

McHenry County Healthy Community Study

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Executive Summary Priorities and Report of Findings

November 6, 2006

The Healthy Community Partners



Prepared by



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INTRODUCTION AND METHODOLOGY

Purpose

The Healthy Community movement is based on the concept that the “health” of a community goes well beyond the statistics that describe how “healthy” the population is or what medical resources are available. Rather, each community develops a shared vision of what can be in terms of quality of life.

Policies and actions through committed people working together can bring about change. While intervening to address community problem is important, the Healthy Community focus is on prevention, slowing or stopping problems before they occur by drawing on community resources and collaborative action.

The McHenry County Healthy Community Study seeks to improve the health, human services and quality of living for McHenry County residents. The first step in moving toward a better place to live is to assess the current status of the community. How are we doing in terms of the health and well being of local residents? How is the current health and human services system working in order to meet needs? What are the strengths and weaknesses of living in our communities? What unmet needs or gaps exist that are not being met?

The McHenry County Healthy Community Study has been commissioned by the ten partner organizations: Advocate Health Care, Centegra Health System, Leadership Greater McHenry County, McHenry County Community Foundation, McHenry County College, McHenry County Department of Health, McHenry County Mental Health Board, Mercy Health System, Rockford Health System and United Way of McHenry County. Each supported the project financially or through in-kind donations. The project is a collaborative effort of representatives of these organizations who share a strong interest in the well-being of the community.

Health Systems Research of the University of Illinois College of Medicine at Rockford, which specializes in community needs assessments for health and human services organizations, carried out the study for the partners and prepared this summary report as part of the comprehensive needs assessment.

This document will be used by the partners and other organizations in McHenry County to establish strategies for addressing health, human services and quality of life concerns. The partner organizations and the residents of McHenry County will be able to translate these findings into community action plans for implementation of steps to improve the health and human services system, building on the spirit of cooperation and initiative begun with the study. The partners have made the results of the study widely available beginning with presentation of findings and priorities at McHenry County College on September 28, 2006.

Organization

The Healthy Community Study was conceived by the ten partner organizations who also funded the effort. United Way of McHenry County acted as the fiscal agent, while the McHenry County Health Department served as the “lead agency” for project activity and communications.

Figure 1
MCHENRY COUNTY HEALTHY COMMUNITY STUDY 2006: PARTNERS

Advocate Health Care	McHenry County Department of Health
Centegra Health System	McHenry County Mental Health Board
Leadership Greater McHenry County	Mercy Health System
McHenry County Community Foundation	Rockford Health System
McHenry County College	United Way of McHenry County

The performance of the study components was guided by the membership of the Steering Committee. Among the tasks in which the Steering Committee was involved included the choice of target populations to participate in the focus groups; key informants to be interviewed; identification of local data sources for the community analysis, development of the questionnaire and publicity for the household survey and planning for the presentation of results and follow-up activities. A list of Steering Committee members and their affiliations is shown below.

Figure 2
HEALTHY COMMUNITY STUDY: 2006
STEERING COMMITTEE

<u>Organization</u>	<u>Representative</u>
Advocate Good Shepherd	Sylvia Boeder Julie Mayer
Centegra Health System	Rowena Wermes Beverly Auerbach
Home State Bank	Maggie Riveria
Leadership Greater McHenry County	Roger Schlies
McHenry County College	Linda Brogan
McHenry County Community Foundation	Kate Halma Kent Cooney
McHenry County Health Department	Debra Quackenbush
McHenry County Mental Health Board	Sally Stachniak
Mercy Harvard Hospital	Dan Colby
Rockford Health System	Sue Schrieber Michele Diedrich
United Way of McHenry County	Dave Barber

Methodology

This summary report is a composite of findings from the four component studies described below.

The Community Analysis presents a comprehensive overview of McHenry County, characterizing its population through secondary sources of information, especially the 2000 Census of Population and Housing plus Census updates, vital statistics collected by the Illinois Department of Public Health, and other social indicators primarily from state agencies. Topics covered include population, age, race/ethnic, gender, family structure, income and poverty, education, employment, housing, plus births, deaths, health status including mental health, abuse, disabilities, and crime and violence. The report utilizes social indicators for McHenry County, tracking them over time, comparing levels to the state and nation and looking for variations among demographic groups and geographic areas within the County.

The Household Survey is a comprehensive analysis of the health and human services needs of the residents of McHenry County as experienced by a representative sample of citizens. By surveying a random sample of local households, this portion of the study sought to determine:

1. Perceptions of community problems and needs which should be given priority attention by the community and health and human services system.
2. Perceptions of the availability and quality of health and human services.
3. Barriers to use of health and human services by the population.
4. Health status of the population, prevalence of diseases and conditions.
5. Difficult situations affecting the household, health insurance coverage.
6. Mental health, stress, suicide and abuse.
7. Perceptions of growth and development.
8. Priorities for the spending of transportation dollars.
9. Preferred policies regarding smoking.
10. Availability and use of child care.

The survey questionnaire was developed specifically for this study by the Healthy Community Steering Committee assisted by Health Systems Research.

The survey used a mailed questionnaire which was sent to a random sample of 6,000 McHenry County households. The questionnaire format was a 12-page booklet, including a cover letter showing study sponsors, stressing the importance of the study and urging local citizens to participate. A final, open-ended question allowed individuals to comment as they desired about any related topic. No identification number or other identifying mark was used so that respondents could be assured that their answers would be anonymous when returned in the enclosed business reply envelope.

The survey was organized to provide a complete picture of the views of all residents in the county, by distribution proportional to the population residing in each zip code area within McHenry County. When zip codes crossed county lines, only the portion in McHenry County was included.

The mailing list comprising the sample was drawn randomly from the database of households in McHenry County purchased from a national demographic list firm. Approximately one of every 20 (residential) households was chosen. Institutionalized persons such as nursing home residents were not eligible to be part of the sample. The mailing was sent by bulk mail without address service. Questions about the survey were answered at an "800" number maintained by Health Systems Research.

Publicity in the local media, as well as articles in newsletters of local organizations sought to improve participation. A follow-up postcard was sent two weeks after the original mailing. At the "cut-off" date, 811 usable surveys, or 13.5% of the sample, had been received. The responding households contained 2,214 persons. Following the cut-off date, only open-ended responses were recorded from the remaining surveys received until completion of this report. If representative, the margin of error would be plus or minus 3.4%.

The comparison of survey respondent characteristics and 2000 Census data shows that within certain limitations, the sample can be said to be representative of the area population. For instance, the household size for the sample was close to what Census data indicates. More women than men responded which is not unusual for surveys on health and human services.

The age distribution for respondents and household members was generally representative, except for low participation by young adults and greater representation of older persons. The median age of household members was 41.9 compared to 33.7 for the Census.

In terms of household types, the sample contained more married couples than would be expected, but also more single parents. The racial and ethnic distribution was low for the Hispanic population, but close to true Asian and black levels.

Educationally, the sample was more highly educated than would be indicated by the Census. College educated individuals with both Associate and Bachelor’s degrees were more common than expected while persons without a high school diploma were far less common.

The largest response in terms of surveys returned came from Crystal Lake (157), McHenry (137), Woodstock and Cary (both at 78), Algonquin (65) and Huntley (53). When response rate is considered, the communities most likely to have returned surveys were Richmond (22.2%), Fox River Grove (17.6%), and Ringwood (16.7%).

The Focus Groups component contained discussions regarding health, human services and quality of life needs in McHenry County. Focus groups are small groups of individuals formed to discuss a topic of common interest; in this case, their health and human services needs. For this study, fourteen focus groups were formed from target populations in order to gain knowledge about their views of and experiences with services in McHenry County, particularly within the specific population group they represent. Focus groups afford an opportunity to hear the views of certain target groups, especially at-risk individuals, who might not otherwise be heard from in other aspects of the study.

Focus groups were organized for target populations identified by the Healthy Community Steering Committee and Health Systems Research, especially groups likely to use or be in need of health and human services. The table below lists the fourteen focus groups which were convened as well as the number of individuals participating at each session and the meeting site.

Figure 3
FOCUS GROUPS WITH NUMBER OF PARTICIPANTS AND MEETING SITES

Focus Group	Participants	Meeting Site
At-Risk Youth	14	McHenry East High School
Disabled Individuals	7	Pioneer Center
Elderly	10	Senior Services Center
Farmers	13	McHenry County Farm Bureau
Hispanics	13	Garden Quarter Neighborhood Center
Homeless Men	7	PADS
Homeless Women	7	Home of the Sparrow
Low-Income Individuals	8	McHenry Township
Mentally Ill Individuals	10	Thresholds
Parents of Mentally Ill Children	7	Mental Health Board
Public Aid Recipients	9	McHenry County Health Department
Recent Immigrants	11	Illinois Migrant Council
Unemployed Individuals	11	Illinois Department of Employment Security
Young Adults	7	Youth Services Bureau
TOTAL PARTICIPANTS	134	

Area agencies and organizations were asked to help identify individuals who would be willing to participate in the focus groups. Most potential focus group participants were contacted directly for participation by a representative of the convening organization. Although the goal was to have 10-12 participants at each focus group, some difficulty achieving this attendance level was experienced for a few of the groups, while three of

the focus groups exceeded the 10-12 person goal. A total of 134 individuals took part in the fourteen groups. The sessions were convened at sites throughout McHenry County.

The format for conducting each focus group was similar. Group participants received a brief review of the purpose and confidential nature of the discussion. Most of the sessions lasted approximately 45 minutes. With the exception of one focus group, a \$20 stipend was given to each participant at the end of the meeting in appreciation for taking part in the session. In lieu of a stipend, a donation was made to one organization.

During the focus groups, participants were led through discussion of the following questions.

- What do you like about living in McHenry County? Dislike?
- What are the major health and human needs/problems that the community faces today?
- What type of health and human services are most needed by members of your group?
- What important services are missing?
- Have you used any service or contacted any agency in the last year? If so, was the service easy to use? Was the staff helpful and respectful? Did the agency help you?
- Based on your knowledge or experiences, how well do you think the McHenry County health and human services delivery system works?
 - a) What are the strengths?
 - b) What are the weaknesses?
 - c) What gaps in services (other than already discussed) exist?
 - d) Do you see duplication of services?
- What would you say are the major barriers that keep people from using services?
- Is there anything else that you would like to tell us?

For certain focus groups, questions may have been modified to reflect the experiences and situations of the particular group.

The Key Informant Study summarizes information obtained from in-person interviews with 43 key informants regarding health and human services and living in McHenry County. Key informant interviews obtain information and perceptions from individuals who are considered to be experts in their field based on professional experience, knowledge of the local health and human services system, or who are in a position of influence within the community.

Key informants, local experts in education, government, human services, or business, were selected by the Healthy Community Steering Committee. A listing of key informants and their affiliations is shown.

Participants in the Class of 2006 at Leadership Greater McHenry County, a project to train future community leaders, conducted the key informant interviews in pairs. The experience served both to provide an opportunity to learn about human services in the county and to provide a service to the Healthy Community partnership. Health Systems Research trained the group in interviewing and reporting techniques at two sessions. Following an introductory letter to interviewees, the Leadership group members made appointments for interviews which each lasted about an hour.

The Steering Committee also developed the interview questions which are shown on the next page to guide the discussions with the key informants. Topics for discussion were focused in a set of questions which included the best aspects of living in McHenry County, target populations in need of services, the health and human services system as a whole, and challenges for the future in the county, especially transportation needs and growth concerns.

Leadership Greater McHenry County participants conducted interviews with the 43 key informants who represented these areas: business/employment (3), children/youth, (3), churches (2), civic organizations (1), criminal justice (3), disabled (2), education (3), government (3), health care (2), housing (2), human relations

and information & referral (2), labor (1), leisure and recreation (2), literacy (1), media (2), mental health (2), rural (5), senior services (2), and state social services (2).

Figure 4
HEALTHY COMMUNITY STUDY 2006
KEY INFORMANT INTERVIEW QUESTIONS

- What are the major population groups that your organization serves and what services do you provide?
- What would you say are the best aspects of living in McHenry County?
- Overall, in McHenry County, which population groups would you say are in greatest need of increased community attention? (for each population group named)
 - a) What are the major needs of this group?
 - b) What evidence do you see of their needs?
 - c) What are the barriers to services for this group?
 - d) What services are currently provided and what services need expansion or improvement in the way they are delivered?
- How well does the McHenry County health and human services delivery system work?
 - a) What are the strengths?
 - b) What are the weaknesses?
 - c) What gaps in services (other than those already discussed) exist?
 - d) What examples of duplication exist or ways that efficiency might be improved?
 - e) What would you say are the major barriers that keep people from using services already available?
 - f) How have health and human services changed over the past five years?
 - g) What changes or challenges do you feel will emerge over the next five or ten years?
 - h) (If not discussed already) What are the most important actions that are needed to improve health and human services?
- Aside from the topics that you have already discussed, what would you say are the three biggest challenges that McHenry County is facing?
 - a) (If not already mentioned) Do you have any thoughts about growth and development in McHenry County?
 - b) (If not already mentioned) Do you have any thoughts about transportation needs in McHenry County?
- In closing, is there anything else that you would like to tell us?

Figure 5
MCHENRY COUNTY KEY INFORMANTS

Carlos Acosta, Director McHenry County Latino Coalition	Jim Greco, President & CEO Big Brothers and Big Sisters
Harry Alten, Jr. Self-Employed Farmer, Farm Bureau Member	Kate Halma, Communications Manger McHenry County Conservation District
Pam Altoff State Senator	Suzanne Hoban, Executive Director Family Health Partnership Clinic
Cindy Amore, EMS Manager Centegra Northern Illinois Medical Center	Sally Hodge, Member Services YMCA
Chuck Barham, Sales Manager NextMedia Star 105.5	Allison Hull, Member League of Women Voters
Bob Blazier, President Crystal Lake Chamber of Commerce	Diane Klemm, Supervisor Algonquin Township
Jane Brehm, Recruitment, Retention, and Assessment Coordinator McHenry County College, Adult Education	Linnea Kooistra, Member McHenry County Regional Planning Commission
Dr. Christy Chambers, Superintendent Kathy Wilhoit, Associate Superintendent Educational Services Special Education District of McHenry County	Sue Kraus, Executive Director McHenry County Youth Services Bureau
Julie Biel Claussen, Executive Director Corporation for Affordable Homes of McHenry County (CAHMCO)	Dan Larson, Pastor Congregational Unitarian Church
Maggie Crane, Director Woodstock Public Library	Kim Larson, Executive Director Adult & Child Rehab Center, Woodstock
Kimberly Curran, Supervisor Illinois Department of Human Services (IDHS)	Carol Louise, Executive Director Family Alliance
Jane Farmer, Executive Director Turning Point	Carl Martens, Director McHenry County Workforce Investment Board
Jan Fox, Director McHenry County Child Care Resource & Referral	Robert M. Martens, Chief Executive Officer Family Service & Community Mental Health Center for McHenry County
Gene Goeglein, Regional Superintendent Regional Superintendent of Schools for McHenry County	Karen Nuelle, Executive Director Community Action Agency (Head Start)
	Keith Nygren, Sheriff McHenry County Sheriff s Department

Figure 5
 MCHENRY COUNTY KEY INFORMANTS (cont'd.)

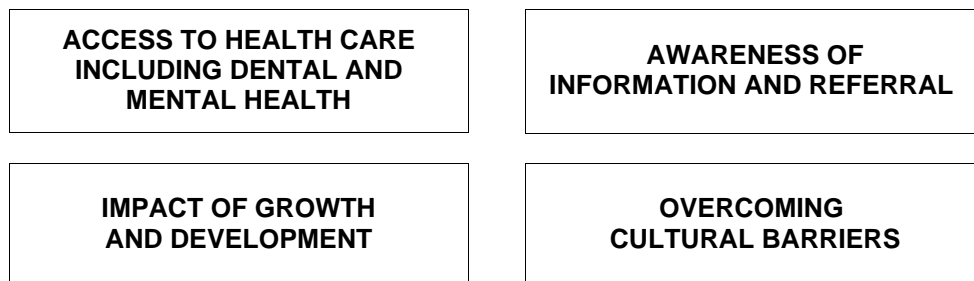
Karen Patel, President McHenry County Economic Development Corporation	Betty Schoenholtz, Executive Director Senior Services Associates
Deepak Punjabi, General Staff Attorney Prairie State Legal Services	Dennis Smith, Retired Executive Director McHenry County Mental Health Board
Kirk Reimer, Director Crystal Lake Park District	Ellen Sonntag, Executive Director McHenry County Housing Authority
Leonetta Rizzi, Manager of Programs McHenry County Crisis Services	Mike Tryon State Representative
Tom Rogers, Pastor Redeemer Lutheran Church, Woodstock	Susan Van Wheelden, Executive Dean Corporate and Community Services McHenry County College
John Rung, Publisher NW Herald Newspaper	Dan Volkens, Manager McHenry County Farm Bureau
Donald Schellhaass, Unit Leader University of Illinois Extension	Dave Washington, Public Services Administrator Illinois Department of Children and Family Services (DCFS)

Primary Priorities

Information from the four Healthy Community Study 2006 components, the Community Analysis, Household Survey, Focus Groups and Key Informant interviews, was analyzed to identify priority themes, those health and human services and quality of living aspects most in need of community action. Selection of priorities was based on magnitude of the problem according to its size and severity, the problem's significance to the community and whether current activities designed to address the problem are already in place based and being effective. Selection was based purely on information derived from the four study components.

The four priorities are:

Figure 6
 HEALTHY COMMUNITY STUDY 2006 PRIORITIES



On the following page are summaries of each of the priorities. Detailed information from the studies for each priority follows later in this report with information derived from each study component.

Access to Health Care Including Dental and Mental Health

Lack of adequate care contributes to the poor health status of individuals, especially when prevention is not received, resulting in greater treatment and expense later, even hospitalization.

Barriers to care may include cost, transportation, language or other personal or cultural reasons. One of eight McHenry County households has a member who did not seek care during the past two years because of cost, one of five single parents. Young adults often are not covered by insurance. Out-of-pocket costs are difficult for many to cover.

Dental and mental health are particular access issues, 13.3% of households include a member who could not afford needed dental care in the past year. Dental and behavioral insurance are more limited in availability than medical. Few dentists and medical specialists were reported to accept Medicaid. Some persons commented that more behavioral services are needed.

Services in McHenry County tend to be concentrated in a few places, mostly Woodstock. Those who use services for a need for more locations throughout the County.

Impact of Growth and Development

McHenry County is among the state's fastest growing counties and large gains are expected through 2030. The growth does not come without changes and the need for added resources. Traffic and congestion clearly leads citizen concerns. Other problems expressed in the survey and discussions include overcrowded schools, need for businesses and cultural activities, required social services expansions, affordable housing, taxes and the effect on the environment.

Since half of the working population is employed outside the County, commutes are among the nation's longest. Residents feel that transportation must be upgraded. Concerns are also strong about the impact on open space and the environment.

Awareness of Information and Referral

Though adequate services may exist, people may still not be aware of them or may not be referred when a helper is not aware of sources of help.

Among those who needed help, but did not receive it, 35% said that they didn't know where to turn. Additionally, key informants noted that providers are not always sufficiently aware of services. Groups who may particularly need help in finding services are the elderly and Hispanics. They may also be reluctant to use them. Focus group members suggested a central referral number and directories.

Overcoming Cultural Barriers

The Hispanic population in McHenry County is growing very rapidly, now passing 30,000 or 10% of the population. Agencies may not be prepared to accommodate the language and cultural needs of this population. The County also has a large Polish population and is receiving other immigrant groups.

Because access to well-paying jobs may be difficult, Hispanics may have greater social service needs. Hispanics typically exhibit health disparities and tend to lack health insurance. Poverty is higher.

Recent immigration is also a risk factor. Language and cultural differences may also make communication, understanding, or willingness to act difficult to achieve.

POSITIVE ASPECTS OF LIVING IN MCHENRY COUNTY

Introduction

Though this study overall is focused on needs in McHenry County and gaps in services, many positive aspects of living in McHenry County were found in conducting the study. Two questions primarily elicited these responses. Key informants were asked initially what they consider to be the best aspects of living in McHenry County, while focus group participants were asked “What do you like best about living in McHenry County?”.

Small Town Living in a Metropolitan Setting

The mixture of rural and suburban living was mentioned by a majority of the key informants, described by one interviewee as “the town and country feel” of the county. The small town atmosphere, where people know each other, is a positive aspect as is the availability of open space in the rural areas. Residents appreciate being close enough to Chicago and other metropolitan areas to take advantage of cultural or recreational activities. The availability of mass transit increases the access to Chicago.

All of the focus groups cited the quiet, small-town, easy-going atmosphere found in many of the county’s communities as a positive aspect. Many of the group members appreciate the rolling hills and rural areas of the county. Also, while enjoying the small town living in the area, residents are able to take advantage of services and attractions in Chicago, with a relatively short drive. People are said to be friendly and helpful, especially to newcomers. Recreational activities are said to be readily available to families.

Besides the diversity of the rural and suburban areas, the population is becoming more diverse as many Latinos move into the county. Some key informants feel that this cultural diversity is an asset to the county.

Safety and Low Crime

Several key informants consider McHenry County a safe place to raise a family with an excellent quality of life typified by this comment: “a good area to raise children with excellent schools, while retaining a hometown atmosphere.” One-quarter of those interviewed praised the good schools or quality of education at McHenry County College

Six of the focus groups cited public safety as an asset in McHenry County, believing that the area enjoys a low crime rate and is relatively “safe.” One mother in the low-income group summarized her feeling of safety as follows: “It is so nice not having to worry about my kids catching a bullet when they’re playing outside.”

Good Schools

Participants in six of the focus groups, especially parents, reported being very pleased with the local school system, noting that teachers seem to be genuinely concerned about the quality of their children’s education, and are caring and helpful.

Among the open-ended survey comments were six who characterized McHenry County as “a great place to raise a family.”

Good Human Services

The county is characterized as rich in resources for health and human services. Several individuals noted the availability and quality of health care services with multiple health systems and an adequate number of medical specialists. One key informant praised the local hospitals for their efforts to coordinate services to seniors and their caregivers. Besides the broad range of human services available, some key informants appreciate the collaboration among organizations to avoid duplication and improve communication. The Mental Health Board and the Health Department were praised for their efforts to develop and coordinate the network of services.

Public Aid recipients, homeless women, and low-income individuals believe that McHenry County offers an abundance of services for people in need. Several in the low-income group commented that human services are much easier to access in McHenry County than is the case in Chicago.

Generous Neighbors

Community leaders believe that citizens are generous, helping those in need through donation of funds or giving their time as volunteers. As one said, "Those within McHenry County are willing to take care of their own as financial backing from state resources dwindles."

Dedicated Public Officials

A few key informant interviewees commented on the approachability and ease of communication with local politicians, especially by clients not satisfied with services. County leaders and state representatives are said to be forward-thinking, taking on the challenges of growth.

Other Positive Aspects

A number of key informants see growth as positive with new businesses, more medical specialists, and increased shopping opportunities as benefits.

Individuals in two focus groups believe that the cost of living is lower in McHenry County than found in Chicago.

PRIMARY PRIORITIES

ACCESS TO HEALTH CARE INCLUDING DENTAL AND MENTAL HEALTH

INTRODUCTION

Ideally, everyone should be able to enjoy access to quality, affordable care and services. Lack of adequate care is a contributing factor to many health problems, including perinatal conditions, chronic disease, mental illness, substance abuse and serious dental issues. Not receiving preventive care may exacerbate conditions, requiring greater eventual treatment and expense, even hospitalization.

Decreased access to care may result from a number of factors, including a shortage of facilities or providers. However, other concerns such as financial, language, transportation or other personal barriers may also restrict access to care. Financial concerns may include not having insurance, not having coverage for the condition or inability to pay co-payments or deductibles. Inconvenient location of facilities involves transportation needs. Finally, concerns such as a cultural or language barrier may prevent or restrict access to needed services.

Especially likely to have access concerns are young adults, Hispanics, persons with disability, some elderly and those without insurance or financial means.

Providing adequate access to services is key in eliminating disparities in health status. With adequate access to health and human services, individuals in the community may use resources which not only increase their own quality of life but will also be cost effective by preventing future problems.

Of particular concern is dental care. Even those with medical insurance may not have a dental plan. Yet oral health is an integral part of overall health. Inadequate dental care can result in caries and periodontal disease, which in turn can lead to needless pain, lost productivity and increased cost of care. Unsolved dental problems are common in the population. Some persons avoid dentists because they fear pain.

Like dental care, individuals may lack insurance or mental health coverage. Further, the stigma of behavioral problems may intervene to keep individuals from seeking care.

Though public programs may be available, potential patients may not be aware of referred (see Information and Referral priority) or may be embarrassed to seek help.

Services in McHenry County tend to be located in a few places notably Woodstock, which may impede access.

HEALTHY COMMUNITY STUDY FINDINGS

COMMUNITY ANALYSIS

7.6% of McHenry County residents avoided going to the doctor because of cost according to the 2002 Behavioral Risk Factor Survey. The County has one physician for every 887 persons while the nation has one for every 332.

HOUSEHOLD SURVEY

Just over one in eight (12.2%) respondents or a household member were unable to receive care when needed in the past two years. Accessing needed health care appears to be a greater challenge for these groups: single parents (21.5%), those living in the central part of the county (15.1%), and residents of rural McHenry County (14.9%).

Reasons given by those individuals not able to receive care were strongly financial. The most often cited reason was financial concerns/cost of care which was named by two-thirds of respondents with access difficulties. Following came lack of insurance (51.5%) and underinsured/could not afford deductible (32.3%). As a proportion of all households (not just those unable to receive care), 8.1% were unable to receive needed care because of financial concerns, followed by lack of insurance (6.3%) and underinsured/could not afford deductible or co-payment (3.9%). Single parent households named the three leading reasons for not receiving medical care at much higher rates than did other groups, reaching 14.9% for financial concerns.

In response to a survey question which asked respondents to indicate what they would like improved to make their community a healthier place to live, 21.5% indicated that they would like to see an improvement in the provision of health care.

About one in fourteen (7.1%) household members report not being covered by health insurance. The percentage of uninsured household members in the 18-29 age group (16.9%) is more than twice as high as the overall sample and far higher than the other age groups.

Many times, persons must pay out-of-pocket for visits or procedures not covered by insurance, as well as required deductibles or co-payments. For the majority of respondents, such costs are a problem, but not serious (36.4%) or not much of a problem (29.7%). About one in six participants said that these out-of-pocket costs are not a problem at all. However, for 15.4% of local residents, health costs are a serious problem. Again, single parents experience the most difficulty with out-of-pocket costs.

Affordable dental care was a particular access issue in the county, with 13.3% of households reporting that someone in the household needed dental care in the past year but could not afford it. Over one-quarter (26.9%) of single parent households had difficulty paying for dental care. Nearly 1 in 10 (9.5%) households experienced problems affording prescription medicines, while 4.9% had difficulty getting Medicaid or other benefits. Additionally, 3.3% were unable to find affordable local mental health therapy or counseling and 0.6% could not afford pregnancy care.

Cost of services was the primary reason respondents to the survey did not receive some type of help (not necessarily medical) if they needed it, indicated by more than half (53.5%) of those citing at least one reason for not receiving help when needed. More than a third (35%) claimed that they did not know where to turn and about one-quarter were not eligible for service or said that they were concerned about privacy. Thirty-eight survey respondents marked lack of response by the agency.

The need for more behavioral services in McHenry County was the leading open-ended comment received.

KEY INFORMANT STUDY

Some individuals work at multiple jobs, but still cannot make ends meet, especially with rising housing and utility costs. Some jobs are available in the service sector, but do not pay enough to support a family nor do they provide benefits such as health insurance. One informant was especially concerned for the two-parent two-income families who are “just getting by,” but do not qualify for services. Another informant summarized by noting that “low-income people are being left out of the benefits of living in McHenry County.”

One informant was concerned that private payers must shoulder the burden when governmental reimbursement rates are far below the market-driven rate for health care services. With such a large fraction of health care services funded through the public payer system, the burden is great on the remaining portion paid by the private sector. A community leader was dismayed that Harvard Hospital could no longer afford to deliver babies for uninsured patients and discontinued the service. Now Centegra has accepted that burden.

Another health care gap named by key informants was the need for more dentists or doctors who accept Medicaid.

A lack of health insurance or the ability to pay prevents many persons from seeking medical care. As a result of not having coverage, people may wait until the condition is a major problem before going to the expensive emergency room for care rather than taking advantage of preventive care. Dental and mental health services may not be covered by insurance even when a medical plan is available.

Particular groups needing health insurance are farmers, low-income workers and Hispanics. As small business owners, farmers may not be able to afford the insurance premiums, especially in a bad economic year. Often, a spouse will seek employment off the farm just to qualify for health insurance. Newly arrived Hispanic from other areas may not have insurance while low-income workers have jobs, such as in retail or food service, where health insurance is generally not offered or the cost-sharing may be prohibitive. Many unemployed workers cannot afford to buy the COBRA continuation insurance.

Several informants believe that the lack of a coordinated public transportation network throughout the county is a significant gap as well as a barrier to using social services. Individuals have difficulty traveling between towns for appointments or to reach work in other counties. Dial-a-Ride or PACE transportation services do not cover all areas or have restrictions such as requiring advance reservations.

The absence of a coordinated transportation system also affects the ability to reach services, especially those located in only one community such as the Illinois Employment and Training Center or The Family Health Partnership Clinic. Some counseling programs provide services in the schools to offset the need for parents to transport their children. Other programs offer satellite services in several locations, though funds often limit developing additional sites.

Language is a considerable barrier preventing Hispanics from receiving some services. Spanish-speaking staff, which are needed at all agencies, are in short supply. One informant noted that, as soon as he hires Spanish-speaking staff, they often leave for higher paying jobs elsewhere. Several health care providers do not have translators nor do some youth programs. When Spanish-speaking staff are available in agencies, a long waiting period is sometimes required to meet with them, such as for Public Aid intake. Head Start, McHenry County College, Family Health Partnership Clinic, and the Woodstock Library have been reported to have made an effort to recruit Spanish-speaking staff. Finding enough bilingual employees will continue to challenge many organizations.

Those who are undocumented are reluctant to use human services for fear of being reported or may not be eligible to use services. Fear may keep them from trying to access services even when needs are great.

FOCUS GROUP STUDY

Lack of health care services for the uninsured is an area of concern for many of the focus group participants. Seven of the groups believe that few, if any, health care services are available in the county for uninsured individuals. No one in any focus group could name any doctor who would accept patients without insurance or on a sliding fee scale. Some of the individuals in focus groups had knowledge of the Family Health Partnership (FHP) Clinic in Woodstock and had utilized the clinic's services. The majority of the focus groups agreed that more free or sliding-scale clinics like the Family Health Partnership Clinic are needed in McHenry County. Several persons suggested that, perhaps, the FHP could expand or branch out into other McHenry County communities.

A major concern for farmers is the lack of affordable health care coverage for their group. Farmers reported spending \$10,000-\$15,000 per year on health insurance. Spouses of many of the farmers who participated in the focus group work elsewhere just for the health insurance benefits.

Another barrier to receiving needed services cited by several of the groups is that too many of the available services are located in Woodstock only. Several groups asserted that essential human services agencies should be located in all major McHenry County communities. Individuals who do not live in Woodstock sometimes have trouble getting to the agency.

A few members of the focus groups said that finding a primary care doctor who accepts Public Aid is a problem, however, others disagreed with this, saying that the county contains plenty of primary care physicians who take the medical card.

Some focus group participants, such as the Public Aid recipients, noted that not enough specialists in the county accept Medicaid. A few of the homeless individuals believe that obtaining a medical card is difficult, if not impossible, for single, childless individuals, whether male or female.

The Public Aid recipients complained that Medicaid does not cover prescription costs very well and the selection of drugs that are covered is limited. The homeless men expressed a need for help with prescription drugs. For example, one of the homeless men is diabetic and said that he sometimes goes without his medicine because he can't afford the cost.

Access to dental care, especially for persons without dental insurance or those receiving Public Aid, is reported to be a problem in McHenry County. Many individuals in the county lack dental coverage and cannot afford care. Many of the focus group participants do not have dental insurance and said that because care is so expensive, they are not getting necessary exams, cleaning, or treatment. For example, one of the unemployed men has put off having a root canal for over two years because he is unable to pay for the procedure. One of the young adults commented that his employer recently eliminated dental benefits, so he is now doing without non-essential dental care because of the cost.

The majority of focus group participants complained about the lack of McHenry County dentists who will accept Public Aid. Only one individual knew of a McHenry County dentist who accepts Public Aid, and she wasn't even sure if this dentist in Richmond is still practicing in the area. Two Hispanic individuals reported that they have to travel to Waukegan to see a dentist who will take their medical card.

Hispanics expressed a concern about accessing health care because of the language problem. The lack of bilingual health care staff makes communicating very difficult. This group is not aware of any local physician who employs bilingual staff; therefore, Hispanics with limited English may not be accessing health care.

Some of the individuals in the focus groups named word of mouth as the most common method for finding out about services in the community. As one elderly woman said, many seniors are unaware of services "unless they happen to talk about it at bingo."

IMPACT OF GROWTH AND DEVELOPMENT

INTRODUCTION

McHenry County is among the state's fastest growing counties. With 260,000 in 2000, the population is adding about three percent every year. Gains will continue to be substantial in that NIPC sees the county reaching 450,000 by 2030.

The growth does not come without changes and the need for additional resources. Citizens who lived in McHenry County for the rural or small town setting see their landscape change as urban sprawl engulfs or approaches. Growth and development encompasses many citizen concerns:

1. Traffic and congestion. New homes bring increased traffic flows, but often population growth outpaces the upgrading of roads and intersections resulting in congestion. About half of McHenry County residents who are employed work out of the county, adding to the magnitude of the flows. Limited access roads like interstates, which can expedite the flows, are few. Public transportation, another solution to handling the commuting and taking people off the roads, is not broadly available. Groups which may depend on public transit include youth, the disabled and the elderly.
2. School overcrowding. Rapid growth often brings single family homes with families which include many school-age children. However, school districts are not always ready to accommodate the expanded enrollment, especially the need for new schools and the required funding that accompanies expansion.
3. Social Services expansion requirements. More population means greater demand for social services, yet existing services may not have the capability to enlarge their services rapidly or to the extent needed. Most human services are provided by government and not-for-profit agencies which do not have ready access to the funding to accommodate the necessary expansion. Additionally, these services must compete for staffing in a competitive market. Individuals desiring to become a staff member may require added education to meet required credentials.
4. Business, stores, art, culture, parks, recreation. Similar to the need for schools and social services, communities need many amenities to provide the desired quality of life. Growth often outpaces these aspects of communities – some of which may require tax dollars, private investment or government action.

5. Affordable housing, taxes. With growth may come inflation of housing costs which can price some families out of the market especially single parents and the working poor. Meanwhile rental housing rarely keeps pace to offer moderately price alternatives. With the need for infrastructure including roads and schools may come increases in property taxes which may be difficult for some families and individuals to afford. If business does not expand, tax dollars may not be sufficient and residents may be forced to commute out-of-area to find employment.
6. Urban sprawl, environmental deterioration. With sprawl comes the possible loss of farmland and open space along with negative impact on forests, rivers, streams and wetlands.

HEALTHY COMMUNITY STUDY FINDINGS

COMMUNITY ANALYSIS

The county's population more than doubled from 1980-2005, reaching 303,990 in 2005. McHenry County was the state's fifth fastest growing county from 2000-2005, experiencing a 16.9% growth in that time period. All but one of the county's 31 communities grew during the 1990s.

Population growth from 2000-2005 was primarily due to in-migration (70.4%). The remaining 29.6% came from natural increase (births-deaths). NIPC expects the county to reach 449,823 by 2030, up 48% from current population levels. Almost one-third (32.4%) of the McHenry County population lives in Algonquin Township which is home to 98,481 persons.

The number of housing units in the county increased by 65.9% from 1990 to 2005. Home ownership is higher in McHenry (84.5% of housing units owner-occupied) than the U.S. (66.9% owner occupied). Residential building permits in 2005 were 3,519. Home ownership has increased since 1990 in almost all age groups. With a median home value of \$168,100, homes were, on average, far more expensive than statewide (\$130,800) or nationally (\$119,600) in the 2000 Census. In 2005, single family homes sold at an average price of \$279,844.

McHenry County residents travel an average of 10 minutes longer (34.4 minutes) to work than do workers nationwide (25.1 minutes). This is sixth highest in the nation among counties with population of 250,000 or more. Most workers in the county drive to work alone (82.4%), while 8.6% carpool and 3.1% use public transportation.

Only half (51.1%) of county residents work within the county. The next most common work locations are Cook County (26.2%) and Lake County (11.7%). The county ranks 31st highest of U.S. counties with populations of 250,000 or greater for percent of workers working outside county of residence.

3,120 (3.5%) of the county's occupied housing units have no vehicle. The oldest householders, 75 years of age or older, are the most likely not to have a vehicle (18.6%), followed by 65-74 (6.6%) and 15-24 (5.4%).

HOUSEHOLD SURVEY

Problems relating to growth and development were the leading concerns in the household survey. In a question asking respondents to indicate what they would like improved to make their community a healthier place to live, traffic flow clearly was the leading suggestion for improvement, marked by 60.2% of respondents. The second most common characteristic marked also involved transportation, in that 37% would like to see improvement in public transportation. The environment was also a major concern for area residents; 20.0% stated that they would like to see improvement in this category.

Rapid population growth and the related effects of the growth has made development a significant public policy issue in McHenry County. As their quality of life is impacted, citizens have become increasingly sensitive to the quality of the environment, nature of the landscape and county infrastructure. Survey respondents were given several policy statements and asked to mark agree, disagree, or not sure. The statement for which agreement is greatest at 89.0% is that "Preserving open space is as important as residential or commercial growth." Similarly, McHenry County residents desire to constrain the areas in which growth takes place.

Four of five (81.8%) respondents say that development should take place in those areas already with available infrastructure service (drinking water, wastewater treatment) before extending into areas without those services. Too much residential development is taking place in the rural farming areas according to 76.6% of the respondents. Desiring to preserve natural areas are 68.2% who agree that maintaining forests, prairies and wetlands is more important than acquiring new ones.

As for actions to deal with growth and development, impact fees receive broad support in that 86.7% agree that "impact fees" should be required for new developments to finance schools and parks. A small majority (42% agree, 35.3% disagree) are willing to pay higher taxes to preserve the wetlands and other environmentally sensitive areas in McHenry County.

Overall, residents do not appear to be pleased with how the county is developing. Only 21.8% are pleased with the way that county land has been developed so far while 52.8% are displeased. An additional one-fourth of respondents are unsure or chose not to answer.

The demographic groups most concerned about the way that development has impacted McHenry County are longer term residents and persons with advanced education.

Asked to indicate what they would like improved to make their community a healthier place to live, six out of ten (60.2%) survey respondents marked traffic flow, making it the leading suggestion for improvement. Traffic was the leading concern among McHenry County residents for all demographic groups but was especially important to seniors and singles living alone, who expressed the highest levels of concern.

Public transportation placed second of 22 community characteristics needing improvement.

In another portion of the survey, nine ideas were listed for improving transportation with respondents asked to choose up to three. At the top, by far, of the choices for spending McHenry County transportation funds is improving existing highways by widening or upgrading intersections, marked by 69.5% of respondents. Next among the proposed choices were adding or improving paths, sidewalks (37.1%), creating or extending limited access highways (33.9%), establishing scheduled bus service among major McHenry County communities (33.9%) and increasing train frequency, parking at stations (27%). Somewhat popular were the expansion of PACE or call Dial-a-Ride (24.2%) and more and better "park and ride sites (19.7%).

Lack of adequate transportation can be a barrier to obtaining health and human services. When respondents were asked "If you needed help during the past year and didn't get it, what were some of the reasons?" 5.2% reported that transportation or not being able to get there were barriers to care.

Among open-minded comments, the need for traffic planning was the second most frequent. Asked what needs to be done to improve their community, 48 survey respondents offered ways to improve public transportation.

KEY INFORMANT STUDY

Growth issues mentioned by key informants included the need for increased services for the growing population, cited by 13 informants, and the importance of devising a comprehensive plan to address growth stated by nine informants.

As the population increases, so do school enrollments, leading to overcrowding. Referendums are difficult to pass and state funding is flat or declining. Like social services, schools have to do more with less. As one informant stated, "The needs of children are very important, but citizens of the county must decide what they want schools to be. If you want specialized programs and money is not available from the state to support these needs, then the community must do the work."

Several of the 12 informants identified low-income or the working poor populations as needing help with basic needs. Affordable housing is a crucial issue for these families. With rents and utilities skyrocketing, families have a difficult time finding suitable housing. According to the Housing Authority representative, the number of HUD Section 8 vouchers, which can be taken to any landlord who will accept them, have not increased since the mid 1980s. Currently, qualified applicants wait up to three years to move into subsidized housing or receive a Section 8 voucher.

Some individuals work at multiple jobs, but still cannot make ends meet, especially with rising housing and utility costs. Some jobs are available in the service sector, but do not pay enough to support a family nor do they provide benefits such as health insurance. One informant was especially concerned for the two parent-two income families who are “just getting by,” but do not qualify for services. Another informant summarized by noting that “low-income people are being left out of the benefits of living in McHenry County.”

More affordable housing or more Section 8 subsidies for rent are reported by key informants to be significant needs. The cost of living is high in McHenry County so that low-income families have difficulty affording standard prices for rental units. Rising rents make it difficult for low-wage workers to find decent housing. The Housing Authority has a three year waiting list for qualified applicants. Local communities and the Regional Planning Commission need to plan for the development of affordable housing as well. This might be done through higher density town home developments and the redevelopment of older areas.

Developing a comprehensive plan to manage growth among municipalities and the county is seen as essential by key informants. One legislator suggested creating a growth plan such as the one put together by Barrington’s Area Council of Governments (BACOG). McHenry County has started a similar Council of Governments, but needs more involvement. Key cities within McHenry County must join planning groups. Becoming proactive rather than reactive was recommended by one informant who cited Riley Township as an example of proactive planning.

Another community leader stated that to control growth a “blueprint” stressing balance must be developed and followed. He says that communities must balance high-priced housing with more affordable, denser housing and the right mix of industry and retail to better constrain property taxes.

Another informant described the “Imagine McHenry” project started by McHenry County Homebuilders and Economic Development Corporation to discuss the needs for the community and plan for growth. This group is based on the “Envision Utah” initiative started prior to the Salt Lake City Olympics when different plans were created for Utah. Residents voted on what they desired in the future related to housing, the environment, schools, and healthcare. Imagine McHenry is attempting to replicate this model and is seeking 501(c) (3) non-profit status so it can accept donations.

Seven interviewees discussed the impact of growth on the environment. The growth and increased traffic over the past five years has strengthened conservation groups’ message of the urgency of preserving before open space disappears. Rapid growth in the southeast and northeast corners of the county has put serious pressure on the importance of land preservation. A farmer noted that the development of prairie and farmland impacts nature’s ability to fertilize soil, resulting in a permanent loss of good soil.

One informant feared the county may face a serious water problem as communities are using more water than can be recharged in the aquifers, coupled with stream water quality continuing to decline. He asked, if the county’s below-surface water (aquifer) is disappearing and the above-surface water quality is bad, where will our water supply come from?

FOCUS GROUP STUDY

Members of four focus groups are concerned with the rapid growth and development being experienced by McHenry County. Along with rapid growth, concern was voiced about the accompanying overcrowding of local schools. Related to the rapid development, several focus group participants feel that the cost of living is rapidly rising in McHenry County, along with gas prices, taxes, and utilities. More than one of the senior citizens expressed fears that rising taxes and utilities might force them to sell their family homes and move to apartments.

Several of the groups are concerned that affordable housing is lacking in McHenry County. Many focus group participants said that housing in the county is too expensive and the wait time for a Section 8 voucher can be as long as two years, plus not enough landlords in Woodstock accept a Section 8 voucher. A woman in the low-income focus group suggested that the Housing Authority provide more information for potential landlords. She thinks most landlords have an image of Section 8 recipients as deadbeats who are going to cause trouble.

AWARENESS OF INFORMATION AND REFERRAL

INTRODUCTION

Although an adequate supply of health and human services may exist in a community, people may not be aware of all services available to them. Services must be publicized in order for consumers to be able to successfully navigate processes necessary to enroll in and utilize health and human services. In some cases, they must be referred by a professional through case management.

Lack of awareness can occur on two major levels; individual and provider. When individuals are unaware of a service in advance of a need, they may be left with nowhere to turn when they experience need. When providers are not aware of a service, they are unable to refer their clients to an appropriate program in the community. Services must be publicized in order for consumers to be able to successfully navigate processes necessary to enroll in and use health and human services and providers must have guides to services or personal knowledge of referral contacts.

HEALTHY COMMUNITY STUDY FINDINGS

HOUSEHOLD SURVEY

When asked "If you needed help in the past year and didn't get it, what were some of the reasons?", more than a third (35%) of those who replied claimed that they did not know where to turn.

Computer access at home or work is very high at 84.3% of homes. Ninety-seven percent of homes with a respondent under 45 have computer access, but access declines to just 41.9% of those 75+.

KEY INFORMANT STUDY

The most frequently named strength of the McHenry County human services system is coordination and collaboration among organizations. One-quarter (11) of the informants noted the strong networking, good communication, and sharing of information. However, the need to constantly educate the public and other organizations about services available was emphasized by several informants, including how to access services, eligibility requirements, and cost. Consumers want choices, but can only have choices if they know of various options.

Mentioned often by key informants was the lack of knowledge about available services among the general public and even among some service providers. Constant efforts at education are essential to inform the public about what is offered, service locations and the eligibility criteria for services.

Physicians and hospitals may not be aware of supportive services available, so sometimes do not make referrals. The McHenry County Crisis Center serves as a central point of access to services, but some people may not even know that number. Constant education about the service providers available and the community resources are required through many different avenues such as networking meetings, media coverage, and continuing staff training.

In light of funding challenges, collaboration among organizations will become even more important to maximize resources and focus on areas of strength. Communication among agencies and with the public about available services must continue constantly.

The elderly and their families are one group needing greater education, so that help is not sought only in a crisis. Several informants identified the lack of information about existing services as a consistent problem among the elderly and their families. As one senior program director stated, "Most people are not familiar with the services available to seniors because they, or their loved ones, are not currently in need of such services. Despite advertising or informational campaigns, when the time comes to find certain senior services, they must often conduct an exhausting search."

Another interviewee described the frustrations of seniors or family members who must call multiple locations for services. To solve this problem, one agency works to get answers for clients, instead of transferring them to another agency. Knowledge of eligibility criteria and how to cover the cost of services are also lacking among most elderly and their families.

A barrier to the Hispanic populace accessing services is the lack of knowledge of existing services or how to access them. Cultural differences may also be barriers to receiving services. McHenry County College hired a Hispanic program coordinator to serve as a role model for young Hispanic women who were reluctant to take ESL or college courses.

Many people are embarrassed to seek counseling due to the stigma of weakness or "being crazy." Individuals do not want others to know they need outside help to deal with their problems or they may not admit they need help and are thus reluctant to seek help. Information and referral mechanisms need to ease the access to counseling.

FOCUS GROUP STUDY

Barrier to receiving needed services cited by several of the groups is that too many of the available services are located in Woodstock only. Several groups asserted that essential human services agencies should be located in all major McHenry County communities. Individuals who do not live in Woodstock sometimes have trouble getting to the agency.

No one in any focus group could name any doctor who would accept patients without insurance or on a sliding fee scale. Some of the individuals in several focus groups had knowledge of the Family Health Partnership (FHP) Clinic in Woodstock and had utilized the clinic's services.

One of the most common barriers to receiving services, according to focus group participants, appears to be lack of awareness of available services. Many of the focus groups stated that many people are not aware of services or agencies until the time comes when services are needed. One suggestion for improving public awareness included the establishment of a central referral number for information on what services and programs are available. The mentally ill individuals suggested that a list of all available services be compiled in one document, then be distributed to churches, organizations, and agencies which help people in need.

Some of the individuals in the focus groups named word of mouth as the most common method for finding out about services in the community. As one elderly woman said, many seniors are unaware of services "unless they happen to talk about it at bingo."

The senior citizens believe that, even if their group knew about available services, they might not utilize them. A deep sense of pride exists among the elderly so they are hesitant to request assistance. As one elderly person explained, "Seniors are loaded with pride. They can't admit that they're the ones who need the services." The teens in the at-risk youth group believe that, frequently, teens will not seek services because they are afraid or embarrassed to admit that they need help.

OVERCOMING CULTURAL BARRIERS

INTRODUCTION

Hispanics or Latinos are one of the fastest growing racial/ethnic groups in the country as well as McHenry County. However, they are likely to experience a number of barriers to accessing needed care or services. Particularly pressing needs can include provisions of services in Spanish and education to improve use of services. Access to well paying jobs offering benefits is another major concern for this population.

Nationwide, Hispanics are quite likely to experience health disparities when compared with other populations. For example, approximately a third of Hispanics under 65 lack health insurance. Hispanics are also likely to be at especially high risk for chronic disease and injury. Recent immigration is also a risk factor. Those with lower incomes or less proficiency in English are at particular risk and current immigrants may not use services because they fear being deported.

Even when translation is available, cultural elements make communication, understanding or willingness to take action even more difficult. Hispanic culture may impede seeking help outside the family or seeking help at all.

HEALTHY COMMUNITY STUDY FINDINGS

COMMUNITY ANALYSIS

In McHenry County, the number of Hispanics rose by 56.8% from 2000-2005, increasing from 19,602 to 30,742, now accounting for 10.1% of the population.

The county's Hispanic population is young. On average, the Hispanic population is ten years younger than whites with a median age of 27.0 years to white's median age of 37.0 years. Children and youth aged 0-19 constitute a greater portion of the Hispanic population (38%) than of the white population (28.8%).

Although the 2000 Census median household income for the county was \$64,826, median household income was much lower for Hispanics at \$50,186. Similarly, although poverty in the county was low at 4.4%, the Hispanic poverty rate is 12.5%.

HOUSEHOLD SURVEY

Hispanic residents who speak primarily Spanish may have a more difficult time accessing needed services in the county. When respondents were asked “If you needed help during the past year and didn’t get it, what were some of the reasons?”, of all those who reported that they needed care but were unable to receive it, 2.1% cited a language barrier.

County-wide, Hispanic residents had received governmental financial assistance other than Medicare or Social security (18.2%) much more often than county residents as a whole (6.5%).

KEY INFORMANT STUDY

More and more Hispanics are moving to McHenry County with the greatest concentrations near Harvard, Marengo, and Woodstock. According to one key informant, the Hispanic population in Woodstock has increased by one-fourth in the past five years. Another individual estimates that Hispanics will comprise 40% of the county’s population by 2027.

Hispanic residents have increased significantly, requiring more services from agencies even though Spanish-speaking workers are in short supply.

Education at all levels is a crucial need of this group. The Head Start program estimates that 83% of their Hispanic parents have not completed high school. Retention rates for Hispanic high school students in the county lag well behind other groups. ESL (English As A Second Language) classes are in great demand at McHenry County College where instruction sites have increased from 6 to 11 over the past five years. More ESL classes are needed, but funds for instruction are limited.

A McHenry County College representative described the many barriers GED/ESL students face to enhancing their education. “Some have difficulty getting transportation to and from classrooms. Others must schedule their education around their work schedules. Several factories in the area require their employees to work 10-12 hour shifts three to four days per week. Such schedules often conflict with class schedules. Some work two jobs, leaving little time for much else. Families need childcare while attending classes. Many students have low-income jobs that restrict their ability to pay the extra expenses required for their education. Many do not hold valid driver’s licenses. Others have difficulty learning about services available to improve their use and understanding of English. Public transportation is limited or unavailable. Some individuals are uncomfortable about their language shortcomings and reluctant to reveal them. Despite these obstacles, many adults do attend classes. Others know the benefits of ESL and GED education, but are unable or unwilling to make the necessary sacrifices.” A lack of education leads to continued low-paying jobs.

The rapidly growing Hispanic population is one of the key themes of demographic change in McHenry County. Language is seen as a considerable barrier for the increasing number of Hispanics in the county, due to a lack of adequate number of Spanish-speaking staff members at human services agencies. Not all agencies have Spanish-speaking staff or those that do typically lack an adequate number to meet the demand. For example, waiting periods of several weeks are necessary to meet with the only Public Aid intake worker who speaks Spanish. Undocumented residents may be hesitant to seek services because of the fear of being discovered or deported. Furthermore, they may not understand how to apply for various services unless information is readily available in Spanish.

Language is a considerable barrier preventing Hispanics from receiving some services. Spanish-speaking staff members are in especially great demand at virtually all organizations due to this increase in the Hispanic population. Head Start, McHenry County College, Family Health Partnership Clinic, and the Woodstock Library have been reported to have made an effort to recruit Spanish-speaking staff. Recruiting and retaining these bilingual staff is a constant challenge with stiff competition for qualified employees. One informant complained that often after training staff, they are lured away for higher paying jobs in other areas. When Spanish-speaking staff are available in agencies, a long waiting period is sometimes required to meet with them, such as for Public Aid intake. The Illinois Department of Human Services has long waiting periods for intake applications, especially for clients who speak Spanish.

Another barrier to the populace accessing services is the lack of knowledge of existing services or how to access them. Cultural differences may also be barriers to receiving services. McHenry County College hired a Hispanic program coordinator to serve as a role model for young Hispanic women who were reluctant to take ESL or college courses.

Many organizations have made efforts to bridge the gap of cultural misunderstanding. The Sheriff's Department has a regular exchange program with police departments in Mexico to expose the Department to the social and cultural norms of the Hispanic culture. Urged on by businesses, the main daily newspaper serving McHenry County is developing culturally sensitive marketing to reach the Hispanic community.

Other needs identified for this target population were affordable housing, health care, and employment with a living wage, similar to the needs for most low-income individuals.

Few Hispanics are transient any longer, such as was formerly the case with migrant workers. Now, most are staying in the area, but they are said to be sending a significant part of their money back to their countries of origin, usually Mexico. Those who are undocumented are reluctant to use human services for fear of being reported or may not be eligible to use services. Fear may keep them from trying to access services even when needs are great.

One informant commented specifically on the situation of migrant workers in the county. Many currently live in trailer parks and double up for housing. Besides the language barrier, they fear letting people know about their situation, especially if they are undocumented.

FOCUS GROUP STUDY

Hispanics and recent immigrants noted that jobs obtained through temporary agencies are usually low-paying and have no benefits. Participants in the Hispanic group stressed that some Hispanic individuals hold down two jobs, and because of income levels, do not qualify for most child care assistance programs. Too high a proportion of their wages must go toward child care.

The recent immigrants pointed out that a local mobile home park which has primarily Hispanic residents is being demolished, leaving those who live there few options for moving the mobile homes they own.

Both Hispanics and recent immigrants face a language barrier in many situations. For those individuals who speak little or no English, communication with others in the community, such as store clerks and employers, is very difficult.

Hispanics expressed a concern about accessing health care because of the language problem. The lack of bilingual health care staff makes communicating very difficult. This group is not aware of any local physician who employs bilingual staff; therefore, Hispanics with limited English may not be accessing health care.

Hispanics and recent immigrants noted the need for bilingual staff at local agencies. Frequently, Spanish-speaking adults must take a bilingual child with them to translate. The group of recent immigrants noted that staff at the Illinois Migrant Council often serves as translators at many agencies throughout the county. The recent immigrants also suggested that, when designing brochures, flyers, and other printed materials which are distributed to the public, not only should they be available in Spanish, but more pictures and graphs should be used to make them easier to understand quickly.

SECONDARY PRIORITIES

SECONDARY PRIORITIES

Introduction

Secondary priorities are issues for which significant evidence of need appeared, but the need did not rise to the same level of the “priorities.” These issues require attention but not at the same level of urgency.

Activities/Services for Youth

Adolescence is often a period during which individuals adopt new attitudes, roles, and behaviors. A portion of adolescents will choose to engage in risky behaviors. For one set of adolescents, the experience will be one of experimentation, a passing phase, while for others, it will be the beginning down a path to problems that follow them into adulthood. Every year, millions of dollars are channeled into efforts to curtail adolescent risky behaviors, based on the premise that risky adolescent behaviors put youth in danger for the occurrence of detrimental long-term outcomes.

A great deal of delinquency results from risky behavior during alcohol and drug use which may be urged on by peer pressure, including gang activity.

Some believe that engaging youth in constructive activities can reduce negative behaviors. When youth and teens participate in constructive activities, they are far less likely to engage in negative behaviors and they may become connected to mentors through positive, leisure, recreational or educational activities.

Over half of survey respondents marked activities for teens as a community issue which needs greater attention. Second among all choices, household survey respondents gave “availability of services for youth” in McHenry County a mean rating of 2.15, close to a “fair” rating.

About one-third of the key informants named children and youth as a target group needing greater attention in McHenry County. Increasing after-school activities and recreational options were suggested as ways to keep youth occupied with positive activities rather than allowing them to just “hang out” and possibly get into trouble.

Several focus groups, especially the groups comprised of younger members, said that McHenry County has a need for more activities and programs for youth. Several people mentioned a need for greater activities involving more activities for school-age children. The young adults reported that the area offers few activities specifically for their age group, feeling that, currently, their options are limited to bowling, eating out, and movies.

Cardiovascular Disease

Cardiovascular disease kills nearly as many persons as all other diseases combined and is also among the leading causes of disability. Heart related problems are a major cause of both mortality and morbidity. Cardiovascular disease (stroke) is the third leading cause of death, ranking behind only heart disease and cancer and the leading cause of serious disability in the nation. New drug therapies initiated during the acute phase of a stroke hold hope for reducing some of the residual disabilities from cerebrovascular disease.

Care for cardiovascular disease is costly often involving major procedures such as cardiac catheterization, bypass surgery and even heart transplants.

Much of the impact of the cardiovascular and cerebrovascular disease can be modified if lifestyle changes and behaviors are improved. The major modifiable risk factors include high blood pressure, cigarette smoking, high cholesterol, obesity and physical inactivity. All are amenable to improvements with changed behavior.

People with hypertension have three to four times the risk of developing heart disease and seven times the risk of stroke as do those with normal blood pressure. Studies show that blood pressure control can help to reduce deaths from coronary heart disease and stroke. Obesity, poor diet and lack of medical attention contribute to the problem while diabetes puts individuals at greater risk.

The causal relationship of high blood cholesterol to heart disease also has been demonstrated, with coronary heart disease mortality and morbidity increasing as blood cholesterol levels rise. Estimates are that over half of American adults have high cholesterol levels (above 200 mg/dl). Diet and medication are the primary forms of treatment for high cholesterol. Exercise also aids in control.

In 2004, heart disease was the second leading cause of death for McHenry County residents, accounting for 404 (24.9%) of 1,621 deaths. The number of deaths from stroke in 2004 numbered 94, 5.8% percent of all deaths. Heart disease is the 3rd leading cause for potential years of life lost.

Cardiovascular related indicators from the Behavior Risk Factor Survey including the following: Over one-third of McHenry County adults consider themselves to be overweight, while 18.5% say they are obese. About one-fourth report high blood pressure or high cholesterol. Heart failure and shock is the sixth leading reason for hospitalization of McHenry County residents.

Results of the household survey indicate that high blood pressure is the second leading chronic condition experienced by respondent household members, with high cholesterol ranking third. Obesity ranks seventh on the list of conditions, while heart disease was 15th. High blood pressure was the leading condition for both the 46-64 and 65+ age groups. Just over one in six survey participants admitted that they currently use some form of tobacco.

Child Care

Child care provides substitute parental supervision so that parents may pursue employment, education or other activities. Women with children working has increased the need for child care. More women with children in McHenry County work than is true nationally. In 2000, 62% of of women with preschool children worked. The cost may be a sizeable burden, especially for single parents, persons in poverty and the working poor. Subsidized day care "slots" are quite limited.

One of eight household survey respondents used or sought child care. About half did not encounter difficulty finding a child care provider, though a third described the experience as somewhat difficult and 13.1% described finding child care as difficult. Among various types of child care, weekend care, child care for the second or third shift, and backup child care was reported to be very difficult to locate.

About one in twenty household survey respondents named child care as a community characteristic which needs improvement.

The challenge of finding affordable child care, especially for single parents, was mentioned by key informants. Affordable child care was seen as a problem by some of the focus groups, especially finding care during "off hours" and on weekends. The Hispanic group stressed that too high a proportion of their wages must go toward child care.

Services for the Elderly

Among the target groups named by key informants as needing additional attention, the elderly placed third with nine mentions. About 30% of key informants named activities for seniors as a local issue needing greater attention placing sixth of all issues.

Household survey respondents gave “availability of services for senior citizens” in McHenry County a mean rating of 2.27, between “fair” and “good”.

The elderly are a growing population in McHenry County, an estimated 27,142 in 2005. According to key informants, needs are for supportive services and activities. Better information and education is said to be a need, both for seniors and caretakers. A continuum of programs is required to cover everyone from active seniors to those who struggle to maintain their independence through supportive services.

The focus group of senior citizens said that one major weakness in the McHenry County health care system is seniors' need for better access to therapeutic services such as physical therapy, rehabilitative exercise and fitness/wellness programs. Also, seniors who are unable to drive or do not have a vehicle available require access to affordable public transportation available the entire day.

Single Parents

Though McHenry County does not contain a large proportion of single parents, their numbers are still considerable and their plight striking. In 2005, McHenry County included 7,252 single parents, 5,194 female and 2,058 male. These households contain about 10,000 children.

In the household survey, support for single parents was marked by 21% respondents. Nearly half (46.3%) of single parents themselves marked this choice. In general, single parents see greater personal and community needs including very high levels of severe financial problems, money needed for home repairs and emotional problems. Single parents led almost all difficult household situations in prevalence. They also experience more health care access problems.

Many of the focus groups discussed and noted problems in finding decent paying jobs, affordable housing, health services and child care. Three key informants listed single parents as a target group in need of attention or commonly experiencing many of the problems discussed.

STUDY COMPONENT SUMMARIES

COMMUNITY ANALYSIS

Chapter 2: Population

- ❑ According to the 2005 Census estimate, the population of McHenry County stood at 303,990, an increase of 16.9% from the decennial Census in 2000 and a 65.9% increase since the 1990 Census. McHenry County's 2005 population places the county as the 6th most populous county in Illinois.
- ❑ Historically, the county's fastest growth percentage-wise took place during the 1950s. Between 1960 and 1990, growth in the county slowed somewhat, recording growth per decade of between 23.9% and 32.6%. However, during the 1990s, the county showed renewed growth. Between 2000 and 2005, the county's population increased by an estimated 16.9%.
- ❑ The total land area of McHenry County is 604 square miles, yielding a 2005 population density of 504 persons per square mile, more than double the overall state density (230).
- ❑ All but one of the 31 McHenry County communities experienced growth during the 1990s. Ringwood decreased in population by 9.4% during the 1990s. Experiencing the greatest percentage population increase from 1990-2000 were Fox Lake (335.4%) and Lake in the Hills (294.7%).
- ❑ According to 2005 Census estimates, almost one-third (32.4%) of McHenry County residents live in Algonquin Township, which is home to 98,481 persons. However, the largest five-year township growth was seen by Richmond Township, which increased by 39.4%, from 4,934 in 2000 to 6,879 in 2005.
- ❑ Between 2000 and 2005, Census estimates indicate that all but two communities in McHenry experienced growth. Holiday Hills and McCullom Lake both recorded small declines in population. The largest 2000-2005 growth was seen by the McHenry County portion of the Village of Huntley, which increased by 9,015 persons, a 195% rise.
- ❑ When taking natural increase into consideration, net in-migration to McHenry County during the 1990s was 53,939 persons. Based on the county's 2005 population estimate, net in-migration from 2000-2005 was 30,935 individuals. About 70% of McHenry County's population change from 1990-2000 and from 2000-2005 appears to be due to in-migration.
- ❑ According to tax files from the Internal Revenue service, 38.8% of persons who moved to McHenry County in 2003-2004 came from Cook County, while 15.4% came from Lake County and 11.5% moved from Kane County. Of those who moved out of the county, 15.3% moved to Lake County, while 15.1% moved to Cook County.
- ❑ Health Systems Research projects a 73% increase in McHenry County's population from 2000-2030, when the population is estimated to be 449,823.
- ❑ The Northeastern Illinois Planning Commission estimates that all McHenry County places with a population greater than 5,000 will experience growth from 2000-2030.

Chapter 3: Race, Ethnicity, Language, Ancestry

- ❑ In the 2000 Census, 93.9% of McHenry County residents were white, 1.5% Asian/Pacific Islander, 0.6% black, and 0.2% American Indian. "Other race" accounted for 2.8% of the population, while 1.1% were of multiple races. The Census Bureau considers Hispanic to be an ethnicity, not a race.

- ❑ From 2000-2005, the number of Asian/Pacific Islanders increased by 96.8%, followed by blacks (85.4%), American Indians (35.1%), and whites (18.8%). Persons of two or more races declined by 0.6%.
- ❑ When compared to state and national racial levels, McHenry County contains more whites and fewer minorities.
- ❑ In McHenry County, the number of residents who identified themselves as Hispanic or Latino rose by 223.1% during the 1990s. Hispanics increased from 6,066 in 1990 to 19,602 in 2000 – comprising 7.5% of the 2000 total population. From 2000 to 2005, the number of Hispanics in McHenry County rose from 19,602 to 30,742, a growth of 56.8% during the five-year period, reaching 10.1% of the population.
- ❑ The majority of Hispanics consider themselves to be either white (57.2%) or of another race (36%).
- ❑ Over four of five (81%) Hispanic residents of McHenry County are of Mexican ancestry.
- ❑ In the 2005 Census estimate, white, non-Hispanic individuals account for 85.7% of the county population, higher than Illinois (65.8%) and U.S. (66.9%) levels. Black, non-Hispanics make up 0.8% of the local population, while 2.4% is Asian/Pacific Islander and 10.1% is Hispanic, all lower than state and national proportions.
- ❑ Non-Hispanic Asian/Pacific Islanders (+95.3%), non-Hispanic blacks (+76.0%), and Hispanics (+56.8%) recorded the highest level of growth from 2000 to 2005.
- ❑ The proportion of whites in McHenry County communities with populations over 20,000 in 2005 is much higher than that of the state (67.8%) and nation (69.1%). Additionally, most McHenry County communities have lower proportions of all minorities, especially blacks, than do Illinois or the U.S.
- ❑ Almost one in five Woodstock residents are Hispanic, a higher percent than either Illinois (12.3%) or the nation (12.5%). Among smaller places, Harvard has the highest proportion of Hispanics - 37.8% - than any McHenry County community of any size.
- ❑ Youth aged 0-19 constitute a much higher percentage of the Hispanic population (38%) than is the case for white, non-Hispanics (28.8%).
- ❑ Within McHenry County school districts, for the 2005-2006 school year, the proportion of Hispanics is highest, by far, in the Harvard #50 district, comprising almost half (49.6%) of all students. A strong Hispanic presence is also found in both Woodstock #200 (24.5%) and Marengo-Union #165 (17.3%).
- ❑ The leading ancestries in McHenry County are German (32.2%), Irish (17.4%), Polish (14.4%), and Italian (11.2%). German ancestry is much more common in McHenry County than in the state (21.5%) or nation (17.1%). The proportion of McHenry County residents of Polish ancestry is very high (14.4%), more than four times the national level (3.4%). The proportion of Swedes in McHenry County (5.3%) is more than double the proportions of Illinois and the nation.
- ❑ A large majority of the McHenry County population (92.8%) was born in the United States. According to the 2000 Census, 18,764 (7.2%) McHenry County residents are foreign-born. Of these, 38.7% have since become U.S. citizens.
- ❑ Mexico is the leading place of birth for local foreign-born residents. Almost half (48.5%) of McHenry County's foreign-born residents came from Mexico, followed by Poland (8.3%) and Germany (5.9%).

- ❑ About 11% of McHenry County persons aged five and older regularly speak a language other than English at home. Spanish, spoken by 6.4% of all residents age 5+, by far, is the leading non-English language spoken in McHenry County.
- ❑ About two-thirds of persons who speak Spanish are also able to speak English “very well” or “well,” while one-third report speaking English “not well” or “not at all.” Four of five Spanish-speaking 5-17 year olds speak English “very well” or “well.”

Chapter 4: Age and Gender

- ❑ The age structure of McHenry County is slightly younger than the nation. McHenry County recorded a 2005 median age of 35.1, which is 1.1 years younger than the U.S. median of 36.2 years. The proportions for all McHenry County age groups 55 and older are smaller than for the nation.
- ❑ The median age of McHenry county residents in 1990 was 32.2 years. In 2000, the median age rose to 34.2, an increase of two years during the decade. According to 2005 Census estimates, the median age of county residents was 35.1, an increase of .9 years since 2000.
- ❑ The 2005 estimated median age for McHenry County women is 35.8 years, 1.5 years older than males (34.3). Since 1990, the median for McHenry County males has increased by 2.7 years, while for women, median age rose 2.9 years.
- ❑ All but one age group in McHenry County showed increased numbers from the 2000 Census to the 2005 estimate. The proportion of those under five was estimated to have decreased by 0.7%.
- ❑ Hispanic residents are much younger than white, non-Hispanics. McHenry County whites had a 2005 estimated median age of 37.0 years, compared to just 27.0 for Hispanics. This gap has widened by 1.5 years from 1990 to 2005 as the median age for whites increased faster than the Hispanic median. In fact, from 1990 to 2000, the Hispanic median age dropped by 0.1 years.
- ❑ Of the five McHenry County places with populations over 20,000, the median age is the lowest in Lake in the Hills (30.7) and Woodstock (32.1). Both Algonquin and Crystal Lake have a median age of 34.1, while McHenry records a median age of 34.3. Lake in the Hills has a higher percentage of children (33.4%) and a lower percentage of those 65 and older (3.3%) than any other McHenry County place with a population over 20,000.
- ❑ In 2005, McHenry County was estimated to contain 152,485 males and 151,505 females. The gender ratio (males per 100 females) in 2005 was estimated at 100.6, very similar to 2000's 100.7 and slightly higher than 1990's 99.9. For almost all age groups younger than 60, the gender ratio favored males. The elderly age groups exhibit low gender ratios; for example, the ratio for persons 85 and older is just 40.8 men per every 100 women. From 2000 to 2005, the gender ratio for many age groups grew closer to 100.0, indicating that the number of males to females in the county is becoming more equal.

Chapter 5: Household Characteristics, Marital Status, and Marriage/Divorce

- ❑ In McHenry County, 88.2% of persons living in a household are in a family, somewhat lower than state (82.7%) and national (82%) levels. Over one-third (36.2%) are the householder, with 22.9% being a spouse, and 33.6% a child of the householder. Only 11.8% of local individuals reside in a nonfamily housing unit.

- ❑ The number of McHenry County households stood at 103,623 in the 2005 American Community Survey (ACS). Three-fourths of households are family households, higher than the 66.6% for Illinois and 66.9% for the nation. About one-third of McHenry County households are married couples with children, well above state (22.9%) and U.S. (21.7%) levels.
- ❑ In 2005, the county contained 7,252 (7%) single parent households, fewer than Illinois (9.2%) and the U.S. (9.9%). Of the single parent households in the county, 71.6% are headed by a female.
- ❑ The average household size was 2.92 persons in the 2005 ACS, higher than both state (2.65) and U.S. (2.60) averages. The average family has 3.37 persons, somewhat bigger than Illinois (3.29) and the nation (3.18).
- ❑ When examined by race/ethnicity, white households (2.81) recorded a lower 2000 Census average size than black (3.01) and, especially, Hispanic (4.32) households.
- ❑ Over eight in ten (83%) McHenry County children under age 18 live in a married couple family, well above state (67%) and national (66%) proportions. Living with a single female are 8.9% of McHenry County children, while 3.1% reside with a single male. The level of children living with a single parent is much lower than found statewide and for the nation.
- ❑ In McHenry County, 2,122 children or 2.7%, live in a home where a grandparent is the householder, substantially below state (6.6%) and U.S. (6.3%) proportions. The percentage of Hispanic (4.1%) and black (6.4%) children who live with a grandparent is higher than the rate for white children (2.5%).
- ❑ In 2000 almost seven of ten (68.1%) persons aged 65 and older in McHenry County were living in a family household. The number of elderly women living alone stood at 4,187, or about one in five elderly. Only 774 (3.7%) persons aged 65 and older live in group quarters.
- ❑ McHenry County contained 3,780 unmarried partner households according to the 2000 Census. Of these, 91.9% are male/female households, with 3.8% containing persons who are both male, and 4.3% in which the individuals are both female.
- ❑ McHenry County residents living in group quarters in 2000 numbered 1,519, comprising less than one percent of the county's population. Those living in a nursing home (799) accounted for over half (52.6%) of those living in group quarters, while those in a correctional institution comprised 20.2% of the group quarters population.
- ❑ Among McHenry County residents, about one in four (24.3%) are single (never married), 61.9% are married, 9.7% divorced or separated, and 4.0% widowed. The county contains higher levels of married persons than the state and U.S. The percentage of widowed individuals is lower than the state or nation, while the percentage of divorced is lower than the nation and higher than the state.
- ❑ Since 1993, the McHenry County dissolution ratio (divorces per 100 marriages) has been much higher than for the state or nation. In 2003, McHenry County recorded a very high dissolution ratio of 71.3.

Chapter 6: Housing

- ❑ McHenry County contained 92,908 housing units in 2000. Of those, 3.8% or 3,505 were vacant on April 1, 2000 with vacancies far more common in rental units (4%) than owner-occupied (1.2%) units.
- ❑ McHenry County housing units were estimated by the Census Bureau to be 109,477 on July 1, 2005.

- ❑ Home ownership stood at an estimated 84.5% of units in 2005, moving up from 79.9% of housing units occupied by the owner in 1990. Home ownership locally is much higher than the national level.
- ❑ Differences exist in home ownership according to the ethnic category of the householder. Proportionately, far more white non-Hispanic (84.6%) households own their home than Hispanic (55.3%), black (65.7%), and Asian (79.7%) households.
- ❑ Home ownership in 2005 peaked at 94.2% in the 55-64 age group, then fell somewhat among seniors. During the past decade, home ownership grew across all age groups except 45-54, which fell slightly.
- ❑ The area's housing stock is dominated by single family homes, comprising 79.9% of total housing units in 2005. Another 8.7% are single units which are attached such as townhouses. Over the past decade, one unit detached homes provided the largest numerical growth with 33,710 additional units, their presence growing by 62.7%.
- ❑ The median number of rooms in McHenry County housing units stood at 6.5 in 2000, indicating that local homes tend to have slightly more rooms than found in either the state (5.5) or nation (5.4).
- ❑ Owner-occupied units house an average of 2.98 persons while rental units average 2.48 persons.
- ❑ Just over half (55.9%) of local county residents who were five or older in 2000 lived in the same home in 2000 as they did in 1995, similar to the state and nation. Of the 42.3% of residents who resided in the U.S. in 1995, but in a different home, about half had lived elsewhere in McHenry County in 1995, while most of the remainder came from another county, primarily within Illinois.
- ❑ Of householders in McHenry County on April 1, 2000, about two-thirds (68.8%) came into the county since the 1990 Census, a median year of 1994. Those living in renter-occupied units moved into the unit in a median year of 1998 while the owner-occupied median stood at 1993. The 2005 American Community Survey reported that half (50.3%) of all householders moved to their home in 2000 or later.
- ❑ Residential building permit data compiled by the Census Bureau for 2000-2005 reveals considerable building permits issued in each year, ranging from 3,519 units in 2005 to 4,282 in 2002.
- ❑ According to the Illinois Association of Realtors, 4,491 single family homes were sold in 2005 along with 1,265 condominiums.
- ❑ Asked the value of their home in 2005, homeowners gave a median value of \$239,100, which was up appreciably from a designated value of \$168,111 in 2000. According to the Illinois Association of Realtors, the average sale price in 2005 was \$279,844, slightly above the statewide average of \$256,734. Single family home prices rose by more than \$20,000 from 2004 to 2005.
- ❑ In 2005, the median gross rent paid in McHenry County was \$904, up 18.8% from \$761 in 2000. Median gross rent nationally in 2005 stood at \$728.
- ❑ Local renters are somewhat more likely to pay more of their income for housing than are owners. Paying 30% or more of their income in 2000 were 44.4% of renters as compared to just 25.1% of owners in the county.
- ❑ Natural gas from a utility dominates as the home heating fuel found most often in McHenry County housing units in that 90.2% of units relied on this fuel in 2005. Nationally, natural gas is used in 50.5% of housing unit.

- ❑ Just one percent of McHenry County households lacked a phone in 2000 and 3.5% did not have access to a vehicle. The levels are well below the nation where 2.4% of homes lack a phone, while 10.3% have no vehicle.
- ❑ The highest proportions without phones are those homes with younger householders reaching 4.3% under 25. Senior citizens 75+ are the group most likely not to have a vehicle, 18.6%.
- ❑ Though the county overall has a relatively low supply of rental housing, in Woodstock, McHenry, and Crystal Lake, 20% or more of housing units are renter-occupied. Algonquin exhibits the highest median home value, while rents are highest in Lake in the Hills.

Chapter 7: Education and Employment

- ❑ About nine in ten (89.2%) McHenry County adults aged 25 years and older are high school graduates as reported in the 2000 Census.
- ❑ The McHenry County population has become more educated over time, rising from 74.9% of residents holding a high school diploma in 1980 to the current 2005 estimate of 91.1%. This county level is better than Illinois at 85.8% and also higher than the nation at 84.2%.
- ❑ Bachelor's degrees have been obtained by 30% of McHenry County adults, about the same as the state and nation. College graduates are up appreciably from 17.1% in 1980. According to 2005 Census figures, one in ten county adults has obtained a graduate degree, similar to state and national levels.
- ❑ Educational attainment differs greatly by racial and ethnic category. Asians (55.7%) and blacks (46.6%) display especially high proportions of college graduates. Hispanic attainment is well below the other race/ethnic groups. Only about half (53.8%) of Hispanics have completed high school and one in ten (9.3%) obtained bachelor's degree.
- ❑ In the school year 2004-2005, all McHenry County school districts except Woodstock (86.7%) and Harvard (85.5%) exceeded the state graduation rate of 87.4%. Richmond-Burton (94.7%) and Crystal Lake (94.2%) led the rates for McHenry County districts.
- ❑ In 2000, three-quarters of adults 16 years and older worked during the year, similar to 1990, but higher than 1980. Men (83.1%) were more likely than women (65.1%) to be employed. However, the proportion of males working has been relatively stable, while a higher portion of females have participated in the workforce over time, especially women with preschool children which escalated from 43.3% in 1980 to 62% currently.
- ❑ Unemployment in McHenry County has historically run near or slightly below state and national levels. Such was the case during 2005 when the unemployment rate was 5.1%, the same as the U.S., but below Illinois' 5.7%.
- ❑ Highest unemployment rates were found for Hispanic (13%), black (12.9%), and Asian (10%) females along with black males (11.9%).
- ❑ Age and gender breakouts reveal that the highest unemployment for those in the labor force was for 16-19 year olds, both male (9.4%) and female (7.0%), followed by 20-24 year old males (6.5%).
- ❑ Of the 13,662 persons in the 16-19 age group in 2000, 84.4% were enrolled in school and almost half (47.7%) of students in school also held a job.

- ❑ In 2005, Centegra with major campuses in McHenry and Woodstock, was the leading employer in McHenry County, followed by McHenry County and Dana Corporation, a distributor of brake parts.
- ❑ McHenry County workers travel, on average, 34.4 minutes to work compared to a national average of 25.1. Rankings in 2004 for counties of 250,000+ placed McHenry sixth in the nation for longest commuting time. Commuting time is up from 27.1 minutes in 1980.
- ❑ In 2000, the leading work destinations out of McHenry County were Cook (23.5%), Lake (12.6%), and Kane (6.7%) Counties. Of those who work in McHenry County, about three-quarters were residents.
- ❑ Management, professional, and related occupations top the list of occupation categories in McHenry County, accounting for 34.6% of employed workers, followed by sales and office occupations (28.3%) and production and transportation (15.2%).
- ❑ Manufacturing, with 21.4% of workers, is the leading industry sector, well above the national level of 14.1%. Education, health and social services employ 15.6% and 12% work at a retail trade.
- ❑ Males predominate in management, sciences, construction, maintenance, production, transportation, laborers, and protection. Women, on the other hand, constitute most of the workers in health care and administrative support.
- ❑ Labor force participation and unemployment are relatively similar in the major communities though more Lake in the Hills residents are in the labor force and unemployment is slightly higher in Woodstock. The “southeast” communities exhibit slightly longer resident commutes than the “central” communities.

Chapter 8: Income and Poverty

- ❑ According to the 2005 ACS, the median household income of McHenry County (\$70,908) is far higher than the median for either the state (\$50,260) or nation (\$46,242).
- ❑ During the 1990s, the median household income in McHenry County grew by 49.1%, faster than the growth seen by Illinois and the nation. From 2000 to 2005, the median in the county increased by 9.4%, more than the state (7.9%), but a bit less than the nation overall (10.1%).
- ❑ In the 2000 Census, local households headed by 45-54 year olds earned the most, \$78,804. The county’s youngest and oldest households reported the lowest median incomes.
- ❑ Among races, the 2000 Census median household income for white, non-Hispanics stood at \$65,619, slightly higher than the median for black households (\$63,958) and substantially higher than the Hispanic median of \$50,186. However, both Hispanic and black households in the county recorded a higher median income in the 2000 Census than did their counterparts in the state and nation.
- ❑ Median income for all local household types in the county are above Illinois and the nation. McHenry County families earn a median income (\$71,553) far greater than nonfamily households (\$36,382). The median household income for single female parent householders was just \$29,556 or about 38.7% of the median for a married couple with children (\$76,419). The county’s 2000 Census per capita income was \$26,476.
- ❑ Of the larger McHenry County communities, Algonquin had the highest median income for both households and families, as well as the highest per capita income. Woodstock recorded the lowest levels for these three income categories, with a median household income of \$47,871, well below the county average of \$64,826.

- ❑ In 2004, McHenry County's per capita personal income (PCPI) of \$34,881 ranked 4th among Illinois' 102 counties. McHenry's PCPI was similar to the state (\$34,721) and slightly higher than the U.S. level of \$33,050. The 2004 PCPI reflected a 3.7% rise from 2003 and is the highest per capita personal income seen in McHenry County.
- ❑ Based on 2005 ACS results, far fewer McHenry County residents live in poverty (4.9%) as a proportion of the population than the state (12%) or nation (13.3%).
- ❑ In 2005, McHenry County's rate for children in poverty, 6.3%, is below both the state (16.4%) and U.S. (18.5%). Proportions of county children in poverty have increased from the 2000 Census (3.8%) to the 2005 ACS estimate of 6.3%.
- ❑ McHenry County blacks (6.6%) and Hispanics (12.5%) recorded 2000 Census poverty levels much higher than the white, non-Hispanic proportion (2.9%). However, poverty levels for all races are still much lower than state or national levels. In particular, the black poverty level in McHenry County is about 75% lower than the state black rate.
- ❑ Among household groups, one in nine (11.2%) female-headed families lives below the poverty threshold, reaching one-quarter of female-headed families with children aged 0-4. The lowest levels of poverty are experienced by families (2.5%). Only 3.6% of county residents over 65 years of age live in poverty. Poverty rates for all local groups are much lower than state and national proportions.
- ❑ Fewer than one in ten (8.3%) McHenry County residents lives between poverty and 200% of poverty or twice the poverty level.
- ❑ Woodstock revealed the highest 2000 Census poverty level, 7.2% of all residents and 8% of children aged 0-17. Algonquin recorded the lowest poverty rate (1.8%) among the five communities. Algonquin and Lake in the Hills both have fewer children in poverty (2.3%) than other large communities in the county.
- ❑ In May 2006, the number of persons receiving Medicaid in McHenry County stood at 15,756, or 5.2% of the total population. Medicaid recipients in the county has been rising since 1998.

Chapter 9: Births (Natality)

- ❑ McHenry County recorded 4,364 resident births in 2004, the highest number yet in the county's upward trend in annual births. Every year since 1999, the number of births to McHenry County women has topped 4,000.
- ❑ Despite the rising number of births, the county's birth rate has declined following a pattern also experienced at the state and national levels.
- ❑ McHenry County's birth rates have consistently exceeded state and national birth rates, with the widest gap occurring in the mid 1990s when the county's birth rate was rising while state and national rates were falling.
- ❑ McHenry County's fertility rate declined from 77.2 births per 1,000 females ages 15-44 in 1990 to 69.9 in 2000 and 67.2 in 2004, a far greater drop in fertility than the nation.
- ❑ Most (95.2%) McHenry County births are born to white mothers, with a small proportion to black mothers and a growing proportion to mothers who designate their race as "other."

- ❑ The proportion of births classified as Hispanic, an ethnic identity separate from race, has increased dramatically. Up until the 1990s, Hispanic babies made up no more than 5% of all county births but by 2000, one in six (16%) McHenry County babies was Hispanic, growing to 18% by 2004.
- ❑ McHenry County women aged 30 years and older delivered more than half (52.1%) of 2004 births, much higher than Illinois (40.7%) or U.S. (37.8%). At 30.3 years, the county's median age of mother is at least two years older than the state at 28.3 years and nation, 27.7.
- ❑ McHenry County exhibits lower age-specific fertility than the nation for age groups under 25 years and higher for age groups 25-44.
- ❑ With a teen fertility rate substantially below the U.S., McHenry County also has a lower proportion of births born to teens, 5.4% in 2004 compared to 9.9% for Illinois and 10.1% for the U.S.
- ❑ Births to unmarried mothers have increased dramatically in McHenry County. In 2004, one in five (20.8%) county births was born to an unmarried mother, more than triple the proportion of 1980.
- ❑ Despite McHenry County's rise in births to unmarried mothers, the 2004 level of 20.8% remains far below Illinois (36.3%) or the U.S. (35.7%).
- ❑ Similar to state and national trends, McHenry County's percentage of low weight babies has inched upward since 1980, hitting the highest level yet in 2004 at 7.2%. Compared to the state and nation, the county's low birth weight proportions have been lower every year since 1980.
- ❑ In 2004, 84% of McHenry County births received first trimester prenatal care, the smallest proportion in twenty years. The level of receipt of first trimester care rose during the late 1980s and 1990s to a high of 89.6% in 1998, but has fallen a bit most years since then.
- ❑ Two indices, Kessner and Kotelchuck consolidate several dimensions of prenatal care utilization into a single measure. In 2004, eight in ten (79.8%) McHenry County births received adequate care according to the Kessner Index while a slightly higher percentage (81.9%) obtained adequate plus or adequate care based on Kotelchuck. For both indices, the county's levels of adequate or higher care exceeded the Illinois figures by more than six percentage points.
- ❑ McHenry County women are less likely to smoke during pregnancy than pregnant women statewide. In 2004, one in thirteen (7.5%) county births was delivered by women who had used tobacco while pregnant, a record low, compared to 10.2% for Illinois. The 2004 level represents a substantial decline since 1990 when the level of smoking during pregnancy stood at 16.9%.
- ❑ Only 0.3% of McHenry County mothers reported using alcohol during pregnancy in 2004, a level that remained unchanged from 2000 to 2004. Compared to the state, county levels are lower and have remained below the state except in years 1993-1995.
- ❑ Birth defect data from 1998-2002 show that McHenry County newborns had a higher incidence of cardiovascular and genitourinary defects than the state as a whole, but lower rates of serious congenital infection and perinatal death.
- ❑ Almost one in three (31.8%) McHenry County births was delivered by Cesarean section, higher than the state at 27.3%. The remaining births (68.2%) were delivered vaginally with a very small percentage (0.6%) being a vaginal birth after a previous C-section (VBAC).
- ❑ Complications during labor and delivery accompanied four in ten (42.3%) McHenry County births. Most (90.8%) births showed no abnormal conditions at births, similar to all Illinois births at 89.3%.

- ❑ One in fifteen (6.6%) McHenry County births was deemed small for gestational age, while 11.2% of births were delivered before 37 weeks of gestation.
- ❑ McHenry County women recorded 458 abortions in 2004. With 104.9 induced pregnancy terminations per 1,000 births, the 2004 county rate represents the lowest rate since 1997.
- ❑ McHenry County reported 14 infant deaths in 2004, an eight-year low also occurring in 2002.
- ❑ Like the state and nation, McHenry County's infant mortality rates have fallen over the past two decades, although the county's rates have dropped by a larger amount. The 2000-2004 rate of 4.1 deaths per 1,000 live births stands more than 40% below Illinois and U.S.

Chapter 10: Deaths (Mortality)

- ❑ McHenry County recorded 1,621 deaths in 2004, producing a rate of 5.5 deaths per 1,000 population, a record low.
- ❑ McHenry County death rates have consistently fallen below both the state and nation, reflecting in part the younger-than-average age structure in the county.
- ❑ When using age-adjusted rates, McHenry County's 2003 death rate at 8.0 still falls below Illinois and U.S. (8.3 for both), though by a much narrower margin than comparing crude rates.
- ❑ McHenry County experienced lower 2004 death rates than the U.S. for every age group, except 85 years and older. Differences were greatest for ages 35-44 and 45-54 whose county rates stood 35% below the national figures.
- ❑ Heart disease and cancer accounted for half of all 2004 McHenry County deaths, but their rates still place them more than 20% below the state or nation. Stroke (cerebrovascular diseases), accidents, and chronic lower respiratory diseases ranked as third, fourth, and fifth leading causes.
- ❑ Over the past ten years, the county's heart disease death rate dropped dramatically, from an average annual rate of 197.8 deaths per 100,000 population in 1992-1994 to 145.7 in 2002-2004.
- ❑ Death causes whose rates jumped over the past decade include nephritis, etc. (kidney disease), which almost doubled, and Alzheimer's disease, almost three times more frequent. Both diseases' increases are partly a result of death coding changes.
- ❑ Adjusted for age, heart disease, cancer, and accidental death occurred at lower rates in 2002-2004 than ten years earlier. Chronic lower respiratory diseases rose over the ten year period, while stroke remained about the same.
- ❑ Heart disease accounted for one in four (25.8%) McHenry County deaths in 2002-2004 whereas ten years earlier, almost one in three (31.6%) deaths was due to heart disease.
- ❑ McHenry County males exhibit higher age-adjusted rates for total deaths and all leading causes except congenital malformations. Showing the widest gaps between the two genders are heart disease, cancer, accidents, influenza & pneumonia, and suicide.
- ❑ One in four (27.1%) 2004 county deaths occurred to persons under the age of 65. Three causes claimed a disproportionate share of early death, with more than seven in ten deaths taking place under age 65: suicide, homicide, and accidents.

- ❑ Accidents led all other death causes in the number of the years of potential life lost with 5,598 lost years, followed by cancer with 4,715.
- ❑ Congenital malformations and perinatal conditions each accounted for three in ten deaths among 0-14 year olds. Accidents claimed one-third of all deaths for the 15-44 year olds, followed by cancer with 19.8%. Cancer was the number one killer among 45-64 year olds, with four in ten deaths, followed by heart disease at 24.4%. For seniors ages 65 years and older, heart disease led with 28.7% of all deaths, and cancer not far behind at 24.0%.
- ❑ At least 2.2 babies have been born for every McHenry County death in every year of the past quarter century, with the ratio standing at 2.69 for 2004.

Chapter 11: Health Status

- ❑ Almost six in ten (58.6%) McHenry County adults consider themselves to be in very good or excellent health according to the results of the 2002 Behavioral Risk Factor Survey.
- ❑ Most (68.1%) McHenry County adults enjoyed good mental health during all days of the past month, a rise from 59.5% in 1997, and essentially matching the state rate of 68%. Almost one in ten (8.5%) county adults said they had experienced poor mental health for more than one week of the past month, dropping from 13.1% in 1997.
- ❑ Almost two-thirds (65.4%) of McHenry County adults perceived their physical health to be good all days of the past month, while 13.3% said their physical health was poor for more than seven of the past 30 days.
- ❑ In 2002, 11.7% of McHenry County adults could not perform their routine tasks for eight or more days in the past month, slightly lower than 1997 at 12.5%.
- ❑ More than half (56.8%) of McHenry County adults consider themselves to be overweight or obese, a level somewhat lower than the state at 60.7%.
- ❑ One-quarter (23.7%) of McHenry County adults currently smoke, matching Illinois at 23.6%. Another quarter (26.4%) indicated they used to smoke and half (49.9%) claim to be non-smokers.
- ❑ Based on self reported incidence figures, one in six (16.3%) McHenry County adults suffers from arthritis, one in four (22.7%) live with high blood pressure or high cholesterol (23.2%). Diabetes afflicts 5.9% of the population 18 years and older, and 8.4% have asthma.
- ❑ 84% of all McHenry County women aged 40 years and older have had a mammography exam and most of these (81.9%) have had this exam within the past year.
- ❑ Almost half (46.1%) of McHenry County men ages 40 years or older have obtained a PSA test. A greater proportion (69%) have had a digital rectal exam.
- ❑ One cancer site, melanoma of the skin, shows a statistically significant excess in comparing 1998-2002 age-adjusted rates of McHenry County to the state.
- ❑ Leading reasons for hospitalization of McHenry County residents in 2004 are normal newborns and uncomplicated vaginal delivery. The county's most frequent non birth-related hospitalization reason was psychoses, followed by chest pain, heart failure & shock, and pneumonia & pleurisy.

- ❑ Comparing the county's 2004 discharge rates to Illinois shows four of the top 25 hospital diagnoses to be at least 25% above the state rate: vaginal delivery; uncomplicated Cesarean section; neonates with significant problems; and esophagitis, gastroenteritis and other digestive disorders.
- ❑ In 2005, chicken pox led all other reportable communicable diseases accounting for 131 cases in McHenry County, followed by hepatitis C with 88 cases, twice as many as the third leading communicable disease, salmonella with 44.
- ❑ With current rates more than triple the level of ten years earlier, McHenry County has witnessed a rise in chlamydia rates with 2005 reaching the highest level in sixteen years, 219 cases for a rate of 84.2 per 100,000 population.
- ❑ McHenry County's gonorrhea rates reached their peak in 2003 with 50 cases and a rate of 17.3 cases per 100,000 population. For the four years 2002 to 2005, the county's gonorrhea rates reached and remained in double-digits, a situation happening only one other year since 1990.
- ❑ McHenry County shows a 42% immunization compliance rate for two year olds in 2002, lower than most of the previous seven years. The 2005 Illinois Department of Public Health Clinic Assessment Survey found that slightly more than half (55%) of McHenry County three year olds had received the recommended doses of diphtheria, tetanus & pertussis (DTP), polio, and measles, mumps & rubella (MMR). Almost equal, though a bit lower, were levels of three year olds with those vaccines plus Haemophilus influenza type b (Hib) and hepatitis B.
- ❑ One in twenty (5%) McHenry County children ages 5 to 15 years is disabled, most often with mental disabilities (4.2%). One in ten (10.5%) McHenry County residents ages 16-64 reports a disability, most commonly an employment disability (6.3%). More than one in three (35.1%) seniors aged 65+ say they are disabled, with physical disabilities (24.3%) most frequent.

Chapter 12: Developmental Disability, Mental Health, and Substance Abuse

- ❑ The number of developmentally disabled persons in McHenry County during 2005 was estimated to be 4,762. These include 376 children aged 0-2 who are developmentally disabled, as well as 1,377 children aged 3-17, along with 2,895 adults aged 18-64 and 136 senior citizens.
- ❑ By category, 1,810 local individuals are estimated to be physically impaired, while 1,667 are mentally retarded, 809 sensory impaired, and 476 seriously emotionally disturbed.
- ❑ A total of 8,151 students receive special education services in McHenry County, approximately eight percent of all students Pre-K through 12th grade. Children aged 11, accounting for 7.7% of the special education students, is the peak age. The two largest categories of student exceptional characteristic are specific learning disability (39.3%) and speech/language impairment (28.4%).
- ❑ Within the past year, at least 34,708 McHenry County residents aged 18-54 can be estimated to have been affected by at least one mental disorder. The leading mental disorders are simple phobia (13,718), major depressive episode (10,743), and unipolar major depressive disorder (8,760).
- ❑ An estimated 10,859 McHenry County residents aged 55 and older have a mental disorder. The leading mental disorder among this age group is simple phobia (4,004), followed by severe cognitive impairment (3,620).

- ❑ According to the 2002 McHenry County Behavioral Risk Factor Survey, 8.5% of the county's adults reported that their mental health was not good for 8-30 of the past 30 days, reaching 10.1% of women and 11.1% of those who are retired or unable to work.
- ❑ During 2004, suicide accounted for 22 deaths among McHenry County residents, a rate of 7.4 suicides per 100,000 population, lower than the national rate of 10.8. Suicides are dominantly male (77.3%) and white (100%). The rate of suicide for McHenry County males (11.5) is more than triple the female rate (3.4).
- ❑ Among age groups for which rates are available, county rates are higher than the U.S., especially in the 65-74 age group (29.5 vs. 12.8 for the U.S.).
- ❑ The estimated number of McHenry County persons aged 12 and older currently using illicit drugs is about 20,341. Marijuana is the primary illegal substance used, an estimated 14,987 persons.
- ❑ Among legal substances, alcohol is used by the most residents, followed by tobacco. Approximately 57,023 McHenry County residents aged 12 and older have had an episode of binge drinking during the past month, along with 25,717 who use alcohol heavily.
- ❑ The 2002 McHenry County Behavioral Risk Factor Survey (BRFS) indicates that 19.5% of McHenry County adults aged 18+ had an episode of binge drinking during the past month, including 28.4% of males and 10.8% of females. Single persons (33.3%) and young adults aged 18-24 (27.9%) are most likely to binge drink.
- ❑ During 2005, seven of the 27 (25.9%) fatal vehicle crashes in McHenry County involved alcohol, the highest level since 2002. Twelve of the 30 fatalities involved alcohol, while five drivers were over the legal limit (.08) for blood alcohol content (BAC).
- ❑ During 2004, Driving Under the Influence (DUI) arrests in McHenry County totaled 1,294, for a rate of 448.2 DUI arrests per 100,000 licensed McHenry County drivers, higher than the Illinois rate of 408.7.
- ❑ According to IDPH, 20 McHenry County infants were prenatally exposed to any drug during the period 1995-1999, for a rate of just 10.3 per 10,000 births, 90% lower than the state overall (102.7). Four in ten McHenry County cases were infants exposed to cocaine, a rate of 4.1 per 10,000 births, far lower than the state rate of 61.7.
- ❑ Drug arrests accelerated rapidly in McHenry County during the 1990s and early 2000s, increasing by 565.7% from just 311 arrests in 1990 to 1,503 in 2005. Generally, about two-thirds of drug arrests are marijuana violations or violations of the controlled substance act.
- ❑ When examining the drug arrest rate, data for 2005 shows a rate of 499.2 arrests per 100,000 McHenry County population, rising from 169.4 in 1990, but about half the Illinois rate of 945.6. Except for drug paraphernalia arrests, the 2005 McHenry County arrest rates are lower than Illinois for all categories.
- ❑ McHenry County law enforcement agencies seized a total of 25,687.5 grams of illegal drugs during 2005, for a rate of 8,670.6, grams per 100,000 population, about one-third the Illinois rate of 26,773.1.
- ❑ McHenry County law enforcement agencies seized a total of 18.8 grams of methamphetamine during 2005, a rate of 618.4 grams per 100,000 population, about double the Illinois rate of 325.8. However, in most recent years, the McHenry County rate has been much lower than the state.

- ❑ During 2005, state-funded substance abuse treatment admissions from McHenry County numbered 1,619, down a bit from 2004's twelve-year high of 1,655. The rate of 327.6 admissions per 100,000 population is much lower than the Illinois rate of 969.6.

Chapter 13: Health Resources

- ❑ Most McHenry County adults (88.7%) reported having a health plan in 2002, higher than Illinois adults statewide at 84.8%.
- ❑ 886 persons lived in the eleven McHenry County long term care facilities in 2004. Three of four (72.6%) long term residents were female and almost half (46.3%) were ages 85 years and older. Medicaid was the leading form of payment used by 54% of residents, while one in three (33.2%) paid for their care privately, and one in ten (10.6%) were covered by Medicare.
- ❑ Among the county's long term care residents, one in four (24.8%) had a primary diagnosis of circulatory disorders, the number one reason for long term care.
- ❑ McHenry County residents are hospitalized less often than nationally, with a hospitalization rate that falls 6% below the U.S. Females were 34% more likely to be hospitalized than males. McHenry County shows lower hospitalization rates than U.S. for children under 18 but higher rates for the three older age groups, with the greatest excess at 22% higher, for 65 years and older.
- ❑ Northern Illinois Medical Center accounted for more than half (57%) of all admissions, with 160 staffed beds and an average daily census of 129.2 patients. Memorial Hospital, with 117 staffed beds and an average census of 85.7 patients per day, captured 40% of admissions, while Mercy Harvard, staffing 25 beds, had the remaining 3% and, on average, 5.1 patients per day.
- ❑ McHenry County was home to 334 patient care physicians in 2004, yielding a population ratio of 887 persons per physician. Medical specialties accounted for four in ten (38.3%) of the county's physicians, while 12.2% were family medicine/general practice physicians.
- ❑ The county supply of most health professionals falls below the state, especially physicians, pharmacists, dentists, psychologists, clinical psychologists, and licensed practical nurses. Health vocations revealing a greater supply than the state are physical therapist, dental hygienist, and chiropractor.

Chapter 14: Crime and Violence

- ❑ The 5,665 crimes committed in McHenry County during 2005 yielded a rate of just 1,911.3 crimes per 100,000 population, lower than Illinois' 3,727.0. McHenry County had lower rates than Illinois in 2005 for all eight of the index offenses.
- ❑ The county's one-year crime rate fell by 4.9% from 2,009.9 in 2004 and was the lowest level recorded since 1993.
- ❑ One in five (19.8%) McHenry County adults live in a home containing a gun according to the 2002 Behavioral Risk Factor Survey. Most likely to keep a gun at home were individuals who are retired or unable to work (27.9%), households with an income of \$15,000-35,000 (26.2%), and males (24.9%). Least likely were those with less than a high school education (4.3%), widowed individuals (7.1%), and young adults aged 18-24 (7.7%).

- ❑ McHenry County police (comprised of those agencies which reported domestic offenses to the State Police) responded to 605 domestic related offenses during 2004. However, these numbers should be viewed with caution in that fourteen McHenry County police departments, including the Sheriff's Department and the Crystal Lake Police Department, did not report domestic related offenses to the State Police.
- ❑ During 2004, the average daily population (ADP) at the McHenry County jail was 574 persons, ten times the daily population in 1990.
- ❑ Elder abuse reports in McHenry County have risen dramatically since initiation of the Illinois Elder Abuse and Neglect Program of 1991. McHenry County recorded 101 reports of elder abuse during FY2004, for a rate of 2.6 per 1,000 persons aged 60 and older. During 1993, just 38 elder abuse reports were received – a rate of 1.4.
- ❑ During FY2005, reports of child abuse in McHenry County numbered 1,887, a rate of 22.5 per 1,000 children aged 0-17, below the Illinois rate of 30.0, and the highest county rate since 1999. Of the reported McHenry County cases, 560 (29.7% of reported) were indicated, for a rate of 6.7, a bit below the state indicated rate of 7.9.

HOUSEHOLD SURVEY

Introduction and Methodology

- The household survey sought to learn about perceptions of community health and human services needs, health status of the populations, preferred approaches to growth and transportation and other topics dealing with the community and the quality of life for residents.
- Of 6,000 surveys sent throughout McHenry County, 811 or 13.5% were returned. Response was best from Richmond (22.1%) and Fox River Grove (17.6%).
- Respondents tended to be slightly older and better educated than the 2000 Census would predict.
- Characteristics of participating homes revealed that about half of employed persons work in the County, one of ten respondents is responsible for another adult, primarily senior citizens, and 84.3% have internet access, even higher for those under 45.

Community Needs

- Asked what they would like to see improved to make their community a healthy place to live (up to five choices), the leading items involved transportation. They were traffic flow (60.2% marking) and public transportation (37%). Rounding out the top five were more businesses, stores (29.7%), job availability (29.6%) and entertainment, arts (28.1%).
- The need for public transportation is an issue especially for seniors and singles living alone. Rural residents, new residents and central area residents want more stores and businesses.
- Of those rating overall social services availability, 53% said excellent, 46.8% good, 38.4 fair and 9.4% poor. However, many did not respond.
- Ratings of the characteristics of their communities revealed education at the top, elementary (2.77 on a four point scale) followed by middle, high school (2.69). High ratings also went to Park District services (2.66) and the availability of health care services (2.64).
- The lowest ratings were given to transportation for the elderly and disabled (1.85), cooperation among local governments (1.94) and availability of services for the disabled (1.94).
- According to respondents, to improve the health and quality of living for families, greater attention should be paid to activities for teens (52.2%) and high health costs (51.5%). Also receiving a high proportion of "votes" were greater attention to gangs, delinquency (32.3%), drugs and drug abuse (32.2%), affordable housing (31.8%) and activities for seniors (30.3%).

Growth and Development

- Relative to growth and development, most respondents desire to preserve open space (89%), impose impact fees (86.7%) and restrain development to areas with existing infrastructure (81.8%). Most residents are not pleased with recent McHenry County land development. Most displeased with development are long-term residents and those with advanced education who tend to favor impact fees and preservation. However, 30.3% of survey participants believe that landowners should be allowed to use their land as they wish.

- As far as actions to improve transportation (up to three choices), selected most often were improving existing highways (69.5%), adding or improving pedestrian paths, sidewalks and bike paths (37.1%), building a limited access highway (36.7%) and establishing scheduled bus service among major McHenry County communities (33.9%). Train improvements are most desired by central residents, PACE expansion by the elderly.
- Job satisfaction is high (72.7%) among working respondents, though 23.2% say they need a job that is closer.
- About one-fourth (23.2%) of workers would like a closer job, 44% of those now working out of the County.
- About one in six residents desire transportation help. The elderly desire help to go to medical/dental appointments and grocery/drug stores. Young adults want help getting to work.

Household Situations and Access to Help

- Prevalence of “difficult situations” in McHenry County homes were led by emotional problems (17.8%), lacked money for basic home repairs (15.2%) and needed dental care, but couldn’t afford (13.3%). The needs of single parents stand out as greater than others for many household situations. Recent movers to McHenry County also appear to exhibit high needs.
- For those who needed help, but did not get that help, the leading reasons (multiple reasons could be marked) were cost of service (53.5%), didn’t know where to turn (35%), concerned for privacy (26.6%) and not eligible for service (25.9%).
- Nearly three-quarters (72.7%) of workers are satisfied with their job though many would like added education or training.

Child Care and Behavior

- Child care for the second or third shift, weekend and back-up child care are most difficult to find for those using child care along with care for a child with a disability. Affordability is a problem for most parents.
- Among children for whom child care was sought, the most common behavioral problems were temper tantrums, unhappiness, speech/language and learning problems.

Health Care Availability and Insurance

- In over eight of ten survey households (84.8%), all household members are insured.
- About one in fourteen (7.1%) household members are not covered by health insurance. The percentage of uninsured household members in the 18-29 age group (16.9%) is more than twice as high as the overall sample.
- Almost three-fourths (73.6%) of survey participants have received a routine medical checkup within the past year. Only four persons said they have never been to a doctor for a checkup. The proportion who “never had a physical” among persons living in the county 5-9 years (2.2%) is a bit higher than the overall sample.

- Just over one in eight (12.2%) respondents or a household member was unable to receive needed physical or mental health care during the past two years.
- Accessing needed health care appears to be a greater challenge for single parents (21.5%), as well as those living in the central part of the county (15.1%) or in rural McHenry County (14.9%). Senior citizens (4%), persons with a graduate degree (9.1%) and households in the southeast part of the county (14.9%) reported the least trouble receiving needed care.
- Reasons for not receiving needed care were strongly financial. The most often cited reason was financial concerns/cost of care which was named by two-thirds of respondents with access difficulties. Following came lack of insurance (51.5%) and underinsured/could not afford deductible (32.3%).
- As a proportion of all households, 8.1% were unable to receive needed care because of financial concerns, followed by lack of insurance (6.3%) and underinsured/could not afford deductible or co-payment (3.9%).
- Single parent households named the three leading reasons for not receiving medical care at much higher rates than did other groups, reaching 14.9% for financial concerns.
- Most respondents said that they go to a doctor's office or clinic (84.5%) for health care, while 7.6% have no regular location for health care. Although named by few individuals, alternatives to local doctor's offices include Family Health Partnership Clinic (2.3%), urgent or immediate care clinic (2%), VA hospital or clinic (1.1%), hospital emergency room (1%), and the health department (0.2%).
- For the majority of respondents, out-of-pocket health care costs are a problem, but not serious (36.4%) or not much of a problem (29.7%). About one in six participants said that these out-of-pocket costs are not a problem at all. However, for 15.4% of local residents, health costs are a serious problem.
- Over one-fourth (26.9%) of single parents say that out-of-pocket costs are a serious problem. High levels were also seen for McHenry County workers (19.6%) and rural residents (19.2%).
- The elderly 65+ (27.5%) recorded the highest level of out-of-pocket costs being "not a problem at all" followed by long-term McHenry County residents 20+ years (22%) and those persons with a high school education or less (21.4%).

Health Status

- About half of all respondents rated their overall health as "very good" or "excellent" (49.2%). Just over one-third (35.6%) of individuals reported that their health is good, while 14.3% said that their health is either fair or poor.

As might be expected, younger survey participants generally rated their health better than did older respondents. Those with at least a college degree marked excellent at a higher rate than did less educated individuals. Persons living in Crystal Lake were more likely to mark excellent than other geographic areas, while rural residents displayed a higher level of "fair/poor" responses.

Persons with a Bachelor's degree (21.1%) led in the proportion who reported excellent health, followed by individuals with a graduate degree (19.3%), and persons aged 18-44 (19%). The highest rates for the "fair/poor" rating were for seniors aged 65+ (25%), individuals with a high school diploma or less (20.7%) and rural residents (20%).

Twenty-eight diseases and conditions were listed on the survey, with respondents instructed to indicate whether anyone in their household has or has had the disease or condition and, if so, the age group of the person(s). Age groups were specified as 0-17, 18-44, 45-64, and 65+. The actual number of household members affected by each disease or condition may be higher, given that respondents could only indicate two persons in each age group, not the total number of household members in each age group affected. Therefore, the following percentages might be underestimates.

As demonstrated in Table 7.4, chronic sinus, hay fever or allergies led with the most responses, affecting 16.3% of household members in the sample. Following were high blood pressure (16.1%) and high cholesterol (15%). The list continues with arthritis or rheumatism (12.2%), chronic back pain/disc disorders (11.4%), asthma (9%) and obesity (7.5%). Rounding out the top ten conditions were migraine headaches (7%), chronic digestive/stomach disorders (6.7%), and mental or emotional problems (5.9%). The diseases/conditions least likely to affect respondents and their household members were Parkinson's disease (0.2%), traumatic brain injury (0.3%), Alzheimer's (0.6%) and autism (0.7%).

The top three diseases/conditions affecting children aged 0-17 were the following: chronic sinus/hay fever and asthma (both 11.1%) and ADD/ADHD (8.6%). As for household members aged 18-44, chronic sinus/hay fever (17.8%), by far, leads the list, followed by high cholesterol (9.2%) and migraine headaches (8.2%). For those aged 45-64, high blood pressure (23.6%) was mentioned most often, followed by high cholesterol (22.4%), and chronic back pain or disc disorders (19.6%). High blood pressure also led for persons aged 65+, mentioned by almost half (45.2%) of the elderly, followed by arthritis/rheumatism (39.7%), and high cholesterol (36.3%).

In comparison with other age groups, children aged 0-17 are more likely to be affected by ADD/ADHD, asthma and autism. Alcoholism/substance abuse and chronic acne are seen most often in persons aged 18-44. Household members aged 45-64 showed the highest percentages for chronic sinus/hay fever, chronic colds or respiratory infections, migraines, mental or emotional problems, and obesity. Seniors aged 65+ are more likely than the other age groups to be affected by 18 of the 28 listed conditions, especially arthritis/rheumatism, deafness/other hearing problems, diabetes, heart disease, high blood pressure, and high cholesterol.

Survey respondents and their household members report slightly higher rates than the United States for two conditions: chronic sinus or hay fever and cancer. Compared to U.S. proportions, McHenry County respondents reveal especially low levels of chronic back pain, deafness or other hearing problems, and obesity. The low rate of obesity may be explained partially by the fact that the survey respondents self-reported obesity, while the U.S. rate reflects an actual calculation of Body Mass Index, based on height and weight.

Just over one in six (16.9%) survey participants admitted that they currently use some form of tobacco, including cigarettes, pipes, cigars, or smokeless tobacco. About one-third of the respondents said that they used to use tobacco, but have since quit. Almost two-thirds of those who currently use tobacco have made a serious attempt to quit.

Current tobacco use appears to be linked to education level. Tobacco use is far more likely to be found among respondents with some college or a high school education and or less than for those with a Bachelor's or graduate degree. The elderly reported current tobacco use at a much lower rate than the younger age groups. The rate for single parents (38.1%) is more than double that for respondents in married-couple households (15.6%) and was the highest level among all demographic groups.

Respondents were asked their level of agreement with four statements about public smoking and the availability of tobacco products. Over eight in ten (82.4%) respondents agreed that smoking should be banned in public places such as malls and stores. Almost three-fourths of the survey participants agreed that smoking should be banned in restaurants or wherever food is served. About six in ten respondents

agreed that tobacco products should not be available in vending machines, but just 27.4% support the idea of banning the sale of tobacco in stores.

Mental Health and Abuse

One-fourth of survey respondents reported that they have little or no stress. Over half (51.6%) of the elderly age group have little or no stress, compared to just 12% of those aged 18-44 and 22.6% of the 45-64 age group. Persons who live alone (37.6%), those with a high school diploma or less (33.9%), and individuals who have lived in McHenry County 20+ years (31.3%) also reported high levels of “little or no stress.”

- Leading the list of stressors was financial concerns, cited by almost one-half (45.6%) of respondents. Over one-fourth (28.1%) of the sample said that their current job was a cause of stress. Lack of free time was chosen as a stressor by 19.2% of participants, followed by health (15.5%) and marital or partner problems (13.2%).
- Financial stress declines with age, most prevalent among persons aged 18-44 (60.2%), but far less common for those 65 and older-just 21.7%. Current job stress is also higher for the younger age group, with only a few mentions from those 65+, as might be expected.
- Lack of free time follows the same pattern, much higher for the younger age group than the elderly. Stress about health increases with age from only one in eleven persons aged 18-44 to one in five respondents aged 65+.

The current job is much more of a stressor for persons with a Bachelor’s degree (32.5%) and graduate degree (41.4%) than is the case for individuals with a high school diploma or less (13.3%). Persons who work outside of McHenry County (44.9%) report that their current job is a cause of stress at a higher level than those who work within McHenry County (33.4%).

- Single parents (61.2%) led the list for groups with the highest percentage declaring financial concerns, as well as health issues (20.9%). Current job was more often a stressor for those who work outside of McHenry County (44.9%). The younger age group 18-44 reported the highest level for lack of free time (30.7%).
- Respondents were given a list of 15 organizations or people and asked to choose the one to which they would turn if they or someone in their household had a personal problem requiring help. Family led the choices for help source, by far, named by 46.1% of respondents.

A follow-up question asked if, in the past year, the respondent had thought about seeking professional help for any personal or emotional problems. Over one-fourth of participants thought about seeking professional help.

Four in ten single parents considered professional help, followed by newcomers to McHenry County (35.9%) and those living in the county for 5-9 years (35%). While one-third of respondents aged 18-44 thought about getting help for a problem, just 10.9% of the elderly aged 65+ said that they considered seeking professional help.

Of the 218 respondents who thought about seeking help, about half (49.1%) followed through and actually sought professional help. When the proportion of all respondents who actually sought help is calculated, 13.2% said that they sought professional help for a problem in the past year.

Thirty-five persons (4.3%) said that someone in their household had attempted suicide. The following groups exhibited higher levels for having a household member attempt suicide than the overall sample: Resident of McHenry County for 0-4 years (6.9%); single parent (6.2%); individuals with a Bachelor's degree (6%), households in the southeast portion of the county (5.4%) or a rural area (5.3%); and households with a respondent aged 18-44 (5.1%).

About one in twenty respondents have reportedly been a victim of physical, sexual, or emotional abuse in the past year. Single parents (10.6%), by far, reported the highest level of abuse, more than double the proportion for all respondents.

The vast majority (95%) of abuse victims indicated they had been emotionally abused, 17.5% said physical abuse, and 12.5% reported that they were victims of sexual abuse in the past year.

- As a percent of the entire sample, the annual prevalence of abused persons were: emotionally abused (4.7%), physically abused (0.9%) and sexually abused (0.6%).

Open-Ended Comments

- Survey participants were given the opportunity to comment about health and human services or living in McHenry County. About one in five respondents chose to write a comment.

The leading individual comment expressed was a need for more behavioral services and/or facilities, mentioned by 12 respondents. Six participants believe that better traffic planning is needed in the county, while six also think that McHenry County is a good place to raise a family.

The need for affordable health care was named by five commenters, and five persons also claim that taxes are too high in the county. Four respondents each desire more stores in certain communities, want to preserve farmland, see a need for affordable health insurance, or believe that more senior citizen groups are needed.

KEY INFORMANT INTERVIEWS

This report is one component of the 2006 McHenry County Healthy Community Study sponsored by a partnership of ten organizations serving the county. Other portions include a household survey, focus groups, and a community analysis. The study was conducted by Health Systems Research at the University of Illinois College of Medicine, Rockford. This segment was carried out by the 2005-2006 Leadership Greater McHenry County participants with technical assistance from Health Systems Research.

Leadership Greater McHenry County participants conducted interviews with 43 key informants in these areas: business/employment (3), children/youth, (3), churches (2), civic organizations (1), criminal justice (3), disabled (2), education (3), government (3), health care (2), housing (2), human relations and information & referral (2), labor (1), leisure and recreation (2), literacy (1), media (2), mental health (2), rural (5), senior services (2), and state social services (2).

Topics of discussion were focused in a set of questions which included the best aspects of living in McHenry County, target populations in need of services, the health and human services system as a whole, and challenges for the future in the county, especially transportation needs and growth concerns.

The combination of rural and suburban living was mentioned most often as the most attractive feature of living in McHenry County. The informants also appreciate the wide array of health care and human services available, the collaboration among organizations, and the generous nature of the citizens who assist in helping those in need.

Informants listed these target groups as needing additional attention with the number naming each: Latinos (14), low-income and working poor (12), elderly (9), children and youth (6), victims of domestic violence (4), substance abusers and mentally ill (4), homeless (4), and single parents (3).

The Latino growth in the county is rapid. Key needs include formal education and English proficiency in order to gain employment. Many need help with accessing basic needs.

The low income population and working poor require assistance with shelter, rent, utilities, and other basic needs. A lack of education leads to continued low-paying jobs. Some working poor just get by, but are not eligible for services. Single parents fall into this group, but face special situations.

The elderly are another growing population. Needs are both for supportive services and activities for active seniors. Transportation may be required for some seniors. Better information and education is a need, both for seniors and caretakers.

Children and youth are said to need activities to keep them occupied and out of trouble. Suggestions by key informants include transportation or on-site opportunities, more Big Brothers/Big Sisters programs, attention to substance abuse, and encouragement to stay in school.

Victims of domestic violence require a dedicated shelter. Incidents are said to be rising across all populations. Children who witness violence may perpetuate such actions. The homeless need greater attention including awareness, prevention, and day programs.

Mentally ill and substance abusers are reported to be underserved. Since the jails are seeing more mentally ill, a mental health court is recommended as well as added psychiatric and substance abuse programs. Better knowledge of the Crisis Center may be beneficial in preventing suicide.

The extensive collaboration and cooperation among organizations and the abundance and quality of health care were defined as strengths of the health and human services delivery system. Cited as leaders were the McHenry County Mental Health Board, Continuum of Care Committee and McHenry County Health Department. Other strengths include health care services, a concerned population, and minimal duplication.

A key weakness of the system identified was decreasing local, state, and federal funding while demand for services is rising due to population increases. As a result, agencies must stretch resources to do more with less and constantly seek funds to meet the rising number of clients.

A lack of knowledge by consumers about services available was repeatedly mentioned as a weakness of the system as well as a barrier to those seeking services. A few interviewees thought that agencies should also know more about each others' services. Even with information, some persons must be convinced to seek care.

The need for Spanish-speaking staff is reported to be great at many agencies in order to deal with the influx of Latinos in the county. Language creates both a gap in services and a barrier to those seeking services.

A lack of health insurance or inability to pay keeps many persons from seeking care. Without preventive services, they may end up in the emergency room. Groups especially vulnerable are farmers, low-income workers, and Latinos. More providers should accept Medicaid.

The lack of a coordinated transportation system was identified often as a gap in services and also is considered as a barrier for those seeking services. Though some transportation is available, the various buses, vans, and taxis are not coordinated.

With a high cost of living, more affordable housing or Section 8 subsidies are needed. Waiting lists are long at present for subsidies. Higher density and redevelopment could bring about more affordable units.

Transportation issues led the list of growth and development challenges for the county, being mentioned by 17 informants. Included were the need for a public transportation system, the necessity to reduce traffic and congestion, and the importance of maintaining major roads, arterials or to create new or improved arterials.

Growth of the population requires the need to develop inter-governmental planning to manage the growth. The impact of growth on the environment may affect the water supply and the soil quality. Preserving open space will be an important debate in the county.

As schools face increasing enrollments, overcrowding and funding shortfalls will become priority issues requiring planning for educational needs.

FOCUS GROUP STUDY

- Fourteen focus groups were formed from target populations in order to gain knowledge about their views of and experiences with health and human services in McHenry County, particularly within the specific population group they represent.
- The fourteen focus groups which were convened are listed below. A total of 134 individuals took part in focus group sessions. The sessions were held at sites throughout McHenry County.

- At-Risk Youth
- Disabled Individuals
- Elderly
- Farmers
- Hispanics
- Homeless Men
- Homeless Women
- Low-Income Individuals
- Parents of Mentally Ill Children
- Public Aid Recipients
- Recent Immigrants
- Unemployed Individuals
- Young Adults

- Focus group participants received a brief review of the purpose and confidential nature of the discussion. Most of the sessions lasted approximately 45 minutes. In most cases, a \$20 stipend was given to each participant at the end of the meeting,

When asked what participants like about living in McHenry County, all of the groups cited the quiet, small-town, easy-going atmosphere found in many of the county's communities as a positive aspect. Also, while enjoying the small town living in the area, residents are able to take advantage of services and attractions in Chicago, with a relatively short drive.

Six of the focus groups cited public safety as an asset in McHenry County, believing that the area enjoys a low crime rate and is relatively "safe."

Participants in six of the focus groups reported being very pleased with the local school system, noting that teachers seem to be genuinely concerned about the quality of their children's education, and are caring and helpful.

Public Aid recipients, homeless women, and low-income individuals believe that McHenry County offers an abundance of services for people in need. Human services are said to be much easier to access in McHenry County than is the case in Chicago.

Regarding problems and challenges faced by McHenry County, members of four focus groups expressed concern with the rapid growth and development being experienced in McHenry County. Along with the rapid growth, concern was voiced about the accompanying overcrowding of local schools. Several focus group participants feel that the cost of living is rapidly rising in McHenry County, along with gas prices, taxes and utilities.

- Named by all but two of the fourteen focus groups, the lack of a good public transportation system was mentioned as a major problem in McHenry County. According to members in several of the groups, a good public transportation system is essential for getting to jobs, medical appointments and other errands. Also, more inter-community PACE trips are desired. The lack of convenient public transportation can cause major problems for the elderly.

The lack of decent paying jobs was cited as a problem by four of the focus groups. Most of the available jobs are service sector low-paying positions with no benefits. Finding a good paying job is especially hard for single mothers with preschool age children. The young adults believe that, as they progress in their careers, they will have to leave the area for a large city in order to find appropriate work. Hispanics and recent immigrants noted that jobs obtained through temporary agencies are usually low-paying and have no benefits.

Four of the fourteen focus groups said that McHenry County has a need for more activities and programs for youth. The young adults reported that the area offers few activities specifically for their age group, feeling that, currently, their options are limited to bowling, eating out, and movies

- Affordable child care is seen as a problem by three of the focus groups, especially child care during “off hours” and on weekends.
- Several of the groups are concerned that affordable housing is lacking in McHenry County. Many focus group participants said that housing in the county is too expensive and the wait time for a Section 8 voucher can be as long as two years, plus not enough landlords accept a Section 8 voucher.
- Lack of health care services for the uninsured is another area of concern for many of the focus group participants. Seven of the groups believe that few, if any, health care services are available in the county for uninsured individuals. No one in any focus group could name any doctor who would accept patients without insurance or on a sliding fee scale. The majority of the focus groups agreed that more free or sliding-scale clinics like the Family Health Partnership Clinic are needed in McHenry County.
- A few members of the focus groups said that finding a primary care doctor who accepts Public Aid is a problem, however, others disagreed with this, saying that the county contains plenty of primary care physicians who take the medical card. Some focus group participants noted that not enough specialists in the county accept Medicaid.
- Access to dental care is reported to be a problem in McHenry County. Many individuals lack dental coverage and cannot afford care.
- Hispanics expressed a concern about accessing health care because of the language problem. The lack of bilingual health care staff makes communicating very difficult. This group is not aware of any local physician who employs bilingual staff; therefore, Hispanics with limited English may not be accessing health care.

In an attempt to ascertain gaps in the health and human services systems and barriers to use, focus group participants were asked what types of services are missing for their group, as well as barriers to services and experiences with agencies.

Generally, the focus group participants believe that the health and human services system in McHenry County is adequate, helpful, and provides many needed services.

Affordable child care is seen as a human services gap by three of the focus groups, especially during “off hours.”

Hispanics and recent immigrants noted the need for bilingual staff at local agencies. Frequently, Spanish-speaking adults must take a bilingual child with them to translate.

Few mental health services exist for those over age 18 with developmental or emotional problems. Shortages include group homes, sheltered workshops, and job training programs with appropriate job coaches. Social workers for these families are in short supply.

Participants in the various focus groups have used the services of many of McHenry County's human services agencies. Although focus group participants who have used Public Aid services generally did not have problems with the programs at Public Aid, most complained about staff rudeness, what they judged to be incompetence, or being treated disrespectfully.

- Generally, the medical care received at the local hospital emergency rooms is considered to be good. The main complaint about emergency room services was that time spent in the waiting room to see a doctor is too long.
- Although the medical care at the Family Health Partnership Clinic was deemed to be very good, everyone who had been treated there complained about the long wait times - both to get an appointment and time spent in the waiting room.
- Many of the focus group members had used services at the McHenry County Health Department, including WIC, flu shots, immunizations, testing services, and food inspections. Overall, the Health Department received high marks from the community, with staff said to be friendly and helpful.
- The disabled individuals praised the services of Pioneer Center, especially their employment component. The elderly focus group participants expressed their appreciation for the many special services provided by local firefighters.
- One of the most common barriers to receiving services, according to focus group participants, appears to be lack of awareness of available services. Many of the focus groups stated that most people are not aware of services or agencies until the time comes when services are needed. Word of mouth was said to be the most common method for finding out about services in the community.

Another barrier to receiving needed services cited by several of the groups is that too many of the available services are located in Woodstock only. Several groups asserted that essential human services agencies should be located in all major McHenry County communities. Individuals who do not live in Woodstock sometimes have trouble getting to the agency.

Too-strict eligibility requirements may keep people from obtaining human services. Low-income individuals specifically mentioned that Public Aid needs to loosen the requirements for food stamps.

Transportation was named as a barrier to receiving services by several of the focus groups, especially in conjunction with too many services being offered in Woodstock only.