

McHenry County Transit Plan Implementation Task Force

Agenda

McHenry County Transit Plan
Implementation Task Force

DATE: May 28, 2013

TIME: 2:00 p.m. – 3:00 p.m.

LOCATION: McHenry County Division of Transportation
16111 Nelson Road, Woodstock, IL 60098

-
1. **Call to Order** – Scott Hennings (MCDOT)
 2. **Public Participation/Open Comment Period**
 3. **Pace Bus Service Update** – Mayor Aaron Shepley
 4. **MCRide Update** – Scott Hennings
 - Village of Lakewood Addition
 - Harvard Survey Results
 5. **Amtrak Service in Huntley Discussion** – Jason Osborn
 6. **Virginia Road Park and Ride Lot Marketing Discussion** – Jason Osborn
 7. **Visit McHenry County Transit Access Discussion** – Jaki Berggren
 8. **McHenry County Healthy Community Study Presentation** – Debra Quackenbush, McHenry County Health Department
 9. **RTA Access to Transit Program** – Jason Osborn
 10. **Future Structure of the ITF**– Scott Hennings
 11. **Other Business**
 12. **Next ITF Meeting**
Next meeting: Wednesday, July 23, 2014, 2:00 p.m.
 13. **Adjournment**

McHenry County Transit Plan Implementation Task Force

Minutes

McHenry County Transit Plan
Implementation Task Force

DATE: May 28, 2014
TIME: 2:00 – 3:00 p.m.
LOCATION: McHenry County Division of Transportation
16111 Nelson Road, Woodstock, IL 60098

Attendees

McHenry County Division of Transportation: Scott Hennings
McHenry County Division of Transportation: Jason Osborn
Pace: Dan Dembinski
Pace: Mary Donner
Pioneer Center: Tom Riley
Dorr Township: Bob Pierce
McHenry County Council of Mayors: Chalen Daigle
City of Harvard: Dave Nelson
City of Woodstock: Paul Ruscko
McHenry County Department of Health: Debra Quackenbush
McHenry County Department of Health: Rachel Wyss
McHenry County Department of Health: Rachel Mintle
Lake County Center for Independent Living: Kelli Brooks
Grafton Township: Candie Prince
Senior Services Associates: Leslie Edstrom
Senior Services Associates: Deborah Danitz
Visit McHenry County: Jaki Berggren
IL Bureau of Blind Services: Susan Dalton

The meeting started at 2:00 pm.

Mr. Hennings opened the meeting by asking everyone to introduce themselves and share any relevant information about their organization with the group. Mr. Riley from Pioneer Center mentioned that they recently moved to a new building and are working with Pace to establish a shuttle for their clients. Ms. Brook mentioned that LCCIL has expanded into McHenry County and has been providing transportation since 2013. Ms. Edstrom from Senior Services Associates said that they continue to receive between 300-400 requests for transportation each month and currently have about 110 volunteers.

McHenry County Transit Plan Implementation Task Force

Mr. Hennings then updated the ITF on the status of MCRide, in particular the proposed expansion of the service to include Lakewood, Harvard, and other interested municipalities. An intergovernmental agreement between Lakewood and McHenry County will be before the Transportation Committee of the County Board on June 4th, specifying the terms of a possible expansion in July of this year. Mr. Hennings also mentioned that a survey was conducted regarding expansion into Harvard. The results of the survey show that there is high demand to travel to destinations in Woodstock, McHenry and Crystal Lake, something that is not possible on Harvard's current Dial-a-Ride program.

Mr. Osborn next reminded the group that Governor Quinn recently announced that Amtrak service would start in 2015 between Chicago and Rockford, with stops in Elgin, Huntley and Belvidere. This would be McHenry County's first Amtrak station and Huntley's first rail station. Importantly, the \$223 million spent on track, signaling and safety upgrades will also make future Metra service to Huntley and Marengo more likely. Mr. Hennings then talked about the Virginia Road/IL 31 Park and Ride lot. The ITF was asked to help advertise the availability of the lot and Ms. Quackenbush said she would look into getting information on the County's message boards.

Next Ms. Berggren from *Visit McHenry County* talked about how important improving public transportation is for tourism. She started by talking about the economic returns from tourism for McHenry County's economy, which is estimated at over \$200 million per year. She also sees an opportunity to market to people in Chicago who can take Metra out to McHenry County, but often find it difficult to travel the last mile to their destination. The Railway Museum, Three Oaks Recreation Area, and various athletic competitions such as Tough Mudder would be very appealing for people to visit by public transportation if it was made more available.

McHenry County's representative on the Pace Board of Directors, Mayor Aaron Shepley from Crystal Lake, then provided the ITF with an update on Pace services in the County. Director Shepley has been on the Pace board for over 15 years and in that time has fought hard to increase funding for Pace services in McHenry County. He stated that he is very proud of the work done by Pace staff, along with McHenry County staff and the McHenry County Board in implementing MCRide, and is supportive of the program moving forward. Director Shepley said that allowing residents to cross city boundaries has had a positive impact on the lives of those using the Dial-a-Ride program.

Next, Ms. Quackenbush from the McHenry County Health Department provided an overview of the results from the McHenry County Healthy Community Study as it

McHenry County Transit Plan Implementation Task Force

relates to transportation. It was mentioned that transportation (which includes everything from roadways, to sidewalks, bike trails and public transportation) is consistently ranked as a top issues needing improvement in McHenry County. There is a pronounced geographic divide in opinion, with urban areas of the County saying there is good availability of bike trails and sidewalks, and the rural areas saying it needs improvement. All areas of the County say that public transportation needs to be improved, especially for seniors and the poor. Ms. Quackenbush told the group that this study is done every three years and is meant to be used by the non profits and government agencies in their decision making process.

Mr. Osborn continued the conversation by reminding the ITF that the RTA is accepting applications for their "Access to Transit Program", which provides small grants to municipalities for improving connections to bus stops and Metra Stations. If anyone is interested in applying, they should contact him for more information.

Finally, Mr. Hennings wrapped up the meeting by discussing the progress made to date in formalizing the ITF. He mentioned that at the previous Transportation Committee meeting, the Committee adopted bylaws for the ITF and continue to be supportive of empowering the group of transit experts. Before the Transportation Committee at the June 4th meeting is a list of appointees to the ITF. The list was compiled from those who have regularly attended the ITF meetings in the past and is always subject to change. If the TC adopts the list of appointees to the ITF, then the ITF shall pick its Chair and Vice Chair at its next meeting on July 23rd. Any questions about the process should be directed back to Mr. Hennings or Mr. Osborn.

The meeting was adjourned at 3:15 p.m.

The next meeting of the ITF is scheduled for July 23rd, 2014.

Setting Ideas in Motion



Regional
Transportation
Authority

About the Program

The RTA's Access to Transit Improvement program is designed to increase access to the transit system through small scale capital improvements. These improvements will help to increase ridership and make the system more accessible for users, particularly persons with disabilities, older adults, and occasional riders.

During the past 15 years, the RTA has leveraged federal, state, local, and its own dollars to fund over 160 transit-related planning studies through its Community Planning program. The Community Planning program provides funding and planning assistance to units of local government for planning projects that benefit the community and the regional transit system. Implementing recommendations from these RTA-funded plans not only advances the agency's strategic priorities, but results in improved access to transit, increased ridership, improved community and private investment, and greatly increases the number of residents who have close access to transit and transit-oriented neighborhood amenities.

The Access to Transit Improvement Program is intended to leverage RTA funds with federal Congestion Mitigation and Air Quality Improvement (CMAQ) Program funding to help implement recommendations contained in RTA-funded Community Planning studies. Therefore, funding for the program is dependent on RTA-supported projects being accepted into the CMAQ program (see Program Timeline for more information).

Eligible Applicants

The Access to Transit Improvement program is limited to municipalities and counties who have completed, or are in the process of completing, a plan through the RTA's Community Planning program.

Eligible Projects

Eligible projects include small-scale capital improvements that stem from recommendations contained in a Community Planning study. Projects at an estimated cost of \$1,000,000 or lower

SETTING IDEAS IN MOTION: ACCESS TO TRANSIT IMPROVEMENT PROGRAM

are desired¹. Eligible projects must be able to demonstrate the ability to increase ridership and improve access to existing transit stations, stops and services. Eligible projects may include:

SIDEWALK CONNECTORS



BUS SHELTER PADS & BENCHES



CROSSWALKS



PEDESTRIAN SIGNAL HEADS



¹ If accepted into the Program, the RTA will provide the required 20% local match for federal CMAQ funding up to a maximum of \$200,000 per project. Applicants who wish to submit projects that exceed \$1,000,000 may do so but will be required to provide any excess local match over \$200,000.

WAYFINDING SIGNAGE



BICYCLE PARKING



ADA ACCESSIBILITY IMPROVEMENTS



OTHER PROJECTS

The RTA will consider other projects not specifically mentioned above. Eligible projects must stem from recommendations contained in a Community Planning study.

Phase I Engineering

Some of these types of projects may require Phase I Engineering, which is not an eligible activity under this program. It is important to note that if Phase I Engineering is required, the applicant is responsible for completing this work by November 2014 (see Program Timeline). If Phase I Engineering is required, it should be completed in a way that preserves eligibility for federal funding. This requires the work to be either completed by local government staff or by a consulting firm hired under a Qualification Based Selection (QBS). These requirements are available in the Illinois Department of Transportation (IDOT) Bureau of Local Roads Manual (Chapter 5, Section 5.06) available for download at <http://www.dot.state.il.us/blr/manuals/Chapter%2005.pdf>. Please contact the RTA if you have questions about your project and possible Phase I Engineering requirements.

How Do I Apply?

Please submit your request for assistance in writing (no more than two pages) on municipal letterhead and include the following information:

1. The name of the Community Planning study completed or in progress.
2. Contact information.
3. The type of eligible project and how it ties to one or more recommendations from a completed or in progress Community Planning study.
4. How the project will help to increase ridership and make transit more accessible to riders. Please include specific bus routes or train stations that will be impacted by the improvement(s).
5. Phase I Engineering cost-level detail (if necessary).
6. A statement of community buy-in and desire to follow through with the project.

Eligible applicants may apply for more than one project; please submit a separate letter requesting assistance for each project. Requests for assistance must be submitted via email to Jay Ciavarella at ciavarellaj@rtachicago.org **by no later than November 7, 2014**. The RTA encourages potential applicants to contact the RTA if you have any questions prior to submitting your request for assistance.

Contact Information

If you have any questions regarding the RTA Access to Transit Improvement Program, please contact Jay Ciavarella, Division Manager, Local Planning & Programs, at 312-913-3252 or ciavarellaj@rtachicago.org.

Program Timeline

The Access to Transit Improvement Program is dependent on funding being made available through the CMAQ program. As noted in the Program Timeline below, potential applicants must first complete Phase I Engineering if necessary. Applicants then submit project requests to the RTA. The RTA reviews all requests and then makes a determination of which projects will be bundled and submitted by the RTA as one application to the CMAQ program. If the RTA application is successful and awarded CMAQ funding, projects may not move forward until the RTA Board approves the required local match.

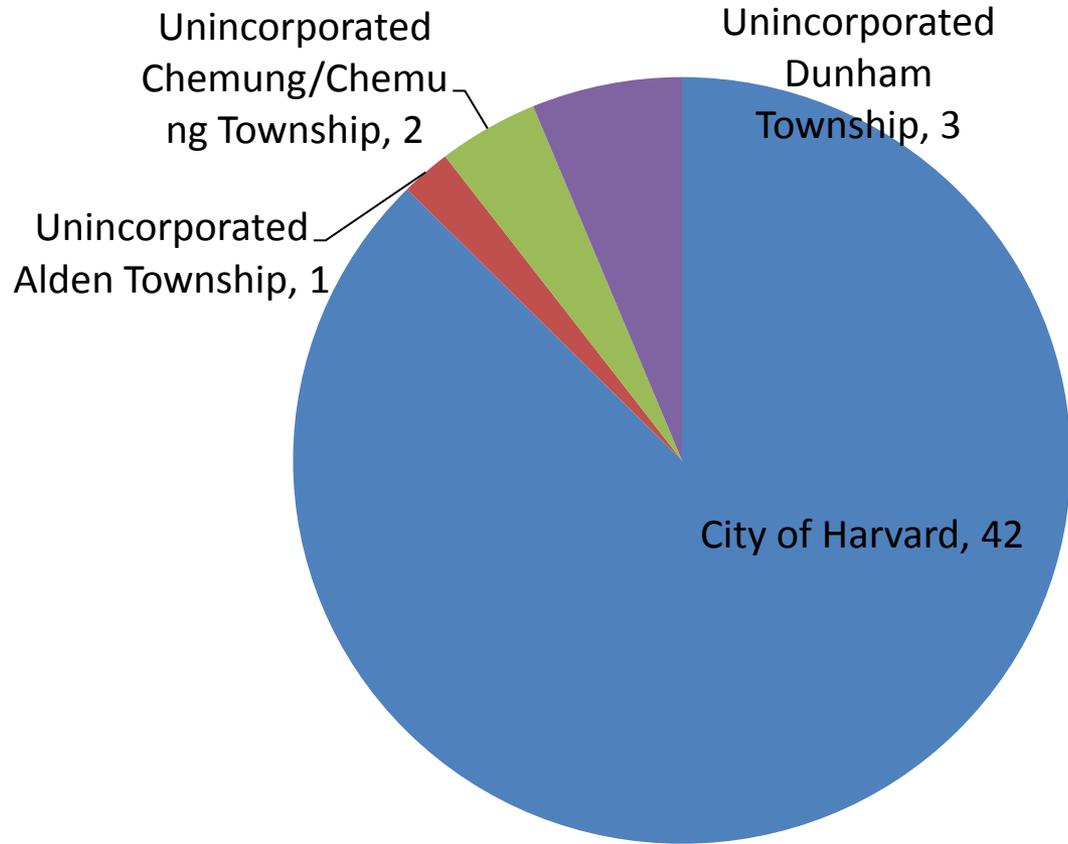
Date(s)	Action(s)
April 17 / 1:30 p.m.	Access to Transit Improvement Program Webinar <i>The Webinar will further explain the Access to Transit Improvement program and offer an opportunity for potential applicants to ask questions. Please register for the webinar via email at ciavarellaj@rtachicago.org by no later than April 10. Instructions for accessing the webinar will be sent to participants in advance.</i>
March-November	Potential Applicants complete Phase I Engineering (if necessary)
November 7	Requests for Assistance Due to the RTA
December 2014	CMAQ Program Call for Projects Released
January 2015	RTA Access to Transit Improvement Program Participants Notified
February 2015	RTA Submits CMAQ Application on behalf of Program Participants
August 2015	CMAQ Program of Projects released for Public Comment
November 2015	CMAQ Program of Projects Finalized
December 2015	RTA Board considers required local match as part of 2016 Agency Budget
2016	Access to Transit Improvement Program Projects Initiated

Harvard Public Transit Services Survey – MCRide Possibilities

April/May 2014

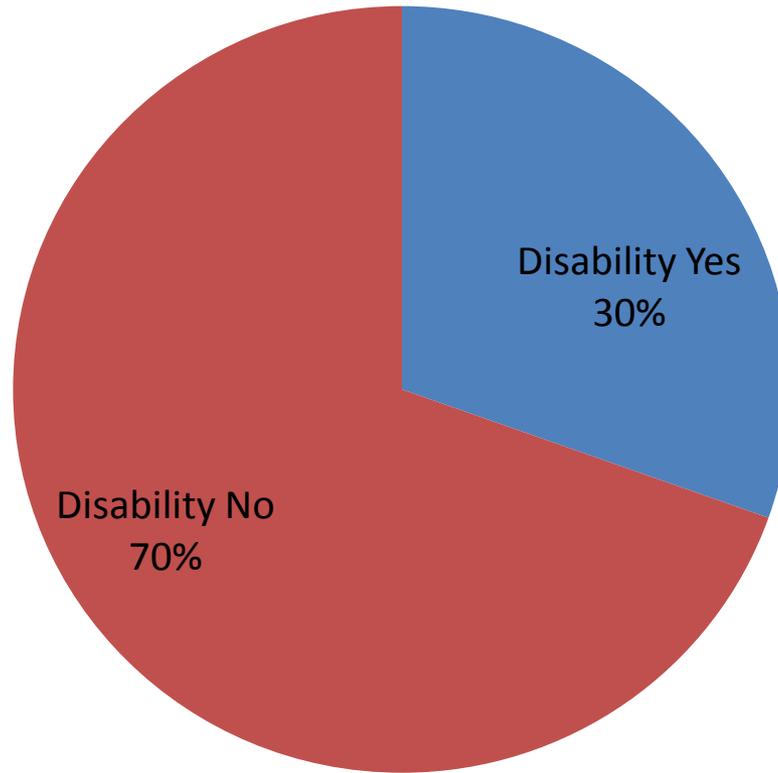
48 Responses

Where Do You Live?

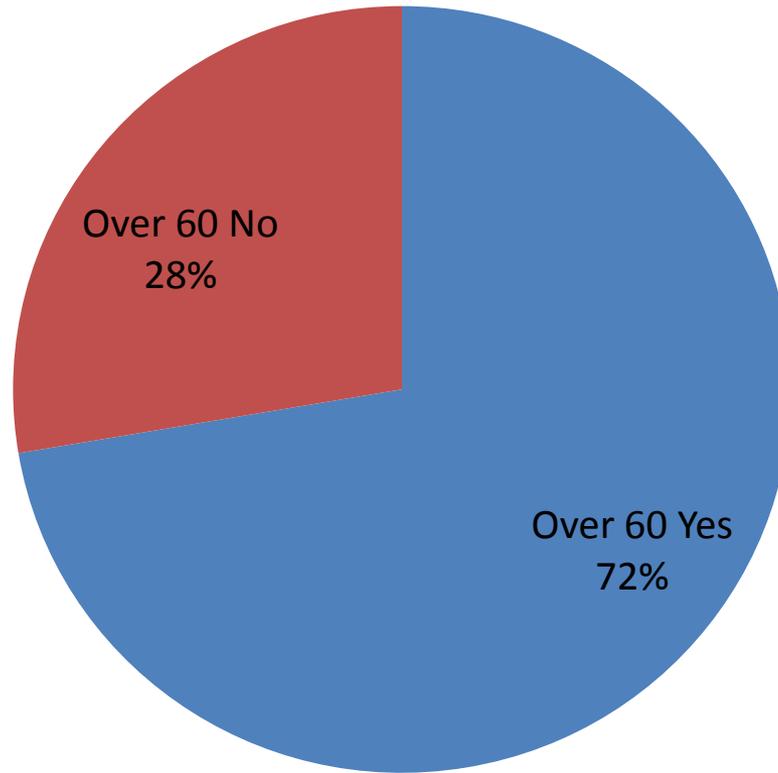


Dunham Township Resident: “Seniors do live here and use Harvard for shopping, etc. “

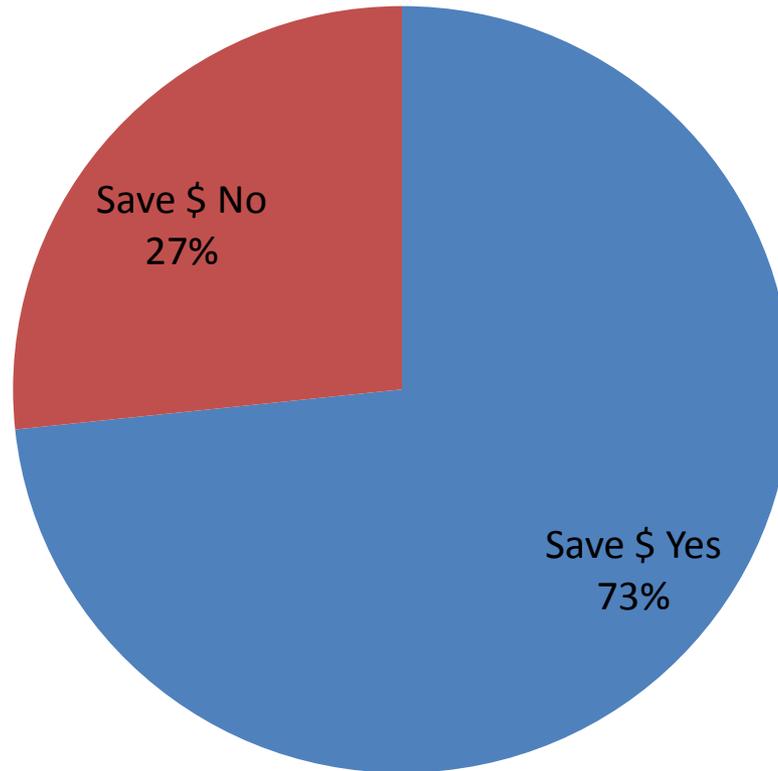
Do You Have a Disability?



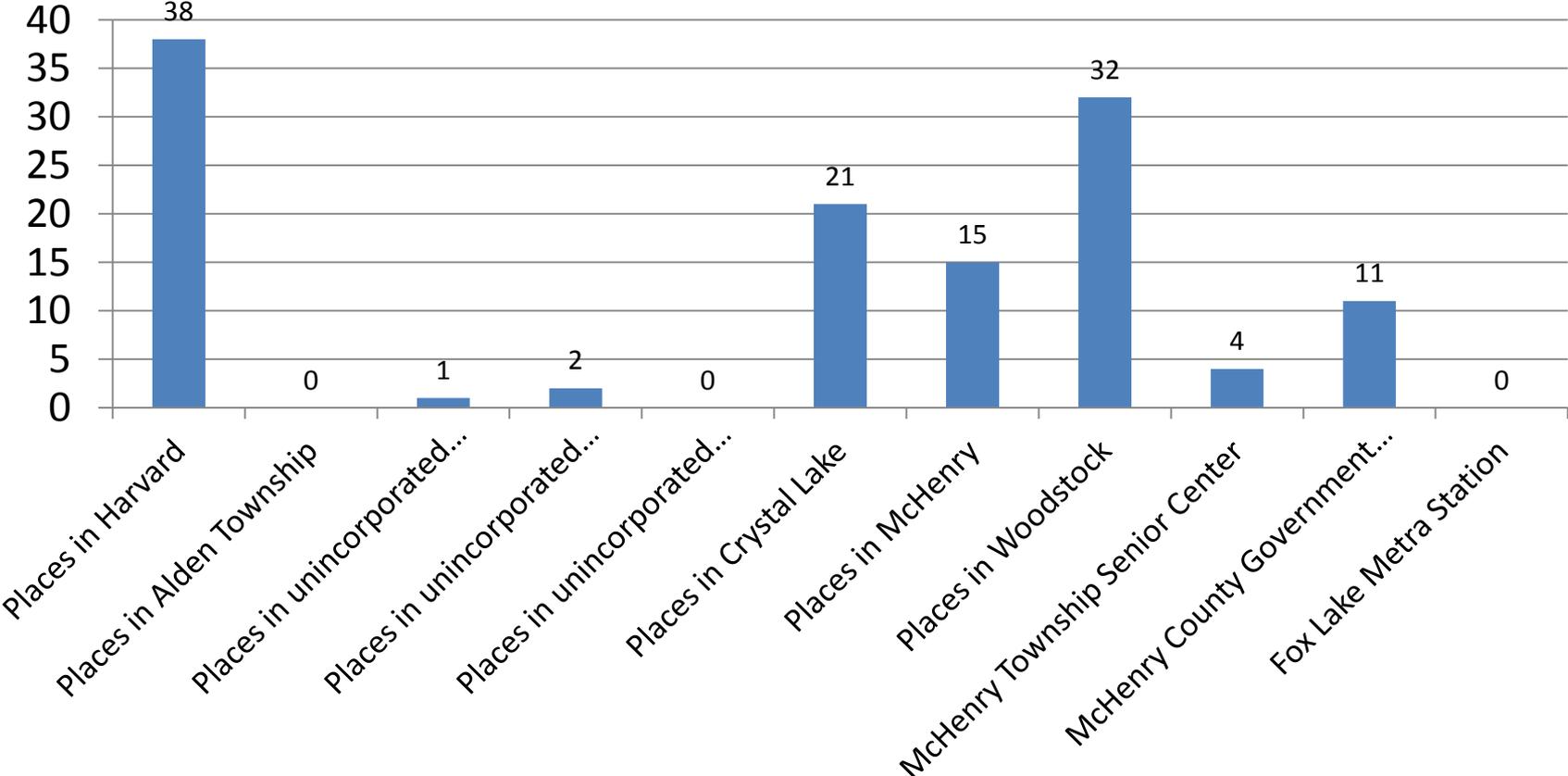
Are You Over 60 Years Old?



Is Cutting Back on Transportation Costs Important to You?



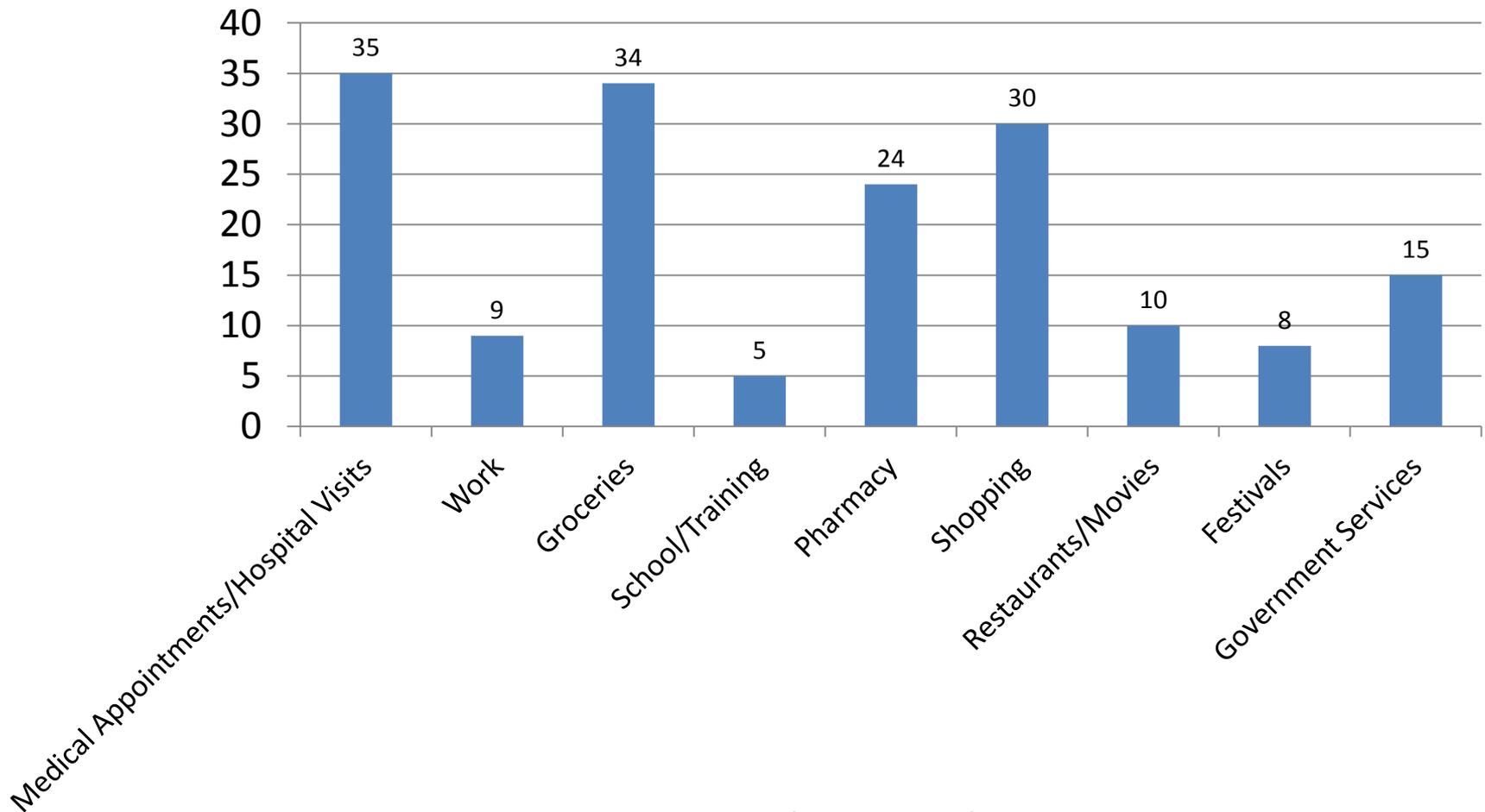
Where Would You Like to Travel?



Other Responses:

1. Connect with #808 Pace bus to/from McHenry Co. College
2. Huntley
3. Greenwood Township
4. Sentry in Walworth
5. I like what we have right now in Harvard

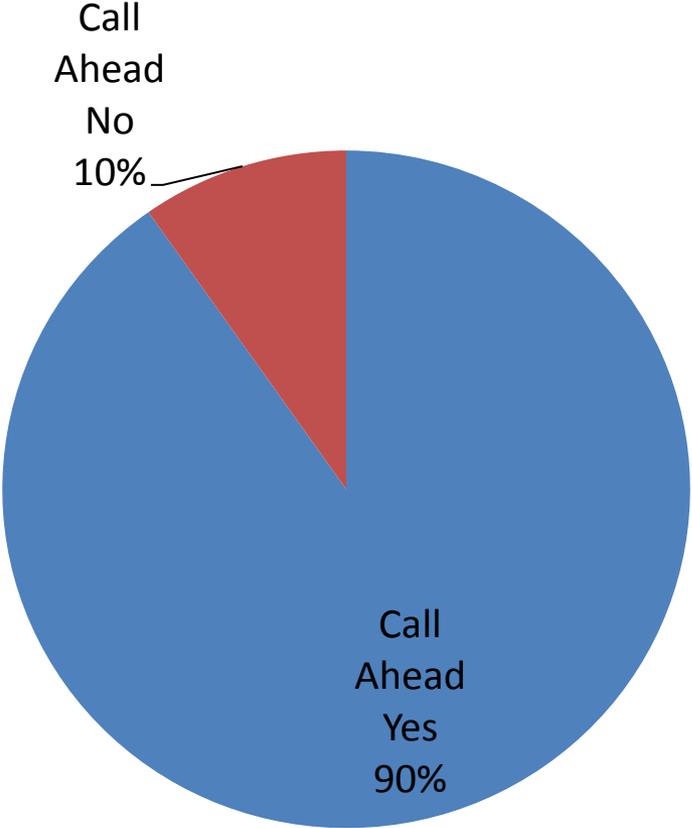
Why Would You Like to Travel?



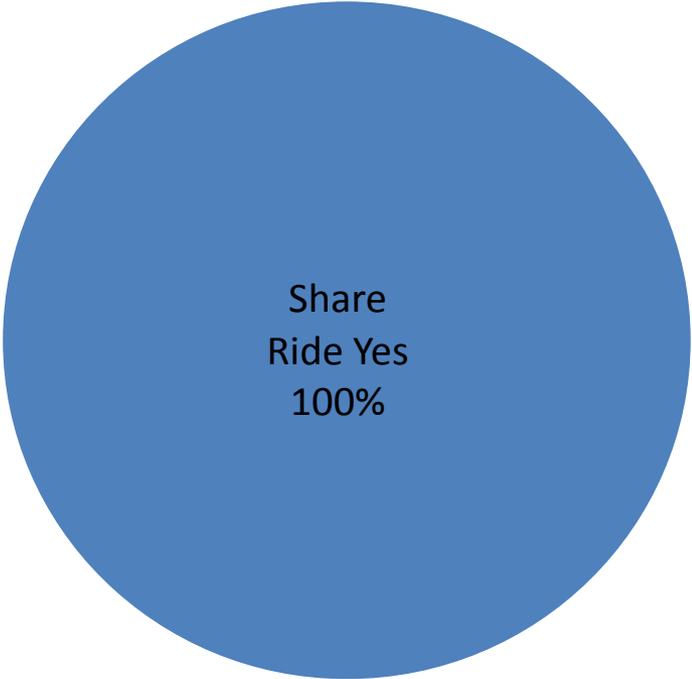
Other Responses:

1. Ability to visit friends and family
2. Bingo

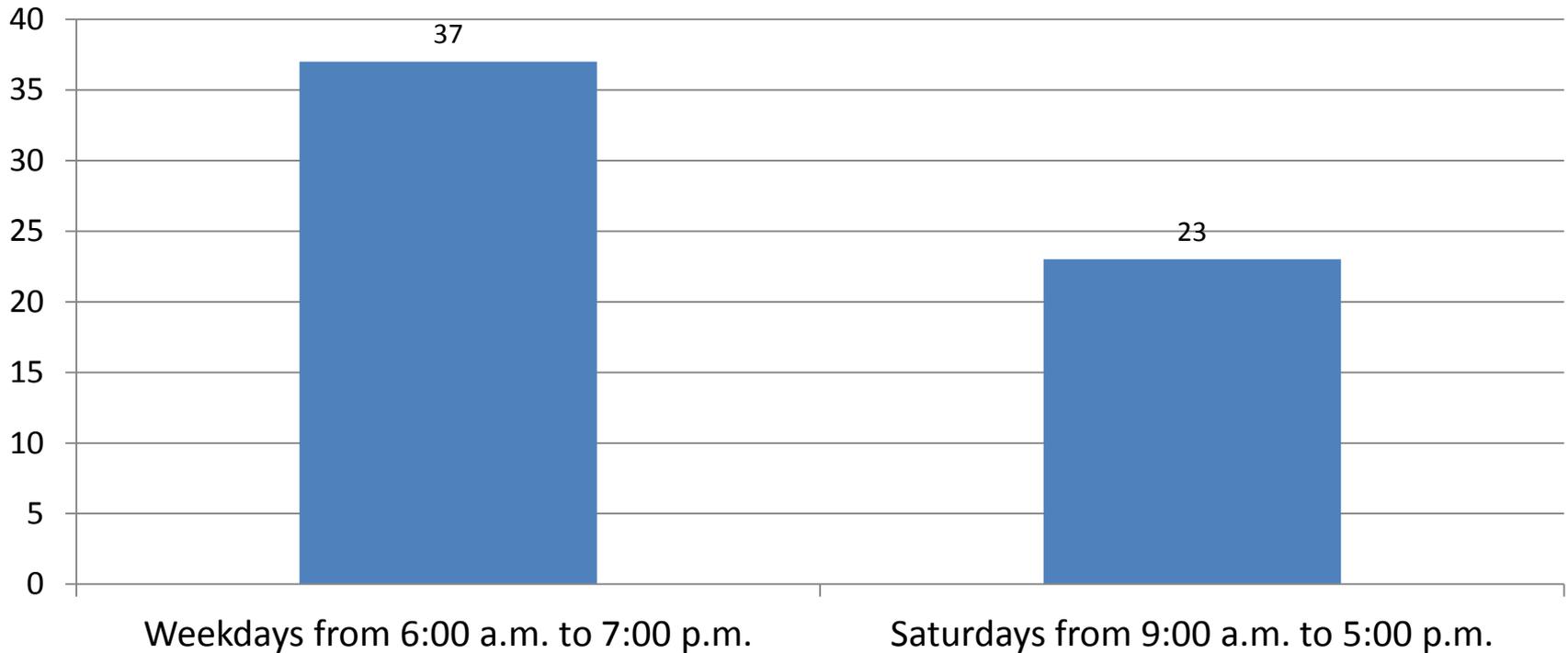
Would You Be Willing to Call Ahead?



Would You Be Willing to Ride With Other Passengers?



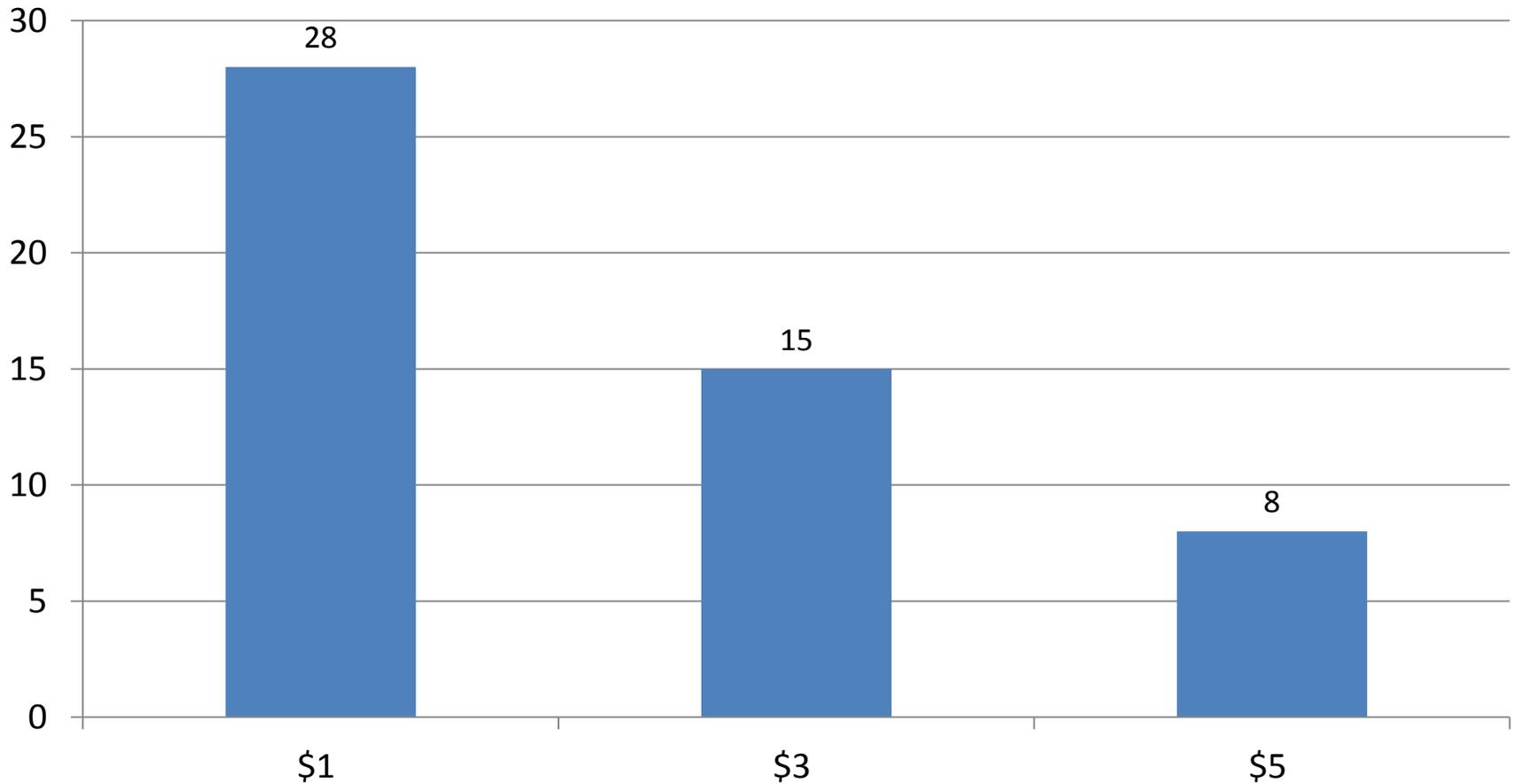
When Would You Like to Travel?



Other Responses:

1. Sunday to go to and from Church
2. No changes needed
3. When I need to go
4. Nights after 7pm
5. I like the service we have

How Much Would You Be Willing to Spend for a One-Way Trip?



Other Responses: \$2.00, \$1.50, \$2.00, \$2.00

Is there anything else you'd like to share about transit in Harvard? (1 of 3)

- *Add mid-day service to the #808 Pace bus.*
- *This is an excellent survey. Thank you for breaking down the categories of places people need to go. I hope this will lead to expanded bus schedules!*
- *We only have 1 car which my daughter takes to work, so it would be fantastic to have transportation out of town.*
- *Getting to and from Bus Stop is too difficult in winter months due to snow on streets and no sidewalks. I use a power chair for mobility. If bus would come closer to our apartments that would be very helpful to all the disabled that live in my complex and the two senior complexes on our street. I would love to be a part of advocating for the disabled community with regards to this. If I can be of help please call _____*

Is there anything else you'd like to share about transit in Harvard? (2 of 3)

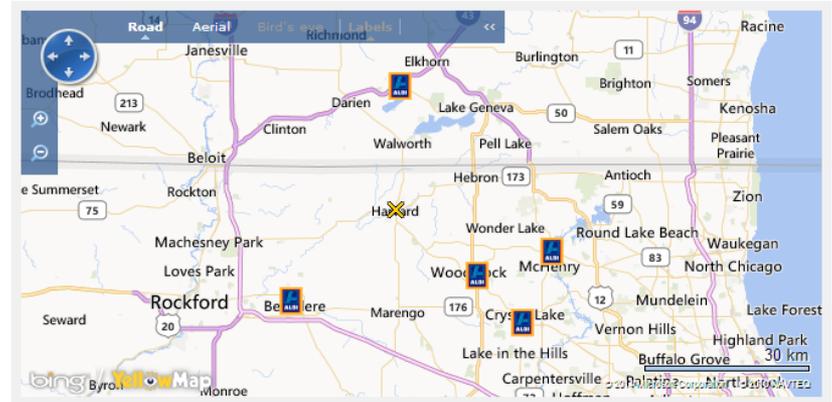
- *Our bus driver, _____ is the best driver I've encountered while using public transportation. Better than drivers I've encountered anywhere. I'm a former McHenry resident and _____ is the best.*
- *_____ is a very good, accommodating Dial-a-Ride driver.*
- *Yes, when calling from our destination to return home or to another place, the driver is not given the message when it is called in!*
- *We need a bus in Harvard cause some of us don't have any way to go to and from when we need to go.*
- *_____ the bus driver is very kind and helpful. The only complaint I have is with _____. She does not always give _____ the message to pick me up or cancel the bus if I ...*
- *I don't drive- too old*

Is there anything else you'd like to share about transit in Harvard? (3 of 3)

- *“We need a good grocery store, so we don't have to go to Walworth or Woodstock!”*
- **Ten people (21%) mentioned that they wanted an ALDI in Harvard**



Store Locations



Hide Map

Within the range of (unlimited) around Harvard

Location	Weekly Ad	Service	Distance	Extras	Store Hours
ALDI Woodstock, IL 410 S. Eastwood Drive Woodstock, IL 60098-4629	View Weekly Ad	Map Route	12.01 mi.		Monday - Friday 9am - 8pm Saturday 9am - 7pm Sunday 9am - 7pm
ALDI Delavan, WI 2027 East Geneva Delavan, WI 53115-2038	View Weekly Ad	Map Route	14.38 mi.		Monday - Friday 9am - 8pm Saturday 9am - 8pm Sunday 10am - 6pm
ALDI Belvidere, IL 1021 N. State Street Belvidere, IL 61008-2513	View Weekly Ad	Map Route	15.95 mi.		Monday - Friday 9am - 8pm Saturday 9am - 7pm Sunday 9am - 7pm
ALDI McHenry, IL 1742 N. Richmond Rd. McHenry, IL 60051-5414	View Weekly Ad	Map Route	18.51 mi.		Monday - Friday 9am - 9pm Saturday 9am - 9pm Sunday 9am - 7pm
ALDI Crystal Lake, IL 320 S. Virginia Street Crystal Lake, IL 60014-7231	View Weekly Ad	Map Route	19.59 mi.		Monday - Friday 9am - 9pm Saturday 9am - 9pm Sunday 9am - 7pm

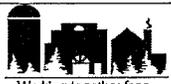
Pace: Dedication to Innovation

Highlights of service to McHenry County and Northeastern Illinois

- **Ridership**
 - Pace has experienced five consecutive years of system ridership growth, 2009-2013.
 - Growth is expected to continue due to efforts to restructure service in areas with changing demand.
 - Year-to-year ridership growth on Pace's fixed route and paratransit systems was higher than the national average (1.1% growth on Pace fixed route versus a 0.1% national *decline*, and 6.8% paratransit growth versus a 0.5% national average)
- **Balanced Budget**
 - Pace has held the line on fares and service cuts dating to 2009, the last time that a general fare increase or service reductions were implemented to *balance* the agency's budget.
 - Aggressive efforts to improve efficiency and control costs have resulted in Pace weathering many of the effects of the economic recession. As a result, we're poised for enhancement and expansion of services to remain in step with local development and economic recovery.
- **Financial**
 - For many years, more sales tax and other revenue was collected in McHenry County than what Pace spent to operate service there, essentially making McHenry a "donor" county. Beginning in 2011, when Pace provided over \$6.2 million worth of service in McHenry County and received \$5.9 million in revenue, that trend has reversed due to increased investment in demand responsive services.
- **On-time Performance**
 - Overall system on-time performance has increased annually since 2009.
- **Accountability**
 - Pace recently participated in the Federal Transit Administration's triennial review process, an intensive audit encompassing finance, operations, public outreach and other agency facets. Pace received a perfect score from the auditors and very positive feedback.
 - The agency maintains a consistent record of clean audits both independent and by oversight agencies.
- **Pace's Family of Services**
 - **Fixed Route**
 - Pace is working with its partners and the Illinois General Assembly to make the popular I-55 Bus on Shoulders service permanent as well as bring the service model to other area highways and tollways including the Jane Addams Memorial Tollway (I-90).
 - In 2015, Pace will be the first transit agency in the region to convert to a CNG-powered fleet.
 - Pace is building an Arterial Rapid Transit network of express bus routes encompassing a number of time-saving features including limited stops, off-board fare payment, and transit signal priority to request reduced time spent stopped at traffic signals. Pace's first ART route is planned for 2016.
 - McHenry County's three fixed bus routes- 806, 807, and 808- were restructured with participation from the County Division of Transportation. The service changes were in line with the county's 2040 Transit Plan, on which Pace was a full partner and participant.

- Route 806 was modified to accommodate Horizons for the Blind when the agency moved to another location in Crystal Lake. The service change permitted safer access by providing both pick-ups and drop-offs on the same side of the street as the facility.
- **Vanpool**
 - Pace has one of the country's five largest vanpool programs and continues to aggressively promote the program, posting an all-time agency high number of vans in late 2013 at just under 800.
 - These include the following vans at nonprofits and local governments in McHenry County:
 - Two ADvAntage Program vans at Horizons for the Blind
 - Three Community Vehicle Program buses at McHenry Township
 - Two Community Vehicles at McHenry County Veterans Assistance Council
- **Paratransit**
 - Pace has invested millions in its customer communication system, including telephone system upgrades including automated telephone calls to alert passengers that their vehicle is approaching to improve customer convenience and boost on-time performance through faster pick-ups.
 - The MCRide program has been a successful collaborative effort in partnership with the County DOT and other partners to solve the issue of riders not being able to cross municipal or township borders on local dial-a-ride programs. In 2009, no trips were provided between communities. With the beginning of MCRide in 2010, an average of 600-900 trips per month were provided that crossed these old borders. That figure has risen sharply each year through 2013 when between 2,000 and 3,000 trips were provided each month, on average. Overall dial-a-ride ridership has declined because more passengers no longer need to book multiple trips to reach their destination now that the ability exists to travel directly to where they need to go.
 - Pace invested in a centralized, computerized dispatching system for demand-response service in McHenry County to improve efficiency and customer convenience. Passengers have a single number to call to book trips while accountability and reporting have improved under the new system.
- **Ventra**
 - Ventra is the new way to pay for transit on Pace and CTA. The system was designed to allow seamless transfers between the two systems and offer convenient payment options including use of a Ventra Card, personal contactless debit and credit cards, and Ventra Tickets available at vending machines.
 - Ventra replaces the existing fare systems on July 1, 2014, as those systems have aged beyond their useful life and are no longer supported by their manufacturers.
- **Other McHenry County highlights**
 - Pace has aggressively worked to improve bus stop signage and passenger amenities in McHenry County in recent years. This effort has vastly increased the visibility of available bus service.
 - Multiple new bus shelters have been installed in McHenry County to provide a safe location to use while waiting for the bus, along with protection from rain, wind and snow. Recently, bus shelters were installed in McHenry and McCullom Lake, and will soon be installed in Woodstock and at the McHenry County Courthouse. Shelter agreements are in place in Johnsburg and Prairie Grove.
 - Pace has agreements with four local partners for advertising shelters in McHenry County. Under this program, Pace splits its share of revenue from ads in the shelters with its partners. We recently distributed nearly \$6,500 to Family Service, Pioneer Center, the City of Harvard and the City of McHenry.

**2014 MCHENRY COUNTY
HEALTHY COMMUNITY STUDY**



Working together for a
Healthier McHenry County

McHenry County Healthy Community Partners
with assistance from
Health Systems Research
University of Illinois College of Medicine - Rockford

Background and History

- 3rd round of a "healthy community" process used to identify community needs
- Process has adopted MAPP (Mobilizing for Action through Planning and Partnerships) for 2010 and 2014
- McHenry County partners contracted with Health Systems Research for healthy community studies in 2006, 2010 and 2014
- Current study components done between September 2013 and May 2014

**McHenry County Healthy Community
2014 Partners**

- McHenry County Department of Health (Lead)
- Advocate Good Shepherd
- Advocate Sherman Hospital
- Centegra Health System
- Family Alliance Inc.
- McHenry County College
- McHenry County Community Foundation
- McHenry County Mental Health Board
- Pioneer Center for Human Services
- Senior Services Associates, Inc.
- United Way of Greater McHenry County
- Woodstock Consolidated Unit School District 200

Study Components & Researchers

- Community Analysis
Michelle Bunyer
- Survey of Local Residents
Manorama Khare, PhD
- Key Informants
Deborah Lischwe
with help from volunteer interviewers

MCHENRY COUNTY HEALTHY COMMUNITY 2014
COMMUNITY ANALYSIS

A REPORT FOR THE
MCHENRY COUNTY HEALTHY COMMUNITY PARTNERS
HEALTH SYSTEMS RESEARCH
MAY 2014



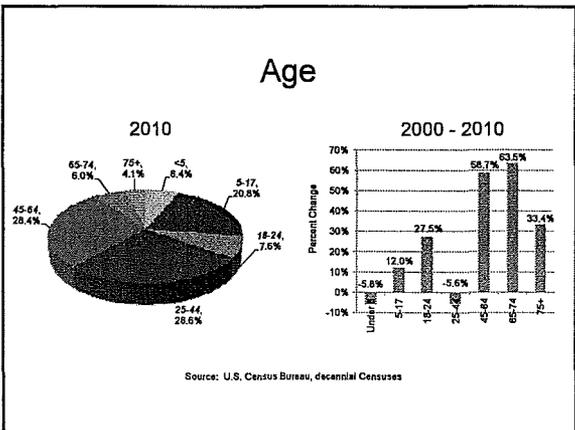
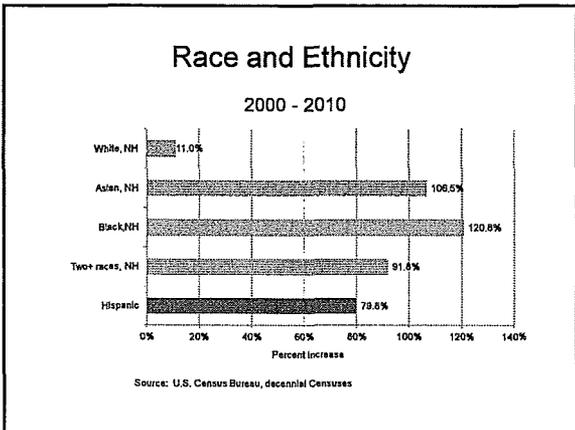
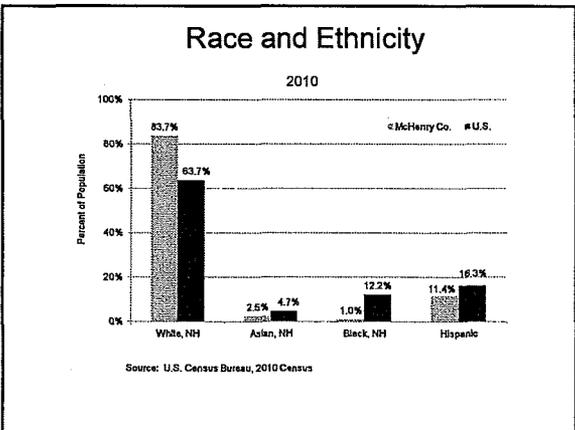
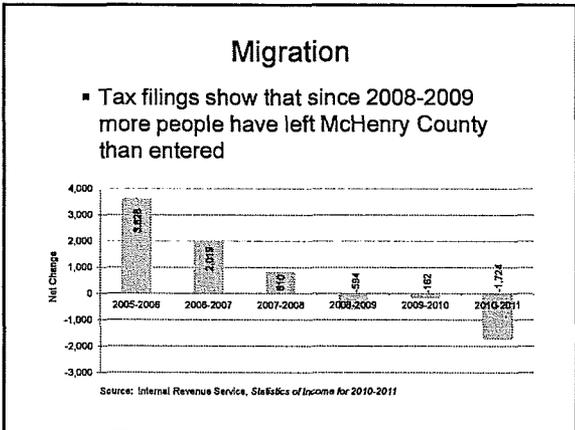
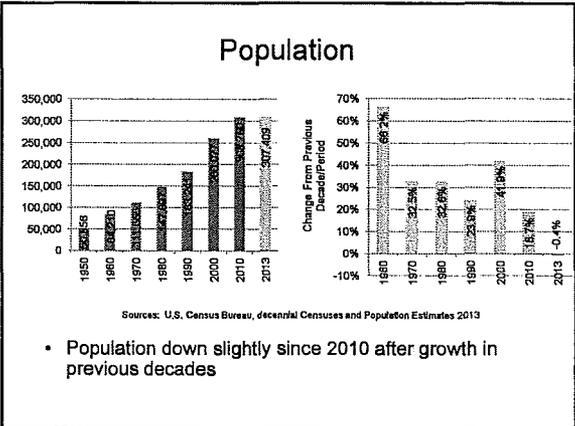
Working together for a
Healthier McHenry County

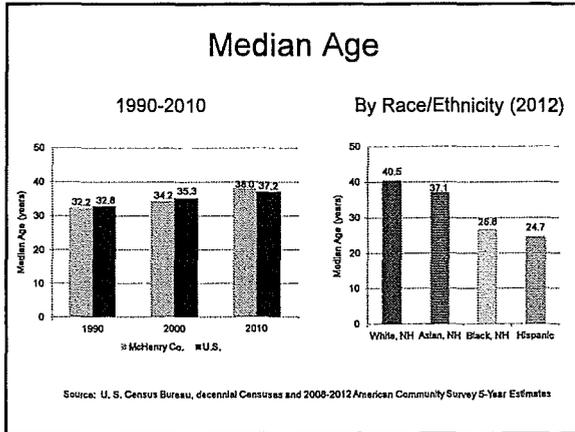
UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE
AT ROCKFORD

TOPICS

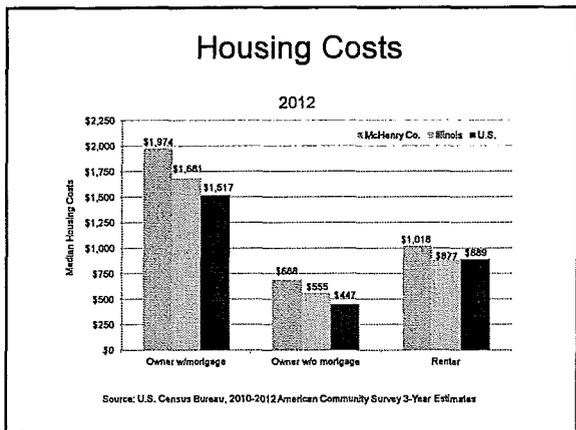
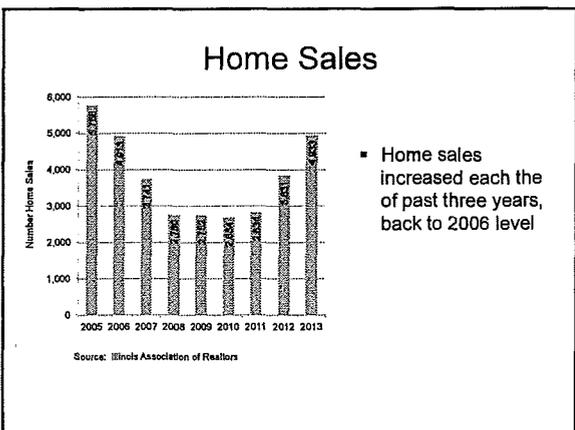
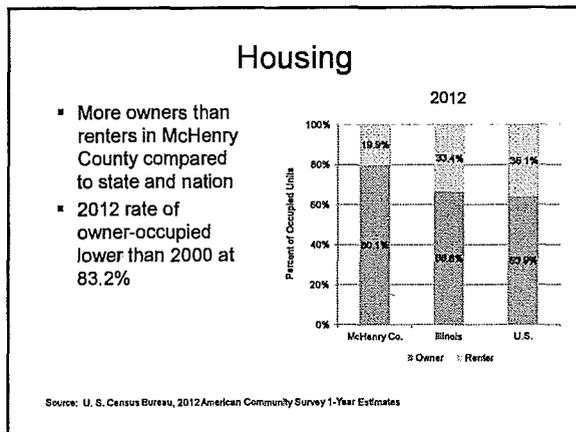
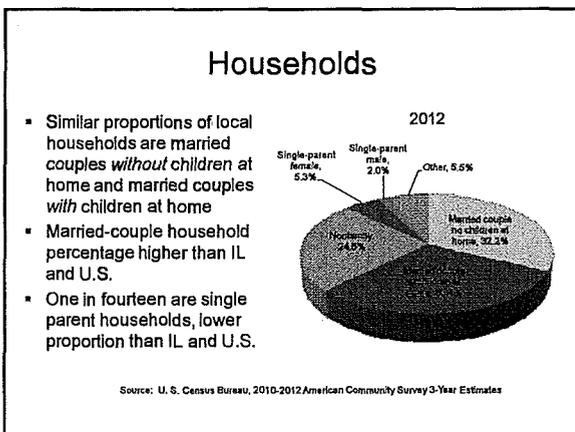
- Population Descriptors and Migration
- Households and Housing
- Income and Poverty
- Education and Employment
- Crime and Safety
- Births and Deaths
- Health Status and Behaviors
- Health Resources and Utilization

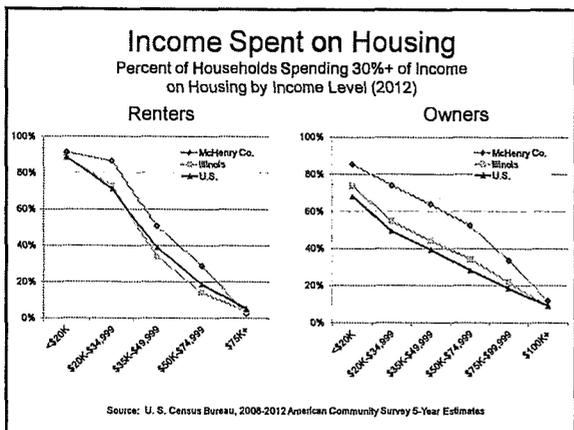
Population Descriptors and Migration



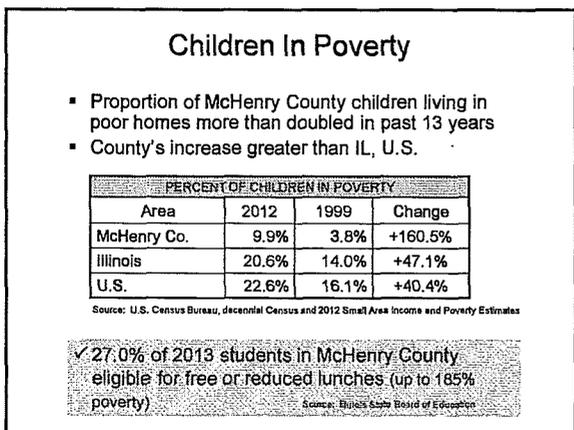
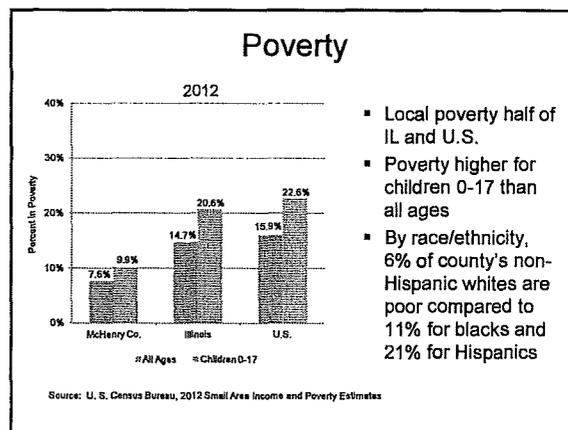
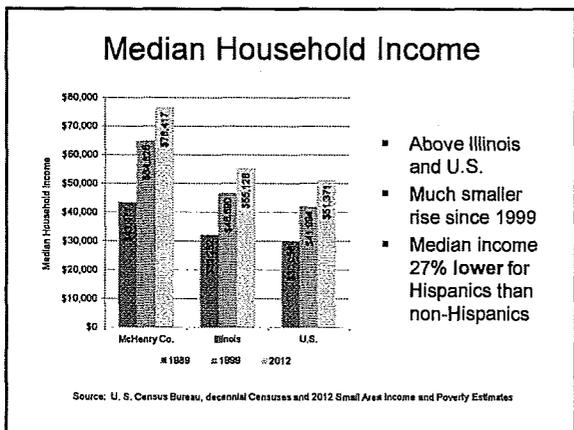


Households and Housing

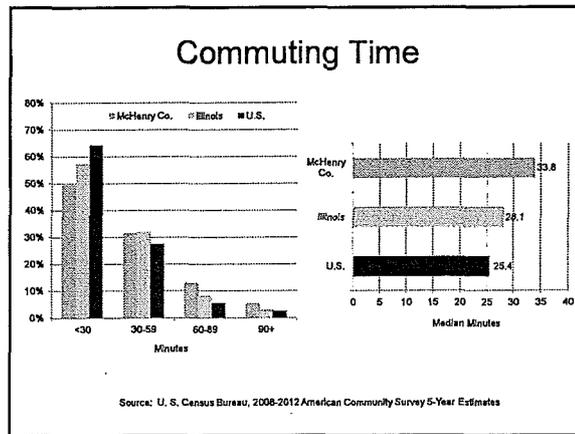
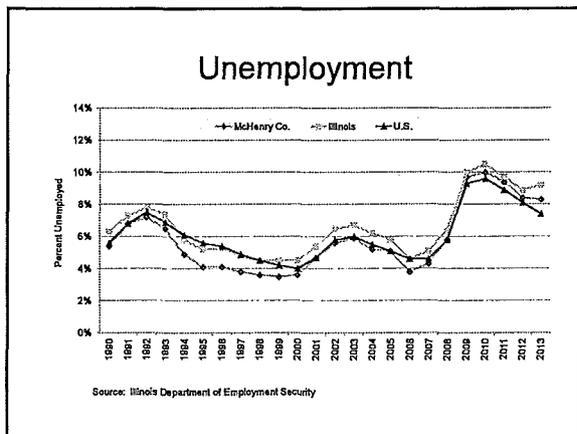
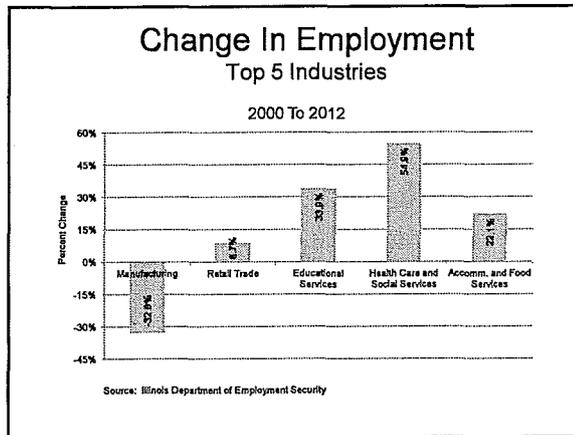
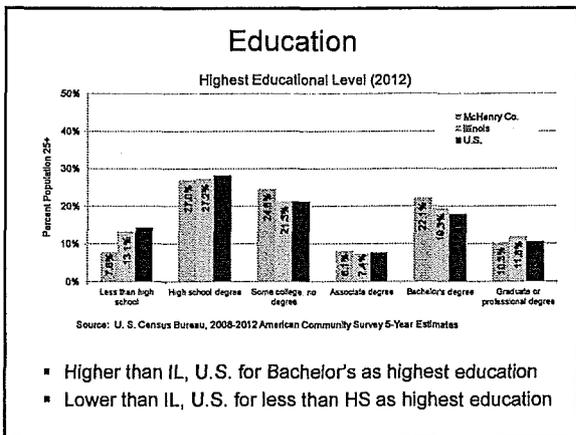




Income and Poverty

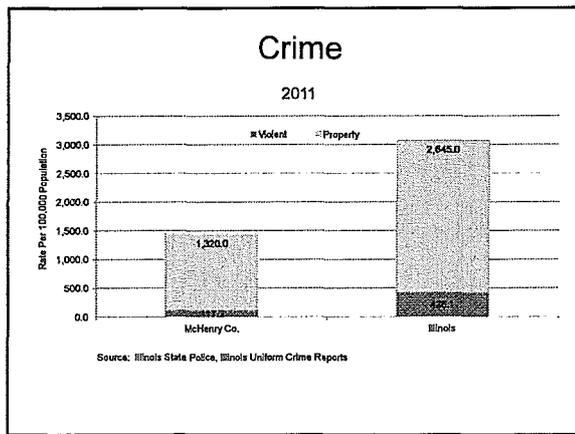


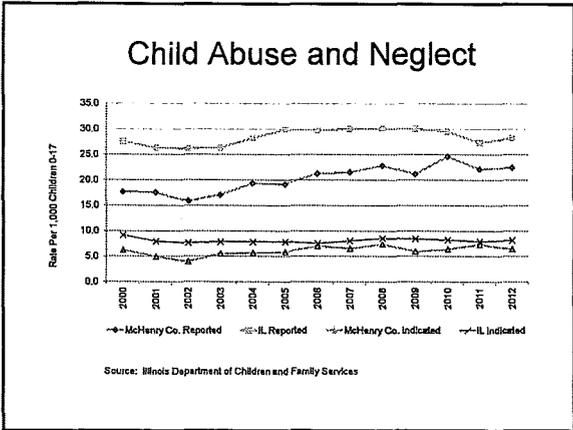
Education and Employment



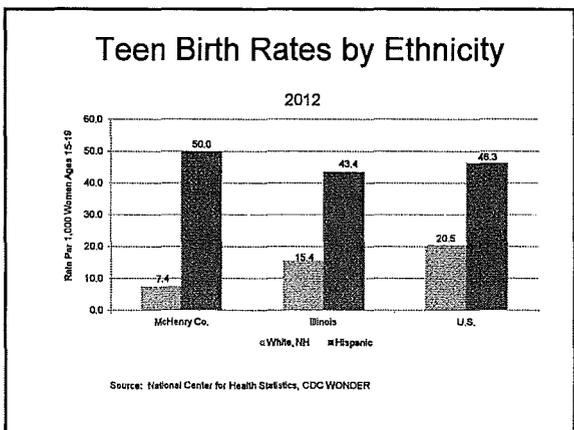
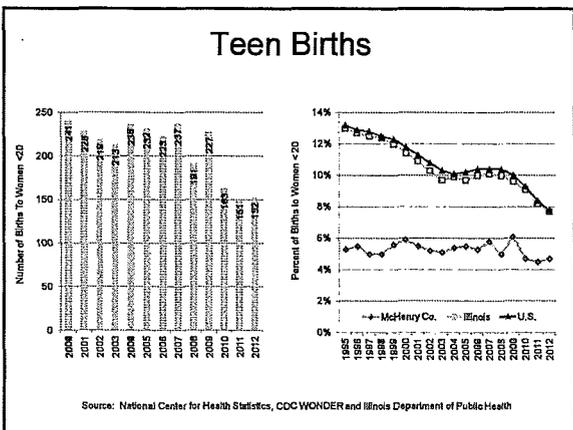
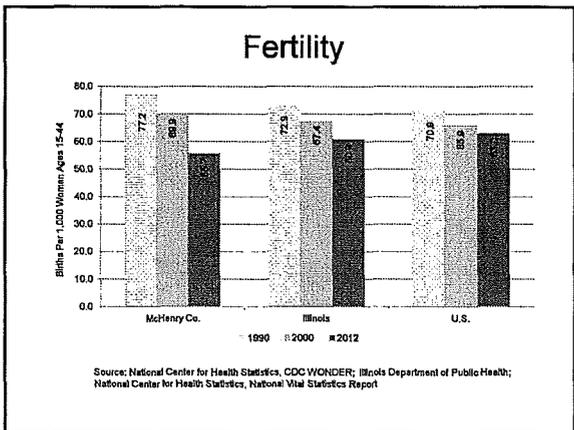
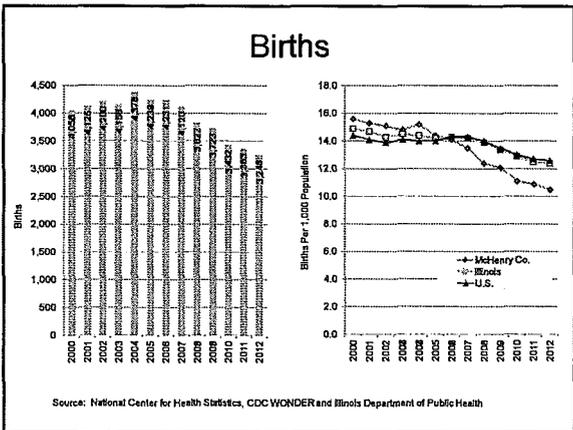
Crime and Safety

[Placeholder for text or image]



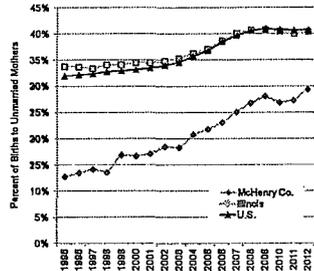


Births and Deaths



Births to Unmarried Mothers

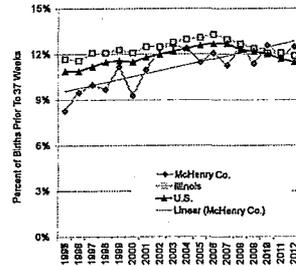
- 29.4% in 2012
- County proportion historically below IL and U.S.
- Steep rise since 1995



Source: National Center for Health Statistics, CDC WONDER

Preterm Births

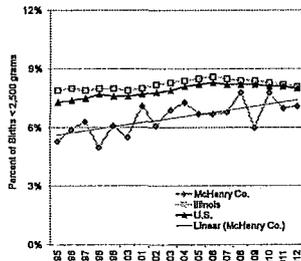
- One in eight local births born before 37 weeks gestation in 2012
- County's fluctuations do not mirror the slight decline for IL and U.S. since 2007



Source: National Center for Health Statistics, CDC WONDER

Low Weight Births

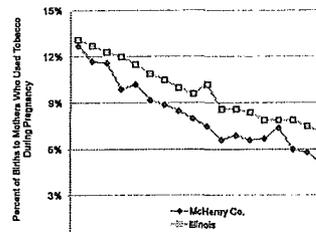
- One in 14 local births weighed <2,500 grams (5½ lbs.) in 2012
- Proportion historically below IL and U.S.



Source: National Center for Health Statistics, CDC WONDER

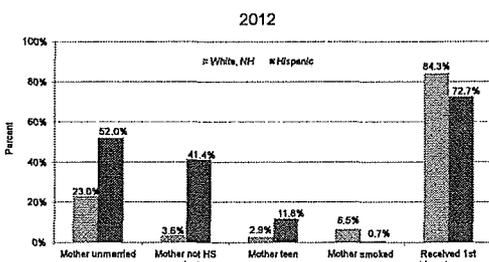
Tobacco Use During Pregnancy

- County's 2012 level is a record low
- Dramatic drop since 1995 with faster decline than IL



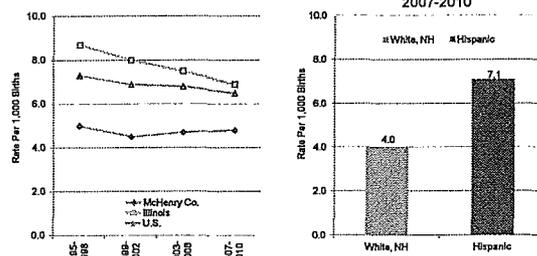
Source: National Center for Health Statistics, CDC WONDER

Birth Characteristics by Ethnicity



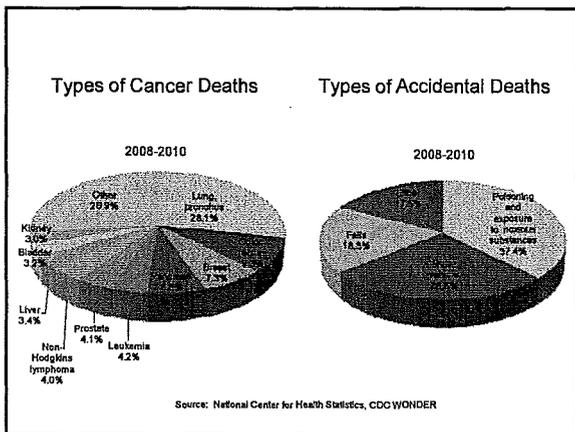
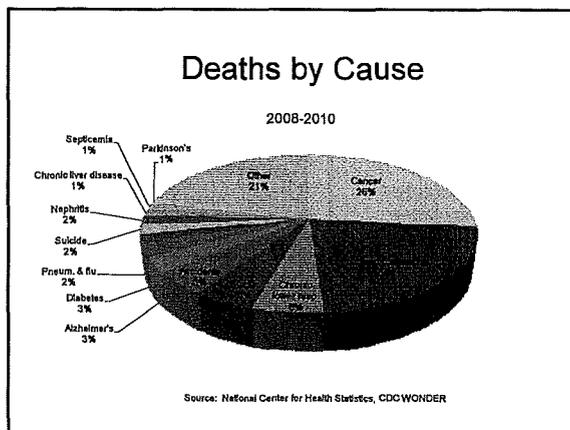
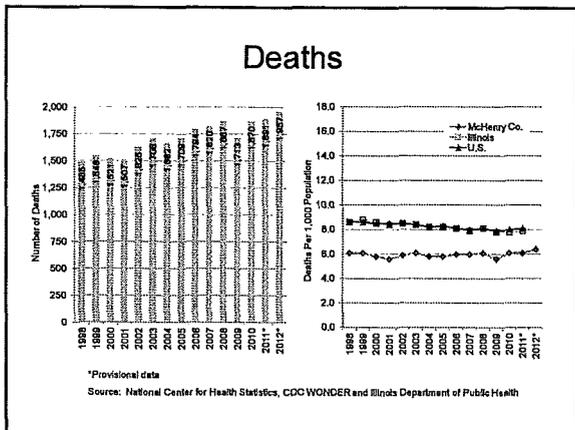
Source: National Center for Health Statistics, CDC WONDER

Infant Deaths



12 Infant Deaths in 2010, 3.5 Per 1,000 Live Births

Source: National Center for Health Statistics, CDC WONDER and Illinois Department of Public Health

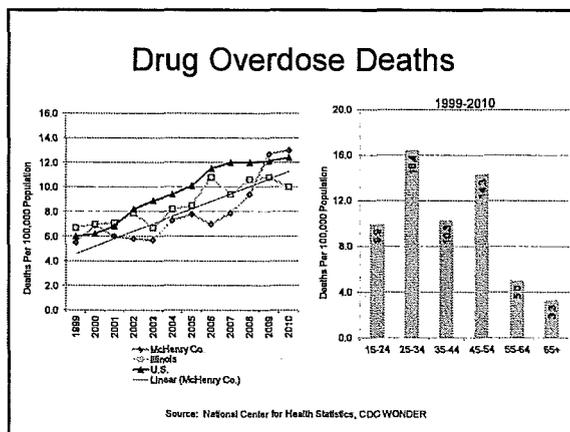
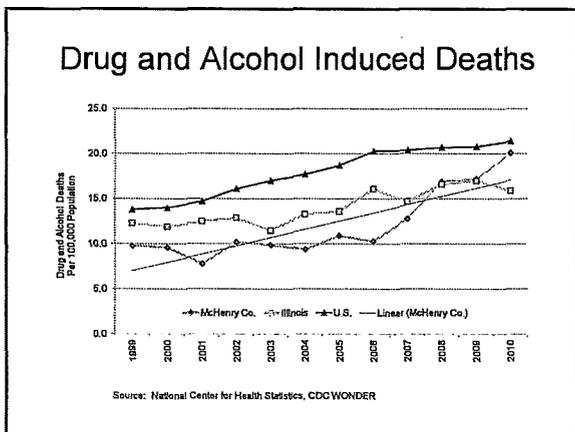


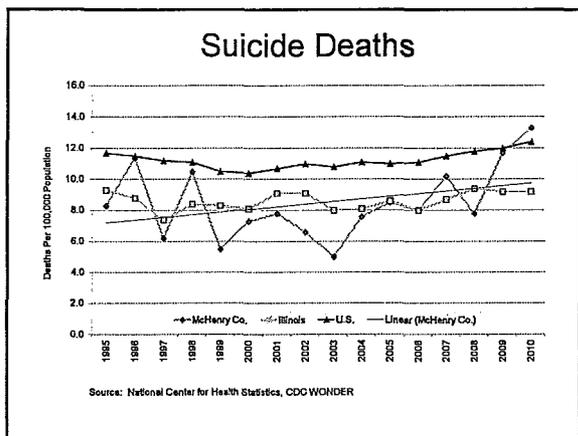
Over the past ten years, McHenry County death rates for

- chronic lower respiratory disease, Alzheimer's disease, and suicide increased
- heart disease and stroke decreased
- cancer, accidents, diabetes, and pneumonia/flu stayed about the same

Cause	Rate per 100,000	
	2008-2010	1999-2001
Cancer	156.3	152.8
Heart Disease	131.5	162.6
Chronic Lower Resp. Dis.	33.4	26.3
Stroke	29.4	39.3
Accidents	27.8	29.8
Alzheimer's Disease	17.7	11.5
Diabetes	16.6	16.9
Pneumonia & Influenza	11.4	13.4
Suicide	10.9	6.9

Source: National Center for Health Statistics, CDC WONDER





Health Status and Behaviors

A presentation of the health status and behaviors of the residents of McHenry County, Illinois, for the year 2012.

Cancer

- Similar cancer incidence to IL
- Higher incidence for males than females

CANCER INCIDENCE: 2007-2011		
Group	Age-Adjusted Rate Per 100,000	
	McHenry County	Illinois
Total	494.5	489.4
Gender		
Male	549.4	560.6
Female	457.2	441.3

Source: Illinois Department of Public Health, Illinois County Cancer Statistics Review Incidence 2007-2011

Cancer

Site (gender)	Age-Adjusted Rate Per 100,000	
	McHenry County	Illinois
HIGHER		
Melanoma of skin (total)	20.7	17.5
Ovary (female)	15.6	12.4
Urinary bladder (total)	25.9	22.2
LOWER		
Liver (male)	6.6	9.4
Prostate (male)	132.0	149.4
Breast in situ (female)	24.1	33.6

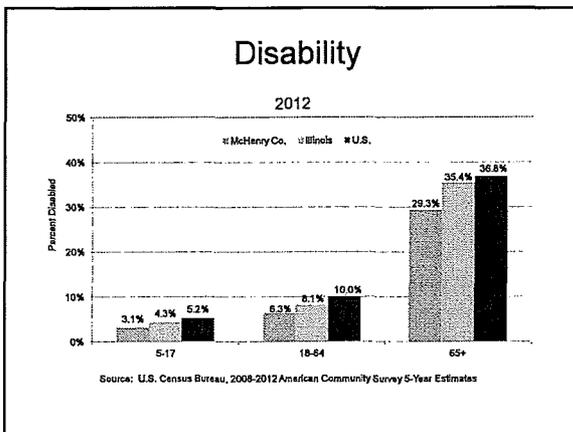
Source: Illinois Department of Public Health, Illinois County Cancer Statistics Review Incidence 2007-2011

Overweight/Obese

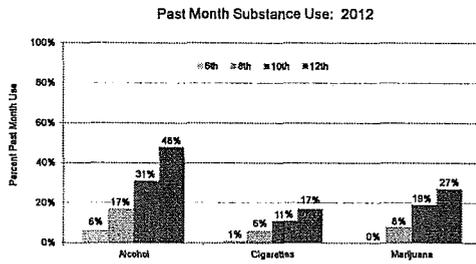
- In 2008, 35.7% of local adults were considered overweight and 23.5% obese
- Local adult obesity level rose by 5 percentage points between 2002 and 2008

Weight Status	PERCENT OF ADULTS 18+		
	McHenry County		Illinois
	2008	2002	2008
Overweight	35.7%	38.3%	36.3%
Obese	23.5%	18.5%	26.4%

Source: Illinois Department of Public Health, BRFSS

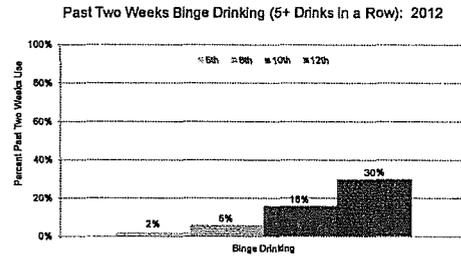


Youth Substance Use



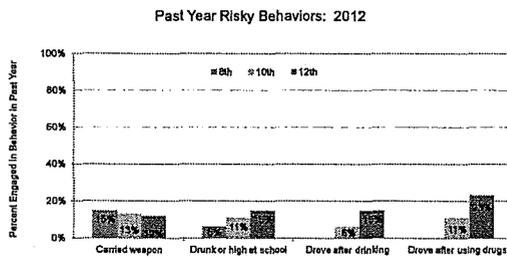
Source: Illinois Youth Survey

Youth Binge Drinking



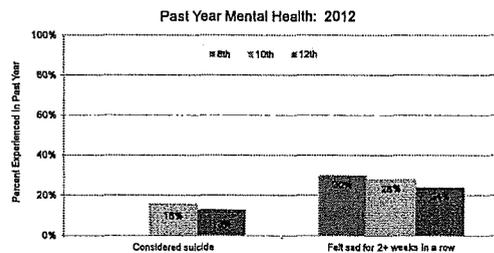
Source: Illinois Youth Survey

Youth Risky Behaviors



Source: Illinois Youth Survey

Youth Mental Health



Source: Illinois Youth Survey

Dental Health

Grade	Percent of Students (School Year 2011-2012)	
	With Untreated Caries	Needs Urgent Treatment
Kindergarten	17.1%	0.8%
Grade 2	18.8%	1.1%
Grade 6	11.8%	0.3%

Source: Illinois State Board of Education, Dental Health Survey

- Almost one in five kindergarten and second graders reported to have untreated dental caries
- Level drops to one in nine among sixth graders

Health Resources and Utilization

Source: Illinois State Board of Education, Health Resources and Utilization Survey

Health Insurance Coverage

- McHenry County's level of uninsured rises above the state for persons ≤200% of poverty and ≤138% of poverty in both age categories
- Data are prior to Medicaid expansion and development of the state insurance exchange related to the Affordable Care Act

PERCENT UNINSURED: 2012		
Group	McHenry County	Illinois
Age < 65		
All Income levels	11.1%	14.6%
≤ 200% poverty	28.6%	25.9%
≤ 138% poverty	29.9%	26.1%
Age 18 - 64		
All Income levels	14.4%	18.8%
≤ 200% poverty	41.7%	37.4%
≤ 138% poverty	44.7%	38.5%

Source: U.S. Census Bureau, Small Area Health Insurance Estimates 2012

Medicaid Enrollment

- In 2012, 39,353 persons (13% of the McHenry County population) enrolled in Medicaid, a record high level
- Enrollment has increased by 113% since 2006
- Data are prior to Medicaid expansion related to the Affordable Care Act

Source: Illinois Department of Healthcare and Family Services

Hospitalization

Excluding birth-related, top 10 reasons for inpatient hospitalization (2013)

MS-DRG	McHenry County		Illinois
	Number	Rate Per 10,000	Rate Per 10,000
Psychoses	1,887	61.4	67.6
Hip or knee replacement/reattachment	1,287	41.9	31.3
Esophagitis, gastroenteritis, other dig. dis.	754	24.5	23.7
Rehabilitation	621	20.2	17.4
Alcohol/drug abuse or dependence w/o rehab.	535	17.4	15.9
Cellulitis	437	14.2	15.9
Simple pneumonia and pleurisy w CC	362	11.8	13.3
Septicemia/sepsis w MCC	351	11.4	22.3
Cardiac arrhythmia and conduction disorders	338	11.0	6.9
Kidney and urinary tract infections	315	10.3	13.2

MCC or CC = (Major) complications or comorbid conditions
Source: Illinois Hospital Association, COMPdata

Change in Hospitalization

MS-DRG	Number		Difference
	2013	2009	
Normal newborn	2,326	2,704	-378
Psychoses	1,887	1,737	+150
Vaginal delivery, no complications	1,822	2,074	-252
Hip or knee replacement/reattachment	1,287	1,050	+237
Esophagitis, gastroenteritis, other dig. dis.	754	986	-232
Cesarean section	642	864	-222
Rehabilitation	621	484	+137
Alcohol/drug abuse or dependence w/o rehab.	535	628	-93
Cellulitis	437	333	+104
Neonate with significant problems	433	575	-142

Source: Illinois Hospital Association, COMPdata

SUMMARY

Population Descriptors and Characteristics

- Population growth in previous decades, currently stable or declining slightly
- Growing diversity, younger age structure for blacks and Hispanics
- Aging white, non-Hispanic population
- Majority married-couple households
- High median household income compared to IL and U.S.
- Income levels rebounding
- Expensive housing for owners and renters

Population Descriptors and Characteristics (contd.)

- Improving housing sales and sales price
- Higher poverty among Hispanics and increasing poverty especially among children
- Loss of manufacturing jobs
- Increase in health care/social services jobs
- Recent drops in unemployment, still above U.S.
- Long commutes to work
- Low crime
- Decrease in births, increase in deaths

Health – Positives

- Drop in teen births
- Drop in tobacco use during pregnancy
- Prenatal care utilization surpasses U.S.
- Infant deaths below IL and U.S.
- Age-adjusted death rate similar to IL and U.S.
- Decline in death rates for heart disease and stroke
- Similar to IL for overall cancer incidence, lower than IL for liver (male), prostate (male), breast in situ (female)
- Fewer residents with disability conditions than IL and U.S., especially for ages 65+
- Low STD rates compared to IL
- Lower uninsured rate than state for overall population

Health Problems

- Preterm births fluctuating, not following decline as in IL and U.S.
- Ethnic disparities for teen births, Hispanic teen birth rate higher than IL and U.S.
- Ethnic disparities for several birth characteristics
- Higher cancer incidence for melanoma of skin, urinary bladder, and ovary (female)
- Cancer and heart disease top two causes of death
- Slightly higher than IL age-adjusted death rates for chronic lower respiratory disease, Alzheimer's, and suicide

Health Problems (contd.)

- Record number of suicides in 2010 and suicide rate above IL and U.S.
- Dramatic rise in rate of drug overdose deaths since 2006, jumping above IL and U.S. for 2009 and 2010
- Doubling of drug and alcohol induced death rate since 2006, above IL for 2010
- Premature mortality among local Hispanic population
- Youth substance use (alcohol, tobacco, marijuana), risky behaviors, mental health
- K and Grade 2 students with untreated dental caries
- Insurance coverage lower than IL for poor residents

Michelle Bunyer

Health Systems Research
 University of Illinois College of Medicine-Rockford
mbunyer@uic.edu

**MCHENRY COUNTY
 HEALTH COMMUNITY STUDY
 SURVEY**

McHenry County Health Community Study Survey
 A Survey of the Health and Well-Being of the Community
 Health Community Study Survey
 2010-2011

UNIVERSITY OF ILLINOIS
**COLLEGE OF MEDICINE
 AT ROCKFORD**

Working together for a
 Healthier McHenry County

Introduction

Survey included questions about:

- Demographics
- Availability and Quality of Community Features
- Financial Issues
- Self-reported Health Status
- Physical and Behavioral/Mental Health Conditions
- Access to Health Care
- Health Insurance Status and impact of the Affordable Care Act
- Abuse and Suicide
- Care of Elderly, Disabled, and Special Needs Individuals

Methods

- 30-question survey
- Multiple choice and open-ended
- Spanish and English
- Paper and Online via Qualtrics
 - Promoted at community events, agencies, press releases, and an extensive e-mail list
- Self-selected convenience sample

Agencies that Promoted the Survey

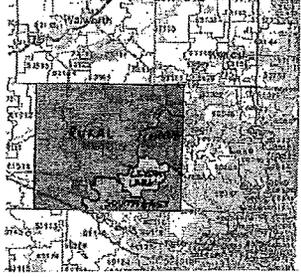
<ul style="list-style-type: none"> Alden-Hebron schools – parent/teacher conferences Algonquin-LITH food pantry Community Partnership Clinic Crystal Lake Senior Center Families ETC Family Alliance Inc. Family Health Partnership Clinic Grafton Township Harvard food pantry Harvard School Hebron food pantry Holy Apostles Church Illinois Migrant Council Marengo food pantry 	<ul style="list-style-type: none"> McHenry Community Health Center McHenry County College McHenry County Mental Health Court McHenry Township Senior Center McHenry Mental Health Board New Horizons Regional Office of Education – Parent/teacher conferences Senior citizens requesting paper copies Senior Services Associates St. Thomas Church Veteran's meeting YMCA – flyers (MCDH)
---	--

Survey Response

Total 791 responses

- Effective sample 744 (94.1%)
- 60% online surveys; 40% paper surveys
- 94.8% in English; 5.2% in Spanish
- All Spanish surveys were on paper

Response by ZIP Code and Area of Residence



Responses by ZIP code

- Crystal Lake – (60014, 60012) – 21.2%
- Woodstock – (60098) – 16.5%
- McHenry (60050, 60051) – 12.1%
- All other zip codes <10%

Responses by area of residence

- Rural – 40.7%
- Crystal Lake – 21.2%
- Southeast – 17.9%
- Central – 12.5%

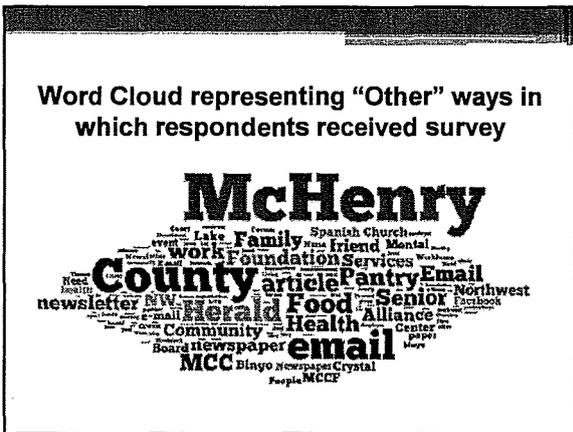
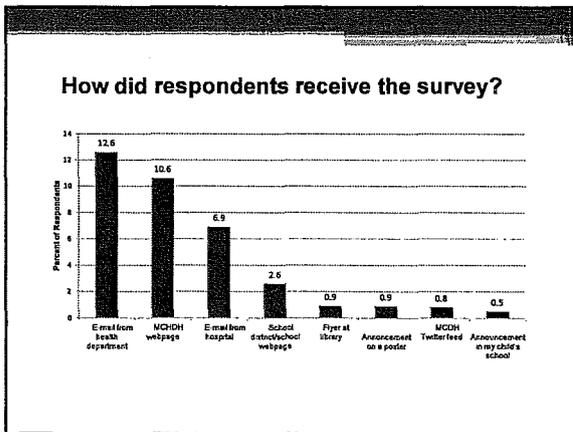
Respondent Characteristics

Demographic Characteristics

- Race / Ethnicity
 - 88.7% White
 - 6.0% Hispanic
- Gender
 - 72.7% Female
- Education
 - 31.9% high school, GED, some college no degree
 - 52.0% Bachelor's, graduate or professional degree
- Marital Status
 - 60.9% married
 - 20.7% divorced, separated or widowed
- 92.7% McHenry County residents

Household Characteristics

- Household members by age group
 - 24.4% below 18 years
 - 52.9% 18-64 years
 - 22.7% 65+ years
- 3% households raising children other than their own
 - Almost half are being raised by grandparents
- 16.3% are receiving financial assistance such as TANF, SSI, food stamps, Township assistance, Medical Card, Public Aid



Availability of Community Features

Features with High Proportion Rating Availability as Excellent or Good

- Safe neighborhoods (83.6%)
- Parks/Recreation services (72.2%)
- Health care services (68.6%)
- Farmer's markets (62.9%)
- Organizations that provide free food (60.0%)
- Biking/Walking paths (59.3%)
- College education (57.6%)
- Dental care services (57.3%)
- Information to find services (55.3%)

Features with High Proportion Rating Availability as Fair or Poor

- Public Transportation
 - For all residents (67.6%)
 - For seniors (49.2%)
 - For disabled individuals (46.4%)
- Jobs (61.3%)
- Training to re-enter the workforce (38.9%)
- Behavioral/Mental health services (36.9%)
- Biking/Walking paths (32.2%)
- Information to find services (32.1%)
- Substance Abuse services (29.9%)
- Dental care services (29.1%)
- Farmer's markets (28.4%)
- Health care services (24.6%)
- Organizations that provide free food (24.3%)

High Rating for Availability of Community Features by Demographic Characteristics

- Safe neighborhoods rated highest by all demographic subgroups (ethnicity, gender, education, area, financial status)
- Health care services rated in top three by females, those with less than high school diploma, residents of Southeast, and those that did not receive financial assistance
- Organizations that provide free food: rated in the top three by Hispanics, males, those with less than high school diploma, Rural area residents, and those who received financial assistance
- Parks/Recreation services: rated in the top three by non-Hispanics, females, those with Bachelor's degree or higher education, Southeast, Central, and Crystal Lake residents

Low Rating for Availability of Community Features by Demographic Characteristics

- Public Transportation for all residents lowest for all groups
- Public Transportation for seniors lowest for Hispanics, females, high-school or less, Bachelor's degree or higher education, Crystal Lake and Rural area residents
- Public Transportation for disabled individuals lowest for non-Hispanics, some college/associates degree, Bachelor's degree and higher, and those with no financial assistance
- Availability of Jobs was rated lowest by males, some college/associates degree, high school or less education, residents from Southeast and Central areas, and those with financial assistance

Word Cloud representing what needs to be changed for features rated as poor on availability



Comments covered the following topics:

- Lack of Jobs - 49.2%
- Job-training programs - 13.5%
- Difficulty finding Jobs - 4.8%
- Loss of businesses in McHenry County - 12.0%

Quality of Community Features

Features with High Proportion Rating Quality as Excellent or Good

- Police services (74.5%)
- Air (73.6%)
- Park/Recreation services (72.9%)
- Health care services (71.5%)
- K-8 education (64.0%)
- High school education (63.8%)
- Biking/Walking paths (63.0%)
- Dental care services (61.8%)
- Food safety (59.6%)
- College education (55.5%)
- Ground water (54.3%)

Features with High Proportion Rating Quality as Fair or Poor

- Condition of roads (60.9%)
- Behavioral/Mental health services (28.4%)
- Biking/Walking paths (26.4%)
- Dental care services (23.5%)
- College education (23.0%)
- Ground water (22.2%)
- Well water (20.0%)
- Health care services (19.9%)

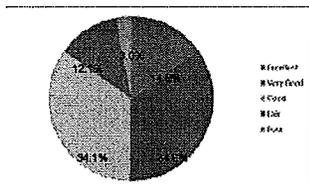
Financial Abuse

Defined as use of money or assets without permission

- 2.4% respondents
- 2.2% of others in respondent households

Self-reported Health Status

Self-reported Health Status



Self-reported Health Status Rated as Poor by Demographic Characteristics

- **Ethnicity:**
 - Hispanic 4.4%; Non-Hispanic 2.8%
- **Gender:** no difference
- **Education:**
 - High school or less 6.4%
 - Associates degree & Bachelor's degree or higher 2.1%
- **Area of residence**
 - Rural 5.0%
 - Southeast 1.5%
 - Central 1.1%
 - Crystal Lake 0.6%
- **Financial Status**
 - Received assistance 11.6%
 - Did not receive assistance 1.0%

Physical and Behavioral/Mental Health Conditions

Physical Health Conditions - Overall

- Chronic disease conditions most common
 - High blood pressure 34.3%
 - High cholesterol 29.2%
 - Diabetes 13.7%
 - Heart disease 9.6%
- Other conditions
 - Obesity 24.9%
 - Digestive/Stomach disorders 14.3%
 - Untreated dental problems 12.9%
 - Migraines 13.0%
 - Skin disorders 12.8%

Physical Health Conditions by Age

<p>Age 0-17 years</p> <ul style="list-style-type: none"> • Obesity/overweight 6.9% • High blood pressure 3.0% • Diabetes 2.6% <p>Age 18-64 years</p> <ul style="list-style-type: none"> • High blood pressure 35.7% • High cholesterol 33.5% • Obesity/overweight 32.3% • Untreated dental problems 17.7% • Diabetes 13.7% 	<p>Age 65+ years</p> <ul style="list-style-type: none"> • High blood pressure 64.8% • High cholesterol 49.1% • Obesity/overweight 26.9% • Diabetes 25.5% • Deafness/hearing impairment 19.0% • Untreated dental problems 12.0%
--	---

Behavioral/Mental Health Conditions

<p>Overall</p> <ul style="list-style-type: none"> • Depression 21.0% • Anxiety/Panic disorders 18.6% • ADD/ADHD 13.0% <p>Age 0-17 years</p> <ul style="list-style-type: none"> • ADD/ADHD 25.0% • Developmental delay 14.2% • Depression 10.8% • Anxiety/Panic disorders 10.3% 	<p>Age 18-64 years</p> <ul style="list-style-type: none"> • Depression 28.6% • Anxiety/Panic disorders 27.2% • ADD/ADHD 12.1% <p>Age 65+ years</p> <ul style="list-style-type: none"> • Depression 14.4% • Alzheimer's disease/Dementia 10.2% • Anxiety/Panic disorders 7.4% • ADD/ADHD 2.3%
---	---

Access to Health Care

Access to Health Care

Person/Place to go to when sick or need advice about health

- Proportion of respondents who do not have a regular doctor or clinic
 - Increased from 5.8% in 2010 to 7.9% in 2014
- 22.4% use an immediate care center
- 15.6% go to the hospital emergency room
- 14.8% use the internet

Inability to Receive Medical Care in Past Year

- 17.3% unable to receive medical care

Why did they not receive medical care?

- Not enough health insurance – 48.8%
- Could not afford deductible or co-pay – 42.6%
- No coverage for prescriptions – 26.3%
- No regular provider – 24.0%
- Could not find a provider who accepted Medicaid/Public Aid – 18.6%

Inability to Receive Behavioral/Mental Health Care in Past Year

- 8.5% unable to receive behavioral/mental health care

Why did they not receive behavioral/mental health care?

- Not enough health insurance – 41.3%
- Could not afford deductible or co-pay – 39.7%
- No regular provider – 31.7%
- Could not find a provider who accepted Medicaid/Public Aid – 22.2%
- No coverage for prescriptions – 20.6%

Inability to Receive Dental Care in Past Year

- 21.5% unable to receive dental care

Why did they not receive dental care?

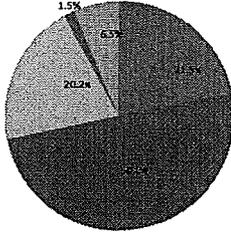
- Not enough health insurance – 65.6%
- Could not afford deductible or co-pay – 36.3%
- No regular dentist – 33.8%
- Could not find a provider who accepted Medicaid/Public Aid – 21.3%
- No coverage for prescriptions – 15.0%

Health Insurance Status and Impact of Affordable Care Act

Health Insurance Status of Respondents and Household Members

- Percent insured by age group
 - 82.8% under 18 years
 - 85.7% 18-64 years
 - 92.1% over 65 years
- 20.6% of respondents have children aged 18-25 years on their health insurance plans

Will you or a member of your family have a change in health insurance benefits as a result of ACA?



Response	Percentage
Yes	63.7%
No	20.2%
Don't Know/Not sure	11.5%
Other	1.5%
Missing	0.0%

Changes as a Result of ACA

NEGATIVE	POSITIVE
<ul style="list-style-type: none"> • Increase in insurance premiums 17.6% • My employer no longer provides health insurance 2.7% 	<ul style="list-style-type: none"> • Could add my child under 26 years on my insurance plan 2.2% • No longer have to worry about having a pre-existing condition 6.6% • Have coverage for preventive care 4.4% • Can afford insurance for the first time 3.4%

Impact of the Affordable Care Act: Open-ended Responses

- Write-in responses (6.0%) range across the spectrum from increased deductibles, to reduced premiums; more coverage to less coverage; and a concern about not knowing what changes may come in the future
- Impact of ACA is specific to an individual/family

Abuse and Suicide

Emotional, Physical, Sexual, and Financial Abuse

- **Emotional abuse**
 - Respondent 5.0%
 - Family member 4.7%
- **Sexual abuse**
 - Respondent 0.4%
 - Family member 0.4%
- **Physical abuse**
 - Respondent 1.2%
 - Family member 1.2%
- **Financial abuse**
 - Respondent 2.4%
 - Family member 2.2%

Suicide

- **Respondent**
 - 5.0% thought about suicide
 - 0.9% had attempted suicide
 - 0.8% caused intentional harm to self
- **Others in household**
 - 3.6% thought about suicide
 - 0.5% attempted suicide
 - 1.3% caused intentional harm to self

Care of Elderly, Disabled, Special Needs Individuals

Care of an Adult over 60 years

- 113 (15.2 %) respondents care for an adult over 60 years, an increase from 11.1% in 2010
 - 49.6% live in the respondent's home
 - 34.5% live on their own
 - 10.6% live in a retirement community

Care of a Disabled or Special Needs Individual

- 12.5% (n=91) reported caring for disabled or special needs individual
 - 70.3% lived in respondent's home
 - 16.5% lived on their own
 - 6.6% live in a group home

Health Status Issues

- 21.0% Depression overall
 - 10.8% in under 18 yr group, 28.6% in 18-64 yr group, 14.4% in 65+ group
 - Depression rates higher than Alzheimer's disease (10.2%) in 65+ age group
- 18.6% anxiety/panic disorders overall
- 25.0% ADD/ADHD in under 18 yr age group

Health Access Issues

- Unable to access care in the past year
 - Dental care 21.5%
 - Medical care 17.3%
 - Behavioral/Mental care 8.5%
- Reasons for access problems
 - Lack of insurance
 - Lack of providers accepting Medicaid
 - Transportation
- Behavioral/Mental health services rated among bottom three for quality by ALL subgroups except residents in Southeast

Manorama M. Khare, PhD

Department of Family and Community Medicine
 Health Systems Research
 University of Illinois College of Medicine at
 Rockford

E-mail: mkhare1@uic.edu
 Phone: 815-395-5762

McHENRY COUNTY HEALTHY COMMUNITY PARTNERS INFORMATION

UNIVERSITY OF ILLINOIS
 COLLEGE OF MEDICINE
 AT ROCKFORD



Methodology

- McHenry County Healthy Community partners selected 25 key informants considered as community leaders or local experts in education, government, and human services
- Partners also identified questions to guide the discussion, comparable to questions asked in 2010 and 2006

Methodology

- Volunteer interviewers used
 - Teresa Dailey
 - Barbara lehl
 - Carol Louise
 - Ed Rickert
- Guidance in interviewing and reporting for volunteer interviewers by HSR staff prior to interviewing
- In-person interviews conducted in December 2013 through February 2014
- Interviews were recorded with recordings sent to HSR for transcription

Key Informants 2014

Michael Esley Centegra Health System	Jeffrey Poynter McHenry County Workforce Investment Board
Jane Farmer Turning Point	Maggie Rivera League of United Latin American Citizens (LULAC)
The Rev. Budd Filand-Jones First Congregational Church of Crystal Lake	Denise Sandquist McHenry County Planning and Development
Tina Hill McHenry County Administration	Nancy Schiltzell Environmental Defenders
Suzanne Hickman Family Health Partnership Clinic	Rick Schildgren McHenry County Community Foundation
Elizabeth Kessler McHenry County Conservation District	Dr. Vikky Smith McHenry County College
Dwyrne Lahli McHenry County Mental Health Board	Dan Volkers McHenry County Farm Bureau
Cheryl Leipsion Family Alliance	Dr. James Wagner McHenry County Sheriff's Department
Patrick McQuilty and Dr. Ted Lennex McHenry County Department of Health	Toni Weaver PFLAG (local chapter)
Jason Osborn McHenry County Dept. of Transportation	Elen Wreszell Woodstock School District 200
Steve Otten United Way of Greater McHenry County	

- ### Questions
- Your organization; population groups served and services.
 - What would be the best aspects of living in McHenry County?
 - In McHenry County, which population groups are in greatest need of more community attention?
 - How well does the McHenry County health and human services delivery system work?
 - What are the three biggest challenges that McHenry County is facing? Thoughts about
 - Growth and development
 - Transportation needs
 - Education system
 - Job development/retention
 - Environmental issues

- ### Best Aspects
- TOP-THREE (> 10 mentions)**
- Environment (beauty, variety, open space)
 - Rural/urban mix
 - Services – abundance and quality (schools, social services, health care, recreation)
- FIVE TO NINE MENTIONS**
- People (helpful, tolerant, diverse)
 - Sense of Community
 - Economy
- THREE TO FOUR MENTIONS**
- Safety
 - Quality of life

- ### Best Aspects 2014 vs. 2010 and 2006
- Similar themes
- Urban/suburban/rural mix
 - Proximity to Chicago
 - Presence and quality of services (social, education, healthcare)
- More emphasis in 2014
- Rural environment and preservation of open spaces
 - Availability of recreation opportunities
 - Affirmation of improving local economy
 - Appreciation of county's diversity (similar to 2006 but more often mentioned than in 2010)

- ### Groups Needing More Community Attention
- IN DESCENDING ORDER OF MENTION
- Latinos/Hispanic Population
 - Low-Income/Working Poor
 - Mentally Ill Persons & Substance Abusers
 - Youth
 - Older county residents
 - Special Needs Persons (disabled, with dementia)
 - Underemployed/Unemployed Adults
 - Gay and Lesbian Persons

- ### Groups Needing More Community Attention
- Latinos/Hispanic Population
 - Most are first-generation, poor or near poor
 - Most important needs are employment, affordable housing, transportation, education and health care
 - High rates of obesity, diabetes and teen pregnancy
 - Cultural differences, language, lack of health insurance are leading barriers
 - Low-Income/Working Poor
 - Encompasses families whose head of household is employed but at low-wages, single parent families, medically indigent, homeless, rural poor
 - Affordable housing and public transportation are major needs

Groups Needing More Community Attention

- **Mentally Ill/Substance Abusers**
 - Growing local problem of heroin use
 - No local inpatient center for treatment
 - Turmoil with closing of Family Service and Community Mental Health Center left gaping holes in service delivery and access
 - Treatment centers, transportation to them are major needs
- **Youth**
 - Impact of interventions over lifetime
 - Obesity, emotional/mental health and substance abuse are major health problems

Groups Needing More Community Attention

- **Older County Residents**
 - High cost of housing
 - Not enough medical providers specialized in aging
 - Transportation needs for those unable to drive
- **Special Needs Persons**
 - Includes developmentally disabled adults, elderly with dementia, persons w. physical impairments, and persons w. emotional disabilities
 - Funding cuts have limited services

Groups Needing More Community Attention

- **Underemployed/Unemployed Adults**
 - Skill enhancement and realistic job expectations (manufacturing still a strong presence in county)
- **Gay and Lesbian Persons (LGBT)**
 - Negative attitudes persist; some feel unwelcome when seeking care
 - Youth among this population may not be "out" to parents so are reluctant to get help when needed

Groups Needing More Community Attention 2014 vs. 2010 and 2006

Same as 2010 and 2006

- Hispanic/Latinos
- Low-Income/Working Poor
- Single parent families
- Victims of domestic violence

» same top two groups in all three studies

More mentions in 2014

- Youth
- Gay and lesbian persons

Health & Human Services Delivery System

Strengths

- Wide range of services
- Diverse providers in terms of specialty
- Social service providers are excellent and strongly committed to the work they do
- Services are well organized and coordinated
- Organizations collaborate with one another

Health & Human Services Delivery System

Weaknesses

- **Mental health /substance abuse services**
- **Cuts in state funding**
- **Not enough bilingual providers**
- **Inadequate awareness of cultural differences between whites and Hispanics**
- **Lack of transit to clinics and hospitals**
- **Lack of local physicians who accept Medicaid**

Health & Human Services Delivery System

Gaps and Barriers

- Lack of public awareness about existing services
- Cost of care/lack of (enough) insurance
- Poor public transportation
- Language
- Personal pride and stigma associated with utilizing services

Health & Human Services Delivery System

Duplication and Inefficiencies

- Very little inefficiency or duplication among public sector services seen. Where multiple providers, choice offered or better geographic coverage
- Human service organizations could be looking at ways to merge. Pioneer Center is fine example of benefits of merging

Health & Human Services Delivery System
2014 vs. 2010 and 2006

- System strengths, weaknesses, gaps and barriers similar all three years
- Recent additions/expansions of clinics for low-income have improved access
 - McHenry Community Health Center (FQHC, Greater Elgin Family Care Center)
 - Family Health Partnership, Crystal Lake
 - Harvard Area Community Health Center (Community Health Partnership of Illinois, FQHC)
- 211 has improved service awareness noted in 2010 and 2006 but many people do not yet know about 211

Biggest Challenges Facing McHenry County

IN DESCENDING ORDER OF MENTION

- Transportation needs
- Economic growth, job creation and retention
- Protect environment
- Affordable housing
- High taxes, cost of living
- Education
- Personal accountability and responsibility

Biggest Challenges - TRANSPORTATION

- Limited public transportation options
- Need more dependable bus stops and increased number of train stops
- Some roads are in poor condition
- Links to economic development
- Big hurdles face development of broad-based public transit system

Biggest Challenges – ECONOMIC GROWTH, JOB CREATION & RETENTION

- Improving local economy but more growth needed
- Shift from retail to corporate development
- Jobs needed that
 - Keep local residents working in the county such as semi-skilled and professional level
 - Pay enough for families to enjoy middle class living
 - Can be filled by adults with developmental disabilities
- Skills training, counseling for jobs already available, e.g., manufacturing
- Need to restrict sprawl and encourage development practices that promote "walkability" of communities

Biggest Challenges - ENVIRONMENT

- Beauty, landscape, open spaces make county attractive. Must keep these!
- Protect groundwater
- Agricultural land and “green infrastructure” continue to be lost
- Develop avenues and better coordination of efforts for more local food production including diversification in agriculture
- Need for more recycling among businesses (no on-site pick up)

**Biggest Challenges Facing McHenry County
2014 vs. 2010**

Same in 2014 and 2010

- Better public transportation needed
- Need for stronger economic growth and (decent) job creation
- Environmental concerns to keep open spaces, protect groundwater
- Affordable housing

More mentions in 2014

- High property taxes

Fewer mentions in 2014

- Overcrowding in schools
- Access to dental care for low-income

**SUMMARY
BEST ASPECTS**

- Environment (beauty, variety, open space)
- Combination of rural qualities and urban amenities including access to Chicago
- Services – abundance, quality, collaboration
- People (helpful, tolerant, diverse)
- Sense and pride of community
- Safety including low crime and feeling of personal security
- Quality of life



**SUMMARY
HEALTH ISSUES NEEDING ATTENTION**

- Substance abuse including heroin and problems with youth use
- Diabetes among Hispanic population
- Obesity among youth and Hispanic
- Teen births among Hispanic women
- Providers specializing in aging
- Bilingual providers
- Cultural competency for health care providers



Deborah Lischwe
*Associate Director for
Health Systems Research*
University of Illinois College of Medicine-Rockford

dlischwe@uic.edu
815-395-5765

**MCHENRY COUNTY
HEALTHY COMMUNITY STUDY 2014**



PRIORITIES

COMMUNITY ISSUES

- Transportation, especially improving public transportation
- Job creation and retention
- Environmental protection
- Affordable housing

TRANSPORTATION

SURVEY

PUBLIC TRANSPORTATION

- High fair or poor ratings
 - All residents (67.6%)
 - Seniors (49.2%)
 - Disabled individuals (46.4%)
- Lowest mean score of all 18 community features (all residents)
- Rated low by all demographic groups

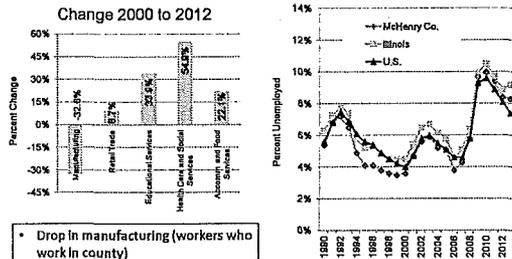
ROADS

- Condition of roads rated lowest in quality of 11 features
- Congestion in some areas

KEY INFORMANTS

- Regarded as biggest challenge facing McHenry County
- Limited public transportation options
- Need more dependable bus stops and increased number of train stops
- Some roads in poor condition
- Many/most health services not easily accessible by public transit
- Links to economic development
- Big hurdles face development of broad-based public transit system

JOB CREATION & RETENTION



- Drop in manufacturing (workers who work in county)
- Yet, manufacturing still accounts for 17% of county workers (11% U.S.)

JOB CREATION & RETENTION

SURVEY

- 61.3% said availability of jobs was fair or poor
- 38.9% said training to re-enter workforce was fair or poor
- Availability of jobs rated lowest by males, some college/ associates degrees or high school or less, residents from southeast and central areas, those receiving financial assistance
- 18.4% have experienced involuntary job loss in past year

KEY INFORMANTS

- Underemployed /unemployed adults identified as group needing attention
- Local economic growth needed
- Shift from retail to corporate development
- Need jobs needed that
 - Keep local residents working in county
 - Pay "middle class" wage
- Need skills training, counseling for jobs already available, such as manufacturing

ENVIRONMENTAL PROTECTION

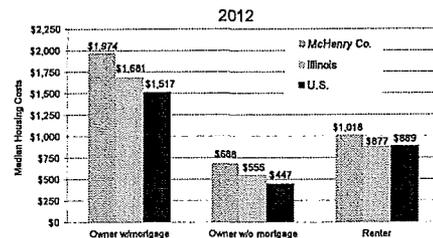
SURVEY

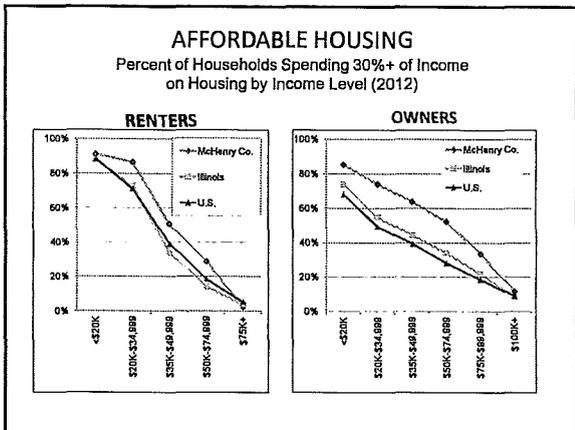
- Availability of ground water supply—25.0% rated fair or poor & 24.3% "don't know"
- Availability of water conservation education—38.2% rated fair or poor, 30.5% don't know
- Quality of ground water—22.2% said fair or poor, 20.2% don't know
- Quality of ground water rated low by Southeast residents

KEY INFORMANTS

- Beauty, landscape, open spaces make county attractive.
- Protect groundwater
- Agricultural land and "green infrastructure" continue to be lost
- Develop avenues and better coordination of efforts for more local food production including agricultural diversification
- Need for more recycling by businesses

AFFORDABLE HOUSING





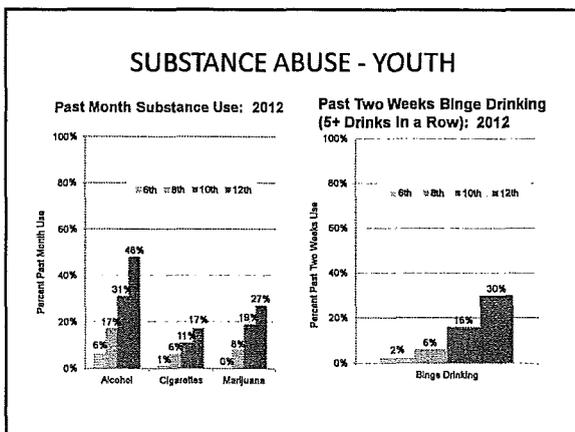
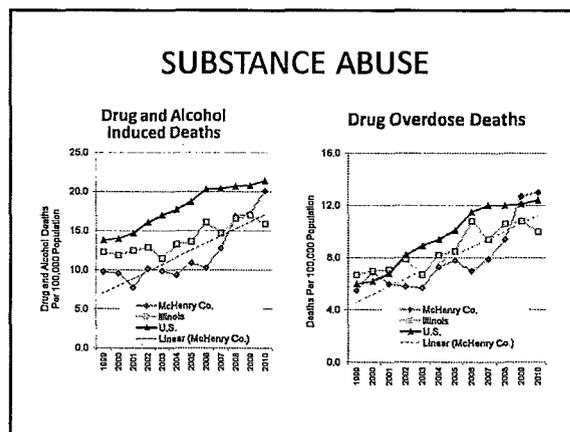
AFFORDABLE HOUSING

KEY INFORMANTS

- Affordable housing continues to be identified as major challenge in county (also in 2010 and 2006)
- Lack of affordable, adequate housing hits Hispanic population, low income/working poor and older residents especially hard
- Property taxes mentioned as a challenge in county

HEALTH ISSUES

- Substance abuse
- Obesity
- Depression/anxiety and suicide
- Behavioral/mental health
- Diabetes



SUBSTANCE ABUSE

DUI Arrests

Year	McHenry Co.	Illinois
2010	427.4	~400
2011	398.6	~380
2012	374.9	~360

Inpatient hospitalization for alcohol/drug abuse or dependence

- Number is 535, 17.4 per 10,000 population (2013)
- Higher rate among McHenry County residents than state
- Among top 5 non-birth related reasons for hospitalization

- DUI arrests down since 2010 but McHenry County rate remains above state
- 892 DUI arrests in county in 2012

SUBSTANCE ABUSE

KEY INFORMANTS

- Drug abuse among youth identified as problem
- Growing local use of heroin
- Too few providers to assist persons with addictions
- Lack of inpatient treatment center

OBESITY

COMMUNITY ANALYSIS

Weight Status	PERCENT OF ADULTS 18+		
	McHenry County	Illinois	2008
Overweight	35.7%	33.3%	30.3%
Obese	23.5%	18.5%	20.4%

- 35.7% of local adults considered overweight and 23.5% obese (2008)
- Local adult obesity level rose by 5 percentage points between 2002 and 2008

SURVEY & KEY INFORMANTS

- Self-reported obesity/overweight (respondent & household members)
 - All ages 24.9%
 - By age
 - 6.9% under 18
 - 32.3% 18-64 yr
 - 26.9% 65+
- Identified as problem among Hispanic population and youth by key informants

DEPRESSION/ANXIETY & SUICIDE

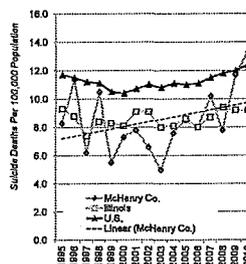
COMMUNITY ANALYSIS

- Psychoses is #1 non birth-related reason for inpatient hospitalization (1,887 in 2013) among county residents -- all ages combined, age 5-17, 18-44 and 45-64

SURVEY & KEY INFORMANTS

- Self-reported DEPRESSION (respondent & household members)
 - All ages 21.0%
 - By age
 - 10.8% under 18
 - 28.6% 18-64 yr
 - 14.4% 65+
- Self-reported ANXIETY/PANIC DISORDERS (respondent & household members)
 - All ages 18.6%
 - By age
 - 10.3% under 18
 - 27.2% 18-64 yr
 - 7.4% 65+

SUICIDE



COMMUNITY ANALYSIS

- Upward trend in suicide deaths
- 90% of 2006-2010 suicides to under 65
- 41 in 2010 (record high)
- Highest rate among 45-54 year olds

SURVEY

- 5.0% respondents thought about suicide, 0.9% attempted
- 3.6% household members thought about suicide, 0.5% attempted

BEHAVIORAL/MENTAL HEALTH

COMMUNITY ANALYSIS

- Synthetic estimates
 - 18.6% have past year mental illness (41,773)
 - 3.6% have co-occurring substance abuse disorder with any mental illness (8,085)
 - 4.1% have serious mental illness (9,206)

SURVEY

- 36.9% of respondents rated availability of behavioral/mental health services as fair or poor (22.8% DK)
- 28.4% rated quality of behavioral/mental health services as fair or poor (29.0% DK)
- Quality of behavioral/mental health rated among bottom 3 (of 11 features) by all demographic groups except Southeast residents
- 8.5% unable to access behavioral/mental health care in past year. Main reasons:
 - Financial (no/not enough insurance and cost of deductible/co-pay)
 - No regular provider

BEHAVIORAL/MENTAL HEALTH

KEY INFORMANTS

- Mentally ill and substance abusers identified as major population group (in top 3) needing more community attention. Also developmentally disabled adults including persons with emotional disabilities
- Youth and Hispanic populations have emotional issues/needs that are not being met
- Most often mentioned weakness in health and human services delivery system = mental health/substance abuse services
- Closing of Family Service and Community Mental Health Center left gaping holes in service delivery

DIABETES

COMMUNITY ANALYSIS

- 7th leading cause of death among McHenry County residents
- 28.2% of diabetes deaths to persons under age 65
- 5th leading death cause of 65-74 year olds
- 5.4% adults report being diagnosed with diabetes

SURVEY & KEY INFORMANTS

- 13.7% report having diabetes (25.5% among 65+)
- Reported high rate among Hispanic population

Nationally, dramatic increase in diabetes incidence among children and adolescents 2001 to 2009: (21% increase Type 1, 0.14% and 30% increase Type 2, 10-19) [Journal of American Medical Association, May 3, 2014]



Fun Filled Days... Star Filled Nights

Driving Economic Development Through Tourism

Direct Impact of Tourism in McHenry County in 2012

\$212,890,000

spent by domestic and international travelers to McHenry County*

Day travelers spend **\$81** per day

Overnight visitors spend **\$122** per day

2012 Tourism in McHenry County generated

1500 jobs

\$43,950,000 in payroll*

*Referenced from the Study Prepared for the Illinois Bureau of Tourism by the Research Department of the U.S. Travel Association, Washington, D.C. August 2013

STRATEGIC PRIORITIES

1 Visitor Attraction

Day Traveler • Weekend Traveler • Business Traveler
Motorcoach • Sporting Events

2 "Go To" Organization

Centralized Information Source • Strategic Advisor
Authority on Exploring McHenry County

3 Business Expansion

Multilevel Marketing • Revenue Generator • Education

Visit McHenry County • 815.893.6280 • visitmchenrycounty.com

Visit McHenry County

Driving Economic Development Through Tourism

Who We Are

- **Authority** on our region's tourism industry
- Centralized **information source** about McHenry County's hotels, facilities, attractions, restaurants and activities
- Visit McHenry County is our region's **destination marketing** organization

What We Do

- Promote the **long-term development** of McHenry County
- Enhance the **local visitor economy** creating conditions that ensure a rich, cultural experience to attract visitors
- Host community **event calendar**

Why Invest In Visit McHenry County?

- Visit McHenry County drives **economic development**
- Travel and tourism enhances the **quality of life** in McHenry County by providing jobs and promoting attractions for residents to enjoy
- Increased tax revenue that tourism generates allows for **enhancement of services** in all of our communities

Get Started!

Invest in your business and community through Visit McHenry County today!

visitmchenrycounty.com

Experience it
for yourself.

815.893.6280

*Visit
McHenry
County*

Fun Filled Days... Star Filled Nights



ILLINOIS