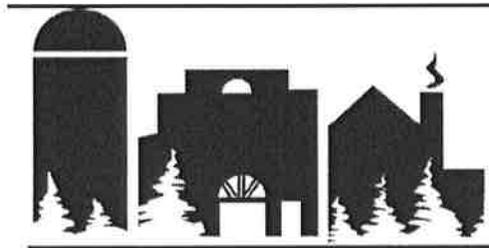


# MCHENRY COUNTY HEALTHY COMMUNITY STUDY 2017

## FOCUS GROUPS OF TARGET POPULATIONS AND COMMUNITY LEADERS



Working together for a  
Healthier McHenry County

November 22, 2016

Prepared for  
McHenry County Healthy Community Partnership

Prepared by  
Health Systems Research  
Division of Health Policy and Social Science Research  
University of Illinois College of Medicine at Rockford  
1601 Parkview Avenue  
Rockford, Illinois 61107

## TABLE OF CONTENTS

	<u>Page</u>
Chapter 1 INTRODUCTION AND METHODOLOGY	
Description of Focus Group Study.....	1
Methodology.....	1
Focus Group Topics and Questions .....	4
Assessment of Health and Related Problems.....	4
Chapter 2 BEST ASPECTS OF MCHENRY COUNTY	
Favorable Aspects of Living in McHenry County.....	5
Favorable Aspects of Working in McHenry County.....	6
Aspects Not Liked about Living in McHenry County .....	6
Comparison to 2014 and 2010 .....	7
Chapter 3 GROUPS NEEDING MORE COMMUNITY ATTENTION	
Who Are They? .....	8
Persons with Mental Illness, Substance Abuse or Intellectual/Developmental Disabilities.....	8
Hispanic/Latino Population.....	10
Low-Income, Uninsured/Underinsured, Medicaid Population.....	11
Homeless Population .....	11
Seniors.....	12
Veterans.....	13
LGBTQ Population .....	13
Comparison to 2014 and 2010 .....	14
Chapter 4 MCHENRY COUNTY HEALTH AND HUMAN SERVICES	
Strengths of the Health and Human Services Delivery System.....	15
Weaknesses and Gaps .....	15
Barriers that Keep People from Using Existing Services.....	16
Operational Barriers to Sustainability of Health and Human Services.....	17
Comparison of 2016 with 2014 and 2010 .....	17
Experiences with Local Health/Human Services and Agencies .....	17
Impact of Affordable Care Act.....	18
Effects of Coverage through Medicaid.....	18

TABLE OF CONTENTS (cont'd.)

	<u>Page</u>
Chapter 5 HEALTH PROBLEMS AND CHALLENGES TO HEALTHY LIVING IN MCHENRY COUNTY	
Challenges to Living a Healthy Lifestyle .....	19
Biggest Health and Human Needs and Problems Facing the Community.....	20
Ratings of Health Conditions, Services and Related Factors.....	20

LIST OF TABLES

Table

5.1	Ratings of Health Conditions in McHenry County: 2016 .....	20
5.2	Rank Order of Health Conditions: 2016.....	21
5.3	Ratings of Health Services Availability in McHenry County: 2016.....	21
5.4	Rank Order of Health Services Availability: 2016.....	21
5.5	Ratings of Health Factors in McHenry County: 2016 .....	22
5.5	Rank Order of Health Factors as Problems: 2016 .....	22

FIGURES

Figure

1.1	McHenry County Focus Groups: 2016	
	Target Populations .....	2
	Community Leaders.....	2
1.2	Community Leaders Participating in Focus Groups: 2016 .....	3
5.1	Ratings of Health Conditions in McHenry County: 2016 .....	23
5.1	Ratings of Health Services in McHenry County: 2016.....	23
5.1	Ratings of Health Factors in McHenry County: 2016 .....	23

APPENDICES

Appendix

A	Focus Group Questions.....	24
B	Focus Group Minutes	
	Community Leaders.....	28
	Target Populations .....	44
C	Community Leaders' Assessment of Health and Related Problems Instrument.....	70
D	Summary of Focus Group Findings .....	72

## Chapter 1 INTRODUCTION AND METHODOLOGY

### **Description of Focus Group Study**

As one component of the 2017 McHenry County Healthy Community project, focus groups were conducted to gain an understanding of the views and experiences of local residents and community leaders. Other parts of the 2017 Healthy Community Study are a community survey and community analysis of existing secondary data, both of which rely on quantitative methods to examine needs. Focus groups, on the other hand, are considered a qualitative research method which gathers anecdotal information that offer depth and substance about the community's perceived needs based on personal experiences.

The McHenry County Healthy Community partners contracted with Health Systems Research (HSR) at the University of Illinois College of Medicine-Rockford to carry out the focus group study as well as the community survey. HSR is an applied research unit that specializes in community needs assessments for health and human services in northwest Illinois and has assisted McHenry County Healthy Community Partners for several decades.

Focus groups are small groups of individuals brought together to discuss selected topics. For this project, two types of focus groups were held: one of target populations believed to be vulnerable, in need of services, or at-risk for poor health outcomes, and the other made up of agency directors or representatives of major service providers. The latter type, referred to in the report as "community leaders", takes the place of one-on-one interviews which were done in previous McHenry County Healthy Community studies.

### **Methodology**

The McHenry County Healthy Community Steering Committee and focus group subcommittee identified target populations to include and compiled a list of persons for the community leader focus groups (Figure 1.1). Target populations included 1) persons with mental illness, substance abuse, or disabilities, 2) Hispanics/Latinos, 3) veterans, and 4) low-income mothers. Five focus groups were held with two sessions for the Hispanic population because the first session drew a very small attendance. Total participants in the five groups numbered 59. In 2010 (the last time that the McHenry County Healthy Community Study included focus groups), eleven focus groups were conducted with a total of 102 participants.

For the community leaders, three separate focus groups were conducted, each in a different town in the county. Invitees to these groups were contacted and encouraged to participate via letters of invitation and follow-up contact by subcommittee members. Of the 50 persons invited to attend, 29 community leaders took part (Figure 1.2).

In the past McHenry County Healthy Community studies (2010 and 2014), this information was gathered through one-on-one key informant interviews. The 29 community leaders who participated in 2016 surpass the number of individual interviews (21) held in 2014. While the depth of personal interaction may be lower in group settings, focus groups provide a suitable format for discussion of common topics given that these leaders are comfortable and articulate in the company of peers.

At the onset of the focus group, participants were introduced to the focus group facilitator from the HSR staff. The facilitator provided a brief background about the Healthy Community study, and told focus group members that their participation was voluntary. Minutes were taken at each focus group session and an audio recording was made, however, participants' comments were not tied to an individual so that anonymity in the report of findings was maintained. Target population focus group discussions typically lasted about an hour, while community leader groups took about 75 to 90 minutes. The focus group survey was approved by the University of Illinois College of Medicine Institutional Review Board, protocol #917391 on June 3, 2016.

Figure 1.1  
MCHENRY COUNTY FOCUS GROUPS: 2016

TARGET POPULATIONS

Group	Number Participants	Meeting Place and Location	Date
Veterans	16	Transitional Living Services (TLS), McHenry	8/3
Low-Income Parents of Young Children	7	Verda Dierzen Early Learning Center, Woodstock	8/11
Parents/Persons with Mental Illness, Substance Abuse or Developmental/Intellectual Disabilities	12	McHenry County Mental Health Board, Crystal Lake	8/18
Hispanic/Latino(a)s	3	Harvard Area Community Health Center	8/11
Hispanic/Latino(a)s	21	Garden Quarter Neighborhood Resource Center, McHenry	9/19
Subtotal Target Populations	59		

COMMUNITY LEADERS

Group	Number Participants	Meeting Place and Location	Date
Various	11	McHenry County Department of Health, Woodstock	8/16
Various	12	McHenry County Mental Health Board, Crystal Lake	8/25
Various	6	Harvard Area Community Health Center	9/15
Subtotal Community Leaders	29		
Total All Focus Groups	88		

Figure 1.2  
COMMUNITY LEADERS PARTICIPATING IN FOCUS GROUPS: 2016

Claudia Aquilina, Office Coordinator  
Senior Services, Inc.

Susan Bauer, Executive Director  
Harvard Area Community Health Center

Julie Biel Claussen, Executive Director  
Harvard Area Community Health Center

Denise Bowman  
Training and Community Development  
McHenry County Mental Health Board

Terry Braune  
Compliance and Operations Manager  
McHenry County Mental Health Board

Robin Doeden, Executive Director  
McHenry County Community Foundation

Michael Eesley, CEO  
Centegra Health System

Jane Farmer, Executive Director  
Turning Point

Laura Franz, Executive Director  
Transitional Living Services (TLS)

Bona Heinsohn, President  
McHenry County Conservation District

Scott Hennings  
Principal Transportation Planner  
McHenry County Government

Michael Hill, Administrator  
McHenry County Department of Health

Suzanne Hoban, Executive Director  
Family Health Partnership Clinic

Aimee Knop, Sheriff's Deputy  
McHenry County Sheriff's Office

Art Krzyzanowski, Program Director  
Thresholds

Ashley Lach, Manager  
American Cancer Society

Kim Larson, Executive Director  
Family Alliance

Mary McCann, County Board Member  
McHenry County

Scott Naydenoff  
Deputy Chief of Field Operations  
Cary Police Department

Steve Otten, Executive Director  
United Way of Greater McHenry County

Walt Pesterfield, Director  
Department of Probation and Court Services

Dennis Sandquist, Director  
McHenry County Planning and Development

Gerald Schalk, Chaplain  
Fox River Fire District

Nancy Schietzelt, President  
McHenry County Environmental Defenders

Todd P. Schroll, Director  
Centegra Health Systems

Rebecca Stiemke, Executive Director  
Volunteer Center of McHenry County

Cindy Sullivan, Executive Director  
Options and Advocacy

Toni Weaver, President  
PFLAG

James Wiseman, Executive Director  
Northern IL Special Recreation Association

## **Focus Group Topics and Questions**

The focus group subcommittee of the McHenry County Healthy Community Steering Committee selected the topics and specific questions for both the target populations' and community leaders' focus group sessions. Questions were crafted through discussion led by Health Systems Research staff. Some of the topics repeat issues addressed in the 2014 and 2010 McHenry County Healthy Community studies in order to compare results. Both sets of questions addressed:

- The best aspects of living in McHenry County
- The local health and human services delivery system: strengths, weaknesses, service gaps, inefficiencies
- Effects of the implementation of the Affordable Care Act and
- Challenges to living a healthy lifestyle in McHenry County.

Target populations were also asked about specific service needs for their group, experiences using existing services, and particular needs/problems facing the community. Community leaders were asked about positive features of working in McHenry County and populations in greatest need of more community attention including identifying each group, a discussion of their needs, evidence of those needs, and barriers that prevent people from using available services. The actual questions are presented in Appendix A.

## **Assessment of Health and Related Problems**

At the conclusion of the three community leader focus groups, each participant was asked to assess the severity of 15 health conditions, availability of four health service types, and six health factors in McHenry County. This assessment used a four-point scale from “not a problem” to “major problem” and was submitted anonymously. Results are discussed in Chapter 5, while the questionnaire is shown in Appendix C.

## Chapter 2 BEST ASPECTS OF MCHENRY COUNTY

Focus group discussion began with a question to participants about the best aspects of living in McHenry County. For community leaders, this was followed by a related question that asked what they liked about working in McHenry County. A follow-up question posed to target populations asked what aspects of life in McHenry County they disliked.

Findings in 2016 are compared to 2010 for target populations and 2014 for community leaders. In 2014, one-on-one interviews with community leaders and agency directors were held, but not focus groups of target populations.

### **Favorable Aspects of Living in McHenry County**

Among target populations as represented by five focus groups (FG), aspects they like best about living in McHenry County are, beginning with most frequently mentioned:

- *Small town, suburban atmosphere*  
Several FG members praised the sense of community coupled with a quieter and slower pace of life that characterizes life in McHenry County as compared to big cities. People know each other and become involved. This atmosphere is conducive to family life and raising children. There are “no huge ugly cities.”
- *Availability of resources and services*  
Despite recent cutbacks, FG members say that they appreciate access to a wide variety of services and resources located in McHenry County. This was especially true for FG members who have moved into the county recently. Veterans said the county is “veteran-centric” with a range of services for the concentrated veteran population who live here. A member of the mental health/substance abuse focus group said physicians are knowledgeable and up-to-date, especially in regards to his mental health issues. Hispanic FG members are grateful for the services available to them.
- *Rural environment, countryside*  
McHenry was described as “tranquil” and “peaceful” by FG members. FG members like the open spaces and abundance of nature.
- *Access to major cities*  
Living in a small town yet being able to get easily and quickly to big cities is a big plus for McHenry County residents.
- Also mentioned were *good schools, feeling safe, and available jobs.*

Community leaders indicated the following favorable aspects of living in McHenry County, most of which were also mentioned by target populations. In the three focus group discussions held with community leaders, they said that McHenry County has:

- *Sense of community with feeling of belonging*  
The small towns that populate the county offer a sense of attachment that contributes to building and developing relationships. People are invested in their communities. There

is, in the words of two FG members, the “shared value of community” and “the desire to do good” which translates into a healthier place for all residents.

- *Abundance of green, open space*  
Wide, open spaces have been preserved in the county, due in part to the active Conservation District. According to a FG member, McHenry County is recognized statewide for its protection of environment and conservation efforts.
- *Family-friendly atmosphere*  
The abundance of activities for parents and children makes the county suitable for family life. Most places are safe.
- *Proximity to large cities (Chicago, Milwaukee) for cultural activities and sports.*
- Also mentioned was a perceived *level of acceptance felt by two groups, Hispanics and transgender persons.*

### **Favorable Aspects of Working in McHenry County**

While community leaders offered numerous reasons why they like working in McHenry County, the attitude of working together was most often cited. Local non-profit organizations and agencies are aware of one another and collaborate to a degree not experienced in contiguous counties, according to one FG member. Instead of competitiveness, the spirit of collaboration means “there are no significant turf issues,” said another. The strong network of social service organizations has enabled a breadth of services to help people in need. The Mental Health Board was praised for fostering a sense of cohesiveness among the agencies they fund.

Another positive characteristic of the work environment in McHenry County is the ease of recruiting professionals to the area. The amenities and lifestyle offered in the county appeal to high-level job seekers, in this case specialty physicians. Other community leaders appreciate living and working in the same county which shortens commute times and deepens their relationships within communities.

### **Aspects Not Liked about Living in McHenry County**

Mentioned as aspects of living in McHenry County that target population focus group members did not like were:

- Lack of public transportation. It is difficult to get around if you do not have your own vehicle or do not drive
- High cost of housing, high property taxes
- Road infrastructure. Some cities in the county have traffic congestion and road improvements take a long time
- Feeling of discrimination towards Hispanic population by police
- Community feels less safe now. A Woodstock mother said her neighborhood is transitioning to more rental units. Renters are more mobile, properties are not as well maintained
- Illinois’ financial situation (the fact that McHenry County is in Illinois) which has and will impact delivery of services
- Lack of employment opportunities for veterans.

## **Comparison to 2014 and 2010**

In the three rounds of the Healthy Community studies, the most frequently mentioned best aspects of living in McHenry County are similar. There is an appreciation of the small town/suburban mix which contributes to community life and a sense of belonging. This is coupled with easy access and proximity to large cities. The abundance of green space and preservation of open areas is another attribute noted in all three studies.

Comparing 2016 community leaders to 2014 key informant and findings reveals fewer mentions in 2016 of recreation opportunities, local economy, and the value of diversity in the county's population, perhaps because these are taken for granted more now than was true two years ago. Among target populations, comparison of 2016 to 2010 reveals fewer mentions as community assets in 2016 of local health systems, park districts, and the community college. This may be due in part to the fact that more target population focus groups were held in 2010 (11) than 2016 (5) which means less input from vulnerable populations.

## Chapter 3 GROUPS NEEDING MORE COMMUNITY ATTENTION

### **Who Are They?**

Groups needing more attention were identified in two ways: 1) by the Steering Committee focus group subcommittee that selected four vulnerable populations for focus group discussions, and 2) identified by community leaders during their three focus groups. Based on these sources, groups in greatest need of increased community attention and assistance are listed below into three categories from most often mentioned to least. Groups shown in the top two categories are discussed in detail in this chapter including the perceived need for services and barriers that hinder access. Comments about all groups may be read in the minutes of the focus groups presented in Appendix B.

Named by all three community leader focus groups as well as the focus group subcommittee as needing more community attention are:

- Persons with Mental Illness, Substance Abuse or Intellectual/Developmental Disabilities
- Latinos/Hispanic Population
- Low-Income, Uninsured/Underinsured, Medicaid Population.

Groups needing more attention as cited by two focus groups or the focus group subcommittee are:

- Homeless Population
- Seniors
- Veterans
- LGBTQ Population.

Mentioned by one focus group are:

- Victims of Domestic Violence
- Youth
- Persons without Cars.

### **Persons with Mental Illness, Substance Abuse or Intellectual/Developmental Disabilities**

#### Service Needs

While the three community leader focus groups devoted considerable time to discussing this group, the focus group (FG) comprised of persons with mental illness, substance abuse or disabilities and their parents provided the most depth and experience about this population. According to members of this focus group, the needs and missing services for persons with mental illness, substance abuse and disabilities include:

- Transition services between high school and adulthood as well as between crisis and recovery. While these services do exist in the county, wait times are extremely long.
- Psychiatric care for persons on Medicaid. Some focus group members take their children out of the county to obtain this care
- Inpatient and outpatient psychiatric units for children as there are no current facilities in the county. Recently, parents have travelled to Streamwood and Waukegan for their children's hospitalizations, a time-consuming and emotional burden because hospital

stays can extend for several weeks. One father worried that his son who is an adult chronologically but not in “mental health age” would be placed inappropriately in an adult unit

- More rehabilitation services since Pioneer has reduced their services. Wait time is reported to be very long (three to six months) for these services now offered by Rosecrance, obviously not suitable in crisis situations
- Residential housing or suitable living arrangements for adolescent children and young adults with mental illness or developmental disabilities. A mother of a 15-year-old boy was not able to get him into a group home, unless as she was told, she kicked him out and he was homeless. As for adult children, their longer life span means that their parents are aging beyond the point that they can care for them, especially the physical support needed. Housing must be affordable
- More education for teachers, physicians, and dentists about dealing with children with special needs and crisis intervention. Said one FG member, “Schools see discipline issues rather than mental health problems.” Two parents of children with developmental problems have been unable to find a dentist to care for their children including removal of wisdom teeth
- Jobs for persons with developmental/intellectual disabilities that “pay more than a few cents an hour.” Most desired is meaningful work with guidance from job coaches.
- Group therapy and social groups for young adults 18-25 who suffer from mental illness or disabilities. As their peers go off to college or employment, these young people are left out. Most of them do not have ready avenues to meet each other. Existing groups such as those sponsored by NAMI tend to attract older people
- Bilingual providers because Hispanic persons suffer from mental illness, substance abuse and developmental disabilities just like the rest of the population.

The community leaders’ focus groups reinforced the views of parents and persons with mental illness and disabilities, sharing the following points:

- They stressed the need for affordable and easy access to psychiatric and substance abuse services along with recovery-oriented transition care. Because no children’s inpatient unit is located in the county, “we ship people who need inpatient care to Waukegan or other places in the state, waiting and praying a bed will be available”
- The number of psychiatrists practicing locally has dropped in the past five years
- Specific to children and adults with developmental/intellectual disabilities, community leaders pointed out that these persons age out of the school system at 21. Most have never lived or are capable of living independently and could benefit from life-planning skills. They face few job options and need supportive housing
- There is a lack of after-school day care for school age children with disabilities. This usually means that both parents cannot work outside the home because one of them must provide that care themselves.

Also discussed was the growing magnitude of substance abuse in the county, particularly heroin addiction. They view the overuse of opioids as fueling the rise of heroin use. Parents must become aware of the signs and recognize the symptoms of substance use in their children.

Evidence of the access problems and needs are the number of emergency department admissions and police reports of persons with mental health or substance abuse problems. A patient navigation system between police and mental health patient services (such as a social worker based in the police department) would ameliorate this situation, as police feel ill equipped to handle many mental health emergencies.

## Barriers

According to FG members in the community leaders groups, barriers to effective care are:

- The stigma attached to mental illness including the “not my child” syndrome. Some people self-medicate in order to not reveal their condition
- Inadequate supply of psychiatrists
- Lack of affordable care
- Limited awareness of existing services
- Geographic spread of the county with many services located far away from residents such as families living in Harvard
- Long waiting lists for housing for persons with disabilities
- Limited funding and political issues. According to one community leader, Illinois ranks 49<sup>th</sup> among states for level of support for persons with developmental/intellectual disabilities.

## **Hispanic/Latino Population**

Because Latino(a)s tend to stay to themselves, one community leader said, we lack a good understanding of their needs. No infrastructure exists to engage them which is compounded by the language barrier. Most Hispanics are low-income and many are undocumented. Some are seasonal or migratory workers, so essentially hidden from the rest of the population. Many Hispanics in the county are young, first-generation, and not well established. There is no base for generational mentors so leaders for this group are not “organic.” Community leaders in one focus group agreed that Hispanics “are not adequately served by our organizations.”

Some local residents are not pleased with the presence of Hispanics in the county and are not comfortable around them, said one community leader. Another claimed that there is “blatant discrimination” toward them. Hispanics, themselves, feel discriminated against in some circumstances.

## Service Needs

According the two Hispanic focus groups, their most pressing needs are:

- Access to medical care, especially specialists. Some travel to Chicago for this care. Because children tend to be covered through AllKids, access is most limited for adults and adolescents
- Access to dental care including basic services and orthodontics
- Access to vision services
- Bilingual health providers and police
- Mental health care provided by Spanish-speaking counselors.

Also mentioned were better public transportation options and more English as a Second Language classes for adults. The Hispanic population has a high prevalence of diabetes, said one community leader, and several Hispanic adults said they suffer from this disease.

## Barriers

The most prominent barrier to obtaining services is health insurance. Many Hispanic adults do not have health insurance because they are undocumented. They may be employed, receive

health insurance as a benefit, and pay its premium, but because they used a false Social Security number (SSN) to be hired, they are unable to use the insurance which requires a SSN, they explained. The few adults who are insured have policies with very high deductibles and co-pays. In most cases, they must pay out-of-pocket for prescriptions. One man needed but did not get a colonoscopy because he would have had to pay the cost of the exam himself.

Two more major barriers are:

- Lack of Spanish-speaking providers for medical, mental health, and dental care. Because many Latinos are unable to effectively communicate about their health problems, they may not seek care in the first place, receive improper care when they do, and not understand treatment instructions
- Inadequate public transportation, especially in and around Harvard.

## **Low-Income, Uninsured/Underinsured, Medicaid Population**

### Service Needs

According to community leaders, there is an insufficient number of providers to take care of this population, especially persons on Medicaid. While the Medicaid expansion through the Affordable Care Act has benefited state residents who now have health insurance, there are not enough primary care physicians in McHenry County who accept these patients. Many of the newly qualified “might as well be uninsured,” they said.

The low-income group represented by a target population focus group was comprised of mothers of young children. They spoke about the need to have hospital delivery services/birthing centers closer to home, saying “you can’t have a baby in this town (Woodstock).” While obstetricians have offices in Woodstock, hospitals with obstetric units are located in McHenry and just recently in Huntley. A Crystal Lake mother had to deliver her baby in Barrington. The distances to these facilities are 45 minutes to one hour.

A third major need is better public transportation throughout the county. Many low-income families do not own a car and there is no bus system that gets them to school events.

### Barriers

Besides transportation as already mentioned, barriers include:

- No coordinated approach to help low-income families. Government agencies say churches should assist but the “churches do not talk to each other” in the county
- Limited health literacy
- Persons who purchased coverage through state health exchanges often have very high deductibles
- Because many people are new to McHenry County from larger cities, they are not familiar with the concept of “community” nor value its role in fostering involvement.

## **Homeless Population**

Information about this group was gathered through the community leaders’ focus groups. No separate focus group was held for this target population.

## Service Needs

First and foremost, homeless persons need affordable housing. As mentioned by one community leader, the lack of shelter for this population reinforces their nomadic nature. A subgroup of the homeless population is youth who have no homes due to mental illness or substance abuse.

There is no year-round shelter. PADS (Public Action to Deliver Shelter) as operated through local churches is open late autumn through mid-spring only. Another concern involves safety in congregate settings, like homeless shelters. Also mentioned was the need to acknowledge the “harm reduction” perspective that recognizes the cycle of abuse.

As evidence of the homeless population, persons are seen walking down Jackson Street in Woodstock or between towns, carrying all their stuff. Tent communities are set up by these people.

## Barriers

Not only is there an inadequate supply of affordable housing, but some neighborhoods do not want affordable housing at all. A billboard in Cary announces “no affordable housing in Cary.” The NIMBY (not in my back yard) attitude is prevalent in some places.

Some persons are much better suited to having their own space. According to one community leader, “Sometimes the most compliant, most sober, and most mentally healthy people have the hardest time in congregate living situations.”

## **Seniors**

All three community leader focus groups mentioned this population for more community attention, pointing out the growing number of seniors and the fact that they tend to be “a fragile population.”

## Service Needs and Barriers

Focus groups members said that the county’s seniors most need:

- Transportation
- Access to primary care
- Physicians who specialize in geriatrics and are well acquainted with diseases prevalent among this age group
- Treatment for depression and substance abuse which, while not always acknowledged, are quite common among seniors
- Supportive housing.

Another community leader focus group added that middle aged adults are sometimes “thrust” into caring for elderly parents and do not know where and how to find resources. Until they are forced to deal with this situation, these children of aging parents do not seek out services so feel overwhelmed when the situation arises.

Barriers to serving seniors are:

- Lack of comfort in the presence of some behaviors common among the elderly
- Inadequate supply of personal care assistants willing to come into homes that would allow some elderly to live independently. This job is physically demanding with low pay
- Not enough respite care services for caregivers
- Some seniors suffer from elder abuse and exploitation.

## **Veterans**

Information about veterans was gathered through their own focus group. This population was not identified by the community leader focus groups as a top subgroup needing more attention.

### Service Needs and Barriers

Veterans said their most important service needs include:

- Medical services, especially specialty care. Some use the Community Based Outpatient Clinic (CBOC) in McHenry for blood tests and basic testing, but most travel to Lovell Federal Health Care Center in North Chicago because CBOC services are limited
- Lack of smooth transition after military service discharge. Communication and benefits can be disjointed during this period. Two FG member cited problems with timing of education benefits through the GI bill
- Housing for homeless veterans
- Substance abuse/addiction counselors.

Other needed services include group activities for children of returned veterans, financial planning services post-discharge, an emergency fund for unexpected expenses (car repair, high utility bills). A Veterans' Court, which treats first-time offenses through counseling and structure instead of a criminal record, would be most welcome in McHenry County.

Focus group members mentioned the following factors that prevent veterans from using existing services:

- Agencies serving veterans do not always coordinate well with each other
- Awareness of services is sometimes limited. Often, they said, veterans learn about services incidentally like running into an acquaintance while shopping
- Transportation to medical care, including door-to-door pick-up service.

## **LGBTQ Population**

The LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning) population was named as a group needing more community attention by two community leader focus groups. In one group, the transgender population was the focus of discussion. According to one community leader, LGBTQ persons have no agency and no services dedicated to helping them. Yet, they are more visible now, "coming to the surface" in the words of another community leader. Centegra Behavioral Health, for example, sees far more persons with these issues than five years ago, likely due to growing social acceptance.

## Service Needs and Barriers

Most prominent among their needs are:

- Inadequate resources for help. One agency said that they offer services but do not broadcast this fearing they could not accommodate demand
- Educating personnel such as police, hospital, emergency medical technicians and first responders about how to deal with transgender persons and treat them with respect
- Local clinicians who can treat transgender persons with hormones, now available only in Aurora, Elgin and Chicago. Transport to these clinics poses problems for adolescents desiring these treatment regimens.

Foremost among barriers is inadequate training for providers to understand and help these persons along with the failure to recognize and feel comfortable with the transgender population.

## **Comparison to 2014 and 2010**

The top three groups named in 2016, that is:

- Persons with mental illness, substance abuse, disabilities
- Hispanic/Latino(a)s
- Low-income

were also the top three in both 2014 and 2010, although their relative position shifted. Persons with mental health problems, substance abuse, and disabilities claimed the top spot in 2016, whereas the Hispanic population was foremost in the 2014 and 2010. The homeless population was pointed out as needing more attention in 2016, but not mentioned in 2014, whereas underemployed adults were named in 2014 but not 2016.

Seniors, youth, and gay/lesbian persons were named among the top eight groups in both 2014 and 2016, though far more attention and discussion occurred about the LGBTQ population with specific mention of transgender persons in 2016 than in earlier studies.

## Chapter 4 MCHENRY COUNTY HEALTH AND HUMAN SERVICES

Three topics are covered in this chapter: an assessment of the health and human services delivery system, experiences with local services and agencies, and reactions to the Affordable Care Act and current Medicaid program. Focus group members, both target populations and community leaders, were asked how well the McHenry County health and human services delivery system works by describing strengths and weaknesses, gaps in services, barriers that keep residents from using services, and operational limitations to sustainability. Target populations talked about their experiences with local organizations. Both target populations and community leaders discussed the impact of the Affordable Care Act, though from different perspectives, that is as consumers and providers. Target populations were asked about seeking health care for persons using Medicaid.

### **Strengths of the Health and Human Services Delivery System**

Health and human services organizations offer a wealth of services and have more resources than are available in many other counties. There is good leadership across the system with social service providers who are committed to their work. Collaboration characterizes the delivery system environment. Strong relationships and interactions occur among the organizations, though not to the degree of integrating services.

Several organizations were mentioned by name:

- Family Health Partnership is a “valuable asset,” serving a large volume of uninsured patients despite not receiving any federal funds. FHP was praised by both community leaders and target population focus group members
- Two federally qualified health centers (FQHCs) serve county residents and are located at either end of the county: Harvard Area Community Health Center and McHenry Community Health Center (part of the Greater Elgin Family Care Center)
- McHenry County Mental Health Board has resources, works effectively at distributing funds to an array of service providers, and maintains connectivity among them.

Other strengths:

- Local hospitals have affiliated with or been acquired by larger health systems which should add services
- Local churches help with PADS for homeless persons. The PADS shelter is open October through April
- 2-1-1 information and referral, though not all residents know about this contact line
- All three local health systems accept TriCare insurance. Veterans appreciate this.

### **Weaknesses and Gaps**

When asked about weaknesses and gaps in the health and human service delivery system, two issues generated the most focus group discussion:

- Lack of dental services for low-income, uninsured and Medicaid persons. Most local dentists do not accept Medicaid patients, especially adults. As one of the only dental

providers serving the low-income, the Woodstock Cooperative Dental Clinic recently closed. Two focus groups mentioned this problem as did a community leader group

- State budget problems have curtailed some services and eliminated others. Due to this lack of funding, one service provider described her role as “putting the finger in the dike.” As a result, some agencies end up dealing with crises they are not equipped to handle

According to focus group members, additional weaknesses or gaps in the delivery of local health and human services are:

- A disconnect occurs between social service providers and hospital/health systems about disease management and population health. Local health systems demonstrate little interest and limited involvement in prevention.
- Lack of an integrated health record among agencies serving the same patient. This was mentioned by the Mental Health Board. Without this integrated record, accountability and efficiency are jeopardized.
- Not enough providers for the underserved. This includes primary care practitioners so persons resort to using the emergency department for routine health problems. The low-income population also lacks specialty care.
- Delivery of care occurs as a two-class system, one level for persons with health insurance or able to pay and another for uninsured and persons on Medicaid. In the words of one focus group member, “the local health system is good for people with money.” Another said that doctors treat them differently if they are on “the medical card.” Some undocumented residents do not seek care because of fear of deportation.
- A stigma is attached to using health department services.
- Inadequate communication and awareness about available services among agencies and people who need services. This was mentioned overall and specifically for agencies serving veterans.
- Limited structure and integration of services for children of veterans
- Insurance-related issues, such as facility charges for hospital services.

### **Barriers that Keep People from Using Existing Services**

Even if services are available, certain barriers prevent local residents from using them. The most frequently named barrier, as cited by every target population focus group, was inadequate public transportation to health services and treatment centers. No routes connect service providers. While Centegra recently opened a new hospital in Huntley, no bus service goes to this facility, according to focus group members. The veterans say that no effective transportation system serves them adequately, due in part to the absence of a door-to-door pickup service needed for veterans with disabilities.

The second most-often mentioned barrier was language. There are not enough bilingual providers for health, dental and mental health services. Sometimes Hispanic adults resort to using their children for translation but this is awkward, embarrassing, and unsuitable in many cases.

Lack of awareness and information about available services was also mentioned as a barrier. Without knowledge about services among both service providers and local residents, those services will not be used.

## **Operational Barriers to Sustainability of Health and Human Services**

The state budget problems are seriously affecting local organizations' ability to provide services. Without state funding, cutbacks have occurred and services eliminated altogether during the past 18 months of this crisis. Agencies that have been able to maintain their level of offerings during this period are to be commended. Given government funding shortfalls, some organizations are seeking private grant monies, meaning more competition for those funds. A related issue is the strong anti-tax movement that exists both locally and nationally. These funding and political issues are jeopardizing the health department and could have long-term negative effects on provision of core services. Some County Board members do not support the health department.

Agencies that depend on volunteers are witnessing "volunteer fatigue." The PADS homeless shelter has suffered because churches have pulled out of this program. Fewer millennials volunteer than older adults.

## **Comparison of 2016 with 2014 and 2010**

While similar strengths, weaknesses, and gaps were named in all three years, the improved situation with delivery of mental health services stands out in 2016. Following the closing of Family Services and the Community Mental Health Center, the Mental Health Board was reorganized and placed under the direction of several interim executive directors. A sense of instability and working in "silos" was evident in community leaders' remarks in 2014. In 2016, the Mental Health Board is praised for its leadership, effective distribution of resources, and networking efforts among the agencies they fund.

Family Health Partnership's move to Crystal Lake, coupled with expanded services at Harvard Area Community Health Center and McHenry Community Health Center, appear to have improved access to primary health care for the low-income population.

State budget woes continue to threaten local organizations' ability to offer services. Public transportation to health services does not seem to have improved in the county.

## **Experiences with Local Health/Human Services and Agencies**

Members of the five target population focus groups were asked whether they had used any service or contacted any agency during the past year. The following list shows those mentioned. Specific comments about the ease of use and helpfulness of staff are described in the focus group minutes (Appendix B).

Services and agencies used by focus group members are:

- Family Health Partnership, Crystal Lake
- McHenry Community Health Center (part of Greater Elgin Family Care Center)
- Harvard Area Community Health Center
- Rosecrance
- Pioneer Center
- NAMI (National Alliance on Mental Illness) - McHenry County
- McHenry County Department of Health

- Woodstock Cooperative Dental Clinic
- Centegra Health System
- TLS (Transitional Living Services)
- Aunt Martha's, Carpentersville
- Veterans Assistance Commission
- Turning Point
- Home of the Sparrow.

In two focus groups, persons with mental illness/disabilities or their parents and veterans, several focus group members relayed experiences with crises or help lines that were not handled promptly or efficiently. Mention was also made of extremely long waits through the Illinois PUNS (Prioritization of Urgency of Need for Services) for services for persons with developmental/intellectual disabilities.

### **Impact of Affordable Care Act**

For the most part, community leaders agree that the Affordable Care Act (Obamacare) is beneficial for two reasons 1) more people have coverage thanks to Medicaid expansion and insurance purchased through the state's health insurance exchanges, and 2) eliminating the preexisting-conditions clause for obtaining insurance. On the other hand, fewer providers/insurance companies (such as Aetna) are participating in the state's exchange due to the excessive administrative burden, community leaders said. This means patients covered by those insurance plans have difficulty finding care and may need to change providers when their providers no longer participate. This is especially hard on patients with chronic diseases. Furthermore, under some plans especially the more affordable ones, deductibles are high enough that "patients may as well be uninsured."

The delivery system under the Affordable Care Act, one community leader stated, is confusing for patients and providers. Members in the target population focus groups concur. Premiums through the state's health insurance exchanges are "ridiculously expensive," one woman remarked and she had to travel further for care. Her husband runs a small private business and her family struggles to pay the monthly premiums, not to mention the \$10,000 deductible and 30% co-pay which will be charged when she delivers her baby. Because most of the Hispanics in the focus groups are undocumented they do not qualify for insurance through the Affordable Care Act and veterans have other coverage.

### **Effects of Coverage through Medicaid**

Focus group members who use Medicaid find that some doctors who accept Medicaid only take a limited number of patients so choice of provider is limited and some tests/procedures are not covered. They now have to travel farther for services. Because immigration status is not a condition for AllKids, the children's Medicaid program reaches more children in McHenry County than adults.

## Chapter 5 HEALTH PROBLEMS AND CHALLENGES TO HEALTHY LIVING IN MCHENRY COUNTY

Two questions asked focus groups about the ability to live healthfully in McHenry County. Included in focus group discussions of both target populations and community leaders, one question asked “What makes it difficult to live a healthy lifestyle in McHenry County?” The second question, directed to target populations only, was “What are the biggest health and human needs/problems facing this community today?” As a supplement to focus group discussion of community leaders, they completed a one-page assessment of problems that included diseases/conditions, health services, and other health factors.

### **Challenges to Living a Healthy Lifestyle**

According to focus group members, both target populations and community leaders, the county’s foremost obstacle to healthy living is the lack of transportation. This affects almost every aspect of life for the low-income population, from employment to health care to food shopping to involvement in their children’s education. The county’s infrastructure is designed for persons with their own vehicle, a community leader stated. Another transportation issue is the public’s resistance to roundabouts which have proven to be safer than intersections. There also should be more bike paths, bike lanes and connections among them. The addition of more sidewalks would promote walking.

Other challenges to healthy living in McHenry County are:

- Misuse of opioids and greater prevalence of heroin use
- Lack of awareness of existing services
- Water resources (quantity) threatened in southeast corner of county; chloride levels up affecting water quality
- Affordable housing
- Non-profits are suffering due to lack of support.

Mention was also made by a community leader that diet and lifestyle are the most important contributors to prevention. A target population focus group member said that we make choices that determine whether we are healthy or not.

Challenges to specific focus groups were also stated. For veterans with disabilities, there is an absence of adaptive recreational activities, fitness centers typically do not offer discounts, and most activities take place during working hours – all factors that impede their ability to maintain a healthy lifestyle. Low-income mothers asked for more farmers’ markets. Hispanics mentioned that discrimination exists, especially at work.

A question was asked about challenges in 2014, however, that question was broader and did not limit challenges to those dealing with healthy living as was true in 2016. In 2014, key informants named foremost challenges facing the county as transportation needs focused on improving public transit; economic growth, job creation and retention; environmental protection; and affordable housing.

## Biggest Health and Human Needs and Problems Facing the Community

Target population focus groups were asked to describe the biggest health and human service needs and problems in the county. Beginning with the most-often named needs/problems, they are:

- Dentists to serve the low-income population, especially those on Medicaid. Most dentists in the county do not accept this form of insurance. Those who do generally restrict their Medicaid patients to children only. Adults on Medicaid are almost entirely without dental care. Pediatric dentistry is a big need
- Mental health care, specifically counseling for persons either diagnosed or undiagnosed with mental illness that are on Medicaid. The Hispanic focus group addressed the lack of help for mental health problems in their population
- Language barriers of the Hispanic population for many types of care but most importantly, mental health and dentistry
- Heroin use in the county.

## Ratings of Health Conditions, Services and Related Factors

At the end of the three community leader focus group sessions, each focus group member was asked to rate health conditions, health services, and other factors on a four-point scale indicating severity of the problem in McHenry County. This assessment was intended to complement focus group discussion and quantify the community leaders' perceptions of these issues as they affect the county. See Appendix C for assessment instrument.

Declaring two issues as major problems in the county by more than half of community leaders are prescription misuse (55.6%) and drug abuse (51.9%); obesity is considered a major problem by 44.4% (Table 5.1).

Table 5.1  
RATINGS OF HEALTH CONDITIONS IN MCHENRY COUNTY: 2016

Health Condition	Percent of Respondents (n=27)				No answer	Mean <sup>1</sup>
	Severity of Problem					
	None	Minor	Moderate	Major		
Anxiety/panic disorders	0.0%	22.2%	33.3%	18.5%	25.9%	2.95
Asthma	0.0%	29.6%	40.7%	0.0%	29.6%	2.58
Cancer	0.0%	14.8%	51.9%	7.4%	25.9%	2.90
Dementias	0.0%	11.1%	48.1%	14.8%	25.9%	3.05
Depression	0.0%	0.0%	40.7%	33.3%	25.9%	3.45
Diabetes	0.0%	3.7%	37.0%	29.6%	29.6%	3.37
Heart disease or stroke	0.0%	14.8%	29.6%	22.2%	33.3%	3.11
Obesity	0.0%	11.1%	25.9%	44.4%	18.5%	3.41
Respiratory illness	3.7%	18.5%	44.4%	7.4%	25.9%	2.75
Sexually transmitted diseases	0.0%	18.5%	40.7%	11.1%	29.6%	2.89
Alcohol abuse	0.0%	3.7%	37.0%	37.0%	22.2%	3.43
Drug abuse	0.0%	0.0%	29.6%	51.9%	18.5%	3.64
Prescription misuse	0.0%	0.0%	25.9%	55.6%	18.5%	3.68
Tobacco abuse	0.0%	18.5%	48.1%	14.8%	18.5%	2.95

<sup>1</sup>Scale from 1=not a problem to 4=major problem.

When using mean scores which summarizes all levels of severity in a single number, prescription misuse and drug abuse again top the list of problems. Showing very similar means, depression, alcohol abuse, obesity, and diabetes rank third, fourth, fifth and sixth, respectively.

Table 5.2  
RANK ORDER OF HEALTH CONDITIONS: 2016

Rank	Health Condition	Mean <sup>1</sup>
1	Prescription misuse	3.68
2	Drug abuse	3.64
3	Depression	3.45
4	Alcohol abuse	3.43
5	Obesity	3.41
6	Diabetes	3.37
7	Heart disease or stroke	3.11
8	Dementias	3.05
9	Tobacco abuse	2.95
10	Anxiety/panic disorders	2.95
11	Cancer	2.90
12	Sexually transmitted diseases	2.89
13	Respiratory illness	2.75
14	Asthma	2.58

<sup>1</sup>Scale from 1=not a problem to 4=major problem

The availability of substance abuse services was judged to be a major problem by 51.9% of community leader focus group members, followed closely by mental health services (48.1%). Mean scores produce similarly high scores for poor availability of these two types of services with dental care ranked third highest though quite a bit lower (Tables 5.3 and 5.4).

Table 5.3  
RATINGS OF HEALTH SERVICES AVAILABILITY IN MCHENRY COUNTY: 2016

Type of Health Service	Percent of Respondents (n=27)					Mean <sup>1</sup>
	Severity of Availability as a Problem				No answer	
	None	Minor	Moderate	Major		
Dental/oral health	0.0%	18.5%	29.6%	33.3%	18.5%	3.18
Mental health	0.0%	3.7%	37.0%	48.1%	11.1%	3.50
Substance abuse	0.0%	0.0%	33.3%	51.9%	14.8%	3.61
Primary health care	0.0%	29.6%	18.5%	29.6%	22.2%	3.00

<sup>1</sup>Scale from 1=not a problem to 4=major problem.

Table 5.4  
RANK ORDER OF HEALTH SERVICES AVAILABILITY: 2016

Rank	Availability of	Mean <sup>1</sup>
1	Substance abuse	3.61
2	Mental health	3.50
3	Dental/oral health	3.18
4	Primary health care	3.00

<sup>1</sup>Scale from 1=not a problem to 4=major problem.

Among other health factors, two stand out for extremely high proportions of community leaders saying they are major problems: affordable housing (77.8%) and public transportation (70.4%). Mean scores also reflect the severity these two problems in the county. Much lower, but coming in at third place, is employment opportunities. Environmental issues and crime/violence/safety are rated similarly, while education is believed to be the least severe as a problem of the six factors (Tables 5.5 and 5.6).

Table 5.5  
RATINGS OF HEALTH FACTORS IN MCHENRY COUNTY: 2016

Health Factor	Percent of Respondents (n=27)					Mean Score <sup>1</sup>
	Severity of Problem				No answer	
	None	Minor	Moderate	Major		
Affordable housing	0.0%	0.0%	18.5%	77.8%	3.7%	3.81
Crime, violence, safety	7.4%	55.6%	22.2%	3.7%	11.1%	2.25
Education	18.5%	44.4%	29.6%	0.0%	7.4%	2.12
Employment opportunities	0.0%	33.3%	51.9%	14.8%	0.0%	2.81
Environmental issues	3.7%	55.6%	25.9%	3.7%	11.1%	2.33
Public transportation	0.0%	3.7%	25.9%	70.4%	0.0%	3.67

<sup>1</sup>Scale from 1=not a problem to 4=major problem.

Table 5.6  
RANK ORDER OF HEALTH FACTORS AS PROBLEMS: 2016

Rank	Health Factor	Mean <sup>1</sup>
1	Affordable housing	3.81
2	Public transportation	3.67
3	Employment opportunities	2.81
4	Environmental issues	2.33
5	Crime, violence, safety	2.25
6	Education	2.12

<sup>1</sup>Scale from 1=not a problem to 4=major problem.

Figure 5.1  
RATINGS OF HEALTH CONDITIONS IN MCHENRY COUNTY: 2016

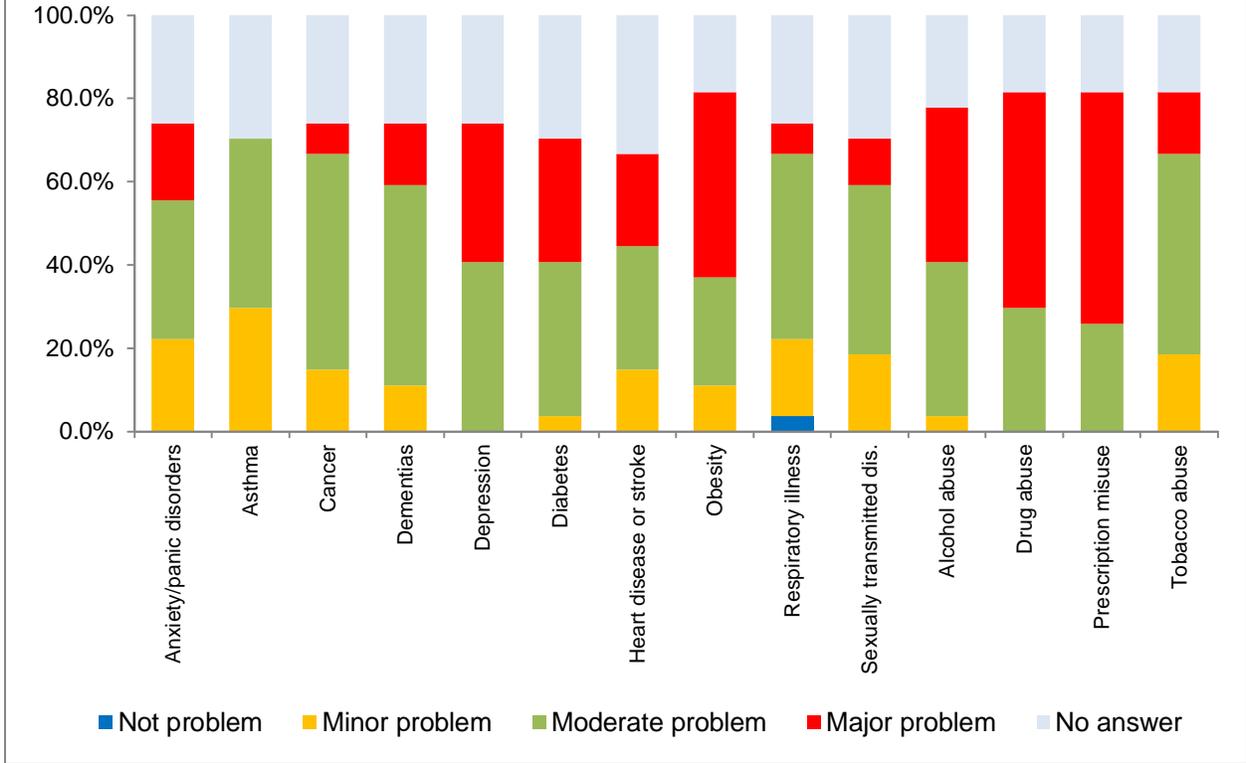


Figure 5.2  
RATINGS OF HEALTH SERVICES IN MCHENRY COUNTY: 2016

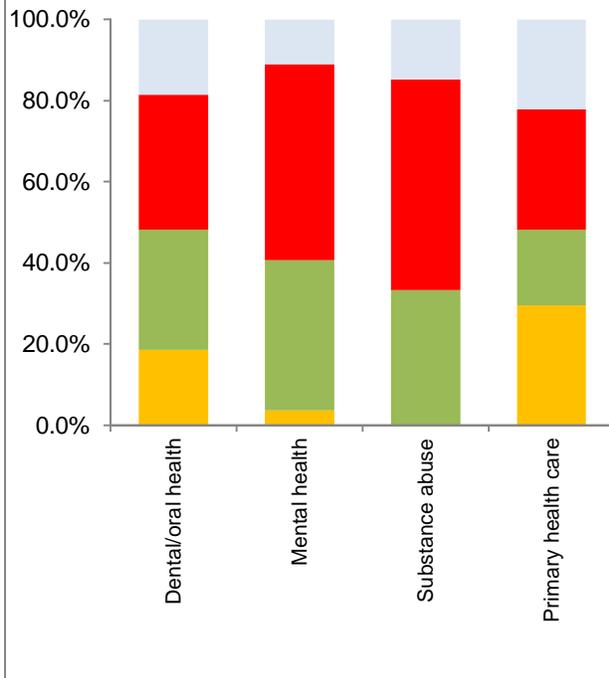
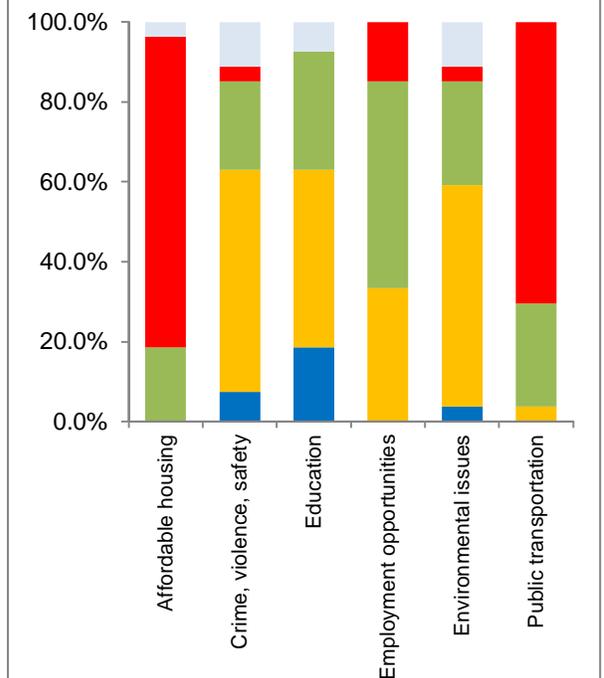


Figure 5.3  
RATINGS OF HEALTH FACTORS IN MCHENRY COUNTY: 2016



Appendix A

## FOCUS GROUP QUESTIONS

MCHENRY COUNTY HEALTHY COMMUNITY 2016  
FOCUS GROUP QUESTIONS FOR COMMUNITY LEADERS

This focus group is being held to talk about community needs and, particularly, your views about local health and human services. You are invited to take part because you are in a position of leadership, are responsible for the provision of these services, or are regarded as a knowledgeable community “expert”. Your participation is entirely voluntary. We are recording this session and will also write up notes about our discussion. No focus group member or his or her comments will be identified in the report or minutes.

- Introduction of focus group participants with
  - name, position, organization
  - population groups served by your organization
  - brief description of services provided by your organization
  
- What are the best aspects of
  - living in McHenry County?
  - working in McHenry County?
  
- Overall in McHenry County, which population groups would you say are in the greatest need of more community attention? For each group named
  - What are their major needs?
  - What evidence do you see of their needs?
  - What are barriers to services for this group?
  - What services
    - are now available for this group?
    - should be expanded or improved in the way they are delivered?
  
- Now, we will discuss how well the McHenry County health and human services delivery system works.
  - Strengths
  - Weaknesses
  - Gaps in services
  - Examples of duplication, inefficiencies
  - Barriers that keep people from using existing services
  - Operational barriers to sustainability of health and human service organizations (e.g., state budget cuts). What are the current and short term effects?
  - Impact of Affordable Care Act?
  
- What are the challenges to a healthy community in McHenry County?  
(Do not state but nudge if needed – transportation, job development/retention, environmental issues, growth and development, education)
  
- Follow up with request for written submission of perception of leading health problems needing more community attention.

MCHENRY COUNTY HEALTHY COMMUNITY 2016  
 FOCUS GROUP QUESTIONS FOR TARGET POPULATIONS

This focus group is being held to talk about community needs and your experiences in getting health and human services. You are asked to take part because you know about these services in McHenry County. I encourage you to respond to questions, however, participation is entirely up to you. The focus group will last about one hour. We are recording this session and will also write up notes about this discussion. No focus group member or his or her comments will be identified in any way in the report or minutes.

- What do you like about living in McHenry County? Dislike?
- What types of services are most needed by members of your group?
- What important services are missing?
- Have you used any service or contacted any agency in the past year? If so,
  - Was the service easy to use?
  - Was the staff helpful?
  - Did the agency help you?
- What are the biggest health and human needs/problems that this community faces today?
- Based on your experience or knowledge, how well do you think the McHenry County health and human services delivery system works?
  - Strengths?
  - Weaknesses?
  - Gaps in services (besides those already discussed)?
  - Barriers that keep people from using existing services?
- Has the implementation of the Affordable Care Act affected you or your family members? If so, how? (e.g., what doctors you see, where you go for care, how far you must travel, wait times, premiums, co-pays/deductibles)
- Do you or any member of your family use the “medical card” (Medicaid/Public Aid)? If so, how has your Medicaid (health) plan care affected how and where you receive services?
- What makes it difficult to live a healthy lifestyle in McHenry County?
- Anything else you want to tell us?

Appendix B

## FOCUS GROUP MINUTES

# COMMUNITY LEADERS

Focus Group: Community Leaders  
Location: McHenry County Department of Health, Woodstock  
Date: August 16, 2016

This focus group (FG) was comprised of 11 community leaders and agency directors. Discussion was led by Jim Powers with notes taken by and written up by Deborah Lischwe. An audio of the discussion was also made.

The focus group began with an introduction of focus group members including a brief description of the organization they represent.

*What are the best aspects of living in McHenry County?*

Focus group members mentioned that local organizations and people have a commitment to one another and the environment. A “shared value of community” exists with actions that support that sentiment. There is the desire to do well that translates into a healthier place for all residents, such as the ban on leaf burning which improves respiratory health. One FG member noted that McHenry County is regarded as the most active in the state with regards to care of the environment and “critters.” The abundance of green space coupled with an emphasis on conservation and preservation was cited as another plus. The small town atmosphere is felt to be a positive aspect of living in McHenry County. This is enhanced by the proximity of the county to large urban centers, specifically Chicago and Milwaukee, for cultural activities. Two FG members expressed their perception that two populations, Hispanics and transgender persons, feel a level of acceptance in their communities for the most part. The English Language Learning programs in the schools help children assimilate.

*What are the best aspects working in McHenry County?*

Organizations are aware of each other and work well together. There is a spirit of collaboration rather than competitiveness which has deepened working relationships among agencies. The social network of professionals strong. While some residents feel that the county is conservative and closed, the experience of one FG member who has been working in the county for the past year runs counter to that perception.

The workforce is qualified and ample, according to one FG member. McHenry County College provides good training for numerous professions. Usually, the pool of applicants for local jobs is good. Furthermore, local public schools are top-notch. They are innovative and push kids.

Planning also appears to be carried out in a comprehensive way. For those with cars, it is easy to get around in McHenry County. Metra provides ready access to places connected by the train lines.

*Overall in McHenry County, which population groups would you say are in the greatest need of more community attention? For each group, what are their major needs? What evidence do you see of their needs? What are barriers to services for this group? What services should be expanded or improved in the way they are delivered?*

### Persons without Cars

The county has witnessed a significant increase in the number of people who do not drive. Yet, there are limited resources for those people, a group whose members are typically also part of other subgroups (such as low-income and homeless). They need access to health care and employment. After-business-hours public transport is essentially non-existent.

The county's infrastructure was designed for persons with their own vehicles. The willingness to invest more in broadening public transport is lacking. While public transport options exist, especially McRide which is the backbone of intra-county transportation system, awareness of this service is lacking. PACE and Dial-A-Ride were also mentioned. Others commented that getting the word out to the general public about current services is difficult because the county resides within the Chicago market for advertising, so much information is relayed by grass roots. Focus group members see evidence of the needs when they see these people without cars waiting for long periods at bus stops or walking long distances between towns with their possessions in tow, sometimes during the cold winter months. Barriers are the lack of ready transport to meet their daily needs. Local organizations are not set up to deliver services for persons who are dependent on others or public transportation to get around.

### Homeless Persons

Homeless persons need affordable housing. A homeless subgroup which needs services is youth who have no homes, many of whom have mental health or substance abuse issues. There is no year-round shelter for homeless persons, though PADS (Public Action to Deliver Shelter) does operate through local churches. One may witness these persons who walk down Jackson Street (Woodstock) or between towns during the night, carrying their stuff. A count of the homeless persons carried out earlier this year put their number at 100. Tent communities are set up by these persons.

A significant barrier is that some neighborhoods do not want affordable housing. A billboard in Cary announces "no affordable housing in Cary." There is a very good model now in operation in Woodstock called the Homeless Outreach Center which is open two days a week and features on-site social service providers. Twelve persons are housed here and 120 people have received services.

### Seniors

The senior population has multiple needs including transportation, access to primary care and treatment for depression, according to a focus group member who works with this population. Another FG member commented that many middle aged adults are "thrust" into caring for elderly parents and do not know where and how to find resources. He admitted that until children of aging parents are forced to deal with this situation, they do not seek out these services so feel overwhelmed when the situation arises. Among the barriers to help elderly persons who wish to live independently is the lack of personal care assistants willing to come into their homes. The hard work required coupled with the low wage makes this occupation unattractive so the supply is low.

Senior Services is a portal for services for this group, said one FG member. Another remarked that the most difficult group to recruit for outreach to this population is the faith community.

### Persons with Substance Abuse

Focus group members commented on the growing magnitude of substance abuse in the county, particularly heroin addiction. Awareness and discussion of these problems need to happen including making sure parents recognize the signs of substance abuse in their children. The overuse of opioids was blamed in part for the rise in heroin use. The McHenry County Substance Abuse Coalition is working with primary care physicians to stimulate awareness and recognition and collect data.

A leading barrier to dealing with this issue among adolescents is the “not my child” view that many parents have, not realizing the occurrence and extent of abuse in their own home. Furthermore, there are not enough psychiatrists, especially adolescent psychiatrists, to address substance abuse.

On a hopeful note, one FG member remarked that local data show a dramatic decrease in the number of suicides with 15 recorded to date in 2016, compared to 40 for the same time period in the past several years. He hopes the awareness and efforts by organizations to address suicide have contributed to this decline.

### Transgender Persons

A leading need is educating personnel such as police, hospitals, emergency medical technicians and first responders about how to deal with the transgender population and treat them with respect. This is especially important for adults who have a harder time coming to grips with transgender persons than youth who are more comfortable with them. Secondly, there should be local clinicians who can treat transgender persons with hormone regimens. Currently, such providers are found only in Aurora, Elgin, and Chicago (“Open Door”) which poses transportation barriers, especially among youth, who want to access these services. The failure to recognize the need and lack of comfort in dealing with transgender persons were stated as major barriers for this group.

### Latino Population

According to a FG member, there is “blatant discrimination” toward this population, citing the fact that county board members refer to them as “those people.” Their needs include a better command of the English language to facilitate communication with non-Spanish speakers. In some cases, women do not learn the language because culturally the man speaks for the household. Another major need is more bilingual providers. FG members talked about the difficulty in finding social service providers who are fluent in Spanish. Sometimes families rely on their children to translate when services are provided.

### People with Special Needs (Mental Illness, Developmental Disorders)

FG members mentioned the problems encountered by persons with developmental disorders, such as autism, when they “age out” of school services at 21. At that time, these adults who have received decent services during the school years are faced with limited housing options and still require life skills training. Moreover, they are now living longer and may have worked in day training programs for most of their working life. As they approach retirement, there are

basically no transitions for them. Many have never lived independently; they have resided with their parents who are now too old to care for them. Life-planning is needed for these persons, earlier rather than later. Another problem among this population is the lack of day care for school-age students with developmental disabilities during the after- regular-school hours. This generally means that these students' parents cannot work outside the home because they must provide that care themselves.

*How well does the McHenry County health and human services delivery system work?  
Strengths/Assets*

1. Because of a 1969 state statute, associations for special districts were allowed and could obtain tax-generated funding. This enabled the creation of recreation programs for persons with special needs which has, in turn, produced a wealth of activities for them. Illinois leads all other states in providing these services. The Mental Health Board was also created based on this state statute and receives tax funding accordingly. Consolidation of government entities may pose challenges for the continuation of these initiatives.
2. A wealth of services and programs operate in the county if you know how to find them.
3. The 2-1-1 information and referral line exists but many do not know about it.
4. Churches have helped with the PADS program which provides shelter for homeless persons between October and April.

*Weaknesses*

1. Limited public transportation. For example, there is a new hospital in Huntley but no bus line runs to that facility.
2. Due to the state budget crisis, Illinois has defunded many services. Other services have been forced to find other funding during the past 18 months of the budget impasse.
3. There is a stigma attached to using health department services.

*Gaps*

A disconnect occurs between social service providers and the hospital/health systems about disease management and population health. The local health systems demonstrate little interest and limited involvement in prevention. A focus group member remarked that one local system was already on the Medicare Watch List due to readmissions of patients. The two health systems do not appear to like one another, said one FG member. Another mentioned the ambulance calls for detoxification – these patients are not adequately managed.

*Examples of Duplication or Inefficiencies*

The strong push within the county to collaborate has “pushed us out of our silos,” commented a FG member. Furthermore, funding bodies have discouraged duplication so the consensus was that little duplication occurs, though when it does, it is most likely beneficial in providing choices.

The example of public transportation was given. Some areas in the county are served by three or more systems while others have none. Still, progress has been made with seven dial-a-ride systems in the county, each with its own fare structure and hours of operation, merging into one, McRide. McRide has a master plan and much remains to be done, especially in the rural areas.

### *Operational Barriers to Sustainability of Health and Human Service Organizations*

First and foremost, the state budget cuts are affecting organizations to provide services. The fact that social services have been sustained during the 18 months without state funding is impressive.

Second, volunteer fatigue has set in, especially among church groups. PADS has suffered because churches have pulled out of this program. A FG member noted that we are not getting millennials involved, though they have more time constraints than older adults.

Third, organizations have become more reliant on private grant monies with government sources drying up. This means far more competition for those funds, plus there appears to be a smaller pool of money available for these grants. Furthermore, corporations are relying more on their own foundations to distribute funds than on community giving through organizations such as United Way.

Fourth, a strong anti-tax movement exists locally and nationally. Local residents and groups need to convey all the good that comes from tax-supported entities.

### *Impact of Affordable Care Act*

With the passage with the Affordable Care Act (ACA), some believe that government entities, such as health departments, are no longer needed because everyone is now insured. Another consequence has been the limited number of providers who accept insurance plans offered through the state exchanges. For providers, there are many hoops to jump through, sometimes meaning they no longer participate. Within the past week, Aetna, one of the insurance plans available through the Illinois exchange, announced its intention to drop out.

In the words of a FG member, whoever called the Act affordable should be shot. There is nothing affordable about these insurance products. His premiums doubled yet provided a much more limited scope of services than had been previously covered and far fewer choices of providers. Said another FG member, the ACA is “fracturing the threads of the safety net.”

### *What are the challenges to a healthy community in McHenry County?*

1. Water resources (quantity) are threatened especially in the southeast corner of the county. In terms of water quality, chloride levels are up
2. Transportation experts recommend the use of round-a-bouts at intersections for reasons of safety yet there remains local resistance to building these
3. Diet and lifestyle are most important for disease prevention.

Focus Group: Community Leaders  
Location: McHenry County Mental Health Board, Crystal Lake  
Date: August 25, 2016

This focus group (FG) was comprised of 12 community leaders and agency directors. Discussion was led by Jim Powers with notes taken by and written up by Deborah Lischwe. An audio of the discussion was also made.

The focus group began with an introduction of focus group members including a brief description of the organization they represent.

*What are the best aspects of living in McHenry County?*

Focus group members mentioned the small town atmosphere with a sense of community and a feeling of belonging that is suitable for family life as well as building and developing relationships. People are invested in the well-being of communities here, figuring out where the county is going and how to get there. The county's location also provides easy access to the big city.

*What are the best aspects working in McHenry County?*

There is a strong network of organizations and a breadth of available services to help people in need. Strong collaboration exists among providers. One FG member said that McHenry County is unique in its ability to work together, an atmosphere that is also characterized by cohesiveness and welcoming. Some mentioned the value of living and working in the same county which means shorter commute times and a deeper investment in the community. One FG participant said that recruitment of high level professionals is fairly easy given the attributes of living in McHenry County.

*Overall in McHenry County, which population groups would you say are in the greatest need of more community attention? For each group, what are their major needs? What evidence do you see of their needs? What are barriers to services for this group? What services should be expanded or improved in the way they are delivered?*

#### People in Need of Mental/Behavioral Health and Substance Abuse Services

These people need affordable care that is easy to access. Access is especially needed for psychiatry and substance abuse services including recovery-oriented transition care. There simply are not enough service providers for these areas. No adolescent or child inpatient psychiatric unit is located in the county and the number of psychiatrists practicing locally has dropped in the past five years. Said one FG member, "We ship people who need inpatient care to Waukegan or other places in the state, waiting and praying that a bed is or will be available." Patients face many hurdles in getting into the system. With specific reference to recovery-type services such as peer-support and employment, the past five years have seen funding for these resources shrink markedly.

Increasingly, domestic violence is tied in with mental health and substance abuse, far more common now than a decade ago.

Evidence of these access issues are 1) repeat emergency room admissions when primary care is the type of care needed, and 2) police reports of persons who are picked up because of complaints and perceived dangers. Several FG members said they now see more “families on the edge” than ever before.

Barriers include affordability and limited awareness of services. There is a wide gap between police and patient services which could be bridged with a patient navigation system. Two FG members mentioned the importance of having a social worker as part of the police force. Another barrier is the fact that mental health is not talked about openly. When people have a physical health condition, say cancer or cardiac or joint problem, they tell others and receive support and suggestions; such openness even draws people into certain professions (orthopedists, oncologists). This does not happen with mental health which “falls to the bottom” on the health care ladder. The outcome is fewer providers and ultimately reduced care.

Other barriers include the geographic spread of the county putting long distances between care and people in the rural areas such as Marengo, Harvard and Wonder Lake who can become quite isolated. In addition, some agency policies put up barriers about movement into and around the system. There also remains siloing with some agencies holding onto patients for whom other services may be more suitable. Another barrier is the lack of cultural competence among providers who are not aware of cultural differences particularly in the Latino population. Inability to communicate in Spanish exacerbates the situation.

### Homeless Persons

Their most basic need is affordable housing. After this, the causes for the homelessness need to be addressed including preparing them to not be homeless. The lack of shelter for this group reinforces their nomadic nature. Also important is the “harm reduction” perspective that recognizes the cycle of abuse.

A foremost issue of congregate living is safety. Sometimes, the most compliant, most sober and mentally healthy people have the hardest time in congregate living situations. Congregate living does not suit all homeless persons; some need their own space.

The barriers are the limited options for affordable housing in the county. Contributing to this problem is the NIMBY (not in my backyard) attitude prevalent in some areas.

### Latino Population

One FG member pointed out that Latinos tend to keep to themselves so we do not have a good understanding of their needs. There is no infrastructure to engage them which is compounded by the language barrier. One FG member acknowledged that this population is “not adequately served in our organizations.”

Bilingual providers and social service workers are in such high demand that few organizations have enough to assure adequate communication with the Latinos. Moreover, most providers do not have a good grasp of the cultural differences among this population so do not relate in a culturally competent way.

Among their leading health problems is diabetes which is more prevalent among Latinos than in the general population.

### LGBTQ Population

These persons (lesbian, gay, bisexual, transgender, queer) have no services to address and meet their needs. There is no agency to which to refer them. Turning Point offers some help but does not broadcast the availability of these services because they could not accommodate the demand. Centegra Behavioral Health sees many more persons with these issues than was true five years ago, likely due to the growing social tolerance. "They are coming to the surface," said a FG member. Barriers include inadequate training for providers to understand and help these persons.

### Children and Adults with Developmental and Intellectual Disabilities

Biggest needs for this population include supportive housing, a choice of providers, and employment opportunities. Barriers include long waiting lists (for housing, in particular), limited funding and political issues. One FG member pointed out that Illinois ranks 49<sup>th</sup> among states in the level of support for persons with developmental and intellectual disabilities. There are not enough qualified providers to work with these children and adults.

The Ligas lawsuit found that residents with disabilities are often inappropriately placed and are eligible for community-based care. When the lawsuit was filed, Mr. Ligas wanted to move to a smaller group home but the state would only pay for him to stay at a much larger facility (in Woodstock). Now there are 16 persons in McHenry County who may now legally get housing because of this lawsuit but there are no places for them in the county and they wish to remain here likely to be closer to family members.

### Victims of Domestic Violence

Many of these victims of domestic violence have behavioral and substance abuse issues; there is an entanglement between domestic violence and substance use, according to a FG member. People do not talk about this connection despite its commonalities. Housing is needed for some of the victims, but other on-site services need to be pumped in as well. Barriers include transportation, the stigma attached to domestic violence and economic constraints of the victims.

### Seniors

Seniors as a group are growing faster than any other age group to the point that they will "out-populate" the services available to them. The senior population has a broad spectrum of needs including the most basic such as food and transportation. They sometimes suffer from elder abuse, financial exploitation, and hoarding. Because of the high taxes on their homes, some fear losing their house. Seniors are, in the words of a FG member, "our most fragile population." She continued by saying they are the last group in the United States who are truly invested in this country and should be regarded as the "greatest Americans" because of their love and loyalty to this country.

Barriers are the lack of comfort many feel in the presence of certain behaviors common among seniors. Therefore, there should be training and support for providers to deal with these issues. Substance abuse and mental health problems plague many in this age group. There is a lack of

family engagement and funding for senior services. Transportation problems limit the accessibility of services for some seniors.

*How well does the McHenry County health and human services delivery system work?  
Strengths*

There is good leadership across the system plus strong relationships and interactions among organizations though not to the degree of integrating services. Collaboration characterizes the working environment and that collaboration is improving. McHenry County is also fortunate to have more resources than many other places. The sheer array of services, for example, funded by the Mental Health Board (MHB) is among the best in the state, attributed in part to the county tax-support that the MHB receives.

The health organizations' directors in the county are invested in their work and exhibit both passion and compassion in their intent to make a difference. Even though silos remain and some elements of care are "fractured," the local health services delivery system operates as a network, with the Mental Health Board cited as an example.

*Weaknesses and Gaps*

Funding, or more aptly, lack of funding stands as the major weakness. The demand for services exceeds the ability to respond. We are "putting our fingers in the dike," said one FG member. As a result, some agencies end up dealing with crises that they are not equipped to handle. Another example was the fact that the shelter cannot handle certain mental illnesses such as schizophrenia yet persons with these diagnoses land there.

Another prominent weakness is the lack of an integrated health record among agencies that serve the same patients, compounded by the lack of a coordinated intake/entry system or other system to enhance communication and tracking of clients. This was mentioned in reference to the 29 agencies funded by the Mental Health Board. "We should be following the no wrong door approach when people seek care, said one FG member. When patients do get care at one or more of the agencies, there is no centralized reporting system or database and no one to monitor those patients administratively. That means that tracking or oversight cannot happen which could cut down on "program hopping," would improve accountability, efficiency and effectiveness of interventions. There is, in fact, no way to obtain a single number of patients served since each agency records its own patient count yet many patients use multiple services.

Inadequate communication is also a weakness in that awareness of available services is not widely known among agencies or by the people who need the services.

*Operational Barriers to Sustainability of Health and Human Service Organizations*

The state budget cuts are severely affecting the ability of agencies to maintain their level of services. It is also important that the Mental Health Board leadership facilitates community planning initiatives and incentives to come together that will "move us out of our places." There are funding cuts and political issues that are jeopardizing the health department and could have long term negative effects.

### *Impact of Affordable Care Act*

Focus group members mentioned the following:

Huge increase in administration burden

- Disconnects between managed care organizations and service delivery
- Finding and accessing service providers by patients
- Providers are dropping out of health plans offered through the state exchange
- Many people remain underinsured but don't realize it. Their high deductibles make care unaffordable
- Patients must change providers depending on who is accepting their insurance. This is worse for persons with chronic conditions who need providers that are consistent and competent.
- The system is confusing for patients and providers.
- The Mental Health Board can use funds for uninsured people to get care, but legally cannot fund gaps in care for underinsured individuals.

### *What are the challenges to a Healthy Community in McHenry County*

The lack of an adequate public transportation system is especially hard on those living on the periphery of the county and in sparsely populated areas.

One FG member mentioned a survey conducted two years ago that indicated negative views of some mental health services. He did not feel these perceptions are warranted yet people persist in remembering them. The poverty in the county is not widely acknowledged. The lack of an adequate bilingual workforce was mentioned.

Awareness of services is not strong, though a FG member said we have to hear something 22 times before it sticks. Typically people do not pay attention until services are needed even if their availability is broadly publicized.

In McHenry County, misuse of opioids and greater prevalence of heroin use are threatening lives. Physicians who write the scripts are contributing to the local opioid epidemic. The McHenry County Substance Abuse Coalition is addressing this by training physicians about the dangers and situation in the county.

Existing land use patterns in the county do not promote active lifestyles. More bike paths, bike lanes and connections between bike trails would decrease isolation and encourage more physical activity, especially among young persons.

Focus Group: Community Leaders  
Location: Harvard Area Community Health Center, Harvard  
Date: September 15, 2016

This focus group (FG) was comprised of five community leaders. An additional FG member did not attend but provided written responses which have been incorporated. Discussion was led by Jim Powers with notes taken by and written up by Deborah Lischwe. The focus group discussion was recorded.

The focus group began with an introduction of focus group members including a brief description of their organization.

*What are the best aspects of living in McHenry County?*

A focus group member commented that McHenry County is family-friendly with many activities suitable for children and parents. Another agreed, saying “it’s a great place for families with young children” because most places are safe. Secondly, thanks in part to the active conservation district, much open space has been preserved in the county which lends itself to healthy lifestyles. One FG member, who moved to the county fairly recently, referred to “going back in time” and the historic aspects, especially in Woodstock. There is also easy access to major cities like Chicago and Milwaukee, both of which are within 75 minutes of McHenry County.

*What are the best aspects of working in McHenry County?*

Non-profit organizations work together better in McHenry County than in most places. This spirit of collaboration means there are “no significant turf issues.” The fact that local agencies collaborate well is recognized in other counties, especially by those contiguous to McHenry. One FG member who works but does not live in county said she has always felt welcome, saying “colleagues in the health-social service universe have always been open to working collaboratively.”

The Mental Health Board does a very good job in cultivating a sense of cohesiveness among the services they fund. The collaboration experienced among the non-profits is not the case, however, for hospitals which have “staked out their business” and do not wish to collaborate with each other.

*Overall, in McHenry County, which population groups are in the greatest need of community attention? What are their needs? What evidence do you see for their needs? What are barriers to services? What services should be expanded or improved in the way they are delivered?*

Even before discussing specific population groups, focus group members were unanimous in saying that existing public transportation is inadequate throughout the county. This affects most of the disadvantaged groups in the county, especially the low-income population.

## Hispanics/Latinos

Most of these persons are low-income. Many are migrant and seasonal farmworkers, who are essentially a hidden population to the population at large.

In McHenry County, the Hispanics are a fairly young demographic, that is they are first generation folks, newer to this country and not well established. That means there are not many Hispanic adult role models who live in the county, unlike in Elgin where many Hispanics are third-generation. No base exists for generational mentors so leaders for this population group are not yet “organic.” Focus group members said that Hispanics as a whole do not appear to value education nor do they really know their needs. They are not aware of their rights and do not wish to draw attention so sometimes tolerate egregious work situations. Major needs are poor access to health care including mental health and dental care, especially for advance treatment of adults who are insurable. Leading health problems are diabetes and cardiovascular disease.

One FG member remarked that some local residents are not pleased with the Hispanics’ presence in the county, nor are they comfortable dealing with them.

They need better public transportation options, especially in the greater Harvard area said one FG member.

Barriers are financial, language/cultural and lack of health insurance. It’s important to understand language and cultural factors, such as foods. There has been improvement in cultural competency but we “still have a long ways to go.” There are very few bilingual providers including mid-level providers. There is also the fear of deportation among Hispanics. Perhaps most of all, they need help in navigating the health care system and knowing what services are available.

There needs to be more opportunities to “move up the ladder, job-wise” for the Hispanic population.

Existing services to the low-income Hispanic population include primary care for those who can access the Harvard Area Community Health Center (HACHC), health outreach from peer health promoters and WIC/Family Case Management. Services that should be expanded includes dental care for uninsured adults. Currently, HACHC limits adult dental services to emergency treatment only.

## Seniors

Transportation needs among this group are HUGH. Secondly, there are not enough respite care services for caregivers because economic pressures force many families to care for the elderly themselves. A third need is supportive housing. The cost of staying in one’s own home can be expensive, but where do they go if that cost becomes unaffordable? A fourth need is doctors who specialize in geriatrics and who are well acquainted with the diseases that are more prevalent among this age group. This includes mental health conditions as the geriatric population has significant mental health issues. Family Alliance did a good job with assisting elderly but financial pressures have put them out of business. Health care is a fifth need among seniors.

### Underserved Population (Uninsured/Medicaid Persons)

Medicaid expansion through the Affordable Care Act was good for the state (and state residents) but there are not enough primary care providers in McHenry County who accept these patients. As quoted from Dolly Parton, “you can’t put ten pounds of potatoes in a five-pound sack.” Many of the newly qualified Medicaid recipients “might as well be uninsured,” said one FG member. Another mentioned that many people who obtained insurance through the state health exchanges have plans with very high deductibles.

Barriers for this population include:

- Government says groups, such as churches, should help this population but churches do not talk to each other (“like our hospital systems”) in this county; they provide no coordinated approach
- There is a different philosophy about our responsibilities to one another, says one FG member who feels “we should keep all people at a certain level”
- Health literacy is limited
- McHenry County communities have many people who have moved in from much larger cities. In this way, the concept of communities is “new” to them and they do have experience in building community nor value its importance.

### People with Mental Health Issues

Focus group members acknowledged that mental health services are quite good in McHenry County relative to other counties. Never the less, there are some major needs:

- Psychiatric care - Family Services closure carved out a huge hole in the availability of this type of care
- More group homes for persons with mental illness and developmental disabilities. As these persons age into adulthood, especially the developmental disabled population, there are no facilities for them. Many are in their 40s which means their parents are in the 60s and older, not physically able to care for them
- A stigma is attached to mental illness.

Barriers resemble needs with an inadequate supply of psychiatrists, which a focus group member identified as a “capacity issue.” Another mentioned that Horizons is working on this problem in conjunction with Rosalind Franklin Medical School.

Evidence of the stigma associated with mental illness is the fact that too many persons in the county self-medicate instead of seeking care from professionals. In addition, many of these people end up in jails or prisons.

### Youth

The youth in the county are characterized as having more diversity than any other age group. This growth has occurred especially in Woodstock and Harvard. Their unmet needs include more court services to reduce recidivism. The McHenry Community College missed an important opportunity to increase vocational training/trades. These educational programs keep them interested enough to stay in school.

## *How well does the McHenry County health and human services delivery system work?*

### *Strengths*

- The system is characterized by cooperation and collaboration
- The Mental Health Board works effectively in distributing funds, identifying groups that need helps and monitoring what is going on
- The Family Health Partnership is a valuable asset. They serve more underserved persons than the other low-income clinics despite the fact that FHP received no federal funding, said one FG member. The federally funded clinics in Harvard and McHenry (Greater Elgin Family Care Center) also provide much-needed primary care
- Centegra's acquisition by Northwestern should provide additional services. The affiliation of the two other hospitals in the county, Advocate and Mercy-Harvard, has also added services through their parent organizations
- WIC/family case management from McHenry County Department of Health.

### *Weaknesses and Gaps*

- Dental services. "There are basically no dental services for the uninsured and Medicaid population," one FG member said. The only clinic serving these groups, the Woodstock Cooperative Dental Clinic in Woodstock, closed recently. Adults are in greater need than children because providers do not accept adult Medicaid patients. "This is a huge problem," declared a FG member
- Some county board members want to get rid of the public health department or at least some core functions such as dental care, women's health
- Transportation to health care services including treatment centers.
- Not enough primary care providers for the underserved who use the emergency department when care is needed
- Mental health services, especially for Spanish-speaking residents, particularly since Pioneer has reorganized. It was noted that Harvard Area Community Health Center hired a full-time mental health provider for counseling and outreach.

### *Barriers that keep people from using existing services*

- Transportation
- Lack of health insurance
- Lack of information about available services.

### *Impact of Affordable Care Act*

While the overall goal of the Affordable Care Act was laudable, huge gaps remain and "we do not have the stomach to figure out solutions. That requires collaboration." For clients, some get services they could not get before which is good. The removal of elimination of coverage for persons with pre-existing conditions is also a big plus.

Another FG member says that positive benefits have come mostly through expanded Medicaid eligibility and more families/individuals covered through the marketplace. She credits the reauthorization of All Kids as one of the only recent Springfield "success stories."

### *What are the challenges to a healthy community in McHenry County?*

The county needs sidewalks, jobs, and affordable housing. Lack of transportation affects almost every aspect of life for low-income residents from accessing health care to work

opportunities outside of their immediate communities. More support is needed for non-profits whose infrastructure is under stress. Urban planning has been poor because of the inability to get anywhere without a car.

Educational opportunities for adults could be more readily available with “outposting” of community college courses in non-traditional settings such as community organizations.

# TARGET POPULATIONS

Focus Group: Hispanics  
Place: Garden Quarter Neighborhood Resource Center  
McHenry, IL  
Date: September 19, 2016

Participants in this focus group included 21 adults (16 female, 5 male). The focus group members were present at various times. Eight children accompanied their parents but did not participate.

*What do you like about living in McHenry County?*

Most of the focus group (FG) members agreed with these responses:

- Very tranquil here.
- There is work, don't have to leave the town of McHenry for anything.
- They like that their children are going to school here.
- Everyone is united here, everyone is very close whether it is where they live, go to church, or go to school.

*What do you dislike about living in McHenry County?*

- They dislike police, says one male and a few other FG members agree. One woman says that if cops see an American doing something wrong they tend to get a slap on the hand but if she was to do the same thing she would get into trouble.
- High rent, the rents around here are expensive. Mostly all FG members agreed.

*What types of services are most needed by members of your group?*

All focus group members agreed with these responses:

- Medical and dental.
- Specialists more expensive and harder to find around here.
- Medicine is super expensive.

Two FG members go to Chicago for specialists. One FG member says she went to UIC in Chicago and she was scared, the hallways were packed. They weren't using gloves to take blood or washing their hands as they went to another patient to take blood. They didn't listen to them when they said not to move the patient's arm so quickly. They had no translator there. They got there at 1 pm and didn't get seen till 7 pm. A few FG members said parking is expensive in Chicago.

One FG member says braces are expensive and not covered by insurance.

Focus group members agree that dental for both adults and adolescents is needed. Some don't have insurance. The elderly don't have Social Security so it's hard to get insurance through ObamaCare or dental insurance and also they lack transportation to get there.

Another FG member says it hard to get insurance also because of immigration. Because he is undocumented he couldn't get the services that he needed.

One FG member says that the older children that are documented can't understand why if they sign for being an organ donor, and then if the parents need a transplant, they can't get one. Also an undocumented Hispanic can get a driver's license but they have to sign to be an organ donor. They will take your organs but they won't give them to you.

Another person adds that it is hard to get medical care if you have no Social Security number. The employers withhold pay for insurance but when you go for care you can't get it because of being an undocumented worker. Undocumented can't get services. Older children that are citizens can get help but not the parents. Again the point was made that parents can get a driver's license if undocumented but they have to sign to be an organ donor.

*What important services are missing?*

One focus group member says vision services are missing. Another FG member says he can't afford a colonoscopy, the exam would be full price. He also says his prescription cost \$400 and that didn't work so his doctor says "here try another" and that is \$200. That doesn't work, so try another, it continually goes in a circle. He self-medicates now because his work doesn't pay for it.

A focus group member says you can buy insurance through work but then when you try to use it they don't want to pay because you put in a fake Social Security number. They also put a limit on about \$3,000 a year. So it is a high deductible or they don't get any insurance because they are not legal and used a false Social Security number to get work and if they use the insurance a background check is done.

Another FG member says insurance takes your money and then when you get sick they don't want to pay or cancel you. They don't tell you where to go, who to see is a problem, they make it very complicated so you give up and don't go anywhere. Most FG members agreed. Some FG members say they stopped paying because the rate is high or if you use the insurance they drop you when you have reached the limit.

*Have you used any service or contacted any agency in the past year? If so, was the service easy to use? Was the staff helpful? Did the agency help you?*

McHenry Community Health Center. One woman said she didn't like the center. Another woman said if she goes to the clinic and complains about a headache they will send her to the ER. The ER will be very expensive for just a headache so she'd rather not go. They say if they really feel bad, they do go to the ER.

Most of the focus group members say they like to go to Family Health Partnership Clinic in Crystal Lake; quite a few say they really like this facility. Some focus group members go to the Harvard Area Community Health Center.

About Centegra Hospital in McHenry, one FG member says if you don't have insurance or you are a Latino you get a different type of care, like "boom, boom you are done." Most other focus group members agreed, although one person recently went there and said it was okay.

McHenry Clinic, some focus group members say, has better resources to send them to different specialists, but then if the specialist doesn't take the insurance or you don't have insurance, you have to pay yourself. A man said when he went to a specialist, they didn't even help him. You wait and then go into the room, they ask you where is the pain or what are your symptoms and

they don't do anything. A few FG members feel if they were paying for the care, they would get better care.

One focus group member mentions he received very little help with a major medical issue. Not only is the cost of the medication high but driving to Chicago to see the doctor or just to get the medication is costly plus paying to park is ridiculous. They had first gone to the McHenry Clinic and it took four months to get a referral for a MRI, so in between this time, the problem had gotten worse. Then it took another four months to go to a specialist that didn't do anything. He can't apply for insurance because he only has permission to work and isn't considered a legal resident. It's like, "I'm behind in rent and can't get help because I am not legal here." So he said that there is a certain lack of help for the Latinos out there when you are living day to day with illnesses.

Also at the McHenry Clinic, some FG members feel the medicines don't work for them so they find better medicines within their friends that bring medicines from Mexico.

One woman used the Health Department in Woodstock for routine exam purposes but it is no longer open because of budget cuts.

Another woman goes to Aunt Martha's in Carpentersville where their charges are so low that everybody goes there, so when you make an appointment it takes a long time to get in.

One FG member says through the Illinois Breast and Cervical Cancer Program (IBCCP) in Crystal Lake you can get free mammograms if you qualify. To qualify you have to have no insurance but there are no limits on income.

Some FG members expressed that they can't get a Link card because they make too much money but they have seen others who have two or three jobs get Link cards. They don't know how.

*What are the biggest health and human needs/problems that this community faces today?*

One focus group member says mental health and more education for health issues like heart disease, blood pressure, diabetes, and thyroid. Even counseling for when you have a disease as it can be depressing learning you have diabetes which is more common in Hispanics along with high cholesterol, thyroid or some other diseases or everyday stressful situations. Also counselors that are Spanish-speaking are needed.

A few FG members say mental health help is lacking here. Another FG member says mental health counseling is needed for everything. One woman says she knows someone who committed suicide because there was no one to talk too. She added that people need to talk to someone about bullying at school, the internet, or what they are going through. A lot of times they want someone they can trust and don't want to talk to friends or parents about it as they might feel uncomfortable. So there is a lack of education. Knowing that someone is there is needed.

Another FG member says they lack education or counseling help. Therapists should be Spanish-speaking. One focus group member says for adults and adolescents it is really hard to get therapy, there is a waiting list. There is no long-term prevention; they get therapy only when it is a crisis. Also SASS has no Spanish-speaking staff so it is hard to communicate. The children are better served because they do speak English but some parents don't.

*Based on your experience or knowledge, how well do you think the McHenry County health and human services delivery system works? Strengths? Weaknesses?*

*Strengths*

The health system is good for people who have money. So money talks. A few FG members agreed.

*Weaknesses*

One male focus group member said he had two bad dentists. One female says there is racism; she doesn't know if it's because of the state insurance or because of their race/ethnicity. She goes on to say they were kinder to other American kids and her kids didn't get that kind of attention. Hispanics are treated differently. She also says there is racism in the schools and in the county.

One woman says a weakness is how we are treated in general. "It's like if I have state insurance, I am treated differently so I'm not going to the doctor."

*Barriers that keep people from using existing services?*

FG members agree that many need transportation to go to doctor. Also there is a language barrier, communication is not translated well. Another FG member says children try to help with translation but don't know all the right words to use. They might also feel indifferent or embarrassed about translating the issue. More and better translators are needed here. Many FG members agreed with this statement.

*Has the implementation of the Affordable Care Act affected you or your family members? If so, how?*

Most focus group members agreed with one or more of the following responses:

- Can't get ObamaCare
- ObamaCare is for documented people
- Good for citizens, not undocumented ones
- Specialists are not covered
- It is expensive.

*Do you or any member of your family use the "medical card" (Medicaid/Public Aid)? If so, how has your Medicaid (health) plan care affected how and where you receive services?*

Four FG members have the Medical Card for their children. One woman says she has a Medical Card for herself which is very limited for certain tests so you can't find out what is really wrong. Sometimes she feels it would be better if she didn't have insurance.

FG members agree if there is an emergency, call an ambulance. They don't seek medical attention unless they feel really bad because you have to pay. Another FG member adds that you don't have a chance to pay because there are no translators to make out a payment plan so they send your bill to a collection agency. It's not that they don't want to pay.

One woman says children have the Medical Card and the only way an undocumented worker can get a Medical card is if pregnant or maybe has cancer.

*What makes it difficult to live a healthy lifestyle in McHenry County?*

Most focus group members agreed with these responses when mentioned:

- Not enough money when working, very costly
- Health care out of reach
- Rent high
- Cost of city stickers
- Need daycare
- Wages/salaries are low. Getting paid less than factory workers
- Undocumented workers get the lowest wages, have heavy jobs like carrying, overworked at factories, not even breaks
- Discrimination at work.

A few focus group members agreed that if there are problems at work and they speak up, they are out. They are afraid to say anything. They work in panic for being fired. They are threatened at work and fired for speaking up. One FG member said she went to Human Resources for sexual harassment and everybody got fired. There is no justice for anyone. They are scared.

Some focus group members agree that the police are better than before, now not so afraid. Still they feel there is some prejudice.

Most FG members say it is expensive to buy healthy food and a few say fresh food they buy is stale and moldy.

Some focus group members mention that there are other towns that do more for Hispanics than McHenry, like Carpentersville, Waukegan, Round Lake, and Elgin. There is not much support for Hispanics, like help to open up a business.

*Anything else you want to tell us?*

Most focus group members live at Garden Quarter Apartments or used to. They say the rent is high there and some mention the conditions are really bad, everything is broken, nothing works, is moldy, and still the rent is high. They can't complain. The manager beats around the bush for fixing stuff and they are afraid the landlord might call immigration or they fear the lease won't be renewed.

Focus group members have lived in McHenry County between 14-26 years. They say there are very few services for Hispanics. They help each other out by having fund raisers.

Focus Group: Hispanics  
Place: Harvard Community Center  
Harvard, Illinois  
Date: August 11, 2016

Three people participated in this focus group (FG), two females and one male.

*What do you like about living in McHenry County?*

One focus group member laughed and said the food and went on to say I like everything. Harvard is pretty, we have nice flowers. Another focus group member said that she likes living in McHenry County because it is more of an independent area. We are in the suburbs and it is quiet. There are small communities so you know your locals and who are outsiders. There are a lot of services to take advantage of to meet our wants or needs. One FG member added that a small town is good for families and raising kids. The schools are okay but we probably need more good teachers.

*What do you dislike about living in McHenry County?*

One focus group member says many years ago (1995), it seemed like a little discrimination occurred toward her kids by the police but now the police are pretty good.

*What types of services are most needed by members of your group?*

One person suggested English as a Second Language (ESL), specifically more language classes for adults. In schools, kids have the dual language program. We have the Migrant Council but they only offer classes during certain times of the year. The hours are limited to mostly during the day and a lot of people can't go then, especially the women. Learning, improving, and empowering would be nice.

Another focus group member says we need more Spanish-speaking police because older (Hispanic) people didn't learn English and it's easier to defend themselves in their language. Also they would rather speak to a provider that understands the language so they can explain themselves more. The same is true for dentists and nurses. One FG member says there are probably one or two Spanish people in the fire department. She also hears a lot from people if there are any Spanish-speaking doctors in the area.

One woman says a lot of time the dentist says something and she doesn't know what that means. Her nurse practitioner does speak Spanish and she feels comfortable. She also adds it is nice when we can communicate in both languages. You make more friends and feel better.

*What important services are missing?*

Discussed earlier. There are no Spanish-speaking counselors. Actually one just started today. We haven't been able to find a Spanish-speaking counselor for low income.

*Have you used any service or contacted any agency in the past year? If so, was the service easy to use? Was the staff helpful? Did the agency help you?*

One FG member did use the hospital for surgery. It was very professional and pleasant. She was very well attended to and that was here in Harvard at Mercy Hospital. The hospital is very small. The doctor did a very good job. They do have ER services. She also has a dentist in Woodstock that she has been going to for years. All his hygienists are bilingual. Another focus group member says she goes to a dentist in Belvidere and they have Spanish-speaking employees there.

*What are the biggest health and human needs/problems that this community faces today?*

A FG member says most of all people on Medicaid have a difficult time finding a dentist in the county. Many have to go outside the county.

*Based on your experience or knowledge, how well do you think the McHenry County health and human services delivery system works? Strengths? Weaknesses?*

#### *Strengths*

Discussed earlier about good care at the Harvard Hospital.

#### *Weaknesses*

One FG member says bilingual providers, like counselors, are needed as already discussed. Besides the substance abuse in the adolescents, she thinks they should have something for pregnancy in young girls, like more counseling or more activities for them. She has seen enough of that to be concerned because of the bullying that goes on in the schools. She adds that because of the meetings she has attended she knows that substance abuse is the big problem now for adolescents especially at the junior high level.

*Gaps in services (besides those already discussed)?* Discussed earlier.

*Barriers that keep people from using existing services?*

One FG member says the tightening of programs like Family Alliance for day care for older people is a gap. These services have been cut because Medicare has not been paying and one location is closing.

Another FG member says that the train is getting so expensive. Pace only runs certain hours. For Dial-a-Ride, you have to call ahead and then pick up times varies. You may have to wait a long time.

*Has the implementation of the Affordable Care Act affected you or your family members? If so, how?*

One woman says deductibles are very high. She had to pay most all of her bill.

*Do you or any member of your family use the "medical card" (Medicaid/Public Aid)? If so, how has your Medicaid (health) plan care affected how and where you receive services?*

Two members say they were limited in the choice of doctors.

*What makes it difficult to live a healthy lifestyle in McHenry County?*

One focus group member says she thinks it is by choice. It is a choice you make with yourself. You can either eat good food or eat whatever you want.

Another person says in this area there is only Walmart and the local restaurants. There is no farmer's market. There is only a community garden for the food pantry, not for anyone else.

*Anything else you want to tell us?*

One FG member says the lack of opportunity for the Dreamers Act as far as going to school, getting a job, they are in limbo.

Focus Group: Parents of Young Children  
Place: Verda Dierzen Early Learning Center  
Woodstock, Illinois  
Date: August 11, 2016

Seven women participated including two parent educators who work with parents of young children. Almost all mothers had children of pre-school age and most families represented were low-income or have recently experienced financial hardship

*What do you like about living in McHenry County?*

One focus group member says she loves the community. It's a little bit smaller and the people are friendly. She grew up in Rockford would never go back after living in Woodstock. The people are very involved with one another and everyone seems to know one another.

Another focus group member says if she had to choose any town in the county, she would definitely pick Woodstock. Woodstock isn't busy but roads are getting more crowded but less than Crystal Lake, adding, "I avoid doing anything that involves Crystal Lake." She likes the farmer's market and there are a lot of things at the library for the kids to do. The DMV is here. There is proximity to Chicago even Wisconsin. Another FG member says that it's a good location to get to recreation and the city, "the best of both worlds and it's still relatively quiet here." A few FG members agreed that Crystal Lake is very congested.

*What do you dislike about living in McHenry County?*

Several focus group members agree that property taxes are high.

One focus group member said where she lives, "I worry about police presence; there should be a little bit more." She had to call the cops three times now this summer but never had to in the past. She feels the community is less safe.

Another FG member says she doesn't take her children to some parks because of that and feels the cops should be around more often to make sure the older kids aren't in the park doing drugs. She says there are areas in her neighborhood where people used to own homes and they are now rentals. "These houses are going down the tubes" and taking away the value of her home and it's people she doesn't want her kids around.

Another focus group member thinks that the whole county has changed, especially Harvard and Woodstock because of the disproportion amount of low income, though Crystal Lake and Huntley not as much. She knows that certain towns just don't let them build. Woodstock is continuing to build low-income housing and in Woodstock, you have the jail and the county services so families come whereas other McHenry County cities don't have to do that. She thinks Harvard draws a lot of families because it's so inexpensive to live there and it is close to Rockford so families can move from Rockford to Harvard.

*What types of services are most needed by members of your group?*

One focus group member says transportation in this whole county. The low-income families don't have cars and there is no bus system that can get them to school events and may not transport babies. Taxies are extremely expensive. Another FG member says the buses are limited, they run from maybe 8-5. Like the Pace bus, the public bus in McHenry County is very limited, she thinks some families could use more of that.

One FG member thinks there should be more activities for working moms or the two-parent working family during after school or business hours. Another FG member agrees that everything we do occurs during the day and it would be hard for a family if one parent doesn't stay at home.

Another FG member says you can't have a baby in this town. Another says you would have to go to Barrington for that and that is a little of a cruise. There are OB's here but you cannot deliver in Woodstock. She thinks the hospital in Huntley just opened, so it's McHenry or Huntley now. Another person says her OB is in Crystal Lake so she has to go to Barrington because they took away the Woodstock option for her. That's 45 minutes to an hour depending on traffic from Woodstock to Barrington so her doctor is scheduling her delivery. Another FG member ran into that because she refused to go to McHenry (NIMC), but ended up going there because it was the closest. One FG member says she delivered in McHenry and was happy with it; it was only 25 minutes from her house and she had taken a child birth class there a couple evenings and had toured the hospital so she felt comfortable going in.

Someone explained when they closed Woodstock, instead of waiting for the Huntley facility to open, they moved all deliveries to McHenry. Now the Huntley facility is open and they are spreading the nurses out to McHenry and Huntley.

*What important services are missing?*

The hospital delivery services for people that live in Woodstock and Harvard as mentioned earlier.

Focus group members agreed that transportation is needed in the communities and between towns. Transportation to Chicago is not such an issue because of the train.

One FG member mentioned if you live on the other side of Woodstock and you need to come to the school, you need to call the bus 48 hours in advance. They try to fit you in, but might say they can only take you one way up because the bus does not run later so you will have to take a taxi home which is expensive especially for the low-income family. This also causes a lot of people to walk even with their kids. Another FG member says she sees a lot of families walking during the winter.

Also mentioned by a FG member was that people that come from the city think you just stand by the bus stop and it will take you somewhere but you just can't do that.

One person says the reason some parents aren't involved with their children's education is the lack of transportation.

*Have you used any service or contacted any agency in the past year? If so, was the service easy to use? Was the staff helpful? Did the agency help you?*

One FG member used the county health department for car seat installment and education and breastfeeding resources. The car seat installation was easy to use, quick and they explained why the car seat had to be like that. Another person went to the DMV on a Saturday morning for car seat installation. The time was convenient and the person (works for WIC) was very knowledgeable. They also come here (school) to give car seats or booster seats to families. You can also go to the police or fire departments but it works better at the DMV.

One FG member said she had used the health department for her TB test to work here (school). She just uses it for a quick service.

Another FG member says she took the child birth education classes at the McHenry hospital before the baby came. Also she was able to take her baby for lab work at the Woodstock hospital. It was in the morning and convenient for her.

A focus group member mentioned that Woodstock hospital used to have a breast-feeding support group, which was “amazing, so good.” They don’t have that anymore; it was moved to McHenry which is not convenient. It is a major loss not having the support group in Woodstock.

Also used by another FG member was the Woodstock Recreation Center for her 2 year old. Another person added that if you live in District 200 you are allowed to use it. They have a sliding-fee scale so families of low income can use their services. She knows that Centegra Health Bridge also has a sliding-fee scale in Crystal Lake and Huntley for working out and children’s swim classes. It’s affiliated with the hospital.

*What are the biggest health and human needs/problems that this community faces today?*

Two FG members talked about mental health issues, specifically accessibility to counseling for mental health disabilities for people who are either diagnosed or undiagnosed for any type of mental illness. There are quite a few agencies for parent educators to refer parents and then for children. The parent educator said if she is unable to complete an assessment at the school or if the family wants an assessment outside of school, they can, but a lot of the time the parents don’t have the money for an assessment or they’re referred to an agency that is out of the county. Agencies are losing money as well; there is no local agency here so the patient is referred to Lake County or Rockford. That defeats the purpose because they will probably end up not going. There aren’t a lot of those types of services here anymore. I think if you have private insurance it is not quite as bad. If you rely on the state (medical card), you just get pushed. Mental health assessment and treatment is needed.

Another member mentioned pediatric dentistry. Even ophthalmology, as students from low-income families must go into the city and it takes months to get new glasses. One FG member mentioned orthodontics - there are many orthodontists in Crystal Lake but few in Woodstock.

Another FG member says even the doctors that accept the Medical Card can only take so many patients. One of these doctors has offices in Marengo, Harvard, and Johnsburg. She knows a family that went to Chicago for dental work, because that was the only pediatric dentist that would put their child under (anesthesia) for extraction of all his teeth. This is a medical issue -

their teeth (little kids) are so bad they're going to Rockford or Chicago to have those minor surgeries. Or even preventive care, she says some kids' teeth are so bad they are all silver.

One parent educator says some families have difficulty with language barriers, so if there is a place for these services, there is not always a Spanish-speaking staff person or the report isn't written in Spanish for the parents to know what happened at the appointment.

A few focus group members shared their views about adults seeking health or dentistry care and say adults experience the same things as mentioned before but the adults just don't get the services at all. They are too busy getting care for their child and obviously, if they speak a different language they are going to providers all over northern Illinois. Therefore a lot of the adults don't get routine health care. It is probably more of the dads than the moms.

*Based on your experience or knowledge, how well do you think the McHenry County health and human services delivery system works? Strengths? Weaknesses?*

One FG member says that basic primary care for adults and children, in general, is available in McHenry County. Insurance through the school system and most private insurances are accepted almost anywhere, but children on All Kids insurance struggle to find a doctor that will accept or take in new patients. When a doctor is found, you are driving far to get maintenance. Another FG member says her daughter has a thyroid condition and there was no place to take her in the county; she was on All Kids and had to go into the city, now they have one in Arlington Heights.

Another FG member states her pediatrician says there is not a hospital in McHenry County that has a pediatric unit or specializes in kids, even for emergency services for children and babies, She knows a person who went to the Wisconsin Children's Hospital to have something checked out for her baby and was told if it happens again to drive the extra hour to Madison. A FG member says many families rely on the emergency room for care so they don't have to travel. Most local families that have a child with a medical condition travel to Chicago or Milwaukee. Another person says that if you are pregnant, don't go to Woodstock, they don't have OB. You have to go to McHenry which is ridiculous when there is a hospital down the road in our town.

Someone mentioned that in McHenry they do have an OB that has nurses and a few rooms reserved. Another member says even so, for someone who is pregnant and has a medical emergency it is very scary to have to go so far.

### *Strengths*

One FG member liked that even though they don't have OB at the hospital here, she could still see her obstetrician who has multiple offices, one in Crystal Lake. Another FG member mentions as far as health care, she likes that she has options in her town. Another FG member says she used Centegra and was very pleased with them. She used them for immunizations and found it very simple. They are suitable for something in general.

### *Weaknesses*

A women mentioned that Centegra has a facility fee now, \$250 every time you go to the doctor; some insurance companies cover it or some portion, and the Medical Card covers it but for

other people this fee comes out of their deductible so instead of paying a \$40 co pay she now pays \$80.

*Gaps in services and barriers that keep people from using existing services?*

Transportation (as discussed earlier). Interpretation for Spanish. One FG member says stigma, means that some people don't use the health department because they believe that services are free and are only for the people that can't afford other service. Another FG member agrees that a lot of people don't know that the services (like car seat installation) are open to everyone.

One FG member mentioned that she thinks there is a problem with undocumented families, being afraid of being turned in for seeking emergency medical treatment and also not having the money to pay for it.

*Has the implementation of the Affordable Care Act affected you or your family members?*

One focus group member mentioned that she thought the Affordable Care Act meant everyone could participate but she has private insurance that stayed the same because it was set up before the Affordable Care Act and she isn't allowed to change it, but is grandfathered in. So it sounds like everyone can participate but some private insurers are trying to put a lid on it.

Another focus group member says she got insurance through Obamacare and rates are ridiculously expensive. Her family (husband works in a small business) is paying an extra \$400 a month now, they're struggling and her insurance is not good. "Horrible," she says, they pay 30% of co-pay and the deductible is \$10,000. She says she is terrified of the bill after she has her baby. She also couldn't see her regular OB at first, but the doctor will take her insurance now although she has to travel to Crystal Lake. They don't qualify for WIC because her family is just over the pay scale. There are no extra services even though she is paying extra money. She is in a worse spot, with higher bills and knows other families in the same position.

One other focus group member, also having a \$10,000 deductible, says that she pays \$1,000 just to get a mammogram and then she had get an ultrasound, most of which she has to pay herself. "Then why go get one, I don't have the money to pay it, even though I should go because I have a lump but I can't afford it." She pays \$300 a month plus \$80 for her kids (on All Kids) a month. Her child that had a lot of testing done over the summer, her bill was paid 100%.

Another FG member said that she received a notice that her kids' doctor in Crystal Lake wasn't accepting their insurance anymore. She was given a list of at least 30 doctors and called everyone, none of whom were accepting All Kids any more. This was for basic primary care. Luckily her grandson goes to a place so they accepted her kids as new patients. Also, that is how she got her doctor because her mother was a patient there. She also has to go to downtown Rockford for a specialist for her child because no one else will take the insurance.

*Do you or any member of your family use the “medical card” (Medicaid/Public Aid)? If so, how has your Medicaid (health) plan care affected how and where you receive services?*

Some doctors will accept the Medical Card but they are too full, they can only accept so many patients. Most of the focus group members' kids use All Kids. They pay about \$80 a month now, it changed to like a PPO, they had a choice to pick from.

One person mentioned she had it as a secondary insurance but the cost was cheaper to pay out herself for the specialist for her child.

*What makes it difficult to live a healthy lifestyle in McHenry County?*

Focus group members agreed or shared different views on the following:

- We don't have an affordable organic store. We have a Shop Fresh shop with fresh produce. Shop Fresh I was not impressed and was expensive. If you get the sale stuff it's pretty reasonable
- Aldi's don't like the carts and bags and a stigma about the store is where low-income families shop. The organic section of Aldi's is very fresh and is more affordable
- Jewel is too expensive. Walmart's produce is terrible
- It's great you can use your Link Card at the farmer's market
- McHenry is trying to buy into a co-op
- Lack of sidewalks in the older parts of Woodstock
- Safety for walking
- Lack of street lights
- Charles and 120 should have stoplights, same with Greenwood and 120 they both are dangerous intersections.

Crystal Lake and Woodstock have parks in town but if you can't walk safely to them who is going to go? No bike lanes in Woodstock, but they exist in Crystal Lake. The new community in Woodstock has a bike path. You can put bikes on the train but only at certain times.

Affordable recreation centers, even the one run by the city isn't affordable and if you are out of the district it even costs more. Getting a library card can be costly too; it depends upon what district you live in and where.

Fire and police have certain boundaries sometimes causing a safety issue if residents have to recall which department. Another safety issue involved coyotes that were hanging around in the middle of the day; the Conservation Department and police claim there was nothing they can do about it, saying “just stay away from the coyotes.” One person called the Animal Control for a bird in the house and they gave her tips on how to remove it; another person had a bat in the house that Animal Control came out to remove it. One FG member says sometimes she doesn't use services like that because she feels uncomfortable with them; they just give her the run around.

*Anything else you want to tell us?*

A focus group member feels health department staff do a great job in getting the involved and could be a stronger presence in the schools. “Like agency collaboration,” one focus group member said. “All of our schools are supposed to be collaborating with WIC, the health department and the mental health league like Pioneer but there is no time to do that.” She feels it should be more up to the agencies rather than the schools because the schools are overburdened. She realizes that there are cuts to other agencies, too. It’s hard to know what is going on in all the other towns, like WIC is going to be doing more of the car seats now. One focus member said, “That is a huge issue.” She sees so many children not having the appropriate seats for car rides. Other group members agreed, saying they see it happen all the time – kids just get in the car and the car drives away.

Focus Group: Persons and Parents of Persons with Mental Health Problems, Substance Abuse or Developmental and Intellectual Disabilities  
Place: McHenry County Mental Health Board  
Crystal Lake, Illinois  
Date: August 18, 2016

This focus group was comprised of twelve adults, nine females, and three males, residing in Crystal Lake, Harvard, and McHenry. Each had personal experience with developmental disabilities, mental illness, and/or substance abuse services in McHenry County.

*What do you like about living in McHenry County?*

One focus group member felt there were a lot of resources available to them in McHenry County. He also stated that his experience with doctors has taught him that the physicians are committed to their services and giving him the best knowledge that they have, especially for mental health issues.

A father from Crystal Lake said he likes the fact that NAMI is right in his back yard.

Another participant mentioned likes the rural countryside, and easy access and proximity to Chicago, which brought further agreement from the entire group.

One participant who moved from Englewood said "It's like heaven living here" - adding "it's a whole different world to me."

*What do you dislike about living in McHenry County?*

"That it's in Illinois" was the first response to this question which brought some laughter from others, but agreement also. Many in the group worry about Illinois' financial situation influencing future services across the state.

Parents from Harvard said "It depends where you live. We're from Harvard and we have to drive to Crystal Lake for everything."

Traffic was also said to be a problem including no direct routes within the county and that it can be difficult to get around.

Lack of public transportation services and lack of services in rural areas were also mentioned by many.

*What types of services are most needed by members of your group? What important services are missing?*

Transitional services for those between high school and adulthood and for those between crisis and recovery was the first response and brought much agreement and discussion throughout the focus group members. Most felt that though transitional services are available, though the waiting time is far too long.

Another popular comment was the need for group therapy for adults 18 - 25. One mother feels that perhaps this age group just needs to have a place to get together with each other, enjoy each other's company, and share experiences. She went on to add that most of these young adults have nowhere to go to meet people, especially in the rural parts of the county. And, they miss out on the experience of going away to college, or perhaps even being able to work, because they are dealing with their mental health issues. They need a place where they can get together with peers. Another parent agreed, saying that most of the group therapy participants currently at NAMI are older and his son usually feels very alone in these groups since he is much younger. Also mentioned as a need for this age group are jobs that pay more than a few cents an hour, meaningful work (even volunteer work) with job coaches.

Most parents feel there is a shortage of psychiatrists in the county and that most psychiatrists won't accept Public Aid payment. One member talked about how especially difficult it is for children on Public Aid to find a psychiatrist. She said "Public Aid patients really struggle to get anything." Another mother said she has to take her son 40 minutes away to Vernon Hills to see his psychiatrist. Originally, this psychiatrist had two practices, one in Crystal Lake and one in Vernon Hills, but due to the difficulty of traveling he closed his Crystal Lake office.

Another need mentioned is bilingual providers for children. There is a large Hispanic population in the county and many are on Medicaid. Bilingual providers that accept the medical card are very rare.

An inpatient and outpatient children's clinic or unit was suggested by some. One set of parents had to take their child to Alexian Health System in Streamwood. Other parents from Crystal Lake had to go to Waukegan to get their child admitted in the hospital where he was hospitalized for 16 days. For every one of those days they made a round trip from Crystal Lake to Waukegan. As the father said "You just do it."

This father also expressed concern about where his son would be placed in the hospital setting. Although his son's chronological age was an adult, his "mental health age" was not. He worried about an appropriate setting for him.

Parents in the focus group said there needs to be more education about children with special needs and crisis intervention for dentists, physicians, and teachers. One parent said "Schools see discipline issues rather than mental health problems."

One mother told how hard it is to find a dentist that is willing to provide care for her autistic child. She said "They just don't know how." A father in the group said he has been searching for two years for a dentist or oral surgeon that would be willing to remove his son's wisdom teeth.

A single mom in the focus group expressed concern for working single parents with developmentally disabled children. She feels that few employers have any understanding of what is involved with caring for a child with developmental disabilities and have no empathy for their situation, making it very difficult for these parents to keep their job.

Concerns for older children living at home with an aging parent were also expressed. One mother said she is very worried about where her son (now 31) will go when something happens to her. She said she has always worried about this, but with age the worry increases. Her son is on a waiting list for residential housing but she fears the Illinois budget cuts are costing them time. Ideally she would still like to be around to help him with the transition.

Affordable housing is needed for seniors with mental health needs. One participant was familiar with several cases where seniors could not afford their housing costs, yet did not qualify for subsidized housing. She feels this is especially true for veterans.

Also needed are more rehabilitation services. Since Pioneer has reduced their services, almost everyone now has to go to Rosecrance. The waiting list there is too long, sometimes three to six months. People in crisis cannot wait three to six months.

Other needs in the county that were mentioned were neuropsychiatrists, more residential and day homes, and proactive practices.

*Have you used any service or contacted any agency in the past year? If so, was the service easy to use? Was the staff helpful? Did the agency help you?*

Several mentioned experiences with Rosecrance. Although one stated that their service had been "very good," most felt that the waiting time to see a psychiatrist was too long. One of those waiting ended up having to go to Mathers Clinic in Woodstock to receive medication and found getting there difficult. She felt that Rosecrance should have provided the transportation to Mathers Clinic.

One participant shared with the group that he had been homeless and through the court system was helped by Pioneer Center. He said that Pioneer services have helped him go from being homeless to learning how to care for himself and in a group home to now independent living. Another member of the group also mentioned that their daughter is in a group home at Pioneer and is very happy there.

One person said they have just started with Clearbrook and though it was "a little rocky in the beginning," things are falling into place now.

Two different families spoke about their experience with NAMI - MC (National Alliance on Mental Illness of McHenry County). One described her frustration about repeatedly calling to get information about the Family-to-Family 12-week course for caregivers and never getting a call back. Another member in the focus group conceded that previously NAMI did have a little trouble with their service but urged her to try again stating that things are "much better now."

One mother in the focus group discussed her experience with Alexian Health System's crisis line. She has called two different times. The first time went well but the second time was terrible. She said their crisis line services are unreliable.

One couple tried to get their 15-year-old into a group home and was told that he would have to be homeless to get in. No one was willing to help them get their son into a group home. Someone suggested that when she was in a similar situation, she was told "to wait until he is 18 and then kick him out making him homeless so he could get into a group home."

The group discussed the Illinois PUNS (Prioritization of Urgency of Need for Services) system. The wait is very long; one person said there are currently 22,000 on the database waiting for services. Another added that one of the problems is that when you do get services, it could be anywhere in the state.

*What are the biggest health and human needs/problems that this community faces today?*

Heroin was named as the biggest problem for the county, one person stating that McHenry County heroin deaths lead the state.

*Based on your experience or knowledge, how well do you think the McHenry County health and human services delivery system works?*

*Strengths*

Family Health Partnership and McHenry Community Health Center were both mentioned.

*Weaknesses*

Most feel that dental care is seriously lacking in the county, stating that very few dentists will provide care for low-income residents. Some of the focus group participants travel to Milestone in Rockford for their dental care.

Also missing for low-income families are specialty care services.

*Gaps in services*

Many in the group said that organizations that offer in-home support won't travel to rural areas because they can fill their capacity without having to travel. For some children, this practice may prevent them from receiving any services until they reach preschool age.

*Barriers that keep people from using existing services*

The group felt that the waiting time is often so long, that people give up. There are also too many departments to go to and it's complicated. One man said that sometimes state agencies aren't even aware of other state agencies in the area that offer similar services. "They are all in a silo" he said. He suggested that psychiatrists, medical doctors, schools, and churches need to coordinate with each another and have one main information center to contact.

*Has the implementation of the Affordable Care Act affected you or your family members?*

No one in the group felt that they had been affected by the Affordable Care Act.

*Do you or any member of your family use the "medical card" (Medicaid/Public Aid)? If so, how has your Medicaid (health) plan care affected how and where you receive services?*

Some members of the focus group use the medical card. For two of the families present, the medical card is used as their secondary insurance.

*Anything else you want to tell us?*

A participant in the focus group wanted everyone to know about the Premise Alert Program (PAP). This program is **for** those with special needs or disabilities or their guardians, and it provides personal information about physical, developmental, behavioral, or emotional disabilities to police, fire, and EMS personnel prior to their arrival in an emergency. Anyone can sign up by calling the McHenry County Sherriff's office.

Another said we need to get rid of the stigma for people who need help in any way.

A father in the group said he fears that "Jails are the new mental health hospital." He added "Wouldn't it be great if the world just had health problems – not different *kinds* of health problems – not mental health or physical health – just health?"

Focus Group: Veterans  
Place: Transitional Living Services (TLS)  
McHenry, Illinois  
Date: August 3, 2016

Sixteen veterans participated in this focus group, 12 males and 4 females. They represented various branches of the military who serving during different periods of time.

*What do you like about living in McHenry County?*

- No huge ugly cities
- Country atmosphere
- Veteran-centric county; high proportion of veterans
- Nice people
- Quiet suburban living yet close to Chicago/Milwaukee

*What do you dislike about living in McHenry County?*

- Traffic
- Taxes/property taxes too high (though not all agreed)
- Not a good place to retire
- Lack of employment
- More persons leaving than moving in. According to focus group members, people leaving are young adults including whole families in the neighborhood of one focus group (FG) member
- Road improvement takes too long
- Poor infrastructure - too difficult to get to and from Chicago and major airports

*What types of services are most needed by members of your group? What important services are missing?*

Medical services are needed. Some of the veterans have been unable to use the McHenry Community Based Outpatient clinic (CBOC) for medical care and tests, though many (including three FG members) rely on CBOC for blood work. CBOC is limited in what they can offer including most specialty services. Instead they have to travel to Lovell Federal Health Care Center in North Chicago. Not only does this delay their diagnosis and care but several felt that the care at Lovell was poor and too fast, stating they were just “passed on through.” In some circumstances this has meant that health problems have worsened. One cited a missed diagnosis of melanoma that was brought to the attention of a Lovell dermatologist five years ago but was dismissed until a Crystal Lake physician confirmed that it was cancer.

A Vietnam veteran mentioned a lack of attention to veterans when they were discharged many years ago, not even receiving physicals. Injuries that occurred during their military service, such as his broken back due to a parachute accident 50 years ago, were not covered through disability until the time that the claim was submitted (in his case 40 years later). Experiences like this have left veterans of that era distrustful of the VA.

According to one FG member, younger veterans (from Afghanistan, Iraq and Serbian wars) are not given “red carpet treatment.” She relayed stories of readjustment and subsequent difficulties

after discharge including timing problems when using the GI bill for education. The school “punched the clock” before she could take classes, so the length of time for this benefit was shortened. Despite working, she has limited finances, cannot afford basic living expenses and describes her situation when returning to the U.S. as “practically homeless.”

Another older veteran has heard from others whose sons and daughters are returning from military service and were temporarily stationed elsewhere where their education benefits (GI bill) kicked in. Now in McHenry County, they cannot use their benefits right away at McHenry County College.

Better communication among agencies serving veterans is needed. Veterans and their families don’t know what services and agencies are available. Too often, they learn about services and programs incidentally, liking running into an acquaintance while shopping. While some feel communication is pretty good among providers, he stated, “It’s not good enough.”

Other needed services that are missing are:

- Housing for veterans, especially the homeless
- Transportation to medical care
- Veterans and their families (like widows) need an emergency fund for unexpected circumstances, such as an unusually high utility bill, car repairs, etc.
- A Veterans’ Court. Only four counties in the state have this. The concept of a Veterans’ Court is that veterans who commit an offense for the first time, instead of giving them a felony or DUI, they are directed into a program with counseling and structure instead of having the offense stay on their record which can eliminate vets from jobs. This can be a longer, more expensive process but graduates of these programs have very low recidivism rates. The Veterans Court in Lake County was started by a vet himself (judge himself) and has worked very effectively, largely due to the mentoring (one-on-one) in which one person carries the vet through the entire process
- Group activities for children of veterans
- Financial planning services
- Need gas cards that can be used only for gas, no alcohol or cigarettes
- More substance abuse/addiction counselors needed. In this county, one FG member said “we can’t get enough substance abuse counselors, especially those who can work with veterans.”

*Have you used any service or contacted any agency in the past year? If so, was the service easy to use? Was the staff helpful? Did the agency help you?*

Transitional Living Services (TLS) has been used by all focus group members. TLS began 20 years ago as a place that assisted veterans “transition” back to society by offering therapy, housing for homeless vets, recovery services for persons with addiction and substance abuse, employment assistance and transportation to jobs. They emphasize the need for getting vets back to a family environment, knowing that this provides a lot of support.

Focus group members expressed profound appreciation for these services with one claiming TLS was the “lifeline” back to civilian life, a “saving grace” and a “godsend.” Other FG members also offered the following comments about TLS:

- Easy to use
- Greeted warmly
- Helped with resume
- Helped get an apartment
- Provided groceries
- Keeps families together
- Provided a gas card
- Offered part-time job
- The only one that answered the phone
- Helped me with the GI bill for my schooling
- “I trust them”
- TLS “jumps through hoops” (more than other local VA services) to help when emergencies occur.

Other services used include:

- Turning Point - Told me about Home of the Sparrow
- Home of the Sparrow Told me about TLS
- VAC (Veterans Assistance Commission). Said one FG member, “this is best resource in the county with well-trained staff and a good number of staff based on the county’s population (Lake County VAC has fewer staff members than McHenry). But, they have a different set of rules.” If you are denied, the appeal process for a claim can take two to five years. That is a VAC problem that we cannot fix. The McHenry VAC tries harder than any other institution to help vets, unlike the Illinois Department of Veterans Affairs which has a very high “failure rate.” According to this FG member, “you would think the two institutions would work together.”
- Veteran’s Choice: One FG member brought up the Veterans Choice program which enables veterans to use private physicians for services they are unable to access locally. Physicians must enroll in this program to participate and continue follow up paperwork back to the Veterans Administration (VA) in order to keep these veterans as patients. Benefits through Veterans Choice are generally approved for a certain length of time. This has improved access for some veterans and offers an alternative to traveling to Lovell for care but is not well publicized; this FG member found out about Veterans Choice through his primary care physician.

One FG member said that the system helping veterans with financial assistance does not work well. He also mentioned problems when trying access resources during after-hours when crises occur.

*What are the biggest health and human needs/problems that this community faces today?*

- Depression and stress-related problems and injuries. There are a growing number of veterans and local residents with these issues
- Inadequate attention to immediate need for suicide counseling. Some spoke of long wait (hold) times when calling help lines. This happens for local and national help lines
- PTSD
  - VA treats everything with drugs which increases addiction
  - There is growing evidence that some patients receiving opioids are not taking them but are selling them
  - There are plenty of pills but no real help
  - Local psychiatrists and psychologists tend to regard combat-related PTSD the same as PTSD from accidents such as car crashes. This is inappropriate as they are very different
- Emergency housing
- Not enough pro bono services.

*Based on your experience or knowledge, how well do you think the McHenry County health and human services delivery system works?*

Many use the McHenry community-based outpatient clinic (CBOC). However, the majority of the focus group participants said they use local hospitals only for emergencies. For specialty services which are more than 40 miles away, vets can get care locally through Veterans' Choice.

#### *Strengths*

- Good Shepherd, Centegra, Mercy, St. Alexis, Sherman - all take TriCare insurance
- McHenry County has very good health care and specialists available.

#### *Weaknesses or Gaps in Services*

- Dental services (adult) for the whole county are extremely limited and this needs to be addressed. Local dentists should be asked "to play ball," according to a FG member
- Payment for dental services is not picked up by the VA unless the veteran is 100% disabled
- There are no specific treatments or counseling services available for female veterans for sexual trauma which is common in the military although not acknowledged
- Better communication is needed among organizations serving veterans
- There is limited structure and integration of services for children of veterans.

#### *Barriers that Keep People from Using Existing Services*

- No effective transportation system for veterans with disabilities. Pace has three buses but needs more and doesn't offer door-to-door pick-up service, but rather uses pick-up points which can be difficult to get to, especially in winter months and for vets who do not have family members to drive them. VAC used to provide pick-up service, but no more. The problem of no pick-up transportation services in the county poses major barriers for getting care for veterans and seniors, said one FG member. Echoed by another FG member, "this is a major problem for vets without

financial resources to pay for transportation to Lovell, for example.” A recent small grant (\$1000) was received to utilize Uber to meet some of these transportation needs

- Electric wheelchairs are not allowed on public transportation
- Lack of money to pay for services

*Has the implementation of the Affordable Care Act (ACA) affected you or your family members? If so, how?*

All said they had not been affected by ACA; however, they did discuss knowing other vets that are not in compliance because they cannot afford to sign up.

*Do you or any member of your family use the “medical card” (Medicaid/Public Aid)? If so, how has your Medicaid (health) plan care affected how and where you receive services?*

None of the veterans use the medical card.

*What makes it difficult to live a healthy lifestyle in McHenry County?*

- McHenry County lacks adaptive recreational activities for veterans with disabilities. One veteran mentioned that he lived an active lifestyle before being injured while serving in Afghanistan. His outlet is now adaptive but he must now borrow equipment from Lake Forest
- Discounts are needed for veterans at fitness centers. Some places offer this but focus group members mentioned that most do not
- Most activities only take place during the day when most veterans are working.

*Anything else you want to tell us?*

One veteran stated, “Without this (TLS), I couldn’t really see much hope or survivability for some of our vets. Because it doesn’t matter if you are in your 80s or 30s or 20s, for some reason we’re all a little lost.”

Appendix C

**COMMUNITY LEADERS' ASSESSMENT OF  
HEALTH AND RELATED PROBLEMS INSTRUMENT**



Working together for a  
Healthier McHenry County

MCHENRY COUNTY  
COMMUNITY LEADERS' FOCUS GROUPS  
ASSESSMENT OF HEALTH AND RELATED PROBLEMS

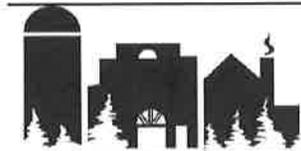
Please rate how much of a problem the following are in McHenry County. For topics you rate as a major problem, tell us why on the back.

<u>Health Condition</u>	<u>Major Problem</u>	<u>Moderate Problem</u>	<u>Minor Problem</u>	<u>Not a Problem</u>
Anxiety or panic disorders .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementias (including Alzheimers) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease or stroke .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory illness (COPD, chronic bronchitis, emphysema) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted diseases .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse of				
Alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription misuse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Health Services (Availability)</u>				
Dental/oral health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary health care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other Health Factors</u>				
Affordable housing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime, violence, and safety .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment opportunities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental issues .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any others? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix D

**SUMMARY OF FOCUS GROUP FINDINGS**

McHenry County Healthy Community 2016/2017  
**Focus Group Findings**



Working together for a  
Healthier McHenry County

Prepared by  
Deborah Lischwe  
Health Systems Research  
University of Illinois College of Medicine  
November 22, 2016

## Methodology

- Two types of focus groups: target populations and community leaders
- Community leader groups replace key informants used in 2014
- Four target populations selected and 50 community leaders identified
- Questions developed by McHenry County Healthy Community focus group subcommittee with guidance from HSR. Two sets of questions, one for each type of focus group, but with similar topics
- Some questions repeated from 2014 and 2010

## Target Populations

Group	Number	Meeting Place & Location	Date
Veterans	16	Transitional Living Services (TLS), McHenry	8/3
Parents of Low-Income Young Children	7	Verda Dierzen Early Learning Center, Woodstock	8/11
Parents/Persons with Mental Illness, Substance Abuse or Developmental/ Intellectual Disabilities	12	McHenry County Mental Health Board, Crystal Lake	8/18
Hispanic/Latino(a)s	3	Harvard Area Community Health Center	8/11
Hispanic/Latino(a)s	21	Garden Quarter Neighborhood Resource Center, McHenry	9/19
<b>Total</b>	<b>59</b>		

## Community Leader Groups

Meeting Place and Location	Number	Date
McHenry County Department of Health, Woodstock	11	8/16
McHenry County Mental Health Board, Crystal Lake	12	8/25
Harvard Area Community Health Center	6	9/15
<b>Total Community Leader Participants</b>	<b>29</b>	

In 2014, 21 key informant interviews (22 participants)

**TOTAL PARTICIPANTS, ALL FOCUS GROUPS = 88**

## Best Aspects of Living in McHenry County

### Target Populations

- Small town atmosphere
- Available resources and services
- Rural environment
- Access to major cities
- Good schools
- Feel safe
- Available jobs

### Community Leaders

- Sense of community, feeling of belonging
- Green, open space
- Family-friendly atmosphere
- Proximity to Chicago and Milwaukee
- Acceptance of Latino and LGBTQ populations

## Best Aspects of Working in McHenry County

### Remarks by community leaders

- Attitude that favors working together. Local organizations and agencies collaborate
- Strong network of social service organizations
- Mental Health Board provides sense of cohesiveness among agencies they fund
- Ease of recruiting high-level professionals due to amenities and lifestyle
- Living and working in same community

## Aspects Not Liked in McHenry County

### Remarks by target populations

- Lack of public transportation
- High cost of housing, property taxes
- Road infrastructure, congestion
- Discrimination towards Hispanic population by police
- Community feels less safe
- Financial constraints due to state budget and funding cutbacks
- Lack of employment for veterans

## Groups Needing Community Attention

### **Named by Three Community Leader FGs and Subcommittee**

Persons with Mental Illness, Substance Abuse, Intellectual/ Developmental Disabilities

Latino(a)/Hispanic Population

Low-income, Uninsured/underinsured, Medicaid Population

### **Named by Two Community Leader FGs or Subcommittee**

Homeless Population

Seniors

Veterans

LGBTQ Persons

### **Named by One Focus Group**

Victims of Domestic Violence

Youth

Persons without Cars

## Persons with Mental Illness, Substance Abuse, Intellectual or Developmental Disabilities

### Service Needs

- Transition services (high school to adulthood, crisis to recovery)
- Psychiatric care for Medicaid patients
- Children's inpatient hospitalization unit
- More rehabilitation services
- Residential, suitable living arrangements for adolescents, young adults w. mental illness, disabilities
- Educating professionals about dealing with special-needs children

### Barriers

- Stigma attached to mental illness
- Inadequate supply of psychiatrists
- Lack of affordable care
- Limited awareness of existing services
- Geographic spread of county
- Long waiting lists for housing for persons with disabilities
- Limited funding and political issues

## Hispanic/Latino Population

### Service Needs

- Access to medical care, especially specialists
- Access to dental care, basic and orthodontics
- Access to vision care
- Bilingual health providers and police
- Mental health care including Spanish-speaking counselors

### Barriers

- Lack of health insurance  
Many Hispanics are undocumented
- Lack of bilingual providers for medical, dental, mental health care
- Inadequate transportation, especially in and around Harvard

## Low-income, Uninsured/underinsured, Medicaid Population

### Service Needs

- Insufficient number of primary care providers, especially serving Medicaid patients
- Hospital birthing and delivery inpatient care closer to home
- Better public transportation throughout county

### Barriers

- Transportation
- No coordinated approach to help low-income families
- Limited health literacy
- Newcomers to county are not familiar with the concept of “community” nor appreciate its value

### Homeless

#### Service Needs

- Affordable housing
- No year-round shelter
- Options for youth who have no homes
- Safety concerns in congregate settings

#### Barriers

- Inadequate supply of affordable homes
- Attitude to keep affordable housing out, NIMBY

### Seniors

#### Service Needs

- Transportation
- Access to primary care and geriatric specialists
- Treatment for depression, substance abuse
- Supportive housing

#### Barriers

- Lack of comfort with common behaviors among elderly
- Inadequate supply of personal care assistants
- Lack of respite care for caregivers
- Some elderly suffer from elder abuse and exploitation

## Veterans

### Service Needs

- Medical services, esp. specialty care
- Better transition after military discharge
- Housing for homeless vets
- Substance abuse/addiction counselors

### Barriers

- Agencies serving vets do not always coordinate with each other
- Limited awareness of services
- Transportation to medical care, including door-to-door pick-up

## LGBTQ

### Service Needs

- Inadequate resources. No agency, service dedicated to serving them
- Number is growing, more visible now
- Educating personnel (police, hospital, emergency) about dealing with transgender persons
- Local clinicians who can treat transgender persons with hormones

### Barriers

- Inadequate training for providers to understand and help this population
- Failure to recognize and feel comfortable with transgender population

## Comparison 2016 to 2014 and 2010

- Same top three groups named in 2016 as 2014 and 2010
- Relative position shifted with persons with mental illness, substance abuse, disabilities mentioned most often in 2016, followed by Hispanic – reversed from 2014 and 2010
- Homeless mentioned in 2016, not 2014
- Underemployed adults named in 2014, not 2016

## McHenry County Health and Human Services Strengths

- Offer wealth of services, more resources than many counties
- Good quality and committed leadership
- High degree of collaboration
- Family Health Partnership and two FQHCs, Harvard Area Community Health Center and McHenry Community Health Center
- Mental Health Board has resources, works effectively to distribute them, maintains connectivity among agencies they fund
- 2-1-1 information and referral, yet more awareness needed

## McHenry County Health and Human Services Weaknesses and Gaps

- Lack of dental services for low-income, uninsured, Medicaid
- State budget problems have curtailed services
- Disconnect between social service providers and hospital/health systems about disease management and population health
- Lack of integrated health record for agencies serving same patient
- Not enough providers for underserved
- Delivery of care occurs as two-class system, depending on whether you have money/insurance or not
- Inadequate awareness, communication about available services

## McHenry County Health and Human Services Barriers

### **Barriers that Keep People from Using Existing Services**

- Inadequate public transportation to health services, treatment centers
- Language
- Not enough bilingual providers
- Lack of awareness and information about available services among providers and residents

### **Operational Barriers to Sustainability for Providers**

- State budget problems and cutbacks
- More competition for private grant monies
- Lack of support for health department, including core services
- Volunteer fatigue

## Comparison 2016 to 2014 and 2010

- Similar strengths, weaknesses, gaps
- Improved situation - delivery of mental health services
- Better access due to Family Health Partnership's move to Crystal Lake, expanded services at Harvard Area Community Health Center and McHenry Community Health Center
- State budget problems threaten local organizations ability to offer services

## Experiences with Local Services

- Family Health Partnership, Crystal Lake
- McHenry Community Health Center (part of Greater Elgin Family Care Center)
- Harvard Area Community Health Center
- Rosecrance
- Pioneer Center
- NAMI (National Alliance on Mental Illness) - McHenry County
- McHenry County Department of Health
- Woodstock Cooperative Dental Clinic
- Centegra Health System
- TLS (Transitional Living Services)
- Aunt Martha's, Carpentersville
- Veterans Assistance Commission
- Turning Point
- Home of the Sparrow

## Effects of New Insurance Options

### Affordable Care Act

- More people covered due to Medicaid expansion or purchased insurance through state's exchange
- Elimination of pre-existing conditions to deny coverage
- Fewer providers accept insurance plans offered through state's exchanges
- High deductibles on most affordable plans

### Medicaid

- Limited number of providers accept this form of coverage
- Tests and procedures limited
- Travel farther for services now
- Adults harder hit than children, most of whom qualify for AllKids (immigration status not asked for AllKids)

## Challenges to Living Healthy Lifestyle

- Misuse of opioids, more heroin use
- Lack of awareness of existing services
- Water resources (quantity) threatened in southeast corner of county; chloride levels up affecting water quality
- Affordable housing
- Non-profits are suffering due to lack of support
- Diet and lifestyle choices
- Veterans with disabilities (fitness factors)
- Hispanics face discrimination

## Biggest Health and Human Needs

- Dentists to serve low-income, esp. those on Medicaid. Adults on Medicaid almost entirely without dental care
- Pediatric dentistry
- Mental health care, specifically counseling for Medicaid population. Hispanics lack help for mental health problems
- Language barriers of Hispanic population for care, most importantly, mental health and dentistry
- Heroin use in county

## Ratings of Health Conditions

Rank	Health Condition	Mean <sup>1</sup>
1	Prescription misuse	3.68
2	Drug abuse	3.64
3	Depression	3.45
4	Alcohol abuse	3.43
5	Obesity	3.41
6	Diabetes	3.37
7	Heart disease or stroke	3.11
8	Dementias	3.05
9	Tobacco abuse	2.95
10	Anxiety/panic disorders	2.95
11	Cancer	2.90
12	Sexually transmitted diseases	2.89
13	Respiratory illness	2.75
14	Asthma	2.58

<sup>1</sup>Scale of problem severity 1=none, 2= minor, 3=moderate, 4=major problem.

- Prescription misuse and drug abuse top two. Considered “major” problem
- Next, with similar mean scores are depression, alcohol abuse, obesity, diabetes

## Ratings of Health Services

Rank	Availability of	Mean <sup>1</sup>
1	Substance abuse	3.61
2	Mental health	3.50
3	Dental/oral health	3.18
4	Primary health care	3.00

<sup>1</sup>Scale of problem severity 1=none, 2= minor, 3=moderate, 4=major problem.

- Availability of substance abuse services rated at top of problem scale
- Next is mental health care availability and dental, both rated above “moderate” problem level

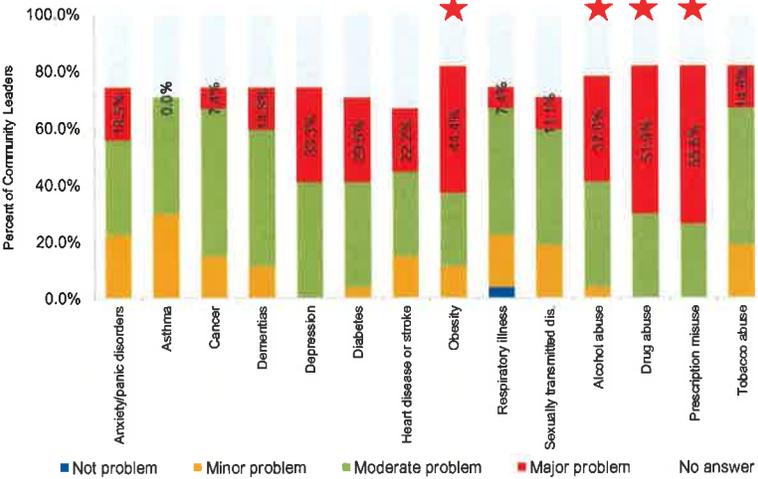
# Ratings of Health Factors

Rank	Health Factor	Mean <sup>1</sup>
1	Affordable housing	3.81
2	Public transportation	3.67
3	Employment opportunities	2.81
4	Environmental issues	2.33
5	Crime, violence, safety	2.25
6	Education	2.12

<sup>1</sup>Scale of problem severity 1=none, 2= minor, 3=moderate, 4=major problem.

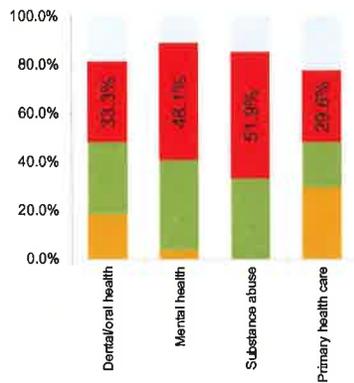
- Affordable housing rated at top of problem scale
- Next is public transportation
- Both of these factors rated as “major” problems

# Ratings of Health Conditions

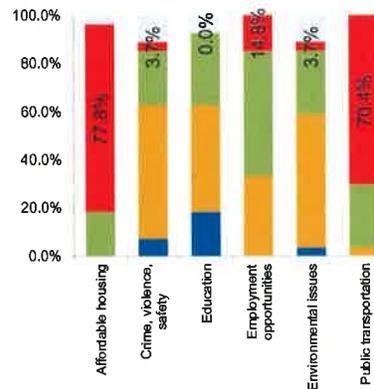


## Ratings

### Health Services



### Health Factors



## Community & Health Problems

- Public transportation
- Mental health, substance abuse service availability – psychiatry (Medicaid), children's inpatient, rehabilitation, transition, counseling
- Dental care access
- Primary and specialty care for underserved
- Misuse of opioids/other prescription meds, more heroin use and drug abuse
- Lack of awareness about existing services
- Affordable housing
- Lack of bilingual providers
- Rated as moderate to major community health problems
  - Depression
  - Alcohol abuse
  - Obesity
  - Diabetes