

2014 MCHENRY COUNTY  
HEALTHY COMMUNITY STUDY

EXECUTIVE SUMMARY

*Priorities  
and  
Key Findings*



Prepared for  
McHenry County Healthy Community Partners

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## INTRODUCTION AND METHODOLOGY

### **Purpose**

A “healthy community” encompasses a broad range of community characteristics that define what it means to be a healthy place to live. Ever since the mid-2000s, McHenry County Healthy Community has sought to understand and address the county’s most pressing needs, involving partners from numerous community organizations. Twelve partners participated in the Healthy Community 2013-2014 study.

Similar to 2006 and 2010, the current endeavor began with a thorough understanding of the county’s “health” as measured using three assessments, each from a different perspective. The assessments include 1) community survey to know the views of the residents themselves, 2) key informants for knowledge from community leaders, and 3) community analysis which contains descriptors using secondary data sources. The 2013-2014 study omitted focus groups as used in 2006 and 2010, attempting to obtain information about populations in need by targeting at-risk groups to complete the survey.

Through the assessments, the current health status of county residents is described along with demographic trends, social and economic indicators, health behaviors, and utilization of health services. The assessments also attempt to understand the perceptions of community strengths and weaknesses as well as answer questions about health and human services delivery, unmet needs, gaps, and barriers to care.

Health Systems Research of the University of Illinois College of Medicine at Rockford was hired to guide the process and conduct the needs assessment components as well as prepare this summary report. Health Systems Research, which specializes in community needs assessments for health and human service organizations, has assisted the McHenry County Department of Health and other local organizations on numerous projects over the past decade.

Partners and other service providers will use this document to determine what should be done and implement strategies and actions to address health, human services, and other pertinent problems.

### **Partner Organizations**

McHenry County Healthy Communities 2013-2014 was directed by 12 partner organizations. Those organizations and their representatives are:

Advocate Good Shepherd Hospital	Julie Mayer
Advocate Sherman Hospital	Tina Link
Centegra Health System	Hadley Streng
Family Alliance Inc.	Phil Versten
McHenry County College	Lena Kalemba
McHenry County Community Foundation	Meg LaMonica
McHenry County Department of Health	Debra Quackenbush and Patrick McNulty
McHenry County Mental Health Board	Carolyn Frasor
McHenry County Regional Office of Education	Laura Crain
Pioneer Center for Human Services	Kemberly Dailey Johnson
Senior Services Associates Inc.	Leslie Edstrom
United Way of Greater McHenry County	Steve Otten

## Methodology

The summary report is a composite of findings from the three assessments which are described below, along with a description of the priorities, a listing of community assets as mentioned in the assessments, and comparison of 2014 to 2010 findings.

*Community Survey.* A description of community issues and problems based on a sample of McHenry County residents. The survey was conducted online with the link widely broadcast by partner organizations, and supplemented by a paper version disseminated at numerous events and locations. Survey respondents numbered 744 with a 60/40 split between online and paper respondents. Questions in the survey covered:

- Community features
- Financial issues
- Health status - perception of health and prevalence of diseases and conditions (physical and mental)
- Access to care
- Health insurance status
- Abuse, suicide, care of other persons

*Key Informants.* Interviews with 21 community leaders, agency directors, and other people considered experts in their field based on professional expertise, knowledge of local human services system or position of influence. As selected by the partners, many key informants or their predecessors at their organizations had been interviewed for the 2010 study.

Interview questions focused on community assets, challenges, target groups in need of services, and perception of strengths and weaknesses of health and human services delivery. Key informants were interviewed by four volunteer interviewers, recorded, and transcribed by Health Systems Research staff.

*Community Analysis.* A description of McHenry County using secondary sources of information that draws extensively on the U.S. Census Bureau's decennial censuses, annual estimates, the American Community Survey; National Center for Health Statistics CDC WONDER online database for vital statistics; Illinois Department of Employment Security employment data; Illinois State Uniform Crime Reporting Program; and additional sources for other health, social, and economic indicators.

## Priorities

Using information and analysis from the assessments, priorities were selected based on their prominence as community needs. Two sets of priorities were identified: community-based issues largely out of the purview of the funding partners and health priorities that encompass both health status and health system issues.

Community priorities are:

- TRANSPORTATION (PUBLIC)
- JOB CREATION AND RETENTION
- ENVIRONMENTAL PROTECTION
- AFFORDABLE HOUSING

Health priorities are:

- SUBSTANCE ABUSE
- OBESITY
- DEPRESSION/ANXIETY & SUICIDE
- BEHAVIORAL/MENTAL HEALTH
- DIABETES

The following section describes these priorities using information from each of the assessments to substantiate their selection as the most important issues for community attention and action.

## PRIORITY ISSUES

This chapter describes the priority concerns for McHenry County as based on the findings of the Healthy Community 2014 study. Under each priority is the study from which the information was drawn as well as the data/findings that relate to the specific priority.

### COMMUNITY PRIORITIES

#### TRANSPORTATION

##### *Key Informants*

Cited by a majority of key informants, the lack of adequate public transportation was considered the leading community challenge, ranking as more significant than other community issues. Certain groups such as seniors, low income, and persons with disabilities are most affected by the inadequate network of public transit. Besides representing a major community problem, lack of public transportation serves as a barrier to receiving services. More dependable bus stops and more train stops would improve the situation, though the most valuable addition would be a broader expanse of public transit throughout the county, including to health care locations. The importance of this issue in 2014 repeats the status of public transportation in 2010 when both focus groups and key informants cited this issue.

##### *Survey*

Improved public transportation in McHenry County emerged as the most prominent community need. Of 18 community features, survey respondents gave lowest ratings to availability of public transportation with two in three (67.6%) saying that public transportation for all residents was fair or poor, half (49.2%) claiming that transportation for seniors was no better than fair or poor, and 46.4% indicating that transportation for disabled persons is fair or poor. Every population subgroup put public transportation into the bottom three features based on availability.

Another aspect of the transportation issue as mentioned by survey respondents is the poor condition of many roads (survey was administered in January) and congestion in some population-dense areas.

##### *Community Analysis*

According to 2012 Census estimates presented in the community analysis, only 2.8% of McHenry County workers use public transportation to commute to work, far below the state (8.7%) and national (5.0%) figures.

#### JOB CREATION AND RETENTION

McHenry County has undergone a dramatic economic shift over the past dozen years. Growth and development was robust in the early 2000s, but then the economy slowed with job losses, rising unemployment, and declining home values.

##### *Key Informants*

While the situation has improved since 2010, key informants said that local economic growth remains a high priority and several said that there should be an emphasis on corporate rather than retail development. Key informants also identified unemployed/underemployed adults as a group within the community needing more attention.

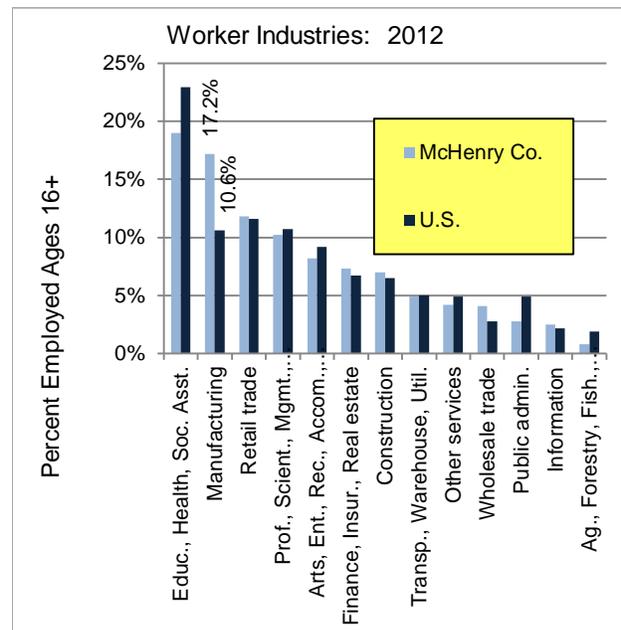
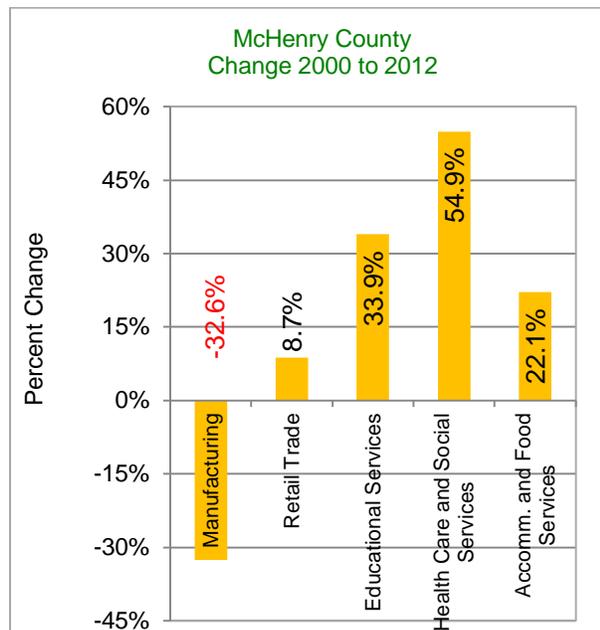
Jobs are needed in the county, they said, that keep local residents from leaving the county to find work and pay enough for workers and their families to enjoy middle class living. Too many jobs in the area pay too little for workers to afford decent housing and other amenities associated with a good quality of life.

### Survey

According to survey respondents, six in ten (61.3%) said the availability of jobs was fair or poor, while more than one in three (38.9%) felt that availability of training to reenter the workforce was fair or poor. Job availability was rated lowest by males, adults with high school or less education or some college/associate's degree, residents in southeast and central portions of the county, and those in households that have received some form of financial assistance in the past year. Almost one in five (18.4%) survey respondents experienced an involuntary job loss in the past year.

### Community Analysis

While the past 12 years have witnessed a dramatic loss of manufacturing jobs (-32.6%), manufacturing remains a dominant presence in the county's economic base (17.2% of workers who live in the county), far more than is true nationally (10.6%) and the industry accounting for the largest excess over U.S.



In terms of employees working in the county, gains have occurred in the other four industry groups: retail trade (+8.7%), educational services (+33.9%), health care and social assistance (+54.9%), and accommodation/food services (+22.1%).

The county's unemployment pattern has followed state and national trends, falling below Illinois and U.S. until 2009. Since then, McHenry County's unemployment rate has been above the nation, but below Illinois. McHenry County unemployment in 2013 stood at 8.3%, a five-year low. Unemployment was highest in 2010 at 10.0%.

## ENVIRONMENTAL PROTECTION

During the period of rapid population expansion in the county, concerns were raised about maintaining open space and preserving the quality of groundwater. Those concerns as expressed in the 2010 study were repeated in this Healthy Community study.

### *Key Informants*

Key informants named the beauty, variety of landscape, existing open spaces, and farmland as major assets of the county. They also ranked the protection of the environment as one of the top challenges facing the county. Agricultural land and “green infrastructure” continue to be lost. They also realize the importance of preserving the quality of the groundwater. Maintaining the balance between growth and the county’s rural areas is vital as development regains a momentum due to the improving economy. They appreciate and support the efforts of the area’s conservation groups.

Key informants also suggested developing more avenues and better coordination of efforts to expand and market local foods. This involves a certain degree of agricultural diversification, they said. More recycling by businesses should also take place. Currently, there is no on-site pick-up of recycled items.

### *Survey*

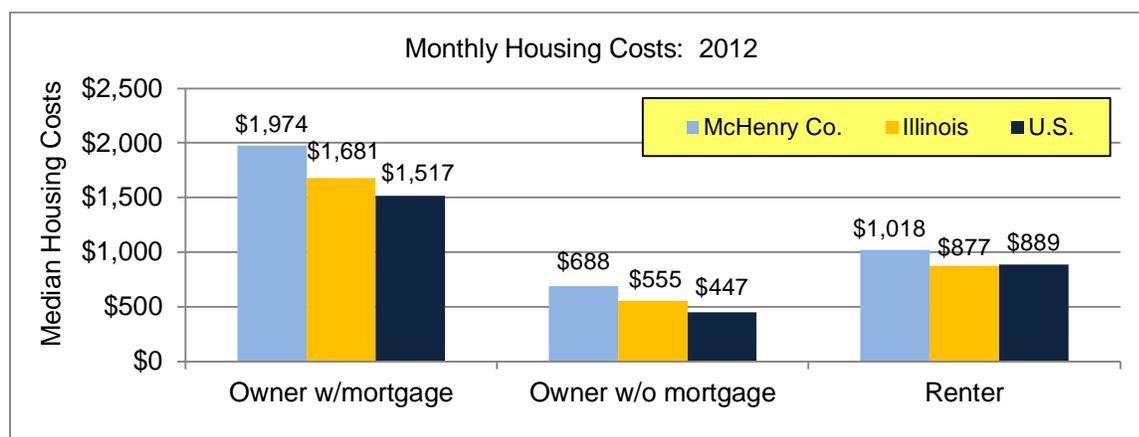
One-quarter (25.0%) of survey respondents rated the availability of ground water no higher than fair or poor, while another quarter (24.3%) don’t know. More than one in three (38.2%) said that the availability of water conservation education is fair or poor and 30.5% did not know. Judging the quality, more than one in five (22.2%) said the quality of the area’s groundwater is fair or poor, while another fifth (20.2%) did not know. Residents in the southeast section of the county rated the quality of groundwater lowest.

## AFFORDABLE HOUSING

### *Key Informants*

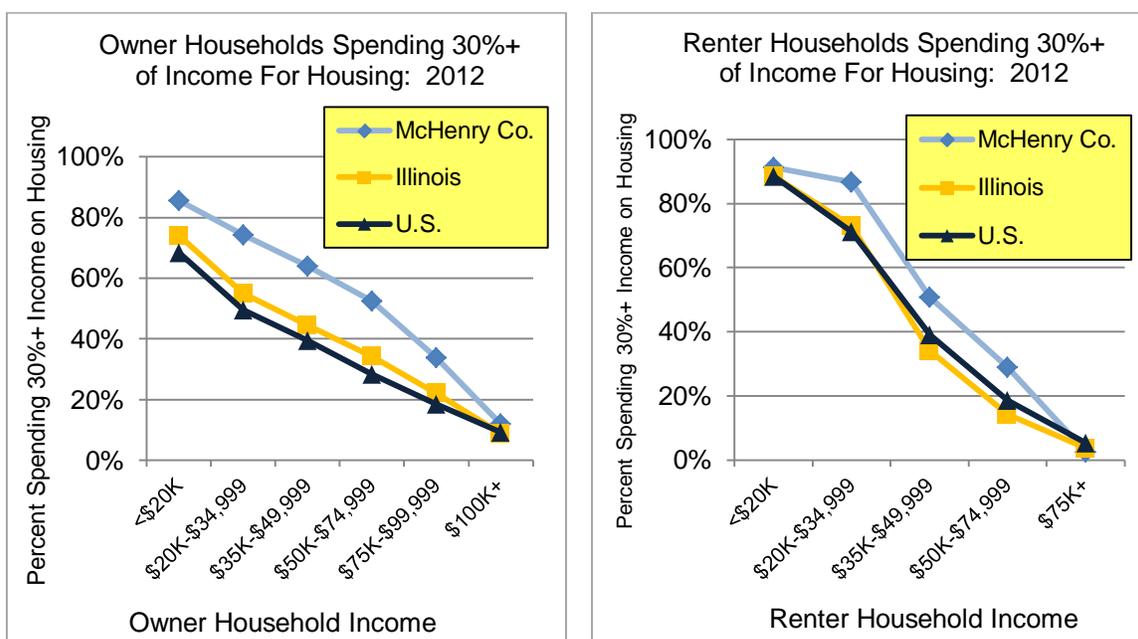
Affordable, decent housing is a major challenge in the county, say key informants. The lack of such housing hits the Hispanic population, low-income/working poor, and older residents especially hard. Part of the affordability issue relates to the county’s high property taxes.

### *Community Analysis*



Median monthly housing costs for McHenry County households exceed the state and nation for owners with a mortgage, owners without a mortgage, and renters.

A measure for housing cost burden is spending more than 30% of household income on housing related expenses. In McHenry County, 41.7% of owners with a mortgage, 21.5% of owners without a mortgage, and 55.1% of renters spend more than 30% of their income on housing. At all income levels up to \$100,000 per year, a larger percentage of owner-occupied households bear this excessive housing cost burden as do renters up to \$75,000 income.



## HEALTH PRIORITIES

### SUBSTANCE ABUSE

#### Key Informants

Drug and alcohol abuse among youth was identified as a community problem by key informants. They also mentioned the growing use of heroin locally. To deal with these issues, there are too few providers to help people with addictions and no inpatient substance use treatment center is located within the county.

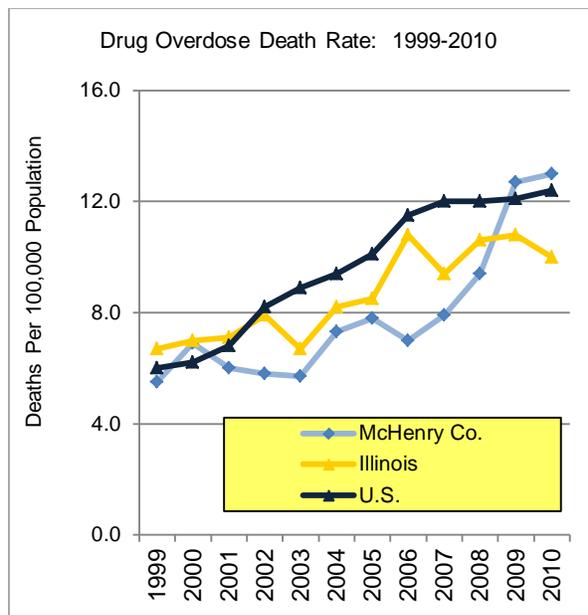
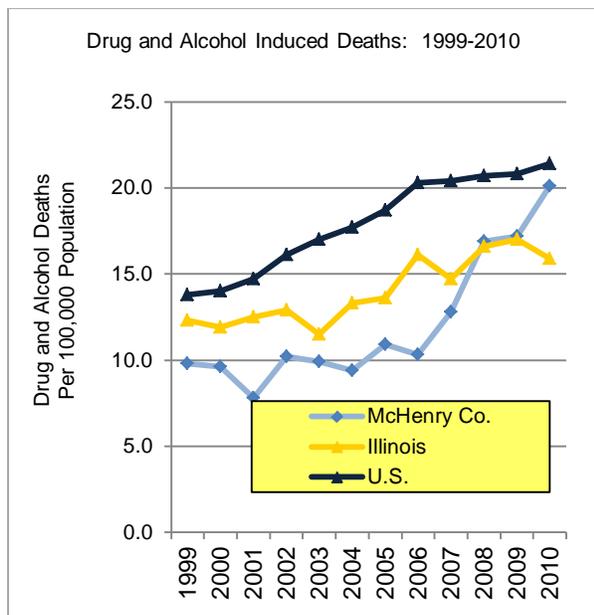
#### Survey

According to survey respondents, 52 persons who include respondents themselves and their household members abuse alcohol or another substance; this number equates to 5.5% of the survey household member population. Most of these persons (39) are adults ages 18-64.

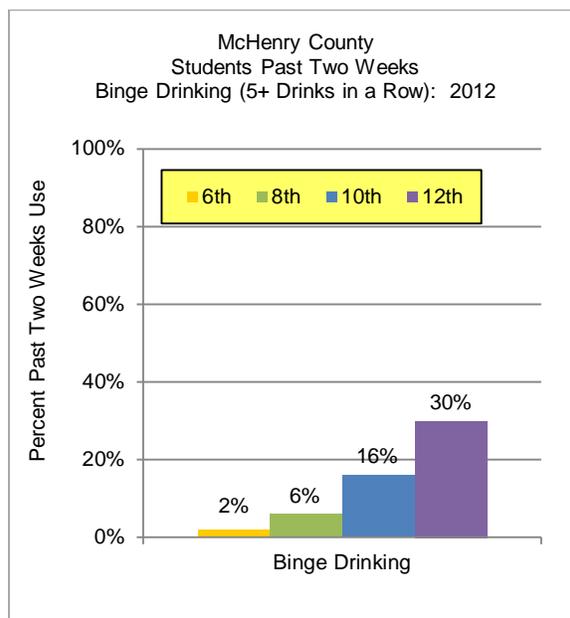
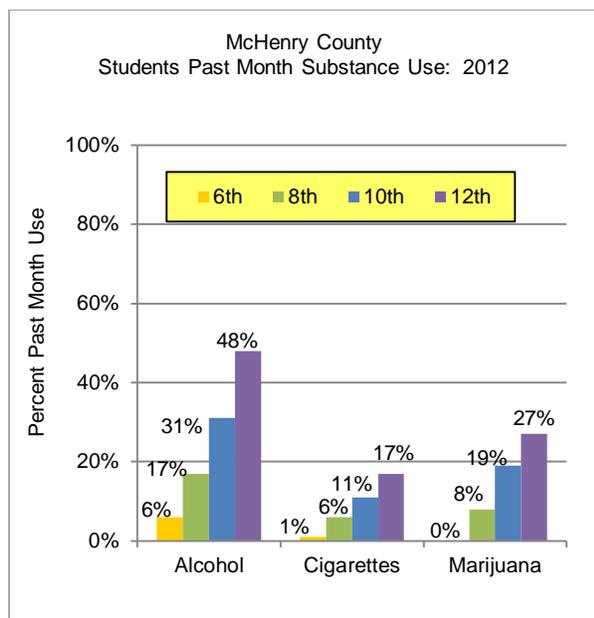
#### Community Analysis

The number of drug and alcohol induced deaths among McHenry County residents has risen over the past decade to a record high of 62 deaths in 2010 at a rate of 20.1 per 100,000 population, topping the Illinois rate of 15.9 but not the nation at 21.4. Two-thirds of 2007-2010 drug and alcohol deaths were drug-related. Drug overdose deaths numbered 40 in 2010, another record high, and the county's rate of 13.0 per 100,000 exceeds both Illinois (10.0) and

U.S. (12.4). Rates are highest among the 25-34 year olds (16.4), followed by ages 45-54 (14.3). Local drug overdose death rates among both 15-24 year olds and 25-34 year olds surpass their state and national counterparts.



Among youth, almost half (48%) of high school seniors report past month alcohol use and 30% say they have consumed five or more drinks in a row during the past two weeks; 27% have smoked marijuana in the past 30 days. Lower grades report less frequent use but still at levels of concern.



Driving Under the Influence (DUI) arrests totaled 892 in McHenry County in 2012, lower than the two previous years, however, the county's 2012 rate of 374.9 per 100,000 population ages 16 years and older exceeds the state (365.0) as has been true for 2011 and 2010 too.

During 2013, 535 McHenry County residents were hospitalized for alcohol and drug dependence (without rehabilitation therapy and without major comorbid conditions), the fifth leading non-birth related cause of hospitalization. At a rate of 17.4 per 10,000 population, the local rate is higher than statewide at 15.9.

Drug arrests in McHenry County totaled 1,427 in 2011, down from the previous year but above all years 1998 to 2009, except 2005. The 2011 number was 74.7% higher than 1998.

The 2011 drug arrest rate in McHenry County stood at 461.9 per 100,000 population, the third highest and a 36.4% rate increase since 1998.

Using synthetic estimates which rely on national prevalence rates to gauge the burden of substance abuse in McHenry County, an estimated 23,497 persons ages 12 years and older have used an illicit substance within the past month, a large proportion of whom (18,644) were marijuana users. Among legal substances, 133,064 persons ages 12+ have consumed alcohol during the past month, while 16,601 of these individuals are heavy alcohol users defined as drinking five or more drinks on the same occasion on five or more days in the past month.

## OBESITY

Appropriate body weight link to numerous chronic conditions such as hypertension, high cholesterol, and diabetes. Obesity is a top public health problem nationwide. The rise in obesity occurring in adolescents and children has alarmed public health officials and providers.

### *Key Informants*

Several key informants addressed the issue of obesity, mentioning the growing number of children and adolescents who are overweight and its increase in prevalence among the local Hispanic population.

### *Survey*

One in four (24.9%) respondents/household members reports that they are overweight or obese. In the 2010 survey, 8.8% said that someone in their household was obese (overweight was not included in condition). Among children under the age of 18, 6.9% are overweight or obese as are one-third (32.3%) of 18-64 year olds and 26.9% among ages 65+.

### *Community Analysis*

Based on height and weight measures, one-quarter (23.5%) of McHenry County adults 18 years and older are obese using 2008 Behavioral Risk Factor Survey findings, a significant rise over 2002 at 18.5%. In 2008, an additional third (35.7%) of adults are overweight, so six in ten (59.2%) McHenry County adults are considered overweight or obese. 2008 BRFSS is the most current data set available; 2014 data are now being collected for release in 2015.

## DEPRESSION/ANXIETY AND SUICIDE

### Survey

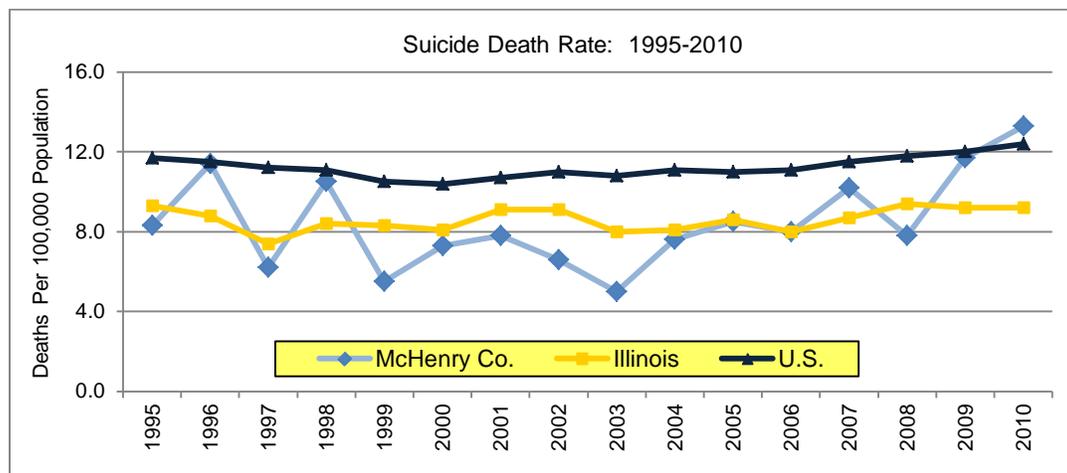
More than one in five (21.0%) survey respondents and household members report that they have been diagnosed by a health professional as experiencing depression. Prevalence is highest among adults 18-64 at 28.6%, dropping to 10.8% among children under 18. Anxiety/panic disorders are slightly less common but close to these levels with 18.6% suffering from these mental health problems -- 27.2% ages 18-64 and 10.3% for children up to age 18. Among seniors 65 years and older, more persons report being depressed at 14.4% than having Alzheimer's disease (10.2%); anxiety/panic disorders affect 7.4% of seniors in the survey sample.

The survey also contained a question about suicide. One in twenty (5.0%) respondents said they had thought about suicide as did 3.6% of household members. Very few (0.9% respondents, 0.5% other household members) attempted suicide.

### Community Analysis

Psychoses, a generalized mental health diagnosis encompassing severe depression and anxiety, is the number one non-birth related reason for inpatient hospitalization among McHenry County residents. This diagnosis accounted for 1,887 hospitalizations in 2013, producing a rate of 61.4 per 10,000 population similar to the state at 67.6. When broken down by age, all age groups except the oldest one of 65+ also had psychoses ranked at the top.

Suicides took the life of 41 local residents in 2010, a one-year high and more than twice as many as had occurred annually in 1999-2003. The 2008-2010 McHenry County suicide rate of 10.9 per 100,000 stands 59% above the 1999-2001 figure.



## BEHAVIORAL/MENTAL HEALTH SERVICES

### Key Informants

The third most frequently named target population needing community attention was mentally ill persons and substance abusers. Also mentioned were adults with developmental and/or emotional disabilities and elderly persons with dementia.

The closing of Family Service and Community Mental Health Center in 2012 has left gaping holes in service delivery. Some key informants say that mental health is not acknowledged or valued enough within the county. Mental health and substance abuse services were regarded as the foremost weak link in today's local health care delivery system. Lack of transportation to services is an additional barrier for McHenry County residents. Many who suffer with mental health or substance abuse problems fall into the low-income/working poor population. Youth and Hispanic persons have unmet emotional needs.

Key informants explain that no inpatient detoxification unit or substance abuse program exists within the county's borders. Also, there is no local inpatient facility for behavioral/mental health care or substance abuse treatment for adolescents and children. Some mentally ill or substance abusers end up in the hospital emergency department or the judicial system, neither situation suitable for effective care.

### *Survey*

Asked to rate 18 community features, 36.9% said that the availability of behavioral/mental health care services was no better than fair or poor with an additional 22.8% indicating "don't know." Among the 18 features, behavioral/mental health services placed eighth lowest.

More than one in four (28.4%) rated the quality of behavioral/mental services as fair or poor with 29.0% saying they do not know. The quality of behavioral/mental health services was ranked in the bottom three (of 11 features) by all demographic groups based on ethnicity, education, and location except Southeast residents.

Of all survey respondents, 63 (8.5%) said they were unable to receive behavioral/mental health care in the past year. The leading reason that kept persons from getting needed care was lack of (enough) insurance as cited by 41.3% of those unable to get care, followed by not able to afford deductible/co-pay (39.7%) and no regular provider (31.7%).

Asked about behavioral issues regarding children, 58 children of survey respondents or one in four (25.0%) have attention deficit disorder with or without hyperactivity, whereas 33 (14.2%) have developmental delays.

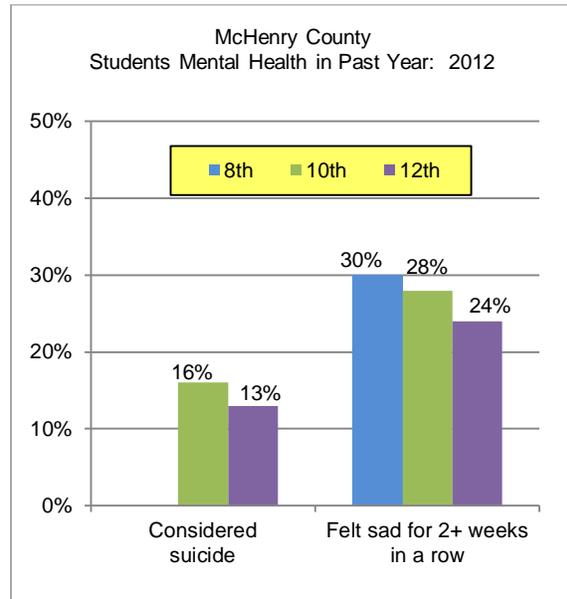
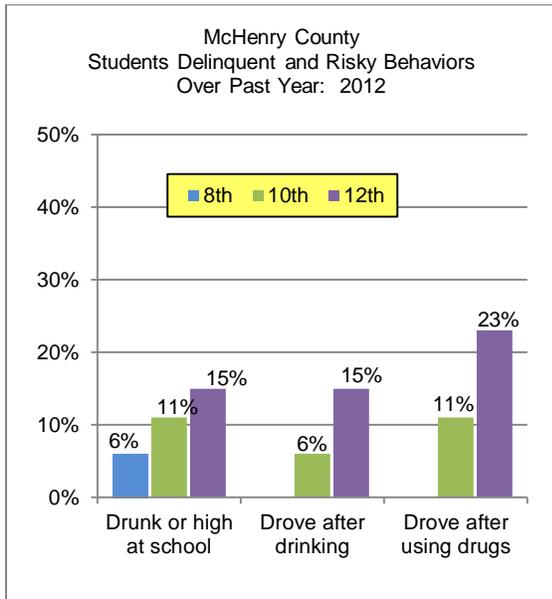
### *Community Analysis*

National prevalence estimates applied to the local population suggest that 41,773 (18.6%) McHenry County adults ages 18 years and older have experienced some form of mental illness in the past year with about one-quarter of these (4.1% or 9,208) suffering from serious mental illness. A significant proportion (3.6%, 8,085) has the co-occurrence of substance abuse and a mental illness.

Based on Illinois Youth Survey findings, McHenry County students engage in risky behaviors related to substance abuse including being drunk or high at school, driving after drinking, and driving after using drugs. Among high school seniors, 15-23% report these behaviors. Lower percentages of tenth graders report these behaviors, however, levels still warrant concern with one in nine (11%) sophomores being high or drunk at school as well as driving after using drugs.

Two additional measures also indicate the importance of access to mental and behavioral health services for youth, thoughts of suicide and extended periods of sadness. One in six (16%) eighth graders has considered suicide in the past year as have 13% of 12<sup>th</sup> graders.

Three in ten (30%) 8<sup>th</sup> graders experienced sadness for two or more weeks in a row during the past year, dropping slightly to 28% of 10<sup>th</sup> graders and one in four (24%) 12<sup>th</sup> graders.



## DIABETES

### Key Informants

Key informants have observed that the local Hispanic population appears to have a fairly high rate of diabetes.

### Survey

Among survey respondents and their household members, 13.7% report being diagnosed with diabetes. This rate climbs to one in four (25.5%) among the ages 65 years and older.

### Community Analysis

Diabetes accounted for 153 McHenry County deaths in 2008-2010, a rate of 16.6 per 100,000 population and the seventh leading death cause. For this three-year period 2008-2010, deaths attributed to diabetes accounted for 2.8% of all deaths. One-quarter (26.7%) of McHenry County deaths due to diabetes (2006-2010) occurred to persons under the age of 65. Examined by age group, diabetes places fifth highest among death causes for 65-74 year olds. Diabetes' death rate in 2008-2010 almost replicates the rate of 1999-2001 at 16.9. Likely more significant than diabetes as a leading death cause is this disease's impact as a comorbid condition or complication in other leading death causes.

While local data are not available to measure diabetes prevalence by age, recently released national data show a dramatic increase in diabetes occurrence among children and adolescents between 2001 and 2009. For persons under age 20, Type 1 diabetes prevalence increased 21% during this time period, while Type 2 among ages 10-19 rose by 30%. Looking at rates by race and ethnicity, researchers found 2009 prevalence of Type 1 diabetes highest among white youth, whereas Type 2 rates far surpassed white rates for American Indian, black and Hispanic youth. These data are based on an ongoing study SEARCH for Diabetes in Youth conducted by the Centers for Disease Control and Prevention and National Institutes of Health with results reported in Journal of American Medical Association 311 (17), May 7, 2014.

## GOOD REASONS TO LIVE IN MCHENRY COUNTY

The McHenry County Healthy Community 2014 project encompassed three studies designed to assess and understand community needs, each from a different perspective. Despite the focus on needs, all three studies found many positive findings related to life and characteristics about life in McHenry County. The following section will highlight the results that illustrate the positive aspects as presented in each study.

### COMMUNITY ANALYSIS

Among the characteristics describing the social and economic conditions, the following are strengths of the county:

- *High median household income compared to IL, U.S.*  
The county's 2012 median household income at \$76,417 far surpasses the state at \$55,126 and nation at \$51,371.
- *Income levels rebounding.*  
McHenry County's per capital personal income (PCPI) at \$43,802 is the same as (100.0% of) the federal level in 2010, the highest since 2007.
- *Improving housing sales and sales price.*  
In 2013, 4,933 homes were sold in the county, the largest number since 2005. The median sale price exceeds the state median which has been true for at least a decade though the 2013 and 2012 margin was far smaller (\$2,500 in 2013 and \$1,500 in 2012) than previous years when local medians generally topped the state by at least \$15,000.
- *Recent drops in unemployment, but still above U.S.*  
McHenry County unemployment in 2013 stood at 8.3%, a five-year low. The county's unemployment rate consistently fell at or below state and national levels until 2009. Since then, the county's unemployment rate has exceeded the U.S, but is below Illinois.
- *Low crime.*  
McHenry County's crime rate of 1,437.2 per 100,000 population is half the state at 3,073.1. Violent crimes numbered 362 in 2011, 117.2 per 100,000, far below the state (428.1); property crimes numbered 4,078, a rate of 1,320.0, about half the state rate of 2,645.0. Comparing specific crimes, McHenry County's rates are far lower than the state for all eight offense categories.

Data about health status, behaviors, and utilization also showed positive characteristics of McHenry County's population. They are:

- *Drop in teen births.*  
A record low number (152) of babies were born to McHenry County teens (females under age 20) in 2012, representing 4.7% of births, well below the state (7.7%) and nation (7.8%). The county's 2012 teen birth rate at 13.4 births per 1,000 females ages 15-19 is less than half Illinois (27.9) and U.S. (29.4).
- *Drop in tobacco use during pregnancy.*  
Only 5.1% of McHenry County births in 2012 were delivered by women who used tobacco while pregnant, a record low, and below the state (7.1%). Since 1990, tobacco use among pregnant women in the county has dropped by two-thirds.

- *Prenatal care utilization surpasses statewide.*  
 In 2009, 87.9% of McHenry County births received adequate or adequate-plus prenatal care according to the Kotelchuck Index, topping the state's 80.2%. Receiving first trimester prenatal care were 83.7% of local births, higher than each of the previous four years and above Illinois (81.1%).
- *Infant deaths below Illinois and U.S.*  
 McHenry County reported 12 infant deaths in 2010, the lowest in the period 1980-2012, and lower by more than half the number (26) in 1980. The county's 2010 infant death rate (3.5 per 1,000 live births) fell well below the state (6.8) and nation (6.1).
- *Decline in death rates for heart disease and stroke.*  
 Over the past decade, the county's heart disease death rate has dropped by 19%, while the stroke death rate has fallen by 25%.
- *Cancer lower for selected sites than Illinois.*  
 The incidence of cancer among county residents is significantly below Illinois for the following sites: liver (male), prostate (male), and breast in situ (female).
- *Lower proportions of residents with disability than Illinois and U.S.*  
 One in thirteen (7.6%) local residents ages five and older reports a disability, below the state (10.3%) and nation (12.0%). At each age group, local rates of disability are at least 20% below national levels: 3.1% of ages 5-17 compared to 5.2% U.S., 6.3% for ages 18-64 versus 10.0% U.S., and 29.3% for 65+, lower than the U.S. at 36.8%.
- *Low sexually transmitted disease (STD) rates compared to Illinois.*  
 McHenry County has seen a rise in chlamydia over the past five years with 484 cases reported in 2012 (157.1 per 100,000), though the county's rate still falls far below Illinois (525.8). In 2012, 39 cases of gonorrhea were reported for a rate of 12.7 per 100,000, well below Illinois (141.0), but the most cases since 2007.
- *Lower uninsured rate than state for overall population.*  
 One in nine (11.1%) McHenry County residents under age 65 lacks health insurance coverage (2012) compared to 14.6% statewide. For local adults ages 18-64, 14.4% lacked health coverage in 2012 versus 18.8% statewide. The same favorable comparison does not apply for local residents at lower income levels, a larger proportion of whom are uninsured compared to Illinois.

## SURVEY

Five community features received high ratings in terms of availability in the county. Those features and the groups which rated them high (in the top three) are:

- Safe neighborhoods – all groups
- Park/recreation services – non-Hispanic, both genders, higher education, all areas except rural
- Availability of health care services – both ethnicities, females, lower education, Southeast residents
- Organizations that provide free food – Hispanic, males, lower education than 4-year college, rural residents
- Availability of farmers' markets – higher education, rural residents.

Five community features received quality ratings equating to “good” or better. Those features and the groups which rated them high (in the top three) are:

- K-8 education – Crystal Lake and Southeast residents, lower education
- High school education – Crystal Lake and Southeast residents, lower education
- Park/recreation services – Crystal Lake and Southeast residents, higher education
- Police – Crystal Lake and Southeast residents, lower education
- Air – Higher education, males, households receiving financial assistance

## KEY INFORMANTS

For key informants, the initial question for discussion asked, “what do you like about living in McHenry County?” A synthesis of their replies follows.

- *Environment*  
The beauty and variety of the local landscape impress key informants. They appreciate the open spaces and are grateful that the wilderness, forests, oak woodlands, farmland and other natural resources have been preserved.
- *Rural/Urban Mix*  
The blend of rural and urban characteristics within the county appeals to persons who appreciate the small town atmosphere in local communities alongside amenities usually associated with much larger cities and suburbs. Living outside of a major metropolitan area is a real plus, especially for families, yet the county is easily accessible to Chicago.
- *Services*  
Both the quality and quantity of services were mentioned as positive characteristics of McHenry County. Most often, education was cited with strong public school systems located in Crystal Lake and Woodstock, good private schools, and opportunities for post-secondary schooling at McHenry County College. Key informants also talked about the abundance of social service organizations and the collaboration among them. There is access to good health care locally and close by for highly specialized services.
- *Parks/recreation*  
Recreation opportunities, especially those geared toward the out of doors, are plentiful in the county. The recent increase in the number of hiking/biking trails along with canoeing/kayaking waterways has popularized public interest in these forms of physical activity. Parks and park districts are regarded very positively.
- *People*  
Local residents are helpful and tolerant. The Latino community has become a large presence in the county and, for the most part, these persons have been warmly welcomed. The county’s diversity in terms of race and ethnicity is regarded as a plus.
- *Sense of Community*  
A keen sense of community exists within McHenry County. The communities are supportive, active, and exhibit pride in their current composition and history. This sense of community lends itself to two important aspects mentioned by informants: 1) historical preservation is valued and cultivated, and 2) towns are oriented to be family-friendly with numerous activities for families and multi-generational groups.

- *Economy*  
The local economy is felt to be quite strong with a suitable mix of businesses. No single company dominates and very few polluting industries are located in the county. The positive effect of the mix of agriculture and farms into the local economic base makes McHenry County quite different from other (Chicago) collar counties. Decent employment opportunities exist and the county is financially sound.
  
- *Safety and Well-being*  
McHenry County is fortunate to have a low crime rate which contributes to a feeling of personal safety. Another aspect which reflects a sense of overall well-being in the county is what key informants call “quality of life” which allows local residents to truly enjoy living in the county.

## COMPARISON OF 2014 AND PRIOR HEALTHY COMMUNITY STUDIES

McHenry County Department of Health and additional partners have completed three rounds of the Healthy Community needs assessment process, each four to five years apart. The 2014 study was comprised of three components:

- Community Analysis which includes a wide range of data from secondary sources
- Survey of area residents
- Key Informants who are community leaders, agency directors, or experts in their fields.

This chapter compares the findings of the 2014, 2010, and 2006 studies. The three studies are similar in scope with repeated questions in the survey instrument and key informant interviews. Unlike the two prior studies, no focus groups were conducted in 2014.

Comparisons are described in this chapter. Because the information in the community analysis already show trends over time, no comparison between 2014 and prior years is presented.

### SURVEY

Some questions included in the 2014 McHenry County Household Survey were replicated from 2010. Seven community features were rated according to availability in both 2010 and 2014. For all seven, ratings improved in 2014 over 2010. The biggest improvement occurred in “information to find services” (+0.53 on four-point scale), followed by jobs (+0.48). In 2010, public transportation for seniors and disabled was a single feature but separated in 2014 for each of the two population groups so a valid comparison cannot be made.

AVAILABILITY OF COMMUNITY FEATURES

Feature	Mean Scores <sup>1</sup>		Direction of Change
	2014	2010	
Parks/recreation services	3.02	2.75	↑
Information to find services	2.69	2.16	↑
Health care services	2.90	2.64	↑
Behavioral/mental health services	2.44	2.11	↑
Dental care services	2.79	2.65	↑
College education	2.77	2.61	↑
Jobs	2.02	1.54	↑

<sup>1</sup>Mean score: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

Financial issues was another topic covered in both 2010 and 2014. In both years, the exact same percentage of respondents, almost one in four (23.9%), indicated that they lacked money for basic needs. Roughly the same proportion experienced an involuntary job loss both years (18.4% 2014, 20.2% 2010). Significantly more common in 2014 than 2010 were needed but could not afford legal help, identity theft, and divorced/separated/ widowed.

FINANCIAL ISSUES FACED BY RESPONDENTS AND THEIR FAMILIES IN PAST YEAR

Financial Issues	2014		2010 Percent	Direction of Change
	Number	Percent		
Lack of money for basic needs	178	23.9%	23.9%	---
Was without a job for 90 days or more*	172	23.1%	21.6%	↑
Experienced involuntary job loss	137	18.4%	20.2%	↓
Needed legal help but could not afford it	100	13.4%	9.5%	↑
Identity theft	86	11.6%	6.8%	↑
Was divorced, separated or widowed	57	7.7%	4.7%	↑
Foreclosure of home	45	6.0%	2.9%	↑
Filed for bankruptcy	31	4.2%	3.2%	↑

\*No job for 30 days or more in 2010.

Respondents were asked about access to health care. In 2014, 7.9% said they did not have a regular doctor or clinic, more than in 2010 at 5.8% but close to the 2006 figure (7.6%). For those who do have a routine provider, respondents could indicate multiple options for where they go when they seek medical help in 2014, unlike previous surveys where a single response was permitted.

Suicide, abuse, and care of another adult were covered in both survey years. Fewer respondents thought about suicide in 2014 (5.0%) than in 2010 (7.4%), though essentially the same proportion actually attempted. Reported abuse was about the same for both years, including emotional, physical, sexual, and financial abuse. On the other hand, more respondents said they cared for an adult over 60 years of age (15.2%) in 2014 compared to 11.1% four years earlier.

SUICIDE, ABUSE, AND CARE OF AN ADULT

	2014		2010 Percent	Direction of Change
	Number	Percent		
<b>Suicide</b>				
Thought about suicide	37	5.0%	7.4%	↓
Attempted suicide	7	0.9%	0.8%	↑
<b>Abuse</b>				
Been emotionally abused	37	5.0%	3.9%	↑
Been physically abused	9	1.2%	0.8%	↑
Been sexually abused	3	0.4%	0.1%	↑
Financially abused	18	2.4%	2.7%	↓
<b>Care of Adult</b>				
Over 60 years of age	113	15.2%	11.1%	↑

The prevalence of diseases and health conditions among respondents and household members was included in 2014 and 2010. All conditions saw a higher prevalence in 2014 than four years earlier. The difference may be due in part to the different sampling method used. In 2010, surveys were sent by mail to a random sample of households, whereas in 2014, the survey was administered online and supplemented by paper surveys distributed at targeted events and locations primarily geared towards lower income households.

PHYSICAL AND BEHAVIORAL/MENTAL HEALTH DISEASES OR CONDITIONS IN HOUSEHOLD

Physical Health Conditions	Total		2010 Pct.	Direction of Change
	No.	Pct.		
Alcohol or substance abuse	52	5.5%	3.6%	↑
Blindness or serious vision problems	37	3.9%	2.0%	↑
Deafness or serious hearing problems	67	7.0%	6.2%	↑
Dental problems untreated	123	12.9%	6.1%	↑
Diabetes	130	13.7%	6.1%	↑
Digestive/stomach disorders	136	14.3%	8.3%	↑
Heart disease	91	9.6%	5.9%	↑
High blood pressure	327	34.3%	20.0%	↑
High cholesterol	278	29.2%	17.1%	↑
Migraines	124	13.0%	7.6%	↑
Obesity/overweight*	237	24.9%	8.8%	↑
Respiratory illness (COPD, chronic bronchitis, emphysema)	87	9.1%	3.7%	↑
Skin disorders	122	12.8%	5.2%	↑
<b>Behavioral/Mental Health Conditions</b>				
ADD/ADHD	124	13.0%	4.3%	↑
Alzheimer's disease/dementia	28	2.9%	1.5%	↑
Anxiety or panic disorders	177	18.6%	12.3%	↑
Autism spectrum disorders	31	3.3%	0.5%	↑
Bipolar disorder	64	6.7%	1.4%	↑
Depression	200	21.0%	14.4%	↑
Developmental delay	52	5.5%	1.6%	↑
Obsessive-compulsive disorder	31	3.3%	0.8%	↑
Phobias	17	1.8%	0.1%	↑
Schizophrenia	5	0.5%	0.0%	↑

\*Obesity alone in 2010.

KEY INFORMANTS

Similar to the 2010 and 2006 studies, key informants were interviewed in 2014 to learn about community needs, problems, and perceptions about the delivery of health and human services in McHenry County. Key informants are community leaders, agency directors, or other persons regarded as experts in their field. In 2014, four volunteer interviewers conducted the interviews while Leadership Greater McHenry County class members did the interviews in 2010 and 2006.

*Target populations*

Most of the groups named by key informants in 2014 as needing increased community attention were similar to the 2010 and 2006 interviews. In all three studies, the Hispanic population was recognized as the number one group needing more assistance. The next most common group was the low-income/working poor population, ranking second in all three years. Unlike 2010, children/youth and gay/lesbians were two groups mentioned in 2014 as needing more

community attention. Key informants in 2014 and 2010 interviews more often mentioned the unemployed and underemployed as needing community attention than 2006 interviewees.

#### *Health and Human Service Delivery System*

Key informants named similar strengths, weaknesses, gaps, and barriers of local health and human service delivery in 2014 as prior years. However, in 2014, they pointed out that the recent addition of McHenry Community Health Center (a federally qualified health center that is part of Greater Elgin Family Care Center) and Family Health Partnership's expansion into Crystal Lake has helped close the gap for low-income people needing health care. Also, the implementation of the 2-1-1 system of information and referral has heightened awareness of existing services. Poor awareness was a significant issue noted in 2010 and 2006. Transportation to health care facilities is a foremost community problem in 2014 as was true in prior years.

#### *Challenges Facing McHenry County*

Improving public transportation and economic growth that creates good-paying jobs are the top two challenges in 2014, just as they were in 2010 and 2006. Protecting the environment rose in importance and frequency of mention in the 2014 study, while affordable housing continues to remain a major challenge.