Assistance		608-755-2464
Disability Benefit Specialist (ages 18-59)	Benefit Specialist		608-741-3600
Elder Benefit Specialist (ages 60+)	Benefit Specialist		608-757-5414
Wisconsin Agriculture Trade & Consumer Protection	Consumer	Wisconsin	800-422-7128
Register for “Do Not Call” List	Consumer	National	800-382-1222
ADRC Specialist	Information / Referral / Assistance		608-741-3600

Resource Name	Service Type	Location	Phone / Website
211 United Way First Call (24/7)	Information / Referral / Assistance		211
Disability Rights Wisconsin	Legal Services	Wisconsin	608-267-0214
Elder Rights Project – Legal Action	Legal Services		844-614-5468
Lawyer Referral & Information Services	Legal Services		800-362-9082
Legal Action of Wisconsin	Legal Services	Wisconsin	800-362-3904
Guardianship Support Center (GWAAR)	Legal Services		855-409-9410

Aging, Disability, Caregiver, Memory Care, and Assistive Services

Resource Name	Service Type	Location	Phone / Website
Aging & Disability Resource Center	Aging Agencies	Rock County	608-741-3600 / 855-741-3600
Elder Benefit Specialist	Aging Agencies	Rock County	608-757-5414
Family Caregiver Support Specialist	Aging Agencies	Rock County	608-758-8455
Nutrition Program	Aging Agencies	Rock County	608-757-5474
Rock County Transit	Aging Agencies	Rock County	608-757-5054
Healthy Aging Programs / Workshops	Aging Agencies	Rock County	608-757-5309
Division of Vocational Rehab (DVR)	Aging Agencies	Wisconsin	800-228-2648
Medigap Helpline, WI Board on Aging & Long-Term Care	Aging Agencies	Wisconsin	800-242-1060
Medicaid and State SSI Recipient Hotline	Aging Agencies	Wisconsin	800-362-3002
Veterans Service	Aging Agencies	Wisconsin	608-757-5552
Wisconsin Department of Health Services	Aging Agencies	Wisconsin	608-266-1865
Medicare Hotline	Aging Agencies	National	800-633-4227

Resource Name	Service Type	Location	Phone / Website
Social Security and SSI	Aging Agencies	National	800-772-1213 / 877-850-7826
Mercyhealth Safe Connect	Personal Emergency Response Systems	Regional	608-756-6784
SSM Health at Home VoiceCare	Personal Emergency Response Systems	Regional	855-332-6882
Connect America	Personal Emergency Response Systems	National	800-815-5809
Access Mobility Products	Assistive Services and Equipment		844-339-8267
Amramp Accessibility	Assistive Services and Equipment		800-649-5215
Caption Call	Assistive Services and Equipment		608-982-2951
Central Lutheran Church Edgerton – Loan Closet	Assistive Services and Equipment	Edgerton	608-884-9418
First Lutheran Church Euipment Loan Closet	Assistive Services and Equipment		608-752-7434
Integrated Home Care Services	Assistive Services and Equipment		608-313-0800
Library – Homebound Book Delivery	Assistive Services and Equipment		608-868-2872

Resource Name	Service Type	Location	Phone / Website
Mercyhealth Senior Connection	Assistive Services and Equipment		608-741-3810
Read2Me	Assistive Services and Equipment		608-436-1081
R. Family Care Services LLC	Assistive Services and Equipment		608-346-1296
Rock County Cancer Coalition	Assistive Services and Equipment	Rock County	608-754-2286
Senior Life Solutions at Edgerton	Assistive Services and Equipment	Edgerton	608-561-6660
Society's Assets	Assistive Services and Equipment		800-378-9128
VFW Post 1621 – Loan Closet	Assistive Services and Equipment	Janesville	608-754-4342
Talking Book and Braille Library	Assistive Services and Equipment	Wisconsin	800-342-8822
Anew Home Modifications	Safety Assessments		608-843-7696
Hair Care on Wheels	Mobile Beautician		608-751-1695
Community Connections	Adult Day Center		608-758-8180
KANDU Adult Day Services	Adult Day Center	Janesville	608-755-4123
Alzheimer's Association Chapter 24/7	Memory Care Resources		800-272-3900

Resource Name	Service Type	Location	Phone / Website
Alzheimer's & Dementia Alliance of Wisconsin	Memory Care Resources		608-232-3400
Dementia Care Specialist	Memory Care Resources	Rock County	608-741-3615
Dementia Care Caregiver Training	Memory Care Resources	Online	866-740-2372
Project Lifesaver – Tracking System / Bracelet	Memory Care Resources		608-373-3880
Aging & Disability Resource Center	Assisted Living & Community-Based Residential Facilities	Rock County	608-741-3600
Caregiver Specialist / Grant Program	Caregiver Resources		608-758-8455
Eldercare Locator	Caregiver Resources	National	800-677-1116
VA Caregiver Support Line	Caregiver Resources		855-260-3274
Respite Care Association of Wisconsin	Caregiver Resources	Wisconsin	608-222-2033

Home Care, Hospice, and Skilled Nursing

Resource Name	Service Type	Location	Phone / Website
At-Home Healthcare	Medical Home Healthcare		608-363-5885
Commonheart Home and Health Hospice	Medical Home Healthcare		884-206-4930
Interim Healthcare	Medical Home Healthcare		608-319-4500
Mercyhealth at Home	Medical Home Healthcare		608-754-2201

Resource Name	Service Type	Location	Phone / Website
SSM Health at Home	Medical Home Healthcare		800-924-2273
Transitions at Home	Medical Home Healthcare		262-723-2700
All Heart Home Care	Non-Medical Supportive Home Care		608-247-0564
Alternative Home Care	Non-Medical Supportive Home Care		608-758-3324
Assisting Hands Home Care	Non-Medical Supportive Home Care		815-884-2273
At Home Comfort Care LLC	Non-Medical Supportive Home Care		608-921-5279
BrightStar	Non-Medical Supportive Home Care		608-314-8501
Christian Servants Home Care	Non-Medical Supportive Home Care		920-948-5464
Comfort Keepers	Non-Medical Supportive Home Care		815-229-9100
Cornerstone Caregiving	Non-Medical Supportive Home Care		800-410-2570
Eternity HomeCare	Non-Medical Supportive Home Care		608-251-2273
Home at Ease	Non-Medical Supportive Home Care		608-322-2660

Resource Name	Service Type	Location	Phone / Website
Home Instead Senior Care	Non-Medical Supportive Home Care		608-314-9241
MCFI Home Care	Non-Medical Supportive Home Care		888-381-5696
My Care WI, LLC	Non-Medical Supportive Home Care		608-436-4021
Senior Services	Non-Medical Supportive Home Care		608-757-5940
Serene Living Homecare	Non-Medical Supportive Home Care		608-371-7733
Visiting Angels	Non-Medical Supportive Home Care		920-568-1051
Agrace HospiceCare Inc.	Hospice Care		800-553-4289
Beloit Regional Hospice	Hospice Care	Beloit	608-363-7421
Heartland / ProMedica Hospice Services	Hospice Care		866-216-5708
St. Croix Hospice	Hospice Care		855-278-2764
SSM Health at Home Hospice	Hospice Care		800-924-2273
Mercyhealth Hospice Care	Hospice Care		608-754-2201
Rainbow Hospice Care	Hospice Care		920-674-6255
Long-Term Care Ombudsman	Skilled Nursing Facilities		800-815-0015
Alden Meadow Park H.C.C.	Skilled Nursing Facilities		608-676-2202
Cedar Crest / Cedar View Health Center	Skilled Nursing Facilities		608-756-0344

Resource Name	Service Type	Location	Phone / Website
Evansville Manor	Skilled Nursing Facilities	Evansville	608-882-5700
Edgerton Care Center	Skilled Nursing Facilities	Edgerton	608-884-1617
Edgerton Hospital – Swing Bed Program	Skilled Nursing Facilities	Edgerton	608-884-1490
The Bay at Beloit Health and Rehabilitation Center	Skilled Nursing Facilities	Beloit	608-365-2554
Oak Park Place	Skilled Nursing Facilities		608-530-5700
Autumn Lake Healthcare	Skilled Nursing Facilities		608-365-9526
Rock Haven Nursing Home	Skilled Nursing Facilities		608-757-5028
St. Elizabeth's Nursing Home	Skilled Nursing Facilities		608-752-6709

Senior Housing and Apartments

Resource Name	Service Type	Location	Phone / Website
High School Apartments	Independent Senior Apartments	Beloit	608-365-2517
Hillcrest Apartments	Independent Senior Apartments	Beloit	608-363-9246
Kopp Ridge Manor Apartments	Independent Senior Apartments	Beloit	608-558-2874
Riverside Terrace (Residential Care Apartment Complex)	Independent Senior Apartments	Beloit	608-365-7222
Rock Bay Harbor	Independent Senior Apartments	Beloit	608-362-1020

Resource Name	Service Type	Location	Phone / Website
Village on Olympian	Independent Senior Apartments	Beloit	608-363-8360
Willowick (Residential Care Apartment Complex)	Independent Senior Apartments	Clinton	608-774-2104
Edgewood Glen	Independent Senior Apartments	Evansville	608-884-2680
Kelly House (Residential Care Apartment Complex)	Independent Senior Apartments	Footville	608-882-4191
Cedar Crest (Residential Care Apartment Complex)	Independent Senior Apartments	Milton	608-373-6304
First Senior Housing	Independent Senior Apartments	Milton	608-289-2200
Huntington Place	Independent Senior Apartments	Milton	608-868-5035
Parkview Manor	Independent Senior Apartments	Milton	608-757-1255
Regency Apartments	Independent Senior Apartments	Milton	608-757-2566
River Flats	Independent Senior Apartments	Milton	608-602-7005
River Place Senior Apartments	Independent Senior Apartments	Milton	608-757-9456
The Arbors at Oak Park Place (Residential Care Apartment Complex)	Independent Senior Apartments	Milton	608-530-5700

Resource Name	Service Type	Location	Phone / Website
Wesley Park Senior Apartments	Independent Senior Apartments	Milton	608-758-3737
Willard Haus Apartments	Independent Senior Apartments	Milton	608-752-3060
Willowick (Residential Care Apartment Complex)	Independent Senior Apartments	Milton	608-774-2104
Homestead Apartments	Independent Senior Apartments	Milton	920-723-5729
Milton Meadows	Independent Senior Apartments	Orfordville	608-258-2080
Scoville Center Apartments	Independent Senior Apartments (Subsidized)	Beloit	608-362-4900
Woodside Terrace	Independent Senior Apartments (Subsidized)	Beloit	608-365-0333
Village East Apartments	Independent Senior Apartments (Subsidized)	Clinton	608-361-9870
Meadow Park Apartments	Independent Senior Apartments (Subsidized)	Clinton	608-676-4278
Edgerton Meadows	Independent Senior Apartments (Subsidized)	Edgerton	608-228-8498

Resource Name	Service Type	Location	Phone / Website
Edgerton Retirement Apartments	Independent Senior Apartments (Subsidized)	Evansville	608-884-9009
Elm Drive Apartments	Independent Senior Apartments (Subsidized)	Evansville	608-884-8454
Arbor Glen	Independent Senior Apartments (Subsidized)	Evansville	608-228-8498
Seminary Park Apartments	Independent Senior Apartments (Subsidized)	Footville	608-882-0595
South Meadow Apartments	Independent Senior Apartments (Subsidized)	Footville	608-882-4518
Ezra Foot Manor	Independent Senior Apartments (Subsidized)	Footville	608-876-6116
Burbank Apartments	Independent Senior Apartments (Subsidized)	Janesville	608-754-4040
Garden Court	Independent Senior Apartments (Subsidized)	Milton	608-755-1755
Grant Village Apartments	Independent Senior Apartments (Subsidized)	Milton	608-755-1755

Resource Name	Service Type	Location	Phone / Website
Green Forest Run	Independent Senior Apartments (Subsidized)	Milton	608-754-1886
Hamilton Terrace Apartments	Independent Senior Apartments (Subsidized)	Milton	608-757-2892
Lexington Court Apartments	Independent Senior Apartments (Subsidized)	Milton	920-568-8862
Riverview Heights	Independent Senior Apartments (Subsidized)	Milton	608-752-5999
Parkview Terrace	Independent Senior Apartments (Subsidized)	Orfordville	608-868-7022
Orfordville Meadows	Independent Senior Apartments (Subsidized)	Orfordville	608-784-2935

Senior Centers and Volunteer Opportunities

Resource Name	Service Type	Location	Phone / Website
Grinnell Hall	Senior Centers	Beloit	608-364-2875
American Leion Hall	Senior Centers	Clinton	608-676-4600
Creekside Place	Senior Centers	Evansville	608-882-0407
Janesville Senior Center	Senior Centers	Janesville	608-755-3040
The Gathering Place	Senior Centers	Milton	
Beloit Meals on Wheels	Volunteer Opportunities	Beloit	608-362-3683

Resource Name	Service Type	Location	Phone / Website
Beloit Regional Hospice	Volunteer Opportunities	Beloit	608-363-7421
Mercyhealth Hospice	Volunteer Opportunities		608-754-2201
Mercyhealth Meals on Wheels	Volunteer Opportunities		608-756-6739
Rock County Nutrition Program	Volunteer Opportunities	Rock County	608-757-5472
Retired and Senior Volunteer – RSVP	Volunteer Opportunities		608-362-9593