McHenry County Department of Health
Illinois Project for Local Assessment of Needs (IPLAN)
A Process for Local Health Department Certification

IPLAN 2017-2021

Adopted – February 27, 2017
McHenry County Board of Health
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February 27, 2017

Tom Szpyrka
IPLAN Administrator
Illinois Department of Public Health
525 West Jefferson Street
Springfield, IL 62761

Dear Mr. Szpyrka:

The McHenry County Department of Health is pleased to submit its IPLAN, Community Health Improvement Plan along with a Community Needs Assessment. The McHenry County Board of health at its February 27, 2016 meeting, reviewed and adopted the health priorities and plans that address them. This effort was the result of dedicated staff and community partners who embrace a proactive approach to community needs and well being of McHenry County residents.

The McHenry County Health Improvement Plan was the culmination of the McHenry County Healthy Community Study completed in January of 2017. In addition, the McHenry County Department of Health utilizes the MAPP process to implement health, mental health and community priorities that come from the study.

The Needs Assessment and Improvement Plan are being submitted to comply with requirements of the Illinois Administrative Code, Part 600.400(d). The plan will help direct and prioritize community efforts for upcoming years.

An Organizational Capacity Assessment of the McHenry County Department of Health was conducted and reviewed at its January 2016 Board of Health meeting. The assessment identified strengths and weaknesses as well as areas for ongoing evaluation.

If you have questions or need additional information about the assessment or the health improvement plan, please contact Mike Hill, Public Health Administrator.

Respectfully,

Mary Foscz
President, McHenry County Board of Health
Executive Summary

The McHenry County Department of Health is proud to introduce its Community Health Plan known as the Illinois Project for the Local Assessment of Need (IPLAN). This plan will address defined priority health issues for the next five years. The Community Health Plan will fulfill the Department of Health’s recertification requirements for the 2016 to 2021 timeframe.

The foundation of the Community Health Plan is built on the integration of two planning models, the Healthy Community Study and MAPP, Mobilizing for Action through Planning and partnerships. The combination of the extensive data from the Healthy Community Study with the action driven steps of MAPP, has provided McHenry County with successful ongoing projects since 2006.

The data that drives and substantiates the Community Health Plan is the result of a yearlong needs assessment study conducted in 2016 known as the Healthy Community Study. The Department of Health was the lead agency on the study and invited several of its community partners to participate and fund this endeavor. Those agencies include: Advocate Health Care (Good Shepherd Hospital and Sherman Hospital), Centegra Health System, Community Health Partnership, Greater Elgin Family Care Center, McHenry County Mental Health Board, McHenry County Substance Abuse Coalition, Rosecrance and the United Way of McHenry County. The Healthy Community Study partners contracted Health System Research, College of Medicine at Rockford to conduct a community survey (web-based and paper), conduct focus groups (at risk populations and community leaders), assist with the development of a community analysis, provide an analysis of the full study and assisted with the top community and health priority issue selection. The list of priority issues include:

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<tr>
<th>Health Priorities</th>
<th>Community Priorities</th>
<th>Mental Health Priorities</th>
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<tr>
<td>1. Diabetes</td>
<td>1. Transportation*</td>
<td>1. Mental health and substance abuse service availability*</td>
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<td>2. Lack of awareness about community services</td>
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<td>4. Cancer</td>
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<td>4. Suicide</td>
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*Identified in former Healthy Community Studies

For the purposes of the Community Health Plan, the McHenry County Department of Health will be focusing on the top 3 health priorities listed above, diabetes, cardiovascular disease and obesity. The remaining priorities as well as other priorities that came out of the study will addressed by other community groups.

The Community Health Plan displayed in this document will provide goals and objectives for the next 5 years. The goals of the plan are linked to Healthy People 2020 goals outlined by the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. The implementation of the Community Health Plan is conducted by a community partnership...
known as the McHenry County MAPP group (Mobilizing for Action through Planning and Partnerships). McHenry County has used MAPP for implementing priorities since 2006 and has sustained a significant membership of community partners.

Work groups for each priority will be challenged to address the goals and objectives by developing action plans that have measurable outcomes, align with the core functions of public health and support the vision and value statements of the MAPP organization.
Community Health Needs Assessment

Introduction

The McHenry County Department of Health has a fifty year history of providing community health services to its residents. Services provided by the Department have increased and evolved over the years. To meet the needs of the community, the Department has reached out to other service providers and stakeholders whose input aided in the developing a five year Community Health Plan that will address identified priorities. The Community Health Plan also referred to as the Illinois Project for Local Assessment of Need (IPLAN), exhibits the core functions of public health, address indicators outlined in ten essential services of public health, aligns with Healthy People 2020 goals and directly reflects the Department’s mission statement.

The mission of the McHenry County Department of Health is to prevent disease and promote and protect health and safety within McHenry County. This shall be accomplished by investigating, assessing and implementing solutions to health and safety needs through collaborative community involvement, education and data collection.

McHenry County Department of Health Mission Statement, January 2016

The Community Health Plan also meets the mandated requirements by the Illinois Department of Public Health (77 ILL. Adm. Code 600) for the certification of local public health departments.

Community Participation

Partnerships and collaborations are the backbone in the delivery of services to residents. McHenry County is fortunate to have a strong partnership network within the health and human service system throughout the McHenry County. The partnership that involved with the Healthy Community Study (HCS) has been in place for many years. The organization structure of this project is broken into 2 components; core group whose responsibility was to oversee and fund the project and an advisory group who provided study information and input. The McHenry County Department was the lead agency with the project and invited Health System Research, College of Medicine with the approval of the core group to lead and conduct the study.

The information and data from the study will be used by another planning process group known as MAPP, Mobilizing for Action through Planning and Partnerships. MAPP will be responsible for developing an action plan to the priorities listed in the study. Community participation in MAPP is more extensive and has led to many successful projects. Each workgroup formed under MAPP is responsible for the goals and objectives of a single priority. All workgroups report to a core MAPP committee who is responsible for the oversight and review of all workgroup activities.

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<th>Agency</th>
<th>HCS Advisory</th>
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<td>Advocate Health System</td>
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<td>Community Health Partnership of Illinois</td>
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Methodology

The IPLAN Community Health Plan is built on the integration of two separate planning models, the Healthy Community Study and MAPP. By combining planning models, the IPLAN can take advantage of the data driven processes of the Healthy Community Study with the continuous quality improvement cycle of the action plan in MAPP. The integration of these models has proven successful in previous IPLAN cycles and has created positive outcomes for McHenry County. Similar IPLAN projects were completed in 2007 and 2012.

Healthy Community Study

The Healthy Community Study provided a thorough look at the health of McHenry County by evaluating several health related topics from three different perspectives. The study consisted of a community survey, focus groups and a community analysis. The goal of the study was to examine the current health status, demographic trends, social and economic indicators, health behaviors and utilization of health services.

*The Community Survey* was drafted by the Healthy Community partners and made available to all persons 18 years and older who live or work in McHenry County. The design and questions in the survey are similar to those done in 2006, 2010 and 2014. It was produced in English and Spanish and the survey was available online and in hard copy. Questions in the survey covered:

- Availability of community features
- Accessibility of community features
- Access to care
- Physical, mental and overall health
- Household family and financial issues

The survey was available for seven weeks from June 27, 2016 through August 18, 2016. Paper surveys were distributed by several community organizations as were available at community functions, though the majority of responses came from the online version. The total number of surveys returned was 1090, of those 774 electronic and 316 paper. Results of the Community Survey can be found in Appendix C.

**Focus Groups** were conducted to get input from residents who utilize the health and human service system as well as focus groups from community leaders.

Target populations who participated in focus groups included:

- Veterans (16 participants)
- Low income parents of young children (7 participants)
- Parents or persons with mental illness, substance abuse or developmental/intellectual disabilities (12 participants)
- Hispanic/Latino(a)s (24 participants)

A total of three community leader focus groups were conducted in three different venues throughout the county with twenty nine (29) total participants.

The topics discussed during were agreed upon by the HCS partnership and include repeat issues that were used in 2010 and 2014. The topics include:

- 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

The Community leaders were also asked to assess the severity of 15 health conditions, availability of four health service types and six health factors in McHenry County using a four-point scale from not a problem to major problem. Results can be found in Appendix D.

**The Community Analysis** was completed by Benjamin Baer, Epidemiologist for the McHenry County Department of Health and provides a comprehensive overview of McHenry County with data from secondary sources of information. Topics include population size, migration, race/ethnicity, language, ancestry, age, gender, income, employment, household structure, crime, births, deaths, health behaviors, morbidity, hospitalization, and health care utilization. The most current data as of December 2016 are shown along with historical data as well as state and national comparisons.
Data for the Community Analysis come from a variety of federal, state and local sources with the U.S. Census Bureau and National Center for Health Statistics (NCHS) providing an abundance of local data. Data and key findings can be found in Appendix E.

**Prioritization Process**

At the completion of the Healthy Community Study, the contractor for the study, Deborah Lischwe, Health System Research assembled a list of priority issues that were raised in each of the study components. The list was reviewed with the Healthy Community Study partners with a discussion on each issue and where it was found in the study. The list contained the following issues:

- Public transportation (all, seniors, persons w. disabilities)
- Mental health, substance abuse service availability
- Dental care access
- Cardiovascular risk factors: high blood pressure, high cholesterol
- Obesity
- Depression, anxiety, panic disorders
- Healthy lifestyle factors: biking/walking paths, recreation, parks, fitness
- Housing, affordable
- Primary and specialty care for underserved
- Misuse of opioids/other prescription meds
- Alcohol, drug use and other substances
- Lack of awareness about existing services
- Lack of bilingual providers
- Diabetes
- Sexually transmitted diseases
- Suicide
- Arthritis
- Asthma
- Cancer

The group then used the Hanlon Method for prioritizing each issue. Each member was asked to score the list using the following using a scale of 1-10 on the criteria below:

- Size of the problem
- Seriousness of the problem
- Intervention Potential

The top results were tallied and separated into categories:

- Physical health priorities
  - Obesity
  - Cardiovascular risk factors
• Mental Health
  o Mental health, substance abuse service availability
  o Depression, anxiety, panic disorders
  o Suicide
• Substance Abuse
  o Alcohol, drug use and other substances
  o Misuse of opioids/other prescription meds
• Community priorities
  o Lack of awareness about existing services
  o Public transportation (all, seniors, persons with disabilities)
  o Housing, affordability

For the purposes of IPLAN, the priorities that will be addressed are the top three physical health priorities, obesity, cardiovascular disease and Diabetes. MAPP will also address mental health and substance abuse issues with leadership through the McHenry County Mental Health Board.

MAPP

The McHenry County Department of Health has been using MAPP to implement strategies to health priorities since 2006. The MAPP process and the Healthy Community Study have similar components, but where MAPP excels is with its action cycle. The MAPP action cycle is a continual process of planning, implementing, evaluation and planning. The process cycles is shown below.

The timing of the action cycle is variable based on the priority being addressed. Typically, each action cycle is evaluated quarterly by the workgroup and presented to core group. Each year, an annual MAPP meeting allows for other workgroups to inform the entire MAPP community of all actions plans.
Health Status of McHenry County

Demographic Profile

McHenry County, located in northeastern Illinois, is approximately 45 miles northwest of Chicago. Once primarily an area for agriculture and recreation, it is rapidly becoming increasingly urban and part of suburban Chicago. The total land area of McHenry County is 604 square miles, yielding a population density of 511.9 persons per square mile, more than double that of the State’s overall population density of 231 persons per square mile, according to the 2015 American Community Survey. The distribution of population is greater in the southeast corner of the County and gradually becomes more rural in the north and northwest portions of the County.

Population trends – McHenry County’s population has stayed stable since the 2010 census, with 307,357 people in the county per the 2015 American Community Survey 5-year estimate. This represents a net loss of 1,469 people between 2010 and 2015. This was a 0.5% decrease from the 2010 U.S. Census count and an 18.2% increase from the 2000 U.S. Census count. McHenry County is the sixth most populous county in Illinois.

Migration – There was net out-migration from McHenry County with a loss of an estimated 8,702 people from 2010-2015. Approximately 74% of those who move to McHenry County are from Illinois and 66% are moving to McHenry County from one of the collar counties (includes Cook, DuPage, Kane, Kendall, Lake and Will Counties), according to tax files from the Internal Revenue Service. Of residents moving from McHenry County, approximately 59% moved to a different county in Illinois, most commonly a collar county.

Race/Ethnicity - The race/ethnic distribution for McHenry County was 81.8% non-Hispanic White, 12.6% Hispanic, 2.9% Asian, 1.2% non-Hispanic two or more races, 1.4% non-Hispanic Black, and less than 1% of other non-Hispanic groups (2015 American Community Survey 1-year estimates). Since the 2010 Census, the non-Hispanic Black, Asian and Hispanic populations have slightly increased.

Age - The age structure in McHenry County is slightly younger than the Nation overall; however, the County has a higher proportion of adults 35 – 64 years old than National distribution resulting in a higher median age for the County. The County’s median age, according to the 2015 American Community Survey was 40.1, whereas the U.S. was 37.8 years. The proportion of McHenry County age groups 65 and older is smaller than the Nation, whereas the proportion of children between the ages of 5-14 is 14.2%, which is above the National level of 12.8%.

Economic Status – According to the Census Bureau’s 2015 American Community Survey, the median household income for the County is $77,222 which is higher that the State ($57,574) and Nation ($53,889). Since the 2010 Census, household income for McHenry County has remained fairly stable and is within the margin of error.
General Health and Access to Care

The fifth Round (2010-2014) Illinois Behavioral Risk Factor Survey (IBRFS) as well as the McHenry County 2017 Healthy Community Study measured the perception of health in McHenry County. According to BRFS results, three in five (57.7%) McHenry County adults considered themselves to be in good or excellent health. This was higher than Illinois at 50.1%. Among McHenry County adults, 36.5% experienced one or more non-good mental health days during the past month, which was higher than the percent of Illinois adults at 39.2%.

Access to health care was measured in the McHenry County 2017 Healthy Community Study. Focus groups participants cited access to health and dental care for those on public aid or without insurance as a concern. The participants stated that they had a difficult time finding physicians, especially specialists and dentists, who would accept Medicaid/Medicare. Nevertheless, according to the IBRFS, 92.4% of adults have some type (public or private) of health care coverage. Only 13.7% reported that they avoided going to the doctor due to cost, which is within the margin of error for the state estimate. At the same time, 78.9% of adults reported that they had been to the dentist in the past two years. According to the 2017 McHenry County Healthy Community Study, Household Survey, 11.8% of adults reported that they were unable to receive medical, dental or mental health care for themselves or a family member. Reasons cited for not receiving medical care included being unable to afford deductible or co-pay (34.1%), not having health insurance (28.7%), insurance did not cover the medical service (27.9%), the cost of prescriptions was too high (26.4%), and the wait for appointments was too long (18.6%). The majority of households did not report being unable to receive dental care (77.6%). Of those who did not receive dental care the number one reason was not having dental insurance (55.0%).

According to the same survey, 91.5% of households have insurance coverage for everyone in the household. Only 1.5% lack insurance for every member of the household with 6.4% reporting that some member had insurance and some did not. This question was asked differently in previous surveys so cannot be directly compared but appears to be a decrease. For most households every member of the household had a primary care doctor or clinic at 81.9%. Respondents representing the households who did not have primary care for every member were more likely to be age 18-29, lack schooling beyond high school, live in the rural northeast of the county, and receive financial assistance.

Maternal & Child Health

In 2014, McHenry County recorded the 3,266 births for a birth rate of 10.6 per 1,000 population, the third lowest in more than thirty years. The County’s birth rates have been declining since 1990. The birthrate is, lower than the State (12.3) and the Nation (12.5). The County’s birth rate started trending lower than the State and National rates in 2006, where previously, the County had been higher for both State and National rates since the mid-1980s. In 2014, 75.9% of births were to non-Hispanic White mothers, 19.4% to Hispanic mothers, 3.1% to Asian mothers and 1.6% to all others. During 2014, only 3.8% or 125 births were to teen mothers, which was
approximately half that of the Illinois and U.S. percentages, at 6.0% and 6.2%, respectively. The percent of births to teen mothers in the County has remained relatively stable since 1990, and is consistently lower than the State and National figures.

The Centers for Disease Control and Prevention WONDER database reported that only 6.4% of births to McHenry County mothers were considered to be of low birthweight (<2,500 grams or 5lbs 8oz) in 2014, which is lower than the State and National percentages at 8.3% and 8.0%, respectively. Of those low birth weight infants, 0.9% were very low birthweight (<1,500 grams or 3lbs 5 oz). The percent of low birthweight babies increased slowly since 1980 and was comparable to State and National rates in 2014.

According to the Centers for Disease Control and Prevention WONDER database, 85.1% of births during 2014 received first trimester prenatal care, which was higher than the State at 77.8%. Early prenatal care is essential to a healthy pregnancy.

According to Illinois Department of Public Health, McHenry County recorded 15 infant deaths during 2013 at a rate of 4.7 per 1,000 live births. The County’s infant mortality rate has been consistently lower than the State and National rates and has decreased in recent years.

**Chronic Disease**

Measuring and analyzing chronic conditions has become an important aspect of a community’s health status. According to the 2014 Illinois Behavioral Risk Factor Surveillance System, 27.1 % of McHenry County adults reported having arthritis, 11.0% had asthma, 8.3% had diabetes, 26.5% are obese, and 13.4% are current smokers. These five self-reported conditions were lower than the State prevalence but higher than the Collar County average.

In 2014, almost four in five (73.5%) McHenry County adults considered themselves overweight or obese, which was higher than the percent of all Illinois adults at 70.5%. One in five (20.5%) McHenry County adults were considered at risk for binge drinking, equivalent to the states rate (20.3%).

**Mortality**

During 2014, McHenry County recorded its highest number of deaths at 2,031, with an age-adjusted mortality rate of 7.0 deaths per 1,000 population, which was lower than the State and National rates – both at 7.3 and 7.2 per 1,000 population. The County’s mortality rate has generally been declining since the late 1980s.

When comparing deaths by age group, McHenry County experiences a lower death rate than the U.S for all age groups measured except for those aged 85 years and over. Most notably, the mortality rates for those 35-44 years and 45-54 years old were 28% and 35% respectively, less than the National mortality rates.

For 2015, the leading causes of death for McHenry County residents included cancer, heart disease, stroke, chronic lower respiratory disease (formerly COPD), accidents and strokes. The combination of cancer and heart disease accounted for almost half of the deaths in McHenry
County. Mortality rates for suicide and chronic liver disease in 2014 were higher than the State rates but below national rates. All other causes had a lower rate than the state and nation. For 2012-2014, the top two causes of death were cancer with a rate of 166.2 per 100,000 population and heart disease with a rate of 138.3 per 100,000 population.

For 2015, slightly more than one out of every four (26.2%) deaths of McHenry County residents occurred prematurely (before the age of 65 years), which was slightly lower than the U.S. at 26.9%. Among those, 94.6% of congenital malformations, 89.2% of suicides, 71.1% of accidents and 66.0% of chronic liver disease deaths were considered premature.

**Communicable Disease**

According to the McHenry County communicable disease surveillance data for 2016, the most commonly reported gastrointestinal illnesses were salmonellosis (39 cases), shigellosis (21 cases), and cryptosporidiosis (17 cases). The most commonly reported vaccine preventable diseases were pertussis (106 cases), varicella (chickenpox) (35 cases), and Hepatitis B (acute & chronic) (10 cases). Among sexually transmitted infections, McHenry County reported 495 cases of Chlamydia and 56 cases of gonorrhea at rates of 160.3 and 18.1 per 100,000 population, respectively. Both of these rates have been increasing since 1990 but remain substantially lower than the State rates. In 2016, there were 8 cases of HIV (non-AIDS) and 5 cases of AIDS reported for the County.

**Hospitalizations**

McHenry County is home to five hospitals - Centegra Hospital Woodstock, Centegra Specialty Hospital, Centegra Hospital McHenry, Centegra Hospital Huntley, and Mercy Harvard Hospital. Also serving McHenry County residents is Advocate Good Shepherd Hospital, which borders Lake and McHenry counties and Provena Saint Joseph Hospital on the Kane and McHenry County border.

According to the Illinois Hospital Association, McHenry County residents in 2016 had a lower hospitalization rate (989.7 per 10,000 population) than the Illinois rate for 2016 (1,030.3). Excluding hospitalizations for childbirth; the leading reasons for hospitalization during 2009 included psychoses, joint replacement, digestive disorders, alcohol/drug abuse and septicemia.

**Sentinel Events**

**Accidents**

There were 142 deaths from injury in McHenry County, most commonly due to poisoning at 48 deaths followed by falls and motor vehicle accidents, which both had 29 deaths.

**Crime & Violence**

**Crime Rates**

The index crime rate for 2015 in McHenry County was 1,095.1 crimes per 100,000 population according to the Illinois State Police. The County crime rate has remained relatively stable since
1999, while the number of crimes has increased over time. The County’s crime rate in 2015 was approximately 48% less than the State.

**Homicide Rates**

According to the Centers for Disease Control and Prevention (CDC), there were 2 homicides among McHenry County residents during 2015.

**Assault Rates**

According to the 2015 Illinois State Police, there were 70 arrests for forcible rape and 208 arrests for aggravated assault in McHenry County, at rates of 22.8 and 67.7 arrests per 100,000 population.

**Substance Abuse & Mental Health**

**Substance Use**

In 2016, under half (43%) of McHenry County high school seniors who participated in the Illinois Youth Survey reported using alcohol, nearly one quarter used marijuana (24%) and one third used tobacco products including E-cigarettes (34%). Other substances were less common, with only 3% of seniors admitting to cocaine/crack use, 6% for hallucinogens, 4% prescription drugs not prescribed to them, and only 1% used inhalants.

**Motor Vehicle Arrests and Accidents**

During 2014, there were 782 arrests for driving under the influence (DUI) in the County at a rate of 361.1 per 100,000, and the rate has been decreasing since 2002. McHenry County’s DUI arrest rate is consistently higher than the State. During 2014, there were 18 fatalities associated with motor vehicle accidents and 1,303 people injured. The CDC has determined that 32% of all traffic-related fatalities in the U.S. involve alcohol and 18% of motor vehicle driver deaths involve drugs other than alcohol (e.g., marijuana and cocaine).

**Mental Health**

In the 2010-2014 IBRFSS, 13.7% of adults surveyed in McHenry county reported having more than one week of poor mental health during the past month, which is the same as from 2008 and an increase from 2006 (10.1%) and 2002 (8.5%). Conversely, 63.5% of adults reported having all good mental health days during the past month, which increased since 2008 and is higher than the State (62.0%).

**Suicide Rates**

In 2014, there were 39 suicides reported among McHenry County residents at an age-adjusted rate of 11.6 per 100,000 population, which was higher than the State with a mortality rate of 10.1 per 100,000 population but lower than the nation at 12.7 per 100,000 population. Nine in ten (89.2%) suicides during 2010-2014 were in persons under the age of 65, which was higher than the nation (83.3%).
HEALTH IMPROVEMENT PLANS

CARDIOVASCULAR DISEASE

DIABETES

OBESITY

2017-2021
STATEMENT OF PURPOSE

The priorities addressed in the community health plan were selected from a large list of health and community issues in the 2017 Healthy Community Study. This type of study is used to measure the health of McHenry County through three different perspectives that result of a vast amount of qualitative and quantitative data. The perspectives outlined in the study come from the community as a whole in the form of a community study, focus groups of target populations that use and need the health and human system of McHenry County and lastly, focus groups of community leaders that provide information from a system perspective. In addition, a community analysis consisting on secondary data sources provide a comprehensive overview of McHenry County in a variety of topics including population size, migration, race/ethnicity, language, ancestry, age, gender, income, employment, household structure, crime, births, deaths, health behaviors, morbidity, hospitalization, and health care utilization. The study has identified several issues in the County. When issues are identified by all 3 different perspectives, they are classified as priority issues.

In the 2017 Health Community Study, and through a prioritization process with community stakeholders, the top three health related priority issues that were identified are cardiovascular disease, diabetes and obesity.

Cardiovascular Disease
The 2 main components of cardiovascular disease are heart disease and stroke. According the Centers for Disease Control and Prevention, about 610,000 people die of heart disease in the United States every year which comes to 1 in every 4 deaths. In McHenry County, 567 deaths related to cardiovascular disease in 2015 accounted for heart disease as being the 2nd leading cause of death. Stroke was the 5th leading cause of death.

The 2017 Healthy Community Study, Community Survey reported of the 20 health conditions surveyed that blood pressure was the number one condition at 17%, while high cholesterol was third at 13.2%. Community leaders ranked heard disease or stroke in the middle of 14 conditions and a moderate or major local health problem.

Cardiovascular disease has also been the focus of concern with McHenry County and has been listed as a priority health issue since 2006. The MAPP workgroup assigned to cardiovascular disease have spent time and resources addressing the risk factors that cause heart disease and stroke. Moving forward, the workgroup will continue their efforts utilizing the Framingham Heart Age Tool. This successful endeavor provides meaningful information for those who take it and it comes with education and prevention steps one can take to address the risk factors of heart disease. A second focus will center on age groups below 30 with prevention and education as goals.

The desired impact on McHenry County will be to reduce the death rate related to cardiovascular disease by lowering and managing high blood pressure, cholesterol and other risk factors.

Diabetes
The Centers for Disease Control and Prevention report that more than 29 million Americans are
living with diabetes and estimate that 86 million Americans are living with prediabetes which in itself is a serious condition that increases the risk of type 2 diabetes and other chronic diseases.

In McHenry County, diabetes is the 6th highest cause of death. There were 69 deaths due to diabetes in 2014, which is twice as high in numbers as it was 2 decades ago. The Behavioral Risk Factor Survey 2014 shows that 8.3% of McHenry County adults aged 18 years and older have diabetes, a level that surpasses the collar counties who are at 7.7%.

The 2017 Healthy Community Study, Community Survey reported that 7.3% have been diagnosed which is slightly higher than the 2014 study at 7.1%. Focus groups of target populations mentioned that diabetes is common among them. Among the Community leaders in focus groups, 94.7% ranked diabetes as moderate or major local health problem.

The risk factors for diabetes include modifiable (obesity, inactivity) and non-modifiable factors (age, genetics). The MAPP workgroups will address diabetes with education and prevention. It is the intention to work diabetes efforts in the other health related workgroups of cardiovascular disease and obesity as there many commonalities in terms of prevention and education.

The desired impact on McHenry County will be to reduce the death rate related to diabetes by increasing the proportion of adults who receive diabetes education and increase the prevention behaviors for those diagnosed with diabetes.

**Obesity**

Both nationally and locally, obesity rates are at an all-time high. Weight is a key determinant in health status. Healthy weight, good nutrition and an active lifestyle influence health status throughout an individual’s life helping to reduce the rates of hypertension, high cholesterol, diabetes, heart disease, stroke and some cancers.

Defined as a priority in 2010 and 2014, obesity continues to remain one of the top health priorities for 2017. In the 2017 McHenry County Household Survey, 15.3% of respondents reported that someone in their household was obese or overweight compared to 8.8% in 2010. According to the 2014 Behavioral Risk Factor Surveillance Survey, 36.3% of McHenry County adults are reported to be overweight and 26.5% are reported to be obese. This translates to six in ten McHenry County adults are considered to be overweight or obese.

The MAPP Obesity workgroup will continue to advance objectives through a multifaceted collaborative approach in McHenry County. In order to increase knowledge about the importance of physical activity, social media campaigns will be initiated through several different media sources. Additionally, the McHenry County Department of Health (MCDH) will continue to collaborate with the Northern Illinois Food Bank and the University of Illinois Extension to increase health education/obesity prevention in the local food pantries. In partnership with the hospital systems, the Obesity workgroup will educate physicians and other health care providers about the Medical Nutrition Therapy insurance benefits for those with a BMI over 30. Lastly, in order to increase active transportation, MCDH will increase local initiatives through a partnership between health, planning and transportation organizations.
The desired impact of the Obesity workgroup is to decrease the number of McHenry County adults who are considered obese and increase the number of adults who fall in the normal weight category.

References

1. CDC, NCHS. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed Feb. 3, 2015
Health Improvement Plan
CARDIOVASCULAR DISEASE

IPLAN 2017-2021
Priority Health Concern

Cardiovascular Disease

The prevalence of heart disease and stroke, the two principal components of cardiovascular disease, account for more deaths among both genders and all racial and ethnic groups in the United States than any other disease, according to the Centers for Disease Control and Prevention.

**Risk Factors**

- **High Blood Pressure.** Blood pressure that is uncontrolled can affect the heart and other major organs.
- **High Cholesterol.** Narrowing of the arteries decreases the blood flow to the heart, brain and kidneys.
- **Diabetes.** Too much sugar in the blood is damaging to the heart. The risk of death from heart disease for adults with diabetes is two to four times higher than adults who do not have diabetes.
- **Unhealthy Diet.** A diet high in saturated fats, trans fat, and cholesterol have been linked to heart disease.
- **Physical Inactivity.** Lack of physical activity can lead to heart disease.
- **Obesity.** Having excess body fat is linked to heart disease, high blood pressure and diabetes.
- **Alcohol.** Drinking too much alcohol can raise blood pressure and increase the risk for heart disease.
- **Tobacco Use.** Using tobacco increases the risk for heart disease and heart attacks. Smoking as well as secondhand smoke damages the heart and blood vessels.
- **Genetics and Family History.** Those with a family history of heart disease are more likely to have an increased risk of cardiovascular disease.

According to the 2017 McHenry County Healthy Community Study, Cardiovascular disease accounted for 567 McHenry County resident deaths in 2015. Heart disease ranks as the second leading death cause in McHenry County, while stroke is fifth – together they represent more deaths than any other cause (2012-2014). Both heart disease and stroke are less common than they were a decade ago, and the county's age-adjusted death rates for these causes fall below the state and nation.

As a significant reason for hospitalization, heart disease was responsible for five of the top 25 non-birth related diagnoses of McHenry County resident inpatient hospitalizations in 2016 including the sixth highest, heart failure and shock with major complications.

According to the 2017 McHenry County Household Survey, of 20 health conditions diagnosed by a health professional, high blood pressure is number one among survey respondents and their
household members, while high cholesterol is third. Shown below are the prevalence of the three heart disease related conditions listed in the survey.

2021 Outcome Objectives

By the year 2027, reduce the death rate from heart disease in McHenry County to no more than 65.0 per 100,000 based on Healthy People 2020 target of 20% improvement. Baseline: McHenry County age-adjusted death rate (2015) for ischemic heart disease is 80.7 per 100,000 population, Illinois Department of Public Health.

As of 2017, the death rate from heart disease in McHenry County has dropped to 80.7 deaths per 100,000 (Source: Illinois Department of Public Health).

2021 Impact Objectives

High Cholesterol

By the year 2021, reduce the proportion of McHenry County adults with high total blood cholesterol levels by 2 percent (31.65) (10 percent improvement over 10 years - target set by Healthy People 2020). Baseline: 32.3 percent 2015 IBRFSS.

High Blood Pressure

By the year 2021, reduce the proportion of McHenry County adults with high blood pressure by 2 percent (21.46) (10 percent improvement over 10 years - target set by Healthy People 2020). Baseline: 21.9 percent 2015 IBRFSS.

Healthy Weight

By the year 2021, increase the proportion of McHenry County adults who are at a healthy weight by 2 percent (37.94) (10 percent improvement over 10 years – target set by Healthy People 2020). Baseline: 37.2 percent (2014 BRFSS).

Process Objectives
The Cardiovascular MAPP Workgroup is continuing to use the Heart Age tool which is based on the Framingham Heart Study. Partners for this initiative include McHenry County Department of Health, Centegra Health System, Advocate Health Care and other community MAPP partners. The tool is an opportunity for face-to-face health education. For clients over the age of 30, the tool consists of a blood pressure reading as well as education on cardiovascular risk factors. After a simple calculation, the client receives a score that provides them with their heart age versus their biological age. To date, the tool has been given to over 2800 individuals.

By the year 2021, the Cardiovascular MAPP Workgroup will administer an additional 3,000 Heart Age Screenings and prevention education to McHenry County residents.

The Cardiovascular MAPP Workgroup is also working on a cardiovascular program for those under the age of 30. Data show that it is important to stress a healthy lifestyle early on. The program for those under the age of 30 would educate them on the risk factors for cardiovascular disease, and them on how to prevent an unhealthy lifestyle. This tool is expected to be completed by 2018.

By the year 2021, the Cardiovascular MAPP Workgroup will educate 1,000 residents under the age of 30 on healthy lifestyle/measures to prevent heart disease.

**Community Resources**

The Cardiovascular MAPP Workgroup consists of the following:

- Advocate Good Shepherd Hospital
- Centegra Health System
- Community Health Partnership of Illinois
- McHenry County Department of Health
- McHenry County Medical Reserve Corps
- Senior Services Associates, Inc.

**Funding**

Funding for this project has come from in-kind contributions.

**Evaluation**

A centralized database is maintained with heart age study results. Impact objectives are monitored by the updates to the BRFSS and the McHenry County Healthy Community Study.
Priority Health Concern

Diabetes

Description

Diabetes is a serious public health concern. The Centers for Disease Control (CDC), states that although the rate of new cases of diagnosed diabetes in the United States has begun to fall, the numbers are still very high. More than 29 million Americans are living with diabetes, and 86 million are living with prediabetes.

The Centers for Disease Control and Prevention (CDC) is working to reverse the US diabetes epidemic by tracking disease trends, focusing on prevention, identifying effective treatments, and improving medical care.

Diabetes complications and related conditions include the following:

- **Heart disease and stroke**: People with diabetes are twice as likely to have heart disease or a stroke as people without diabetes—and at an earlier age.

- **Blindness and other eye problems**: Diabetic retinopathy (damage to blood vessels in the retina), cataracts (clouding of the lens), and glaucoma (increase in fluid pressure in the eye) can all result in vision loss.

- **Kidney disease**: High blood sugar levels can damage the kidneys long before a person has symptoms. Kidney damage can cause chronic kidney disease, which can lead to kidney failure.

- **Amputations**: Diabetes damages blood vessels and nerves, particularly in the feet, and can lead to serious, hard-to-treat infections. Amputation is sometimes necessary to stop the spread of infection.

Evidence

According to the 2014 Behavioral Risk Factor Surveillance Survey, 8.3% of McHenry County adults are reported to have been diagnosed with Diabetes. The 2017 McHenry County Household Survey also revealed that 7.3% of respondents or someone in their household has been diagnosed with Diabetes.

Diabetes accounted for 49 deaths in McHenry County in 2015, an age-adjusted rate of 15.4 per 100,000 population. During the period of 2011 to 2015, diabetes ranked seventh highest among leading causes of death for McHenry County white population and fifth for Hispanics.
Hispanics experience a higher death rate due to diabetes than non-Hispanics. Based on ten years of data (2005-2014), McHenry County Hispanics’ age-adjusted diabetes death rate at 26.4 per 100,000 exceeds the non-Hispanic rate (19.1) by 38.2%.

**Target Populations**

- McHenry County adults age 18 years and older

**Healthy People 2020 Objectives**

- Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education (D-14)
- Increase prevention behaviors in persons at high risk for diabetes with Prediabetes (D-16)
  - Increase the proportion of persons at high risk for diabetes with Prediabetes who report increasing their levels of physical activity (D-16.1)

**Modifiable Risk Factors**

Risk and contributing factors (direct and indirect) associated with diabetes includes the following:

- **Overweight/Obese**
  A diet high in fat, calories, salt and low in vegetable consumption and large portion sizes can lead to weight gain

- **Inactivity**
  Being physically active less than 3 times per week is also a risk factor for diabetes

**Non-Modifiable Risk Factors**

There are a number of factors that increase a person's risk for developing Prediabetes and, ultimately, type 2 diabetes. Some of these factors cannot be modified:

- **Family history**
  If you have a blood relative with diabetes, your risk for developing it is significantly increased. Map out your family history tree (PDF) and take it to your doctor to find out what it means for you

- **Race or ethnic background**
  If you are of African-American, Asian-American, Latino/Hispanic-American, Native American or Pacific Islander descent, you have a greater likelihood of developing diabetes

- **Age**
  The older you are, the higher your risk. Generally, type 2 diabetes occurs in middle-aged adults, most frequently after age 45. However, health care providers are diagnosing more and more children and adolescents with type 2 diabetes
History of gestational diabetes
If you developed diabetes during pregnancy, you are at increased risk

Outcome Objectives
By the year 2027, decrease the proportion of adults in McHenry County, who have been diagnosed with diabetes, (Target: 10 percent improvement over 10 years, Healthy People 2020). Baseline: As estimate of 18,790 people in the county have been told by their caregiver they have diabetes (2010-2014 Illinois Behavioral Risk Factor Surveillance System). As diabetes is not a reportable disease, the number of new cases in a given year (incidence) cannot be determined. Instead, an estimate for the number of persons who have been diagnosed at any time and currently have the disease (prevalence) is used. Change in prevalence can be used to estimate incidence by comparing two time periods, but this may also reflect changing demographics in the county as people move in or out of McHenry County.

Impact Objectives
By the year 2021, increase the proportion of adults in McHenry County who are receive formal diabetes education
By the year 2021, increase prevention behaviors for those diagnosed with diabetes (The baseline and target will be established a year after implementation of diabetes prevention initiative)

Process Objectives
The MAPP Steering Committee formed a Diabetes Workgroup that will develop and implement a plan that focuses on Diabetes prevention.

- Coordinate A1C community A1C screenings in partnership with the local hospital
- Expand partnership with the Northern Illinois Food Bank to increase diabetes education in the food pantries
- Collaborate with the Diabetes Workgroup members to implement the National Diabetes Prevention Program into McHenry County
  - Use the train-the-trainer method to increase reach
  - Coordinate with multiple agencies in McHenry County

Community Resource
Available resources to implement these strategies continue to grow in the MAPP process. The work group devoted to obesity is listed below:

- McHenry County Department of Health
- Advocate Good Shepherd Hospital
- Centegra Health System
- Northern Illinois Food Bank
- University of Illinois Extension
**Funding**

Funding needs and resources will be researched and evaluated by the Obesity workgroup.

**Evaluation**

- Evaluation criteria would be measureable outcomes to intervention strategies as action plans are developed and implemented
- Outcomes will be measured on an annual basis
- Follow-up Survey – 2020 Healthy Community Study – Household Survey
- Follow-up Survey – Behavioral Risk Factor Surveillance Survey
Priority Health Concern

Obesity

Description

The obesity crisis is a major public health concern throughout the United States. Public health is addressing the obesity issue on many levels. The Centers for Disease Control and Prevention’s (CDC’s) Division of Nutrition, Physical Activity, and Obesity (DNPAO) is working to implement policy and environmental strategies to make healthy eating and active living accessible and affordable for everyone.

Weight and nutrition are the key determinants in health status. Healthy weight, good nutrition and an active lifestyle influence health status throughout an individual’s life helping to reduce the rates of hypertension, high cholesterol, diabetes, heart disease, stroke and some cancers.

Evidence Based

According to the 2014 Behavioral Risk Factor Surveillance Survey, 36.3% of McHenry County adults are reported to be overweight and 26.5% are reported to be obese. This correlates to six in ten (62.8%) of McHenry County adults are considered overweight or obese. Also shown the graph below, the rates of obesity in McHenry County have increased over time.

The 2017 McHenry County Household Survey also revealed the following obesity data:

- 15.3% diagnosed as obese or overweight
- 2016 rate surpasses 2014 at 12.9%
- Of 20 health conditions in survey, obesity was 2nd most common
**Target Populations**

- McHenry County adults age 18 years and older.

**Healthy People 2020 Objectives**

- Increase the proportion of adults who are at a healthy weight (NWS-8).
- Reduce the proportion of adults who are obese (NWS-9).
- Reduce the proportion of adults who engage in no leisure-time physical activity (PA-1).

**Risk Factors**

Risk and contributing factors (direct and indirect) associated with obesity are as follows:

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Direct Contributing Factor</th>
<th>Indirect Contributing Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhealthy diet</td>
<td>Diet high in fat, calories, salt and low fruit and vegetable consumption</td>
<td>Lack of knowledge regarding proper nutrition intake</td>
</tr>
<tr>
<td></td>
<td>Caloric imbalance</td>
<td>Large portion sizes</td>
</tr>
<tr>
<td>Inactivity</td>
<td>Lack of physical activity and/or lack of adequate physical activity</td>
<td>Lack of time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Absence of motivation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social/economic issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of education regarding physical activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Excessive media use</td>
</tr>
<tr>
<td>Genetics</td>
<td>Metabolic rate and shared genetic behaviors</td>
<td>Lack of knowledge regarding genetics</td>
</tr>
<tr>
<td></td>
<td>Race</td>
<td>Acceptance of genetic makeup</td>
</tr>
<tr>
<td>Diseases and drugs</td>
<td>Imbalance of hormones</td>
<td>Lack of physician visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of insurance</td>
</tr>
<tr>
<td></td>
<td>Underactive thyroid</td>
<td>Lack of knowledge regarding thyroid disease</td>
</tr>
<tr>
<td></td>
<td>Medications</td>
<td>Side effects of other health problems</td>
</tr>
<tr>
<td>Environment</td>
<td>Lack of physical activity resources</td>
<td>Poor community planning</td>
</tr>
<tr>
<td></td>
<td>Unsafe areas</td>
<td>Higher crime areas</td>
</tr>
<tr>
<td></td>
<td>Food deserts</td>
<td>Lack of transportation</td>
</tr>
</tbody>
</table>
Outcome Objectives

By the year 2027, increase the proportion of adults in McHenry County who are at a healthy weight to 40.92 (Target: 10 percent improvement over 10 years, Healthy People 2020). Baseline: 37.2 percent of persons aged 18 years and older are at a healthy weight/underweight (BRFSS, 2014).

By the year 2027, reduce the proportion of McHenry County adults who are obese to 23.85 (Target: 10 percent improvement over 10 years, Healthy People 2020). Baseline: 26.5 percent of persons aged 18 years and older are obese (BRFSS, 2014).

Impact Objectives

By the year 2021, reduce the proportion of McHenry County adults who engage in no leisure-time physical activity by 2 percent (23.81) (Target: 10 percent improvement over 10 years, Healthy People, 2020). Baseline: 24.3 percent of McHenry County residents 18 years and older do not participate in exercise (IBRFSS, 2014).

Process Objectives

The Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee formed an Obesity Workgroup that will develop and implement a plan that focuses on obesity prevention.

Goals:

- Social media campaigns to increase the awareness of local physical activity opportunities and the importance of physical activity
  - Activities:
    - Promote the National Health Observances and create a media plan for 12 months out.
    - Promote the McRide routes
- Expand nutrition education with food pantry clients
  - Activities:
    - MCDH, University of Illinois Extension and the Northern Illinois Food Bank are collaborating to increase health education in the food pantry
- Increase knowledge regarding Medicaid/Medicare/Private Insurance benefits for those with a BMI>30.
  - Activities:
    - Educate Physicians and RN’s regarding these benefits
- Develop a collaboration between Transportation, Health and Planning in McHenry County
  - Activities:
    - Hold a workshop for the three sectors – to be completed in 2017
- Develop a short term plan to increase collaboration
  - Increase membership, as needed
    - Activities
      - Members will be added as needed to increase the effectiveness of particular activities

**Community Resource**

Available resources to implement these strategies continue to grow in the MAPP process. The Obesity Workgroup consists of the following:

- Advocate Good Shepherd Hospital/Advocate Sherman
- Centegra Health System
- Community Health Partnership of Illinois
- McHenry County College
- McHenry County Department of Health
- McHenry County Department of Planning and Development
- McHenry County Division of Transportation
- Northern Illinois Food Bank
- Sage YMCA
- University of Illinois Extension

**Funding**

Funding needs and resources will be researched and evaluated by the Obesity workgroup.

**Evaluation**

- Evaluation criteria would be measureable outcomes to intervention strategies as action plans are developed and implemented
- Outcomes will be measured on an annual basis
- Follow-up Survey – 2020 Healthy Community Study – Household Survey
- Follow-up Survey – Behavioral Risk Factor Surveillance Survey
APPENDIX A
Memorandum of Understanding

IPLAN 2017-2021
MEMORANDUM OF UNDERSTANDING

By and between the members of the
2016 McHenry County Healthy Community Study Core Team

March 2016

I. PURPOSE

The purpose of this Memorandum of Understanding (MOU) is to define the collaborative relationship between the agencies represented in Section IV to establish and to implement a local needs assessment known as the 2016 McHenry County Healthy Community Study. Organizations listed represent the 6-member Core Team which will co-facilitate the study with Health Systems Research (HSR), University of Illinois College of Medicine at Rockford.

II. STATEMENT OF MUTUAL BENEFIT AND INTERESTS

All parties to the MOU agree –

• that it is to their mutual interest and benefit to work cooperatively and respectfully;
• to promote the sharing of resources and accountability across agencies;
• to facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by an agency representative;
• that equity in collaboration will not impose constraints which impede the study; and
• to share results of the study collectively and to publish and/or make available for its use by any McHenry County entity;
• participation in individual workgroups.
III. DURATION OF AGREEMENT

The contractual agreement for the Healthy Community Study, as outlined by Health Systems Research (HSR), University of Illinois College of Medicine at Rockford, will begin April, 2016 and end January 2017.

IV. PARTIES

Advocate Health System - Jeanne Ang, Tina Link, Keeley Gallaugher

Centegra Health System – Hadley Streng, Robert Vavrik

McHenry County Department of Health – Joseph Gugle, Meaghan Haak

McHenry County Mental Health Board – Scott Block

McHenry County Substance Abuse Coalition – Chris Gleason

United Way of Greater McHenry County – Steve Otten

V. PROJECT FUNDING

A. Centegra Health System will serve as the fiscal agent for the study.

B. Allocation of monies to fund the study will be set by agreement of the committee.

C. As an in-kind contribution, the Community Analysis, estimated at $18,000, will be completed in-house by the McHenry County Department of Health.

VI. HSR PROPOSAL AND TIMELINE

1. Survey (May 2016-August 2016)
2. Focus Groups (May 2016-September 2016)
3. Key Informant Interviews (May 2016-September 2016)

VII. CONFIDENTIALITY
All parties will protect the confidentiality of information received in the implementation of this Memorandum of Understanding. The use of confidential information is confined to the activities that are essential for providing knowledge and expertise governed by this agreement. The MOU is effective upon the date of the final signatures.
APPENDIX B
2017 Healthy Community Study
Summary Report of Priorities and Key Findings

IPLAN 2017-2021
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INTRODUCTION AND METHODOLOGY

In pursuit of a healthier community, the 2017 McHenry County Healthy Community partners commissioned a set of studies to measure and monitor the overall health of the county. With the intent of identifying the most pressing needs, the six funding partners in conjunction with 25 additional community organizations, known collectively as the MAPP agencies, will use the studies’ findings to assess multiple dimensions of life in McHenry County. Similar needs assessments were completed in 2006, 2010 and 2014. The MAPP (Mobilizing for Action through Partnerships and Planning) process has been used since 2010.

Each of the three studies was designed to examine the health of McHenry County from a different perspective:

- The Community Survey targeted the county as a whole and was open to all persons 18 years and older who lived or worked in the county
- Focus groups sought information through discussion with target populations and community leaders
- The Community Analysis gathered secondary data about McHenry County.

The 2017 Healthy Community process resembled 2014 which also included a Community Survey and Community Analysis, but no focus groups were held in the earlier project which relied on one-on-one key informant interviews to gather personal views of community leaders.

Health Systems Research of the University of Illinois College of Medicine - Rockford was hired to guide the process, conduct the survey and focus groups, and prepare this summary report. The McHenry County Department of Health used internal resources to conduct the Community Analysis. Health Systems Research, which specializes in community needs assessments for health and human service organizations, has assisted the McHenry County Department of Health and other local organizations on numerous projects over the past two decades.

Partners and other organizations will use the findings and priorities of McHenry County Healthy Community 2017 to determine how to improve the health of the county by implementing strategies and actions to address the most pressing health and other community problems.

Partner Organizations

McHenry County Healthy Community 2017 was directed by six partners. Along with their representatives, the partners are:

- Advocate Health Care ...................... Jeanne Ang, Keeley Gallaugher, and Tina Link
- Centegra Health System .................... Hadley Streng, Robert Vavrik
- McHenry County Department of Health ....... Joseph Gugle, Meaghan Haak, and Benjamin Baer
- McHenry County Mental Health Board .......... Scott Block
- McHenry County Substance Abuse Coalition ..... Chris Gleason
- United Way of Greater McHenry County .......... Steve Otten and Bob Clark
Methodology

This summary report synthesizes the findings of the three studies which are described below and presents findings pertinent to the priorities selected at the McHenry County Healthy Community Partner meeting on November 22, 2016.

Community Survey. A survey of county residents about community needs and problems, access to care, and prevalence of physical and mental health conditions. The survey was conducted online and supplemented with paper copies distributed at select locations and events. The survey link was widely disseminated through the partners and other MAPP agencies. Paper surveys were returned to Health Systems Research in postage-paid envelopes. The survey was anonymous with no identifiers to tie responses to an individual.

Questions in the survey covered
- Availability of community features
- Accessibility of community features
- Access to care
- Physical, mental and overall health
- Household family and financial issues.

Survey participants numbered 1,090 which included 774 electronic replies and 316 paper returns. Surpassing the 2014 survey response by 46.5%, the impressive volume of replies demonstrates the value of broad and multi-layer promotion about the survey.

Focus Groups of Target Populations and Community Leaders. As small groups of individuals brought together to discuss selected topics, 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 community leader focus groups replace the one-on-one key informant interviews which were done in previous McHenry County Healthy Community studies.

In addition to discussion, community leaders were asked to rank health conditions, service availability, and factors based on their perception of severity as a problem in the county. This offered a measure of quantification to an otherwise qualitative assessment of needs.

Target population focus groups include
- persons with mental illness, substance abuse, disabilities, and their parents
- Hispanics/Latinos
- veterans
- low-income mothers.

Total participants in the five target population focus groups numbered 59.

For community leaders, three separate focus groups were conducted. Of the 50 community leaders invited to attend, 29 persons took part.

Community Analysis. A description of McHenry County’s demographic, social, economic and health characteristics using secondary sources of information that draws extensively on the U.S. Census and Centers for Disease Control and Prevention, National Center for Health Statistics products as well as numerous other sources.
Priorities

Priorities were selected after the findings of all three studies were presented. Each funding partner rated the potential priorities based on size of the problem, severity of problem, and intervention potential.

The 2017 priorities fell into three categories: physical health, mental health/substance abuse, and community. Addressing the physical and mental health/substance abuse priorities falls largely under the direction of the Healthy Community partners and MAPP (Mobilizing for Action through Planning and Partnerships) agencies, but the community priorities do not. Yet the community priorities are fundamental to the well-being of local residents and serve an essential role in improving the overall health of the county.

The priorities are:

<table>
<thead>
<tr>
<th>PHYSICAL HEALTH</th>
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<tbody>
<tr>
<td>Obesity</td>
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<tr>
<td>Cardiovascular disease</td>
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<tr>
<td>Cancer</td>
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<tr>
<td>Diabetes</td>
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<table>
<thead>
<tr>
<th>MENTAL HEALTH/SUBSTANCE ABUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health and substance abuse service availability</td>
</tr>
<tr>
<td>Alcohol, drugs and other substance use; misuse of prescription medications and opioids</td>
</tr>
<tr>
<td>Depression and anxiety/panic disorder</td>
</tr>
<tr>
<td>Suicide</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>COMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of awareness about existing services</td>
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<tr>
<td>Public transportation</td>
</tr>
<tr>
<td>Affordable housing</td>
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</table>

The following chapter describes the priorities incorporating information from each of three studies that substantiates their selection as the most important issues for community attention and action. The source documents for the data presented in the next chapter are shown in the studies themselves and are not repeated in this report.
Eleven priorities were identified by the Healthy Community 2017 partners. Four priorities address physical health: obesity, cardiovascular disease risk factors, cancer, and diabetes. Three priorities relate to mental health and substance abuse: mental health and substance abuse service availability; alcohol/drug abuse, misuse of prescription medications and opioids: depression, anxiety/panic disorders, and suicide. Community priorities are lack of awareness of existing services, public transportation, and affordable housing. Each of these is discussed in this chapter along with evidence produced in the three studies.

PHYSICAL HEALTH

Obesity

Community Analysis
Based on body mass index (BMI) data from the Behavioral Risk Factor Survey, a telephone survey of 400 households, more than one-quarter (26.5%) of McHenry County adults 18 years and older are considered obese, while another 36.3% are overweight. The county’s obesity level has risen over the past decade.

Community Survey
Among survey respondents and their household members (n=1,842), 15.3% have been diagnosed by a health care professional as obese or overweight. This rate surpasses the 2014 level of 12.9%. Of the 20 health conditions listed in the survey, obesity was the second most common. Among adults, the obesity rate rises to 18.8% for ages 18-64 and 19.8% for 65 years and older.

Focus Groups of Target Populations and Community Leaders
Target populations did not mention obesity as a foremost health problem, but community leaders ranked this health condition fifth highest among 14 local health issues based on problem severity in the county. More than half (54.5%) rated obesity as a major local health problem.
Cardiovascular Disease and Risk Factors

Community Analysis
Cardiovascular disease accounted for 567 McHenry County resident deaths in 2015. Heart disease ranks as the second leading death cause in McHenry County, while stroke is fifth – together they represent more deaths than any other cause (2012-2014). Both heart disease and stroke are less common than they were a decade ago, and the county's age-adjusted death rates for these causes fall below the state and nation.

As a significant reason for hospitalization, heart disease was responsible for five of the top 25 non-birth related diagnoses of McHenry County resident inpatient hospitalizations in 2016 including the sixth highest, heart failure and shock with major complications.

Community Survey
Of 20 health conditions diagnosed by a health professional, high blood pressure is number one among survey respondents and their household members, while high cholesterol is third. Shown below are the prevalence of the three heart disease related conditions listed in the survey.

Focus Groups of Target Populations and Community Leaders
In focus group discussions, target populations and community leaders talked about the effects of the Affordable Care Act and Medicaid expansion. Among the most troublesome was the lack of continuity of care for chronic conditions such as heart disease because insurance companies have dropped out of the state’s health insurance exchange or physicians are limiting the number of Medicaid patients they will accept.
Community leaders rank heart disease or stroke in the middle of 14 conditions based on problem severity. Three-quarters (77.7%) say that heart disease/stroke is a moderate or major local health problem.

![Community Leaders' Perception of Heart Disease/Stroke as Local Health Problem](image)

**Cancer**

**Community Analysis**
Cancer is McHenry County’s leading cause of death. Not only does cancer capture the greatest number of deaths overall (n=494, 2014), but this disease ranks as the number one death cause among ages 45-64 and 65-74, while ranking second highest among ages 15-44.

McHenry County’s age-adjusted death rate due to cancer (2012-2014) stands at 172.0 per 100,000 population, surpassing the U.S. rate of 163.6 by 5.1%.

Almost one-third (32%) of McHenry County cancer deaths (2010-2014) occur to persons under the age of 65.

Compared to a decade ago, McHenry County’s cancer death rate has risen. The 2012-2014 rate (not age-adjusted) of 166.2 per 100,000 population tops the 2002-2004 rate of 155.9 by 6.6%.

The cancer incidence rate of 476.6 cancer cases per 100,000 population resembles the state at 475.0. While males are more likely than females to get cancer (517.4 males, 449.3 females), they are less likely to die from cancer (202.0 males, 158.8 females). Incidence and death rates are age-adjusted.

Accounting for more than one-quarter of cancer deaths, the most cancer common site is lung/bronchus (27%), followed by colon/rectum/anus and breast, each at 8%, and pancreas, 6%.

![Community Leaders' Perception of Cancer as Local Health Problem](image)
**Community Survey**
Among 2016 survey respondents and household members, 6.1% have been diagnosed with cancer sometime during their lifetime.

**Focus Groups of Target Populations and Community Leaders**
Focus group discussion did not address cancer but target populations, particularly the low-income mothers and the Hispanic adults, mentioned contributing factors, namely problems with access to healthy food.

**Diabetes**

**Community Analysis**
Among death causes, diabetes ranks 6th highest among McHenry County residents with an age-adjusted 2012-2014 rate of 19.4 per 100,000 population, similar to Illinois at 19.2 and below the U.S., 21.1.

The 69 deaths due to diabetes reported for 2014 is the highest number in decades and is twice as many as 20 years ago. One in four diabetes deaths (27.3%, 2010-2014) occurred to persons under 65.

Behavioral Risk Factor 2014 data show that 8.3% of McHenry County adults ages 18 years and older have diabetes, a level that surpasses the Collar Counties at 7.5%, but below Illinois, 9.9%.

Hispanics experience a higher death rate due to diabetes than non-Hispanics. Based on ten years of data (2005-2014), McHenry County Hispanics’ age-adjusted diabetes death rate at 26.4 per 100,000 exceeds the non-Hispanic rate (19.1) by 38.2%. Hispanic mothers also report twice the level of diabetes as non-Hispanics with 7.9% of 2014 Hispanic births born to mothers with diabetes as compared to 3.9% among non-Hispanics.

**Community Survey**
Among 2016 survey respondents and household members, 7.3% have been diagnosed with diabetes, slightly higher than 2014 at 7.1%.

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![McHenry County Cancer Deaths by Type: 2012-2014](chart.png)
Focus Groups of Target Populations and Community Leaders
The focus group comprised of Hispanic persons living in the town of McHenry mentioned that diabetes is common among them. Community leaders also commented on the higher diabetes prevalence among the local Hispanic population.

Community leaders’ rating of diabetes shows that 94.7% believe this condition to be a moderate or major health problem in McHenry County.

MENTAL HEALTH AND SUBSTANCE ABUSE

Mental Health and Substance Abuse Service Availability

Community Analysis
As the leading non-birth related reason, psychoses accounted for 2,028 hospitalizations of McHenry County residents in 2016. This number has increased by 7.4% in two years (n=1,887 2014). Psychoses, a generalized mental health category that includes schizophrenia, manic episodes, bipolar disorder and major depression, was #1 overall and for ages 5-17 and 18-44. Not only is the number of hospitalizations high, but the patient day count attributed to psychoses (15,655) is more than triple any other diagnosis due to an average length of stay at 7.7 days.

Ranking fifth among non-birth diagnoses, alcohol or drug abuse/dependence recorded 529 hospitalizations and was second most common among ages 18-44 and fourth for ages 45-64. Poisoning & toxic effects of drugs placed fifth highest of hospitalization reasons for ages 18-44 and eighth for 5-17 year olds.

Synthetic estimates which assume the county prevalence rates match the nation estimate that of McHenry County adults ages 18 years and older,
- 41,512 (17.9%) suffer from a mental illness
- 9,276 (4.0%) have a serious mental illness, and
- 7,554 (3.3%) have a substance abuse disorder co-occurring with mental illness.

Community Survey
Giving fair or poor ratings of availability were almost half (48.8%) of survey respondents when asked about mental health services and 37.9% for substance abuse services. These translate into mean scores of 2.17 and 2.23 for mental health and substance abuse services, respectively, based on a four-point scale from 1=poor to 4=excellent. Both these 2016 mean scores show a significant drop from 2014 (2.44 mental health, 2.39 substance abuse).
Lowest mean scores for both mental health and substance abuse services were reported by rural west residents and Hispanics.

Among survey respondents, 91 (8.3%) said they or a household member had been unable to receive mental health or substance abuse services in the past year. The top three reasons for not getting care were:

- Wait for appointment too long (35.2% of those unable to get care)
- No regular provider (33.0%)
- Could not find provider who will accept Medicaid (29.7%).

In the open-ended comments about additional services, 77 respondents said that more mental health or substance abuse services are needed.

**Focus Groups of Target Populations and Community Leaders**

The focus group comprised of persons with mental illness, substance abuse or intellectual/developmental disabilities or their parents said the unmet needs are:

- Transition services between high school and adulthood and crisis and recovery. Wait times for existing services are extremely long
- Psychiatric care for persons on Medicaid
- Inpatient psychiatric unit for children
- More rehabilitation services since Pioneer has reduced services. Long wait time is reported for these services now offered by Rosecrance
- Residential housing or suitable living arrangements for adolescent children and young adults with mental illness or developmental disabilities
- More education for teachers, physicians, and dentists about dealing with children with special needs and crisis intervention
- Jobs for persons with developmental/intellectual disabilities that “pay more than a few cents an hour”
- Group therapy and social groups for young adults 18-25 who suffer from mental illness or disabilities.
- Bilingual providers because Hispanic persons also suffer from mental illness, substance abuse and developmental disabilities.

The community leaders’ focus groups reinforced these views, stressing:

- The need for affordable and easy access to psychiatric, substance abuse services and recovery-oriented transition care
- Children and adults with developmental/intellectual disabilities 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, decent job options, and supportive housing.

The focus group comprised of military veterans said that substance abuse counselors are needed for their population.

Asked about the biggest health and human needs facing the local community, target population focus groups named mental health care for persons with diagnosed or undiagnosed mental illness who are on Medicaid. The Hispanic group says they experience a lack of help for mental health problems.
Substance abuse ranked first highest of four service types based on need/severity of problem in the views of community leaders, while mental health was second. Almost half consider the availability of each of these service types as a major health problem.

Community Leaders’ Perception of Availability as Local Health Problem

Alcohol, Drugs and Other Substance Use; Misuse of Prescription Medications/Opioids

Community Analysis
During the three-year period 2012-2014, the number of McHenry County drug and alcohol-induced deaths has averaged 59 per year, while drug overdose deaths have averaged 40. Rates have risen dramatically over the past 15 years. Until 2008, the county’s rates remained below the state, but that has not been true since then.
Rates of drug overdose deaths (1999-2014 combined) show higher McHenry County rates top the nation for ages 15-24 and 25-34 and exceed the state for ages 45-54 and 55-64 years old.

McHenry County resident deaths due to poisoning and exposure to noxious substances numbered 107 for the three-year period 2012-2014, a rate of 11.9 per 100,000 population, accounting for 34.9% of all accidental deaths.

Illinois Youth Survey 2016 data about local adolescent substance use show that:
- Use rises as grade level increases for alcohol, tobacco and marijuana, but not for inhalants or non-prescribed prescriptions
- Past two-week binge drinking is reported by 8% of 8th graders, 9% of 10th graders and 23% of 12th graders in McHenry County schools. Binge drinking is defined as consuming five or more drinks in succession
- One in ten McHenry seniors say they have driven while drinking and one in five has driven when using marijuana or other illegal drug
- McHenry County student levels resemble the state except for tobacco including e-cigarettes which is higher locally.

Behavioral Risk Factor Survey 2014 data indicate that one in five McHenry County adults ages 18 years and older are “at risk for acute/binge drinking,” defined as having had five (men)/four (women) or more drinks in a row during the past month.
Synthetic estimates based on Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health: 2015 suggest that during the past month, assuming McHenry County residents 12 years and older replicate national use patterns, there are
- 28,714 persons (10.1%) who have used an illicit drug, 9,950 (3.5%) an illicit drug besides marijuana
- 67,946 persons (23.9%) who have used tobacco products
- 146,979 (51.7%) who have consumed alcohol with half of those (70,789, 24.9%) binge drinking and 18,479 (6.5%) heavy alcohol users (binge drink five or more times in past month).

McHenry County’s driving under the influence (DUI) arrest rate has risen over the past five years and is slightly higher than the state.

![Graph showing DUI arrest rate from 2010 to 2014 for McHenry County and Illinois.]

Community Survey
Among 2016 survey respondents and household members, 2.8% have been diagnosed with alcohol or substance abuse sometime during their lifetime. Eight households experienced a drug overdose among household members.

Focus Groups of Target Populations and Community Leaders
In the views of target populations, a major challenge to a healthy McHenry County is the misuse of opioids and the growing prevalence of heroin use. Also ranked by community leaders as the number one local health problem is prescription misuse, while drug abuse places second, alcohol abuse fourth, and tobacco abuse ninth. That means these conditions account for four of the county’s top ten health problems.

<table>
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<td>Major</td>
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<td>47.6%</td>
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<tr>
<td>Tobacco abuse</td>
<td>22.7%</td>
<td>59.1%</td>
<td>18.2%</td>
</tr>
</tbody>
</table>

¹Excludes no answer replies from denominator.
²From 1=not a problem to 4=major problem. Rank from most serious to least.
Depression, Anxiety, and Panic Disorders

Community Analysis
Based on 2014 Behavioral Risk Factor Survey data, 13.7% of McHenry County adults 18+ have experienced eight or more days in the past month in which their mental health was not good, replicating the 2008 rate and higher than 2006 and 2002. More local adults experienced an extended period of poor mental health than poor physical health (11.8%) in 2014.

For 2016, 118 McHenry County residents were hospitalized for depressive neuroses. This diagnosis places second highest of all diagnoses among ages 5-17. As mentioned in the earlier section about mental health/substance abuse service availability, psychoses, a generalized mental health category that encompasses bipolar disorder and major depression, is the leading non-birth reason for overall hospitalization of McHenry County residents as well as ages 5-17 and 18-44.

Community Survey
Among 2016 survey respondents and household members,
- 13.0% have been diagnosed with depression, an increase over 2014 at 11.9%
- 11.1% have been diagnosed with anxiety or panic disorders, increasing over 2014 at 9.6%
- 2.4% report PTSD (post-traumatic stress disorder).
Depression and anxiety/panic disorders show higher prevalence than the other ten mental/behavioral and developmental conditions.

Focus Groups of Target Populations and Community Leaders
Community leaders rank depression third highest among 14 conditions in terms of severity as a health problem in the county and anxiety tenth highest.
Suicide

Community Analysis
Showing an increase over the past several decades, the county has reported 30 or more suicides per year since 2009. In 2015, the number hit 40 and 2014 witnessed 35. The McHenry County rate has exceeded the state for most years since 2008.

In McHenry County, suicides are most numerous in the 45-54 year old age group, a rate of 16.5 per 100,000. The county’s suicide rate among 55-64 year olds at 15.9 exceeds both the state and nation. Other age-specific rates are lower than the nation.

As the most common mechanism for committing suicide, firearms were used by 37.1% of McHenry County victims, while 29.0% suffocated and 23.7% were poisoned/exposed to noxious substances.

Using Illinois Youth Survey 2016 findings, almost one-fifth (18%) of 10th graders considered suicide, while 33% felt sad or hopeless for two or more successive weeks during the past year. Levels of sadness are highest among 8th graders. Both suicide ideation and sadness are lower for seniors than sophomores.
Community Survey
Among 2016 survey respondents and household members,

- 94 (8.6%) thought about suicide during the past year, a slight rise from 2014 at 8.0%
- 12 attempted suicide (1.1%)
- 3 suicide deaths occurred.

COMMUNITY

Lack of Awareness about Existing Services

Community Survey
Just over one-third (37.6%, n=412) of survey respondents said they had ever heard of the 2-1-1 health and human services information and referral line. Among demographic groups, lowest awareness of this service occurs among ages 65 years and older, educational attainment below four-year college degree, and residents of southeast McHenry County and the rural west region.

Focus Groups of Target Populations and Community Leaders
When discussing the local health and human service delivery system, focus group members stated that inadequate communication and awareness about available services exists among agencies and by people who need services.

Another focus group topic addressed challenges to living a healthy lifestyle in McHenry County. Based on frequency of mention, lack of awareness about existing services placed third by both target populations and community leaders.

Specific target population focus groups commented that a barrier to service utilization was lack of awareness about existing services: persons with mental illness, substance abuse, or developmental/intellectual disabilities; Hispanics, and veterans.

Public Transportation

Community Survey
When rating the availability of 18 community features, public transportation in three forms (for all residents, seniors, persons with disabilities) received the three lowest scores. These scores equate to “fair” or below. That means more than half of survey respondents gave these three forms of public transportation fair or poor ratings.
Similar low ratings were given to public transportation based on accessibility. Like availability, the three forms of public transportation (all residents, seniors, persons with disabilities) received the lowest scores of 11 community features. Using a four-point scale of difficulty ranging from very difficult to very easy, public transportation would be rated as “difficult.”

![Chart showing mean score of community features]

Giving public transportation the lowest ratings for both availability and accessibility are respondents living in the town of McHenry, persons with a four-year college degree or more, and ages 45-64.

Asked about access to care, respondents who indicated that they or a household member had not been able to get care during the past 12 months gave their reasons. For each type of care, medical, dental, and mental health/substance abuse, more than 10% cited transportation as a reason for inability to get care.

Many open-ended comments addressed the topic of transportation. Explaining a poor or fair rating for availability or access, 76 respondents described problems with transportation. A separate question that asked about additional services received 55 suggestions regarding transportation.

**Focus Groups of Target Populations and Community Leaders**
Target population focus group members said that one aspect of living in McHenry County that they do not like is the lack of public transportation. They said it is difficult to get around if you do not have a car or are able to drive.

As cited by every focus group, the most frequently named barrier that prevents local residents from using existing services is inadequate public transportation. This was mentioned specifically in order to get to health care and treatment centers. Particularly hard hit by the lack of transportation are the Hispanic population, seniors, low-income families, and veterans.
Affordable Housing

Community Analysis

McHenry County households pay more for housing than statewide or nationally (2015 data). This applies to homeowners with a mortgage, homeowners without a mortgage, and renters.

Almost three in ten (28.8%) McHenry County homeowners with a mortgage spend more than 30% of their monthly income on housing which is considered a “housing burden,” about the same as the state (29.1%) and nation (29.4%). Among nonmortgage homeowners, 15.4% spend 30%+ on housing, close to Illinois (15.6%) and U.S. (13.9%). Gross rent for 43.7% of McHenry County renters is 30%+ of their household income, compared to 45.6% Illinois and 46.8% U.S.

When county households are broken down by income, a greater proportion of homeowners at all income levels pay 30%+ for housing than the state or nation. The same is true for renters, except for households earning $75,000 or more.
Community Survey
On a four-point scale from 1=poor to 4=excellent, survey respondents rated affordable housing at 2.20 with almost six in ten (59.3%) saying it was fair or poor. Affordable housing was rated lowest by residents living in the rural northeast, Crystal Lake and McHenry as well as those whose highest educational level is an associate degree.

Asked about financial problems facing during the past 12 months, difficulty paying property taxes was named by 14.3% of survey respondents, second highest among the ten financial situations included in the survey.

Housing was named in 15 open-ended comments about availability and 19 comments about additional services needed.

Focus Groups of Target Populations and Community Leaders
Target populations and community leaders cited the lack of affordable housing as a challenge to a healthy lifestyle in McHenry County. Target populations also mentioned this as one aspect of life in the county that they do not like. The veterans noted that high cost of housing affects their group, especially those who have recently been discharged from military service.

Community leaders commented that the homeless population is in obvious need of affordable housing. There is no year-round shelter in the county.
GOOD REASONS TO LIVE AND WORK IN MCHENRY COUNTY

While the emphasis of the 2017 McHenry County Healthy Community is on assessing needs, each of the three studies (Community Analysis, Focus Groups of Target Populations and Community Leaders, Community Survey) identified positive aspects of McHenry County. These are presented in this section.

Community Analysis

In describing the social, economic and health characteristics, the following are strengths of McHenry County as determined by secondary data:

- **Children living in two-parent households**
  More than three-quarters (78.7%) of the county’s children under age 18 live in married couple families compared to 66.8% Illinois and 65.8% U.S. A smaller percentage of McHenry County children live in single-parent households: 16.1% with single mother versus 25.3% Illinois and 25.6% U.S., 4.3% with single father versus 7.4% Illinois, 7.9% U.S.

- **Homeownership**
  Based on 2015 data, 78.3% of McHenry County’s housing units are owner-occupied and 21.7% renter-occupied. Homeownership is much higher in the county than statewide or nationally at 65.3% and 63.0%, respectively.

- **High household income and lower poverty compared to Illinois and U.S.**
  The county’s 2015 median household income at $80,125 is more than 30% above Illinois ($59,588) and U.S. ($55,775). The county’s 2015 poverty rate at 6.9% is half the level of the state (14.3%) and U.S. (15.5%).

- **Employment**
  Unemployment in McHenry County at 5.3% (2015) falls below Illinois at 5.9% and matches the U.S. In prior years (2009-2014), the county’s unemployment exceeded national levels, though remained below the state.

- **Crime**
  McHenry County’s 2015 rate of 1,095.1 crimes per 100,000 population is less than half the state (2,300.2). Both the violent (97.1) and property (998.0) crime rates show this wide gap, being much lower than Illinois as a whole.

- **Teen births**
  The number of teens giving birth has fallen dramatically over the past decade. In McHenry County, 3.6% of 2014 births were born to females under age 20 (n=125). This compares to 5.5% ten years earlier (2005). The county’s percent of births to teens continues to fall far below the state and nation. Likewise, McHenry’s 2014 teen birth rate of 11.3 per 1,000 females ages 15-19 is less than half the U.S. (24.2).

- **Low weight and preterm births**
  As has been true since 1980, the percent of McHenry County births weighing less than 2,500 grams (5½ pounds) is lower than Illinois and U.S. In 2014, 6.4% of the county’s births were low weight compared to 8.3% state and 8.0% nation.
One in ten (10.8%) 2014 McHenry births were born before 37 completed weeks of gestation, below the state (11.8%) and U.S. (11.3%). In 2010-2012, the county’s preterm percent surpassed the U.S.

- **Age-adjusted and age-specific death rates**
  McHenry County’s 2014 age-adjusted death rate at 6.6 per 1,000 population falls below Illinois (7.3) and U.S. (7.2). Age-specific death rates for all ten-year age groups under 85 fall below their U.S. counterparts.

- **Perception of health**
  Almost six in ten (57.7%) county adults rate their health as excellent or very good, topping the statewide level of 50.1% (2014).

- **Health insurance coverage**
  Among local residents under age 65, 8.7% are uninsured (2014), below the state at 11.2%. For adults alone (ages 18-64), 7.1% are uninsured compared to 13.1% statewide. These levels reflect the population at all income levels. Higher proportions of uninsured characterize lower-income residents whose levels resemble the state.

**Community Survey**

Based on the community survey in which 1,090 local respondents participated, certain characteristics of the county stand out as positive. They are:

- **Availability of community features**
  Survey respondents rated two community features, safe neighborhoods and parks/recreation, very favorably based on their availability in the county. Mean scores topped the numeric equivalent of “good” for both features. An impressive 33.2% gave “excellent” ratings to safe neighborhoods as did 29.3% for parks and recreation.

  Three additional features also received strong availability scores at 2.80 to 2.83 on a four-point scale from 1=poor to 4=excellent: farmers markets, health care services, and organizations that provide free food.

- **Accessibility of community features**
  Using the criterion of accessibility to rate community features, four features scored at a level of easy access (somewhat easy and very easy). They are parks and recreation services, farmers markets, biking/walking paths, and entertainment/arts/cultural activities.

- **Health insurance coverage**
  In more than nine in ten (91.5%) households, everyone had health insurance coverage in 2016. This appears to represent a significant jump over 2014 in which 82.8% of children were covered as were 85.7% of adults.

- **Living a healthy lifestyle**
  One-quarter (25.6%) of survey respondents say that living a healthy lifestyle in McHenry County is “very easy” and an additional half (50.1%) say “somewhat easy.”
• **Financial problems**
  Given a list of ten financial situations experienced by survey respondents or household members during the past 12 months, all were less frequent in 2016 than they were in 2014. The most impressive drops were job related, specifically “no job for 90 or more days” and “involuntary job loss.”

**Focus Groups of Target Populations and Community Leaders**

Asked what they liked about living in McHenry County, the target populations and community leaders mentioned the following, presented here starting with the most frequently named:

• **Small town atmosphere with feeling of belonging**
  The sense of community coupled with a slower pace fosters attachments and connections among local residents. This lends itself to building relationships and investing in the well-being of communities.

• **Rural environment and abundance of green space**
  Described as “tranquil” and “peaceful,” the preservation of open space and natural environs has made McHenry County very desirable. Conservation efforts are recognized and valued.

• **Services and resources**
  A wide variety of services are located in McHenry County. Despite state funding cutbacks that have affected service delivery, target populations, especially veterans and persons with mental illness/substance abuse or disabilities, realize that they enjoy better access to more resources than residents in contiguous counties.

• **Proximity to large cities**
  Living in a small town yet relatively close to major cities like Chicago and Milwaukee provides the best of both worlds, focus group members say.

• **Family-friendly**
  The county is conducive to family life which has produced an abundance of activities for families with children.

• Also mentioned were good schools, feeling safe, and available jobs.

Besides positive attributes about living in the county, community leaders also discussed favorable aspects of working in McHenry County. Most often cited was the attitude of working together. Instead of competitiveness, there is a spirit of collaboration which has strengthened the network of social service organizations and enabled a breadth of services to help people in need.

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. Community leaders also appreciate living and working in the same county which shortens commute times and deepens their relationships within communities.
The McHenry County Healthy Community Partnership under the direction of the McHenry County Department of Health has completed four rounds of Healthy Community studies, each three to five years apart. The 2017 study was comprised of three components: community analysis, community survey, and focus groups of target populations and community leaders. Focus groups of community leaders replace key informant interviews held in prior studies.

This section compares 2017 Healthy Community study findings with 2014 and 2010. The three studies are similar in scope except that focus groups were not held in 2014. Because the Community Analysis shows trends over time, no comparison with prior years is presented.

While this Healthy Community study is considered the 2017 edition, the survey and focus groups were held in 2016 so this year is used to describe the comparisons.

Survey

Several questions in the current survey were repeated from prior years. They include measures of availability, health-seeking behavior, perception of health, prevalence of selected health conditions, caring for older adults, abuse, and financial problems.

Availability of Community Features

Respondents rated the availability of most community features lower in 2016 than 2014, although jobs saw a strong rise.

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<tr>
<th>Availability of</th>
<th>Mean Score</th>
<th>Change 2014-2016</th>
<th>Mean 2010</th>
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</table>

Mean score scale from 1=poor to 4=excellent. 2016 features shown in rank order.

Four drops in mean scores were dramatic: availability of mental health services (-0.27), substance abuse services (-0.16), health care services (-0.08) and organizations that provide
free food (-0.09). Like six features in which 2010 data were collected, mental health and health care services show a better 2016 mean score than 2010; one 2016 score fell below 2010, namely public transportation for disabled persons.

**Seeking Health Care**

Some sites for seeking care were used by more households in 2016 than 2014, especially immediate care center, doctor’s office, and hospital emergency department. Despite the slight wording change between 2014 and 2016, it appears that more households have a regular source of care in 2016 than was true in 2014.

<table>
<thead>
<tr>
<th>Site</th>
<th>Percent Households</th>
<th>Change 2014-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor's office</td>
<td>87.2%</td>
<td>↑</td>
</tr>
<tr>
<td>Immediate care center</td>
<td>41.7%</td>
<td>↑</td>
</tr>
<tr>
<td>Hospital emergency department</td>
<td>20.7%</td>
<td>↑</td>
</tr>
<tr>
<td>Grocery/drug store walk-in clinic</td>
<td>8.5%</td>
<td>---</td>
</tr>
<tr>
<td>VA hospital/VA clinic</td>
<td>4.3%</td>
<td>↓</td>
</tr>
<tr>
<td>Family Health Partnership Clinic</td>
<td>3.9%</td>
<td>↑</td>
</tr>
<tr>
<td>McHenry Community Health Center</td>
<td>2.8%</td>
<td>↑</td>
</tr>
<tr>
<td>Harvard Area Community Health Center</td>
<td>1.5%</td>
<td>↓</td>
</tr>
<tr>
<td>Health Department</td>
<td>1.0%</td>
<td>↓</td>
</tr>
<tr>
<td>Workplace clinic</td>
<td>1.0%</td>
<td>---</td>
</tr>
<tr>
<td>Don't go anywhere when sick</td>
<td>4.5%</td>
<td>↓</td>
</tr>
</tbody>
</table>

1 Respondents could identify more than one location for care sought by themselves or household members. 2014 wording used respondent and other family members.

2 2014 wording "I do not have a regular doctor or clinic."

**Perception of Health**

The perception of health status by 2016 survey respondents as excellent or very good resembles 2014 but those reporting fair or poor health status has declined.

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent Respondents</th>
<th>Change 2014-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>12.4%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Very good</td>
<td>37.9%</td>
<td>34.9%</td>
</tr>
<tr>
<td>Good</td>
<td>37.3%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Fair</td>
<td>9.7%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Poor</td>
<td>1.6%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

"No answer" not shown, totals sum to less than 100.0%.
Prevalence of Health Conditions

Physical and mental health conditions in which respondents were asked to indicate the number of persons in their household with diagnoses of these conditions in both 2016 and 2014 are shown in the following table. The biggest increases (at least two percentage points) between 2014 and 2016 took place for digestive/stomach disorders, obesity/overweight and depression. Drops of this magnitude occurred for respiratory illness and skin disorders.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alzheimer's disease/dementia</td>
<td>0.9%</td>
<td>1.5%</td>
<td>↓</td>
</tr>
<tr>
<td>Blindness or serious vision problems</td>
<td>2.6%</td>
<td>2.0%</td>
<td>↑</td>
</tr>
<tr>
<td>Deafness or serious hearing problems</td>
<td>3.6%</td>
<td>3.6%</td>
<td>↔</td>
</tr>
<tr>
<td>Dental problems untreated</td>
<td>6.3%</td>
<td>6.7%</td>
<td>↓</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7.3%</td>
<td>7.1%</td>
<td>↑</td>
</tr>
<tr>
<td>Digestive/stomach disorders</td>
<td>11.0%</td>
<td>7.4%</td>
<td>↑</td>
</tr>
<tr>
<td>Heart disease</td>
<td>4.6%</td>
<td>4.9%</td>
<td>↓</td>
</tr>
<tr>
<td>High blood pressure, hypertension</td>
<td>17.0%</td>
<td>17.8%</td>
<td>↓</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>13.2%</td>
<td>15.1%</td>
<td>↓</td>
</tr>
<tr>
<td>Migraine headaches</td>
<td>6.8%</td>
<td>6.7%</td>
<td>↑</td>
</tr>
<tr>
<td>Obesity/overweight</td>
<td>15.3%</td>
<td>12.9%</td>
<td>↑</td>
</tr>
<tr>
<td>Respiratory illness</td>
<td>2.7%</td>
<td>4.7%</td>
<td>↓</td>
</tr>
<tr>
<td>Seizure disorders</td>
<td>1.0%</td>
<td>1.2%</td>
<td>↓</td>
</tr>
<tr>
<td>Skin disorders</td>
<td>4.3%</td>
<td>6.6%</td>
<td>↓</td>
</tr>
<tr>
<td>Mental/Behavioral and Developmental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>7.9%</td>
<td>6.7%</td>
<td>↑</td>
</tr>
<tr>
<td>Alcohol or substance abuse</td>
<td>2.7%</td>
<td>2.8%</td>
<td>↓</td>
</tr>
<tr>
<td>Anorexia, bulimia or other serious eating disorder</td>
<td>1.0%</td>
<td>1.0%</td>
<td>↔</td>
</tr>
<tr>
<td>Anxiety or panic disorders</td>
<td>11.1%</td>
<td>9.6%</td>
<td>↑</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>1.2%</td>
<td>1.7%</td>
<td>↓</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>2.4%</td>
<td>3.5%</td>
<td>↓</td>
</tr>
<tr>
<td>Depression</td>
<td>13.0%</td>
<td>10.9%</td>
<td>↑</td>
</tr>
<tr>
<td>Developmental delay or disabilities</td>
<td>1.7%</td>
<td>2.8%</td>
<td>↓</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>1.6%</td>
<td>1.7%</td>
<td>↓</td>
</tr>
<tr>
<td>Phobias</td>
<td>0.4%</td>
<td>0.9%</td>
<td>↓</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.3%</td>
<td>0.3%</td>
<td>↔</td>
</tr>
</tbody>
</table>

1Per cents computed using number of respondents and household members.
Caring for Others, Abuse, and Financial Problems

Some survey respondents care for others, either older adults, persons with special needs, or grandchildren. In 2016, slightly more were caring for adults 60 years and older or raising grandchildren than in 2014; fewer were taking care of individuals with disabilities/special needs.

### CARING FOR OTHERS

<table>
<thead>
<tr>
<th>Care for</th>
<th>Percent Respondents</th>
<th>Change 2014-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult 60 years and older</td>
<td>16.2%</td>
<td>↑</td>
</tr>
<tr>
<td>Individual with disability or special need</td>
<td>12.1%</td>
<td>↓</td>
</tr>
<tr>
<td>Children not one's own</td>
<td>4.6%</td>
<td>↑</td>
</tr>
</tbody>
</table>

Abuse experienced by someone in the household is at similar levels for 2016 and 2014.

### ABUSE EXPERIENCED BY HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Type of Abuse Experienced During Past 12 Months</th>
<th>Percent Households</th>
<th>Change 2014-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>8.1%</td>
<td>↓</td>
</tr>
<tr>
<td>Physical</td>
<td>2.2%</td>
<td>↔</td>
</tr>
<tr>
<td>Sexual</td>
<td>1.1%</td>
<td>↑</td>
</tr>
</tbody>
</table>

All financial situations show an improvement in 2016 compared to 2014, especially the two job related situations.

### FINANCIAL PROBLEMS DURING PAST TWELVE MONTHS

<table>
<thead>
<tr>
<th>Financial Situation Experienced by Respondent or Household Member</th>
<th>Percent Households</th>
<th>Change 2014-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack money for basic needs</td>
<td>19.6%</td>
<td>↓</td>
</tr>
<tr>
<td>No job for 90 days or more</td>
<td>9.4%</td>
<td>↓</td>
</tr>
<tr>
<td>Involuntary job loss</td>
<td>7.9%</td>
<td>↓</td>
</tr>
<tr>
<td>Needed legal help but could not afford</td>
<td>7.6%</td>
<td>↓</td>
</tr>
<tr>
<td>Divorced, separated or widowed which affected finances&lt;sup&gt;1&lt;/sup&gt;</td>
<td>6.3%</td>
<td>↓</td>
</tr>
<tr>
<td>Identity theft by a stranger&lt;sup&gt;2&lt;/sup&gt;</td>
<td>4.6%</td>
<td>↓</td>
</tr>
<tr>
<td>Foreclosure of home</td>
<td>2.9%</td>
<td>↓</td>
</tr>
<tr>
<td>Filed for bankruptcy</td>
<td>1.7%</td>
<td>↓</td>
</tr>
<tr>
<td>Financially abused by someone you know&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1.4%</td>
<td>↓</td>
</tr>
</tbody>
</table>

<sup>1</sup> "Which affected finances" added in 2016.
<sup>2</sup> "By a stranger" added in 2016.
<sup>3</sup> "By someone you know" added in 2016; explanation "your money or assets used without your permission" both years.
Focus Groups of Target Populations and Community Leaders

These comparisons use 2017 findings (focus groups held in 2016) to key informant interviews which were not held in 2016 but were in 2014 and 2010, along with focus group findings of 2010. No focus groups were conducted in 2014. The 2016 focus groups of community leaders sought the same information as was gathered through individual interviews with community leaders held in prior years. More community leaders (29) participated in 2016 than were interviewed in 2014 (22), but not 2010 (34). In 2010, 11 target population focus groups were held whereas only five were held in 2016, suggesting less input from vulnerable populations.

Best Aspects of McHenry County

Aspects best liked about McHenry County as named in 2016 are similar to 2014 and 2010: appreciation of small town atmosphere which contributes to community life and a sense of belonging, abundance of green space due to preservation of open areas, and easy access/proximity to large cities.

Comparing 2016 community leaders focus groups to 2014 key informant findings reveals fewer 2016 mentions of recreation opportunities, local economy, and the value of diversity in the county’s population. Among target populations, comparison of 2016 to 2010 reveals fewer mentions of local health systems, park districts, and the community college in 2016 as assets.

Groups Needing More Community Attention

Three groups - persons with mental illness, substance abuse, disabilities; Hispanic/Latinos; and low-income population - were most often cited in 2016 as needing more community attention, same as 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 2014 and 2010. The homeless population was pointed out in 2016, but not in 2014. 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 more attention and discussion occurred about the LGBTQ population with specific mention of transgender persons in 2016.

McHenry County Health and Human Services

Similar strengths, namely the abundance of resources, good leadership, and collaboration were named in 2016 just as they were in 2014 and 2010. A recurring weakness is lack of dental services for the low-income along with inadequate public transportation as a barrier that prevents people from accessing services. In 2016 and 2014, state budget woes threaten local organizations’ ability to deliver care.

What stands out in 2016 compared to 2014 is the improved situation with delivery of mental health services. 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, appears to have improved access to primary health care for the low-income population.
APPENDIX C
2017 Healthy Community Study
Survey Report 2017

IPLAN 2017-2021
MCHENRY COUNTY
HEALTHY COMMUNITY STUDY

SURVEY REPORT 2017

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
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<td>3.6</td>
<td>Reasons <em>Unable</em> to Receive Dental Care: 2016</td>
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<td>3.7</td>
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<td>28</td>
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<td>3.8</td>
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<td>3.9</td>
<td>Comparison of Reasons for Access Problems: 2016</td>
<td>29</td>
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<td>3.10</td>
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<td>29</td>
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<td>3.11</td>
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<td>30</td>
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<td>31</td>
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<td>4.2</td>
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<td>4.3</td>
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<td>Self-Reported Assessment of Ability to Lead Healthy Lifestyle by Gender, Hispanic Origin, Education, Area of Residence, and Financial Assistance of Households: 2016</td>
<td>34</td>
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<td>42</td>
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<td>6.5</td>
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FIGURE

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<td>B</td>
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<td>C</td>
<td>89</td>
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<td>E</td>
<td>168</td>
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<tr>
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</table>
Chapter 1
INTRODUCTION, METHODOLOGY, AND RESPONDENT CHARACTERISTICS

Introduction

The 2017 McHenry County Healthy Community Study seeks to identify community needs using a variety of methods, one of which is the Community Survey. Conducted to gather residents’ views and perceptions, survey results are intended to complement the Community Analysis and Focus Group findings to provide a fuller understanding of the county’s most important needs.

Survey topics include availability of selected community features; accessibility to some of these features; access to care with a focus on primary health care, dental, mental health, and substance abuse services; occurrence of physical and mental health/developmental conditions; perception of overall health; caring for children, older adults, and individuals with special needs; and household financial problems.

Following a pattern of conducting a community needs assessment every three to five years, the current Healthy Community Study is again under the direction of the McHenry County Healthy Community Partnership. This Partnership is headed up by the McHenry County Department of Health with additional funding and guidance from five other partners: Advocate Health System (Good Shepherd and Sherman Hospitals), Centegra Health System, McHenry County Mental Health Board, McHenry County Substance Abuse Coalition, and United Way of Greater McHenry County.

The McHenry County Healthy Community Partnership contracted with Health Systems Research of the University College of Medicine at Rockford to conduct the survey. Health Systems Research (HSR) specializes in community needs assessments for health and human services in northwest Illinois and has assisted McHenry County Healthy Community Partners with similar multi-part community assessments for several decades.

Methodology

The 2016 Healthy Community survey instrument was developed by representatives of partner organizations along with guidance from HSR researchers. Where suitable, the 2016 survey repeats many of the 2014 and 2010 questions, enabling a look over time. For some questions, wording and choices were revised to reflect current conditions and additional questions were included where partners desired specific feedback from residents.

Most questions were asked in a multiple choice format or with a prescribed list of selected choices. However, two open-ended questions probed for respondents’ views on particular issues.

The survey was administered electronically and available in paper format. The online version was set up in Qualtrics with a link generated and sent to potential respondents by partner organizations. A total of 2,000 surveys were printed and distributed along with postage-paid envelopes addressed to Health Systems Research. To encourage response from the county’s Hispanic population, the survey was translated into Spanish for both the paper and online versions. The survey was approved by the University of Illinois College of Medicine Institutional Review Board, protocol #917391 on June 3, 2016.
The survey’s online link was active between June 27 and August 18, 2016, a period of seven weeks. During this time, email reminders, social media, and media releases were used to encourage participation. Paper copies were handed out at locations and community events throughout the county during July and early August. A complete list of distribution points is presented and discussed at the end of this chapter.

Survey Response

As of August 18, 2016, the cut-off date for receipt of surveys, 774 electronic surveys were completed and 316 “useable” paper surveys received (blank or almost blank surveys were sent in but excluded from analysis). The total survey sample numbers 1,090, an impressive response and more than 40% above 2014 (n=744). Unlike a true random sample in which all residents in the county have an equal chance of participating in the survey, these survey respondents constitute a “convenience sample” for the following reasons:

1) Surveys were distributed at select places.
2) Given the widespread distribution of the survey link, a significant proportion of the county’s population likely knew about the survey and could have accessed the link; however, internet access is not universal nor was publicity about the survey guaranteed to reach all residents.

Survey respondents reside throughout the county with a decent representation from all areas (Tables 1.1 and 1.2). Woodstock residents represent almost one-quarter (23.8%) of responses, followed by Crystal Lake (18.3%) and Southeast (16.9%). More than one-fifth (22.2%) of respondents live in either the rural west or rural northeast areas of the county. McHenry residents make up 11.9%.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodstock</td>
<td>259</td>
<td>23.8%</td>
</tr>
<tr>
<td>Crystal Lake</td>
<td>200</td>
<td>18.3%</td>
</tr>
<tr>
<td>Southeast</td>
<td>184</td>
<td>16.9%</td>
</tr>
<tr>
<td>Rural West</td>
<td>168</td>
<td>15.4%</td>
</tr>
<tr>
<td>McHenry</td>
<td>130</td>
<td>11.9%</td>
</tr>
<tr>
<td>Rural Northeast</td>
<td>74</td>
<td>6.8%</td>
</tr>
<tr>
<td>Other or no zip code</td>
<td>75</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

A separate survey question asked whether respondents lived in McHenry County (see Table 1.3). Of respondents who said they lived outside of the county (n=59), regardless of zip code as some zip code boundaries cross county lines, almost all (n=48) work in McHenry County.
Table 1.2
SURVEY SAMPLE BY ZIP CODE AND PLACE: 2016

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Place</th>
<th>Area</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>1,090</td>
<td>100.0%</td>
</tr>
<tr>
<td>60012</td>
<td>Crystal Lake</td>
<td>Crystal Lake</td>
<td>43</td>
<td>3.9%</td>
</tr>
<tr>
<td>60013</td>
<td>Cary</td>
<td>Southeast</td>
<td>76</td>
<td>7.0%</td>
</tr>
<tr>
<td>60014</td>
<td>Crystal Lake</td>
<td>Crystal Lake</td>
<td>157</td>
<td>14.4%</td>
</tr>
<tr>
<td>60021</td>
<td>Fox River Grove</td>
<td>Southeast</td>
<td>16</td>
<td>1.5%</td>
</tr>
<tr>
<td>60033</td>
<td>Harvard</td>
<td>Rural West</td>
<td>102</td>
<td>9.4%</td>
</tr>
<tr>
<td>60034</td>
<td>Hebron</td>
<td>Rural West</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>60042</td>
<td>Island Lake</td>
<td>Southeast</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>60050</td>
<td>McHenry</td>
<td>McHenry</td>
<td>82</td>
<td>7.5%</td>
</tr>
<tr>
<td>60051</td>
<td>McHenry</td>
<td>McHenry</td>
<td>48</td>
<td>4.4%</td>
</tr>
<tr>
<td>60071</td>
<td>Richmond</td>
<td>Rural Northeast</td>
<td>8</td>
<td>0.7%</td>
</tr>
<tr>
<td>60072</td>
<td>Ringwood</td>
<td>Rural Northeast</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td>60081</td>
<td>Spring Grove</td>
<td>Rural Northeast</td>
<td>15</td>
<td>1.4%</td>
</tr>
<tr>
<td>60097</td>
<td>Wonder Lake</td>
<td>Rural Northeast</td>
<td>48</td>
<td>4.4%</td>
</tr>
<tr>
<td>60098</td>
<td>Woodstock</td>
<td>Woodstock</td>
<td>259</td>
<td>23.8%</td>
</tr>
<tr>
<td>60102</td>
<td>Algonquin</td>
<td>Southeast</td>
<td>25</td>
<td>2.3%</td>
</tr>
<tr>
<td>60142</td>
<td>Huntley</td>
<td>Southeast</td>
<td>36</td>
<td>3.3%</td>
</tr>
<tr>
<td>60152</td>
<td>Marengo</td>
<td>Rural West</td>
<td>57</td>
<td>5.2%</td>
</tr>
<tr>
<td>60156</td>
<td>Lake in the Hills</td>
<td>Southeast</td>
<td>29</td>
<td>2.7%</td>
</tr>
<tr>
<td>60180</td>
<td>Union</td>
<td>Rural West</td>
<td>7</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other*</td>
<td></td>
<td></td>
<td>40</td>
<td>3.7%</td>
</tr>
<tr>
<td>No zip code given</td>
<td></td>
<td></td>
<td>35</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

\*Zip code outside of McHenry County.
See Appendix E for zip code boundaries.

Respondent Characteristics

As typifies most surveys, respondents were more likely to be female, older on average, and well educated (Table 1.3). Three in four (75.3%) were female, while one in five were 65+ (20.3%). There was a good showing among younger respondents, with one in ten (10.6%) ages 18-29 and one-quarter (23.1%) 30-44; almost half (46.1%) were 45-64 years old. Most respondents (92.9%) were non-Hispanic, yet the Hispanic population constituted 7.1%. The vast majority (95.5%) said their race was white, with the next most common racial group being two or more races.

More than half (51.7%) of survey respondents have a bachelor’s/four-year college degree or more, while one-fifth (22.5%) have attended college but received no degree; one-tenth (10.3%) hold an associate’s degree. Two-thirds (67.1%) of respondents work in McHenry County, 9.0% work outside the county, and one-quarter (24.0%) are retired or do not work. English is the language most often spoken at home by 95.3% of respondents, while 3.9% speak Spanish at home. In almost one in five (17.7%) respondent households, someone has received financial assistance during the past 12 months such as TANF (Temporary Assistance for Needy Families), WIC (Women, Infants and Children), Township Assistance, Public Aid, Medicaid (medical card), SNAP (Supplemental Nutrition Assistance Program)/food stamps, or SSI (Supplemental Security Income).
Table 1.3
RESPONDENT AND HOUSEHOLD CHARACTERISTICS: 2016

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>261</td>
<td>24.7%</td>
</tr>
<tr>
<td>Female</td>
<td>795</td>
<td>75.3%</td>
</tr>
<tr>
<td><strong>AGE GROUP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>112</td>
<td>10.6%</td>
</tr>
<tr>
<td>30-44</td>
<td>245</td>
<td>23.1%</td>
</tr>
<tr>
<td>45-64</td>
<td>489</td>
<td>46.1%</td>
</tr>
<tr>
<td>65-74</td>
<td>155</td>
<td>14.6%</td>
</tr>
<tr>
<td>75+</td>
<td>60</td>
<td>5.7%</td>
</tr>
<tr>
<td><strong>ETHNICITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>74</td>
<td>7.1%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>969</td>
<td>92.9%</td>
</tr>
<tr>
<td><strong>RACE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>987</td>
<td>95.5%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>5</td>
<td>0.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>0.8%</td>
</tr>
<tr>
<td>American Indian, Alaskan Native</td>
<td>7</td>
<td>0.7%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>23</td>
<td>2.2%</td>
</tr>
<tr>
<td><strong>HIGHEST EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>31</td>
<td>2.9%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>133</td>
<td>12.5%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>239</td>
<td>22.5%</td>
</tr>
<tr>
<td>Associate degree</td>
<td>109</td>
<td>10.3%</td>
</tr>
<tr>
<td>Bachelor's/four-year degree</td>
<td>299</td>
<td>28.2%</td>
</tr>
<tr>
<td>Graduate/professional degree</td>
<td>249</td>
<td>23.5%</td>
</tr>
<tr>
<td><strong>COUNTY OF RESIDENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McHenry County</td>
<td>1,002</td>
<td>94.4%</td>
</tr>
<tr>
<td>Other</td>
<td>59</td>
<td>5.6%</td>
</tr>
<tr>
<td><strong>PRIMARY WORK LOCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McHenry County</td>
<td>703</td>
<td>67.1%</td>
</tr>
<tr>
<td>Outside McHenry County</td>
<td>94</td>
<td>9.0%</td>
</tr>
<tr>
<td>Don't work or retired</td>
<td>251</td>
<td>24.0%</td>
</tr>
<tr>
<td><strong>LANGUAGE SPOKEN AT HOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>1,009</td>
<td>95.3%</td>
</tr>
<tr>
<td>Spanish</td>
<td>41</td>
<td>3.9%</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>FINANCIAL ASSISTANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance received^2</td>
<td>185</td>
<td>17.7%</td>
</tr>
</tbody>
</table>

^1 Based on respondents who answered questions. For percentages based on total sample including "no answer," see Appendix B.

^2 Received by at least one household member during past 12 months.
Representativeness of Survey Sample

While this survey was not conducted in a way designed to ensure randomness, a good understanding of how well county residents are represented is to compare the survey sample to the county as a whole. In other words, how well do survey respondents match the demographic profile of the county residents as a whole described by the U.S. Census? The answer shows that the major differences occur for gender and education (Table 1.4).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All 2016 Survey Respondents</th>
<th>McHenry County Census 2015¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>24.7%</td>
<td>49.8%</td>
</tr>
<tr>
<td>Female</td>
<td>75.3%</td>
<td>50.2%</td>
</tr>
<tr>
<td>AGE GROUP²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>10.6%</td>
<td>18.3%</td>
</tr>
<tr>
<td>30-44</td>
<td>23.1%</td>
<td>24.9%</td>
</tr>
<tr>
<td>45-64</td>
<td>46.1%</td>
<td>40.0%</td>
</tr>
<tr>
<td>65-74</td>
<td>14.6%</td>
<td>10.5%</td>
</tr>
<tr>
<td>75+</td>
<td>5.7%</td>
<td>6.3%</td>
</tr>
<tr>
<td>ETHNICITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.1%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>92.9%</td>
<td>87.4%</td>
</tr>
<tr>
<td>RACE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>95.5%</td>
<td>91.8%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>0.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.8%</td>
<td>3.0%</td>
</tr>
<tr>
<td>American Indian, Alaskan Native</td>
<td>0.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2.2%</td>
<td>2.1%</td>
</tr>
<tr>
<td>HIGHEST EDUCATION³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>2.9%</td>
<td>6.6%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>12.5%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>22.5%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Associate degree</td>
<td>10.3%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Bachelor’s/four-year degree</td>
<td>28.2%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Graduate/professional degree</td>
<td>23.5%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

²Census percentages based on population 18 years and older.
³Census percentages based on population 25 years and older.
A higher proportion of survey respondents are female (75.3%) than actually live in the county (50.2%). Possessing a four-year college degree or more is true for 51.7% of survey respondents compared to 32.7% for the population as a whole.

Age-wise, there was an excellent match for ages 30-44 and 45-64 with survey proportions quite close to the 2015 Census figures. A smaller proportion (10.6%) are 18-29 as compared to the Census at 18.3%, while the reverse is true for 65-74 year olds comprising 14.6% of survey respondents versus 10.5% Census. Persons 75 years and older make up 5.7% of the survey sample, very close to the Census figure of 6.3%. Census age proportions shown in Table 1.4 are based on the population 18 years and older, therefore are not the same as shown in the Community Analysis whose base is all ages; this was done because the survey was open to persons 18 years and older only.

More respondents are non-Hispanic (92.9%) than actual residents (87.4%), and are more likely to be white (95.5% survey, 91.8% Census).

Another dimension in judging the representativeness of the survey is to compare survey respondent characteristics depending on whether they completed the survey online or on paper (Table 1.5). Among researchers, most find that community surveys produce higher online participation among persons who are younger, white, and better educated. While that is somewhat true for this survey, some notable distinctions stand out. To a large degree, the paper responses reflect the venues used for their distribution (see next section). A comparison of online versus paper respondents shows that:

- Gender proportions are about equal.
- Proportions of 18-29 year olds are similar, but the biggest age difference occurs among 45-64 (51.5% online, 32.6% paper). Proportions switch with paper drawing higher percentages among ages 65-74 and 75+.
- Hispanics were far more likely to answer via paper surveys (17.5%) than online (3.1%).
- Higher concentrations of persons with a four-year college degree or more responded online (63.4%) versus paper (22.2%). The opposite occurs for high school diploma or less (6.5% online, 38.2% paper).
Table 1.5
CHARACTERISTICS OF ONLINE AND PAPER SURVEY RESPONDENTS
AS COMPARED TO CENSUS: 2016

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Online Survey Respondents</th>
<th>Paper Survey Respondents</th>
<th>McHenry County Census 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>25.6%</td>
<td>22.4%</td>
<td>49.8%</td>
</tr>
<tr>
<td>Female</td>
<td>74.4%</td>
<td>77.6%</td>
<td>50.2%</td>
</tr>
<tr>
<td><strong>AGE GROUP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>10.0%</td>
<td>11.8%</td>
<td>18.3%</td>
</tr>
<tr>
<td>30-44</td>
<td>23.6%</td>
<td>21.7%</td>
<td>24.9%</td>
</tr>
<tr>
<td>45-64</td>
<td>51.5%</td>
<td>32.6%</td>
<td>40.0%</td>
</tr>
<tr>
<td>65-74</td>
<td>11.9%</td>
<td>21.4%</td>
<td>10.5%</td>
</tr>
<tr>
<td>75+</td>
<td>2.9%</td>
<td>12.5%</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>ETHNICITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>3.1%</td>
<td>17.5%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>96.9%</td>
<td>82.5%</td>
<td>87.4%</td>
</tr>
<tr>
<td><strong>RACE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>95.4%</td>
<td>93.3%</td>
<td>91.8%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>0.0%</td>
<td>0.7%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.8%</td>
<td>0.7%</td>
<td>3.0%</td>
</tr>
<tr>
<td>American Indian, Alaskan Native</td>
<td>0.4%</td>
<td>1.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0.4%</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1.8%</td>
<td>3.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>HIGHEST EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>0.0%</td>
<td>10.3%</td>
<td>6.6%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>6.5%</td>
<td>27.9%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>20.3%</td>
<td>28.2%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Associate degree</td>
<td>9.9%</td>
<td>11.3%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Bachelor's/four-year degree</td>
<td>34.0%</td>
<td>13.6%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Graduate/professional degree</td>
<td>29.4%</td>
<td>8.6%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

1Based on respondents who answered questions. For percentages including "no answer," see Appendix C.
3Census percentages based on population 18 years and older.
4Census percentages based on population 25 years and older.
Survey Distribution

Distributed both electronically and as hard copy, Healthy Community partners used many avenues to solicit participation. A link to the online version was sent out by all 33 McHenry County MAPP (Mobilizing for Action through Planning and Partnerships) member agencies, was posted on websites and Facebook pages for five organizations, and distributed via several employee groups. Paper surveys were handed out at food pantries, social service organizations, Children’s Health and Safety Fair, and at the McHenry County Fair. Two media events took place to encourage local residents to participate. See Table 1.6 for the complete list and dates.

<table>
<thead>
<tr>
<th>Method</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web Links for Online Survey</td>
<td></td>
</tr>
<tr>
<td>Sent to all 33 MAPP member agencies</td>
<td>Once in June, once in August</td>
</tr>
<tr>
<td>On Centegra Health System webpage</td>
<td>June &amp; July</td>
</tr>
<tr>
<td>On McHenry County Government Center webpage</td>
<td>June &amp; July</td>
</tr>
<tr>
<td>Sent through Health Department Facebook</td>
<td>June &amp; July</td>
</tr>
<tr>
<td>On Friends of Animal Control Facebook (FB) page</td>
<td>June &amp; July</td>
</tr>
<tr>
<td>On McHenry County Healthy Living Coalition FB page</td>
<td>June &amp; July</td>
</tr>
<tr>
<td>Sent to Centegra Health System employees</td>
<td>7/22/2016</td>
</tr>
</tbody>
</table>

Media Events

<table>
<thead>
<tr>
<th>Method</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio interview, primary audience is Sun City in Huntley</td>
<td>7/11/2016</td>
</tr>
</tbody>
</table>

Paper Surveys Distributed

<table>
<thead>
<tr>
<th>Method</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvard Food Pantry</td>
<td>7/5/2016, 7/12/2016</td>
</tr>
<tr>
<td>Casa DeVita Food Pantry</td>
<td>7/7/2016</td>
</tr>
<tr>
<td>St. Mary Church, Woodstock</td>
<td>7/12/2016</td>
</tr>
<tr>
<td>Walden Oaks Apartments, Woodstock</td>
<td>7/13/2016</td>
</tr>
<tr>
<td>Marengo Food Pantry</td>
<td>7/13/2016</td>
</tr>
<tr>
<td>Cary Grove Food Pantry</td>
<td>7/19/2016</td>
</tr>
<tr>
<td>Children’s Health and Safety Fair, McHenry</td>
<td>7/27/2016</td>
</tr>
<tr>
<td>McHenry County Fair</td>
<td>8/3, 8/4, 8/5, 8/6, 8/7/2016</td>
</tr>
<tr>
<td>Senior Services, Crystal Lake</td>
<td>Throughout July</td>
</tr>
<tr>
<td>McHenry Senior Services</td>
<td>Throughout July</td>
</tr>
<tr>
<td>Crystal Lake Fire Department</td>
<td>Throughout July</td>
</tr>
<tr>
<td>Parents enrolled at Brown Bear Daycare, Harvard</td>
<td>First week August</td>
</tr>
</tbody>
</table>

The survey itself asked respondents how they heard about the survey (Table 1.7). The most popular response was the health department followed by friend, co-worker, or family member. While both online and paper respondents most often named the health department, social service organization was second most common among paper survey respondents.
Table 1.7
HOW RESPONDENTS HEARD ABOUT SURVEY: 2016

<table>
<thead>
<tr>
<th>Rank All</th>
<th>Method</th>
<th>All Number</th>
<th>All Percent</th>
<th>Online Number</th>
<th>Online Percent</th>
<th>Paper Number</th>
<th>Paper Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>774</td>
<td>100.0%</td>
<td>316</td>
<td>100.0%</td>
</tr>
<tr>
<td>1</td>
<td>Health department</td>
<td>238</td>
<td>21.8%</td>
<td>173</td>
<td>22.4%</td>
<td>65</td>
<td>20.6%</td>
</tr>
<tr>
<td>2</td>
<td>Friend, co-worker, family member</td>
<td>161</td>
<td>14.8%</td>
<td>140</td>
<td>18.1%</td>
<td>21</td>
<td>6.6%</td>
</tr>
<tr>
<td>3</td>
<td>Social service organization</td>
<td>126</td>
<td>11.6%</td>
<td>83</td>
<td>10.7%</td>
<td>43</td>
<td>13.6%</td>
</tr>
<tr>
<td>4</td>
<td>Mental Health Board</td>
<td>53</td>
<td>4.9%</td>
<td>45</td>
<td>5.8%</td>
<td>8</td>
<td>2.5%</td>
</tr>
<tr>
<td>5</td>
<td>Newspaper</td>
<td>46</td>
<td>4.2%</td>
<td>43</td>
<td>5.6%</td>
<td>3</td>
<td>0.9%</td>
</tr>
<tr>
<td>6</td>
<td>Hospital or doctor's office</td>
<td>26</td>
<td>2.4%</td>
<td>25</td>
<td>3.2%</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>7</td>
<td>Church, other place of worship</td>
<td>15</td>
<td>1.4%</td>
<td>0</td>
<td>0.0%</td>
<td>15</td>
<td>4.7%</td>
</tr>
<tr>
<td>8</td>
<td>School or college</td>
<td>7</td>
<td>0.6%</td>
<td>3</td>
<td>0.4%</td>
<td>4</td>
<td>1.3%</td>
</tr>
<tr>
<td>9</td>
<td>Library</td>
<td>6</td>
<td>0.6%</td>
<td>6</td>
<td>0.8%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>375</td>
<td>34.4%</td>
<td>242</td>
<td>31.3%</td>
<td>133</td>
<td>42.1%</td>
</tr>
<tr>
<td>No answer</td>
<td></td>
<td>37</td>
<td>3.4%</td>
<td>14</td>
<td>1.8%</td>
<td>23</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

As shown on Table 1.7, “other” as a choice for how respondents heard about the survey was selected by 375 participants. Given this large number, details about that category are shown on Table 1.8.

Table 1.8
HEARD ABOUT SURVEY FROM "OTHER" SITES: 2016

<table>
<thead>
<tr>
<th>Site</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Respondents</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>242</td>
</tr>
<tr>
<td>Work/employer/work email</td>
<td>50</td>
</tr>
<tr>
<td>LinkedIn/social media/internet/AOL/Facebook/Twitter; email</td>
<td>48</td>
</tr>
<tr>
<td>United Way/emails/newsletter</td>
<td>45</td>
</tr>
<tr>
<td>YMCA/Jail Braker/VAC/TLS/LGMC/FHPC/Health clinic</td>
<td>24</td>
</tr>
<tr>
<td>Email</td>
<td>13</td>
</tr>
<tr>
<td>Organizations – McHenry County/Township/Government Center</td>
<td>12</td>
</tr>
<tr>
<td>County email/newsletter</td>
<td>8</td>
</tr>
<tr>
<td>Master Gardener/Extension/Senior Services/Conservation District</td>
<td>8</td>
</tr>
<tr>
<td>Website – county/town/County Board/Centegra</td>
<td>7</td>
</tr>
<tr>
<td>Program director/Co-committee member; neighbors; pet shelter</td>
<td>5</td>
</tr>
<tr>
<td>Checked but did not specify</td>
<td>22</td>
</tr>
<tr>
<td>Paper Survey Respondents</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
</tr>
<tr>
<td>Food pantry/food bank</td>
<td>62</td>
</tr>
<tr>
<td>Where I live/mail at apartment</td>
<td>17</td>
</tr>
<tr>
<td>McHenry County Fair/Health Fair</td>
<td>14</td>
</tr>
<tr>
<td>Work/day care</td>
<td>12</td>
</tr>
<tr>
<td>Senior Services/Center; TLS/Turning Point/VLS/SSA/VA</td>
<td>11</td>
</tr>
<tr>
<td>WIC/FHPC/Historical Society/public forum/conference</td>
<td>5</td>
</tr>
<tr>
<td>Mother/handed to me</td>
<td>2</td>
</tr>
<tr>
<td>Checked but did not specify</td>
<td>10</td>
</tr>
</tbody>
</table>
Among online respondents, work sources including work email was named by 50 respondents indicating the importance of communicating the survey’s link through employee channels. LinkedIn and other social media were also very important in generating response as was United Way. Among paper survey respondents, food pantries/food banks topped the list of “other” replies which makes sense given the fact that surveys were handed out at four local food pantries.
Healthy communities are made up of countless dimensions. For the 2016 McHenry County Healthy Community Survey, 18 characteristics were selected for rating by survey participants. These participants rated the availability of these characteristics, also referred to as features, along a continuum from poor to excellent. A second series of questions queried survey respondents about accessibility - this time for 11 characteristics using a scale from very difficult to very easy.

Availability of Community Features

Response percentages and mean scores for the availability of community features are shown in Table 2.1. Features in this table are listed in the order in which they appeared in the survey instrument.

Receiving high levels of excellent at over 22% are safe neighborhoods (33.2%), parks/recreation services (29.3%), farmers markets (22.8%), and biking/walking paths (22.3%). When excellent is combined with good ratings, levels jump to more than 60% for these four characteristics. Two services with "good" ratings of almost 50% are health care (49.6%) and dental care (46.1%). These two features show a combined excellent and good proportion also surpassing 60% at 67.0% and 63.0%, respectively.

Five characteristics stand out as having more than one in five respondents rating them as "poor": public transportation for all residents (42.2%), public transportation for disabled persons (25.3%), public transportation for seniors (24.4%), mental health services (23.8%), and affordable housing (22.0%).

Mean scores whose scale indicates that 1=poor, 2=fair, 3=good, and 4=excellent range from a low of 1.75 for public transportation for all residents to a high of 3.19 for safe neighborhoods. Also below 2.0 (fair) is public transportation for disabled persons (1.96), while topping 3.0 (good) is also park/recreation services. Mean scores provide a useful summary measure for the rating of characteristics and also eliminate the “don’t know” and “no answer” responses which when substantial, produce lower proportions for the other categories.

More than one-third of respondents indicated they did not know or did not answer for five features: substance abuse services, developmental disability services, training to re-enter the workforce, public transportation for disabled persons, and organizations that provide free food. That means that percentages of poor, fair, good, or excellent are likewise lower. Worth noting is that despite a large “don’t know” and “no answer” proportion (34.2% combined), public transportation for disabled persons is still rated as poor by 25.3%. In cases with a substantial number of “don’t know” and/or “no answer,” the mean score which eliminates these in their computations is generally a better measure of perceived availability.
<table>
<thead>
<tr>
<th>Availability of</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don't Know/DA</th>
<th>No answer</th>
<th>Total</th>
<th>Mean¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe neighborhoods</td>
<td>33.2%</td>
<td>49.6%</td>
<td>13.1%</td>
<td>0.9%</td>
<td>1.1%</td>
<td>2.0%</td>
<td>100.0%</td>
<td>3.19</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>6.9%</td>
<td>27.3%</td>
<td>37.3%</td>
<td>22.0%</td>
<td>4.6%</td>
<td>1.8%</td>
<td>100.0%</td>
<td>2.20</td>
</tr>
<tr>
<td>Parks/recreation services</td>
<td>29.3%</td>
<td>45.0%</td>
<td>18.3%</td>
<td>4.2%</td>
<td>1.3%</td>
<td>1.9%</td>
<td>100.0%</td>
<td>3.03</td>
</tr>
<tr>
<td>Biking/walking paths</td>
<td>22.3%</td>
<td>38.3%</td>
<td>23.5%</td>
<td>11.7%</td>
<td>2.2%</td>
<td>1.9%</td>
<td>100.0%</td>
<td>2.74</td>
</tr>
<tr>
<td>Entertainment, arts, cultural activities</td>
<td>15.9%</td>
<td>39.6%</td>
<td>28.5%</td>
<td>10.5%</td>
<td>2.7%</td>
<td>2.8%</td>
<td>100.0%</td>
<td>2.64</td>
</tr>
<tr>
<td>Jobs</td>
<td>3.7%</td>
<td>24.9%</td>
<td>40.8%</td>
<td>19.1%</td>
<td>9.1%</td>
<td>2.5%</td>
<td>100.0%</td>
<td>2.15</td>
</tr>
<tr>
<td>Training to re-enter workforce</td>
<td>3.5%</td>
<td>20.3%</td>
<td>28.2%</td>
<td>13.6%</td>
<td>31.5%</td>
<td>3.0%</td>
<td>100.0%</td>
<td>2.21</td>
</tr>
<tr>
<td>Health care services</td>
<td>17.4%</td>
<td>49.6%</td>
<td>22.3%</td>
<td>6.0%</td>
<td>2.7%</td>
<td>2.0%</td>
<td>100.0%</td>
<td>2.82</td>
</tr>
<tr>
<td>Dental care services</td>
<td>16.9%</td>
<td>46.1%</td>
<td>20.3%</td>
<td>9.0%</td>
<td>5.7%</td>
<td>2.1%</td>
<td>100.0%</td>
<td>2.77</td>
</tr>
<tr>
<td>Mental health services</td>
<td>7.3%</td>
<td>22.2%</td>
<td>25.0%</td>
<td>23.8%</td>
<td>19.4%</td>
<td>2.4%</td>
<td>100.0%</td>
<td>2.17</td>
</tr>
<tr>
<td>Developmental disability services</td>
<td>4.8%</td>
<td>18.6%</td>
<td>23.8%</td>
<td>16.1%</td>
<td>32.5%</td>
<td>4.2%</td>
<td>100.0%</td>
<td>2.19</td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>5.0%</td>
<td>18.7%</td>
<td>23.1%</td>
<td>14.8%</td>
<td>35.4%</td>
<td>3.0%</td>
<td>100.0%</td>
<td>2.23</td>
</tr>
<tr>
<td>Public transportation for all residents</td>
<td>3.2%</td>
<td>14.0%</td>
<td>26.1%</td>
<td>42.2%</td>
<td>11.7%</td>
<td>2.8%</td>
<td>100.0%</td>
<td>1.75</td>
</tr>
<tr>
<td>Public transportation for seniors</td>
<td>4.0%</td>
<td>18.4%</td>
<td>26.1%</td>
<td>24.4%</td>
<td>24.3%</td>
<td>2.7%</td>
<td>100.0%</td>
<td>2.03</td>
</tr>
<tr>
<td>Public transportation for disabled persons</td>
<td>4.0%</td>
<td>14.7%</td>
<td>21.7%</td>
<td>25.3%</td>
<td>31.7%</td>
<td>2.5%</td>
<td>100.0%</td>
<td>1.96</td>
</tr>
<tr>
<td>Farmers markets</td>
<td>22.8%</td>
<td>38.9%</td>
<td>22.2%</td>
<td>8.0%</td>
<td>5.8%</td>
<td>2.3%</td>
<td>100.0%</td>
<td>2.83</td>
</tr>
<tr>
<td>Community or home gardens</td>
<td>9.0%</td>
<td>25.7%</td>
<td>24.8%</td>
<td>15.0%</td>
<td>22.8%</td>
<td>2.8%</td>
<td>100.0%</td>
<td>2.39</td>
</tr>
<tr>
<td>Organizations that provide free food</td>
<td>14.3%</td>
<td>24.8%</td>
<td>18.6%</td>
<td>8.2%</td>
<td>29.3%</td>
<td>4.9%</td>
<td>100.0%</td>
<td>2.80</td>
</tr>
</tbody>
</table>

¹Scale from 1=poor to 4=excellent. Mean scores exclude don't know and no answer. Percentages based on total respondent sample of 1,090.
Mean scores are also presented and rank ordered in Table 2.2 along with 2014 and 2010 means for characteristics rated in those years. Ranked highest in terms of availability in 2016 is safe neighborhoods whose mean at 3.19 is well above the next highest, parks/recreation services (3.03). At third through fifth places, with similar mean scores for availability, are farmers markets (2.83), health care services (2.82), and organizations that provide free food (2.80). At the other end of the mean score range are all three types of public transportation, that is for all residents (1.75), disabled persons (1.96), and seniors (2.03). These three are significantly below the fourth lowest characteristic. The mean scores of availability for six features, jobs (2.15), mental health services (2.17), developmental disability services (2.19), affordable housing (2.20), training to re-enter the workforce (2.21), and substance abuse services (2.23) fall into a fairly tight cluster.

Table 2.2
AVAILABILITY OF COMMUNITY FEATURES RANKINGS AND MEAN SCORES

<table>
<thead>
<tr>
<th>Rank 2016</th>
<th>Availability of</th>
<th>Mean Scores$^1$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2016</td>
</tr>
<tr>
<td>1</td>
<td>Safe neighborhoods</td>
<td>3.19</td>
</tr>
<tr>
<td>2</td>
<td>Parks/recreation services</td>
<td>3.03</td>
</tr>
<tr>
<td>3</td>
<td>Farmers markets</td>
<td>2.83</td>
</tr>
<tr>
<td>4</td>
<td>Health care services</td>
<td>2.82</td>
</tr>
<tr>
<td>5</td>
<td>Organizations that provide free food</td>
<td>2.80</td>
</tr>
<tr>
<td>6</td>
<td>Dental care services</td>
<td>2.77</td>
</tr>
<tr>
<td>7</td>
<td>Biking/walking paths</td>
<td>2.74</td>
</tr>
<tr>
<td>8</td>
<td>Entertainment, arts, cultural activities</td>
<td>2.64</td>
</tr>
<tr>
<td>9</td>
<td>Community or home gardens</td>
<td>2.39</td>
</tr>
<tr>
<td>10</td>
<td>Substance abuse services</td>
<td>2.23</td>
</tr>
<tr>
<td>11</td>
<td>Training to re-enter the workforce</td>
<td>2.21</td>
</tr>
<tr>
<td>12</td>
<td>Affordable housing</td>
<td>2.20</td>
</tr>
<tr>
<td>13</td>
<td>Developmental disability services</td>
<td>2.19</td>
</tr>
<tr>
<td>14</td>
<td>Mental health services</td>
<td>2.17</td>
</tr>
<tr>
<td>15</td>
<td>Jobs</td>
<td>2.15</td>
</tr>
<tr>
<td>16</td>
<td>Public transportation for seniors</td>
<td>2.03</td>
</tr>
<tr>
<td>17</td>
<td>Public transportation for disabled persons</td>
<td>1.96</td>
</tr>
<tr>
<td>18</td>
<td>Public transportation for all residents</td>
<td>1.75</td>
</tr>
</tbody>
</table>

$^1$Mean score scale from 1=poor to 4=excellent. 2014 and 2010 mean scores shown if data available.

Compared to 2014, most characteristics show a decline in mean scores, although jobs is the notable exception with a strong rise from 2.02 to 2.15. Availability of jobs stood at only 1.54 in 2010. Most drops between 2014 and 2016 were slight although some were dramatic such as the availability of mental health services (2.17 in 2016, 2.44 2014), though the 2016 level tops 2010 at 2.11. Substance abuse services also fell (-0.16) as did health care services (-0.08) and organizations that provide free food (-0.09).
Availability of Community Features by Demographic Group

For all 18 community features, mean scores were computed for each demographic group (Table 2.3). Demographic groups are based on age, gender, Hispanic ethnicity, education, geographic area of residence, and whether household receives financial assistance. Groups producing the highest and lowest mean scores based on availability of these features as well as the spread between highest and lowest scores are highlighted below.

- **Safe neighborhoods**
  - Rated highest by residents of McHenry and Crystal Lake and respondents with the bachelor/four-year college and graduate, professional degrees
  - Rated lowest by rural west residents, households receiving financial assistance, and Latinos
  - Spread between highest (3.28) and lowest (2.96) mean scores.

- **Affordable housing**
  - Rated highest by lowest education group, rural west residents, and Latinos
  - Rated lowest by persons with associates degree; rural northeast, Crystal Lake, and McHenry residents
  - Spread between highest (2.39) and lowest (2.01) mean scores.

- **Parks/recreation**
  - Rated highest by southeast and Woodstock residents, ages 65 years and older, and respondents with a bachelor’s/four-year college degree
  - Rated lowest by rural west residents, Latinos, and those with associates degree
  - Spread between highest (3.15) and lowest (2.70) mean scores.

- **Biking and walking paths**
  - Rated highest by ages 18-29, Crystal Lake and southeast residents
  - Rated lowest by rural west residents, Latinos, and those with associates degree
  - Spread between highest (2.88) and lowest (2.48) mean scores.

- **Entertainment, arts, cultural activities**
  - Rated highest by ages 65 years and older; Woodstock, Crystal Lake, and southeast residents
  - Rated lowest by rural west residents, Latinos, and lowest education group
  - Fairly wide spread between highest (2.77) and lowest (2.18) mean scores.

- **Jobs**
  - Rated highest by ages 18-29, southeast residents, and persons with a bachelor’s/four-year college degree
  - Rated lowest by rural west residents, males, households receiving financial assistance, and ages 65+ years
  - Spread between highest (2.35) and lowest (2.02) mean scores.

- **Training to re-enter workforce**
  - Rated highest by Latinos, lowest education group, and southeast residents
  - Rated lowest by rural west and rural northeast residents, ages 65+ years, and some college/no degree respondents
  - Spread between highest (2.36) and lowest (2.09) mean scores.

- **Health care services**
  - Rated highest by McHenry and southeast residents, males, and some college/no degree respondents
  - Rated lowest by Latinos, associate degree holders, and rural west residents
  - Spread between highest (2.94) and lowest (2.60) mean scores.
Table 2.3  
COMMUNITY FEATURES AVAILABILITY  
AS RATED HIGHEST AND LOWEST BY DEMOGRAPHIC GROUP: 2016

<table>
<thead>
<tr>
<th>Availability of</th>
<th>Highest Three Groups¹ (Mean)</th>
<th>Lowest Three Groups¹ (Mean)</th>
</tr>
</thead>
</table>
| Safe neighborhoods | McHenry (3.28)  
Crystal Lake (3.25)  
Graduate, professional degree (3.25)  
Bachelor’s/4-yr college degree (3.25) | Rural west (2.96)  
Receive financial assistance (3.06)  
Hispanic origin (3.10) |
| Affordable housing | High school graduate or less (2.39)  
Rural west (2.32)  
Hispanic origin (2.32) | Associates degree (2.01)  
Rural northeast (2.03)  
Crystal Lake (2.13)  
McHenry (2.13) |
| Parks/recreation services | Southeast (3.15)  
65+ (3.12)  
Bachelor’s/4-yr college degree (3.11)  
Woodstock (3.11) | Rural west (2.70)  
Hispanic origin (2.73)  
Associates degree (2.88) |
| Biking/walking paths | 18-29 (2.88)  
Crystal Lake (2.85)  
Southeast (2.84) | Rural west (2.48)  
Hispanic origin (2.49)  
Associates degree (2.58) |
| Entertainment, arts, cultural activities | Woodstock (2.77)  
65+ (2.75)  
Crystal Lake (2.74)  
Southeast (2.74) | Rural west (2.18)  
Hispanic origin (2.29)  
High school graduate or less (2.50) |
| Jobs | 18-29 (2.35)  
Southeast (2.26)  
Bachelor’s/4-yr college degree (2.21) | Rural west (2.02)  
Male (2.06)  
Receive financial assistance (2.06)  
65+ (2.06) |
| Training to re-enter workforce | Hispanic origin (2.36)  
High school graduate or less (2.34)  
Southeast (2.25) | Rural west (2.09)  
65+ (2.14)  
Some college, no degree (2.17)  
Rural northeast (2.17) |
| Health care services | McHenry (2.94)  
Male (2.92)  
Southeast (2.90)  
Some college, no degree (2.90) | Hispanic origin (2.60)  
Associates degree (2.63)  
Rural west (2.67) |
| Dental care services | McHenry (2.96)  
Male (2.88)  
Bachelor’s/4-yr college degree (2.87) | Receive financial assistance (2.48)  
Hispanic origin (2.48)  
Associates degree (2.57) |
| Mental health services | Southeast (2.32)  
Male (2.29)  
Rural northeast (2.27)  
High school graduate or less (2.27) | Hispanic origin (2.05)  
Rural west (2.07)  
Receive financial assistance (2.11) |
| Developmental disability services | High school graduate or less (2.37)  
Southeast (2.28)  
Rural northeast (2.26) | Hispanic origin (2.03)  
Rural west (2.13)  
Some college, no degree (2.14) |
| Substance abuse services | Rural northeast (2.38)  
Associates degree (2.33)  
Southeast (2.32) | Rural west (2.07)  
Hispanic origin (2.13)  
McHenry (2.18)  
Graduate, professional degree (2.18)  
65+ (2.18) |
<table>
<thead>
<tr>
<th>Availability of</th>
<th>Highest Three Groups (^1) (Mean)</th>
<th>Lowest Three Groups (^1) (Mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transportation for all residents</td>
<td>High school graduate or less (2.03)</td>
<td></td>
</tr>
<tr>
<td>18-29 (1.91)</td>
<td>McHenry (1.59)</td>
<td></td>
</tr>
<tr>
<td>receive financial assistance (1.95)</td>
<td>Graduate, professional degree (1.61)</td>
<td></td>
</tr>
<tr>
<td>18-29 (1.91)</td>
<td>Bachelor’s/4-yr college degree (1.65)</td>
<td></td>
</tr>
<tr>
<td>45-64 (1.65)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public transportation for seniors</td>
<td>18-29 (2.33)</td>
<td>McHenry (1.88)</td>
</tr>
<tr>
<td>High school graduate or less (2.28)</td>
<td>Bachelor’s/4-yr college degree (1.91)</td>
<td></td>
</tr>
<tr>
<td>receive financial assistance (2.24)</td>
<td>45-64 (1.92)</td>
<td></td>
</tr>
<tr>
<td>Public transportation for disabled persons</td>
<td>High school graduate or less (2.24)</td>
<td>Bachelor’s/4-yr college degree (1.79)</td>
</tr>
<tr>
<td>Hispanic origin (2.20)</td>
<td>Graduate, professional degree (1.85)</td>
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</tr>
<tr>
<td>receive financial assistance (2.17)</td>
<td>Rural west (1.85)</td>
<td></td>
</tr>
<tr>
<td>Farmers markets</td>
<td>Woodstock (2.98)</td>
<td>McHenry (1.85)</td>
</tr>
<tr>
<td>Bachelor’s/4-yr college degree (2.97)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+ (2.89)</td>
<td>Rural west (2.49)</td>
<td></td>
</tr>
<tr>
<td>Crystal Lake (2.89)</td>
<td>High school graduate or less (2.55)</td>
<td></td>
</tr>
<tr>
<td>Community or home gardens</td>
<td>Receive financial assistance (2.50)</td>
<td>Hispanic origin (2.58)</td>
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<tr>
<td>Crystal Lake (2.49)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s/4-yr college degree (2.43)</td>
<td></td>
<td></td>
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<tr>
<td>65+ (2.43)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29 (2.43)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations that provide free food</td>
<td>65+ (2.98)</td>
<td>McHenry (2.71)</td>
</tr>
<tr>
<td>Receive financial assistance (2.90)</td>
<td>Graduate, professional degree (2.72)</td>
<td></td>
</tr>
<tr>
<td>High school graduate or less (2.86)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) Based on mean score from 1=poor to 4=excellent.

- **Dental care services**
  - Rated highest by McHenry residents, males, and bachelor’s/four-year college degree respondents
  - Rated lowest by households receiving financial assistance, Latinos, and associate degree holders
  - Spread between highest (2.96) and lowest (2.48) mean scores, wider than spread for health care services.
- **Mental health services**
  - Rated highest by southeast and rural northeast residents, males, and lowest education group
  - Rated lowest by Latinos, rural west residents, and households receiving financial assistance
  - Spread between highest (2.32) and lowest (2.05) mean scores.
- **Developmental disability services**
  - Rated highest by lowest education group, southeast and rural northeast residents
  - Rated lowest by Latinos, rural west residents, and some college, no degree
  - Spread between highest (2.37) and lowest (2.03) mean scores.
- **Substance abuse services**
  - Rated highest by rural northeast and southeast residents and associate degree holders
  - Rated lowest by rural west and McHenry residents, Latinos, and highest education (graduate, professional degree)
  - Spread between highest (2.38) and lowest (2.07) mean scores.
• Public transportation for all residents
  o Rated highest by lowest education group, households receiving financial assistance, and ages 18-29
  o Rated lowest by McHenry residents, respondents with a bachelor's/four-year college or graduate, professional degree, and ages 45-64
  o Spread between highest (2.03) and lowest (1.59) mean scores.

• Public transportation for seniors
  o Rated highest by ages 18-29, lowest education group, and households receiving financial assistance
  o Rated lowest by McHenry residents, respondents with a bachelor's/four-year college degree, and ages 45-64
  o Spread between highest (2.33) and lowest (1.88) mean scores.

• Public transportation for disabled persons
  o Rated highest by lowest education group, Latinos, and households receiving financial assistance
  o Rated lowest by respondents with a bachelor's/four-year college or graduate, professional degree, and rural west and McHenry residents
  o Spread between highest (2.24) and lowest (1.79) mean scores.

• Farmers markets
  o Rated highest by Woodstock and Crystal Lake residents, bachelor’s/four-year college degree holders, and ages 65+
  o Rated lowest by rural west residents, lowest education group, and Latinos
  o Spread between highest (2.98) and lowest (2.49) mean scores.

• Community or home gardens
  o Rated highest by households receiving financial assistance, Crystal Lake residents, bachelor’s/four-year college degree holders, ages 65+ and 18-29
  o Rated lowest by McHenry, rural northeast, and southeast residents, Latinos, and some college, no degree respondents
  o Spread between highest (2.50) and lowest (2.22) mean scores.

• Organizations that provide free food
  o Rated highest by ages 65+, households receiving financial assistance, and lowest education group
  o Rated lowest by Latinos, McHenry residents, and persons with a graduate, professional degree
  o Spread between highest (2.98) and lowest (2.70) mean scores.

Looked at somewhat differently, features are also presented as the highest and lowest for each demographic group (Table 2.4), revealing some strong commonalities and distinct differences. All four age groups and all educational attainment groups rated availability of safe neighborhoods and park/recreation services highest among features with mean scores equivalent to “good” or better. All age groups and education levels also agreed that lowest availability occurred for public transportation. Those with a high school diploma or less education ranked availability of jobs in the lowest three, while associate degree holders put affordable housing in the bottom three.
<table>
<thead>
<tr>
<th>Age</th>
<th>Rated Highest</th>
<th>Rated Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>Safe neighborhoods (3.15) Parks/recreation services (3.05) Bike/walking paths (2.88)</td>
<td>Public transportation for all residents (1.91) Public transportation for disabled persons (2.08) Mental health services (2.14)</td>
</tr>
<tr>
<td>30-44</td>
<td>Safe neighborhoods (3.22) Parks/recreation services (3.04) Farmers markets (2.86)</td>
<td>Public transportation for all residents (1.74) Public transportation for disabled persons (1.96) Public transportation for seniors (2.02)</td>
</tr>
<tr>
<td>45-64</td>
<td>Safe neighborhoods (3.19) Parks/recreation services (2.98) Health care services (2.84)</td>
<td>Public transportation for all residents (1.65) Public transportation for disabled persons (1.87) Public transportation for seniors (1.92)</td>
</tr>
<tr>
<td>65+</td>
<td>Safe neighborhoods (3.21) Parks/recreation (3.12) Organizations that provide free food (2.98)</td>
<td>Public transportation for all residents (1.86) Jobs (2.06) Public transportation for disabled persons (2.10)</td>
</tr>
</tbody>
</table>

**Education**

<table>
<thead>
<tr>
<th>Education</th>
<th>Rated Highest</th>
<th>Rated Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduate or less</td>
<td>Safe neighborhoods (3.15) Parks/recreation services (2.94) Organizations that provide free food (2.86)</td>
<td>Public transportation for all residents (2.03) Jobs (2.10) Public transportation for disabled persons (2.24)</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>Safe neighborhoods (3.13) Parks/recreation services (3.04) Health care services (2.90)</td>
<td>Public transportation for all residents (1.81) Public transportation for disabled persons (2.05) Public transportation for seniors (2.08)</td>
</tr>
<tr>
<td>Associate degree</td>
<td>Safe neighborhoods (3.14) Parks/recreation services (2.88) Farmers markets (2.78)</td>
<td>Public transportation for all residents (1.70) Public transportation for disabled persons (2.00) Affordable housing (2.01)</td>
</tr>
<tr>
<td>Bachelor’s/four-year college degree</td>
<td>Safe neighborhoods (3.25) Parks/recreation services (3.11) Farmers markets (2.97)</td>
<td>Public transportation for all residents (1.65) Public transportation for disabled persons (1.79) Public transportation for seniors (1.91)</td>
</tr>
<tr>
<td>Graduate, or professional degree</td>
<td>Safe neighborhoods (3.25) Parks/recreation services (3.05) Farmers markets (2.88)</td>
<td>Public transportation for all residents (1.61) Public transportation for disabled persons (1.85) Public transportation for seniors (1.95)</td>
</tr>
</tbody>
</table>

**Hispanic Origin**

<table>
<thead>
<tr>
<th>Hispanic Origin</th>
<th>Rated Highest</th>
<th>Rated Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe neighborhoods (3.10) Parks/recreation services (2.73) Organizations that provide free food (2.70)</td>
<td>Public transportation for all residents (1.88) Developmental disability services (2.03) Mental health services (2.05)</td>
<td></td>
</tr>
<tr>
<td>Geographic Area</td>
<td>Rated Highest(^1)</td>
<td>Rated Lowest(^1)</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Rural West</td>
<td>Safe neighborhoods (2.96) ORGANIZATIONS PROVIDES FREE FOOD (2.84) Parks/recreation services (2.70)</td>
<td>Public transportation for all residents (1.72) Public transportation for disabled persons (1.85) Public transportation for seniors (1.94)</td>
</tr>
<tr>
<td>Rural Northeast</td>
<td>Parks/recreation services (2.94) Health care services (2.84) Organizations that provide free food (2.77)</td>
<td>Public transportation for all residents (1.66) Public transportation for disabled persons (2.00) Public transportation for seniors (2.02)</td>
</tr>
<tr>
<td>Woodstock</td>
<td>Safe neighborhoods (3.22) Parks/recreation services (3.11) Farmers markets (2.98)</td>
<td>Public transportation for all residents (1.85) Public transportation for disabled persons (2.02) Public transportation for seniors (2.14)</td>
</tr>
<tr>
<td>McHenry</td>
<td>Safe neighborhoods (3.28) Parks/recreation services (3.07) Dental care services (2.96)</td>
<td>Public transportation for all residents (1.59) Public transportation for disabled persons (1.85) Public transportation for seniors (1.88)</td>
</tr>
<tr>
<td>Crystal Lake</td>
<td>Safe neighborhoods (3.25) Parks/recreation services (3.07) Farmers markets (2.89)</td>
<td>Public transportation for all residents (1.69) Public transportation for disabled persons (1.89) Public transportation for seniors (1.99)</td>
</tr>
<tr>
<td>Southeast</td>
<td>Safe neighborhoods (3.24) Parks/recreation services (3.15) Health care services (2.90)</td>
<td>Public transportation for all residents (1.87) Public transportation for disabled persons (2.08) Public transportation for seniors (2.13)</td>
</tr>
<tr>
<td>Receive Financial Assistance</td>
<td>Safe neighborhoods (3.06) Parks/recreation services (3.02) Organizations that provide free food (2.90)</td>
<td>Public transportation for all residents (1.95) Jobs (2.06) Mental health services (2.11)</td>
</tr>
</tbody>
</table>

\(^1\)Based on mean score from 1=poor to 4=excellent.

Geographic areas show more variation in the top three rated features though all areas except rural northeast put safe neighborhoods at the top. Also among the top three are availability of health care services as ranked by rural northeast and southeast residents, while farmers markets held the third highest spot among Woodstock and Crystal Lake residents. Rural west respondents rated organizations that give free food second highest among 18 features based on availability. Public transportation for all residents, seniors, and disabled persons are named as the bottom three by all geographic areas.

Persons of Hispanic origin as well as households receiving financial assistance put availability of safe neighborhoods as number one among 18 features followed by parks/recreation and organizations that provide free food. These two demographic groups also matched each other in ranking public transportation for all residents and mental health services in the bottom three. Availability of developmental disability services also ranked in lowest three by Latinos, while jobs were placed in the bottom three by households receiving financial assistance.
Accessibility of Community Features

This survey question wanted to know how easily members of respondents' households could use each of eleven community features rating each on a four-point scale from very difficult to very easy. Like the availability question, results are shown as percentages for each survey response along with don't know and no answer. Mean scores range from 1=very difficult to 4=very easy, indicating access problems for features with low mean scores.

Table 2.5
ACCESSIBILITY OF COMMUNITY FEATURES RATINGS AND MEAN SCORES: 2016

<table>
<thead>
<tr>
<th>Accessibility of</th>
<th>Very Easy</th>
<th>Somewhat Easy</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
<th>Don't Know/DA</th>
<th>No Answer</th>
<th>Total</th>
<th>Mean¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks/recreation services</td>
<td>43.1%</td>
<td>39.5%</td>
<td>8.6%</td>
<td>2.4%</td>
<td>2.8%</td>
<td>3.5%</td>
<td>100.0%</td>
<td>3.32</td>
</tr>
<tr>
<td>Biking/walking paths</td>
<td>34.6%</td>
<td>36.3%</td>
<td>14.4%</td>
<td>6.4%</td>
<td>4.2%</td>
<td>4.0%</td>
<td>100.0%</td>
<td>3.08</td>
</tr>
<tr>
<td>Entertainment, arts, cultural activities</td>
<td>28.3%</td>
<td>39.9%</td>
<td>16.9%</td>
<td>5.0%</td>
<td>5.0%</td>
<td>4.8%</td>
<td>100.0%</td>
<td>3.02</td>
</tr>
<tr>
<td>Jobs</td>
<td>10.4%</td>
<td>28.1%</td>
<td>30.0%</td>
<td>11.1%</td>
<td>15.1%</td>
<td>5.3%</td>
<td>100.0%</td>
<td>2.47</td>
</tr>
<tr>
<td>Training to re-enter the workforce</td>
<td>5.5%</td>
<td>17.6%</td>
<td>23.7%</td>
<td>10.3%</td>
<td>38.0%</td>
<td>5.0%</td>
<td>100.0%</td>
<td>2.32</td>
</tr>
<tr>
<td>Public transportation for all residents</td>
<td>5.6%</td>
<td>18.2%</td>
<td>25.8%</td>
<td>27.3%</td>
<td>19.3%</td>
<td>3.9%</td>
<td>100.0%</td>
<td>2.03</td>
</tr>
<tr>
<td>Public transportation for seniors</td>
<td>5.9%</td>
<td>16.8%</td>
<td>21.2%</td>
<td>16.1%</td>
<td>35.9%</td>
<td>4.1%</td>
<td>100.0%</td>
<td>2.21</td>
</tr>
<tr>
<td>Public transportation for disabled persons</td>
<td>5.0%</td>
<td>12.4%</td>
<td>18.6%</td>
<td>17.0%</td>
<td>42.0%</td>
<td>5.0%</td>
<td>100.0%</td>
<td>2.10</td>
</tr>
<tr>
<td>Farmers markets</td>
<td>34.3%</td>
<td>34.1%</td>
<td>15.0%</td>
<td>5.0%</td>
<td>6.9%</td>
<td>4.6%</td>
<td>100.0%</td>
<td>3.10</td>
</tr>
<tr>
<td>Community or home gardens</td>
<td>14.3%</td>
<td>24.8%</td>
<td>18.6%</td>
<td>8.2%</td>
<td>29.3%</td>
<td>4.9%</td>
<td>100.0%</td>
<td>2.69</td>
</tr>
<tr>
<td>Organizations that provide free food</td>
<td>18.3%</td>
<td>31.6%</td>
<td>16.4%</td>
<td>3.6%</td>
<td>25.9%</td>
<td>4.2%</td>
<td>100.0%</td>
<td>2.93</td>
</tr>
</tbody>
</table>

¹Scale from 1=very difficult to 4=very easy. Mean scores exclude don't know and no answer. Percentages based on total respondent sample of 1,090.

Comparatively, parks/recreation services, biking/walking paths, farmers markets, and entertainment/arts/cultural activities are considered more accessible than the other features with at least seven in ten respondents rating their access as very or somewhat easy. More than four in ten (43.1%) respondents say that access to parks and recreation is very easy with another 39.5% indicating somewhat easy access. One-third finds access to biking/walking paths very easy (34.6%) and another third (36.3%) somewhat easy. Similarly, one-third find access to farmers markets easy (34.3%) and another third (34.1%) somewhat easy. Entertainment, arts, and cultural activities are accessible for 28.3% (very easy) and 39.9% (somewhat easy).

On the other hand, more than one-quarter (27.3%) say that access to public transportation for all residents is very difficult, with another one-quarter (25.8%) claiming access to be somewhat difficult. Public transportation for seniors and disabled persons is also characterized by somewhat or very difficult access by 37.3% and 35.6% of respondents, respectively.
Like the availability question, numerous features were not rated (no answer or don’t know). More than 40% of respondents felt unable to rate training to re-enter workforce, public transportation for seniors, and public transportation for disabled persons (likely because these features do not affect them) so the preferred access rating for these features is the mean score.

Ranked from top to bottom based on mean score where 1=very difficult to 4=very easy, access to parks/recreation, farmers markets, biking/walking paths, and entertainment/arts/cultural activities are the top four, each with a mean above 3.0 which equates to somewhat easy. The bottom three are again the three categories of public transportation (for all residents, seniors, disabled persons) at 2.21 or lower which equates to somewhat difficult access. The remaining five features fall between these top and bottom groups with access to organizations that provide free food at 2.93, close to 3.0 (somewhat easy access), and the others about half way between somewhat difficult and somewhat easy: community or home gardens (2.69), jobs (2.47), and training to re-enter workforce (2.32).

<table>
<thead>
<tr>
<th>Rank</th>
<th>Feature</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parks/recreation services</td>
<td>3.32</td>
</tr>
<tr>
<td>2</td>
<td>Farmers markets</td>
<td>3.10</td>
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<tr>
<td>3</td>
<td>Biking/walking paths</td>
<td>3.08</td>
</tr>
<tr>
<td>4</td>
<td>Entertainment, arts, cultural activities</td>
<td>3.02</td>
</tr>
<tr>
<td>5</td>
<td>Organizations provide free food</td>
<td>2.93</td>
</tr>
<tr>
<td>6</td>
<td>Community or home gardens</td>
<td>2.69</td>
</tr>
<tr>
<td>7</td>
<td>Jobs</td>
<td>2.47</td>
</tr>
<tr>
<td>8</td>
<td>Training to re-enter workforce</td>
<td>2.32</td>
</tr>
<tr>
<td>9</td>
<td>Public transportation for seniors</td>
<td>2.21</td>
</tr>
<tr>
<td>10</td>
<td>Public transportation for disabled persons</td>
<td>2.10</td>
</tr>
<tr>
<td>11</td>
<td>Public transportation for all residents</td>
<td>2.03</td>
</tr>
</tbody>
</table>

1Scale from 1=very difficult to 4=very easy. Mean scores exclude don't know and no answer.

Note: This survey question was not asked in prior years.

Accessibility of Community Features by Demographic Group

As expected, access varies depending on demographic group (Table 2.7). The youngest age respondents are among the top two groups for access to parks/recreation services, biking/walking paths, public transportation for disabled persons, while ages 30-44 gave second highest rating among all groups for access to training to re-enter workforce. Access to community or home gardens and organizations that provide free food are rated highest by seniors ages 65+.

Access to biking/walking paths, jobs, and farmers markets are rated high by residents living in the southeast section of the county, as is entertainment/arts/cultural activities which also got high marks from Woodstock residents. Surprisingly, Latinos are among the top two groups who gave high marks relative to other groups for access to public transportation.
Low mean scores come from rural west residents for access to parks/recreation, biking/walking paths, entertainment/arts/cultural activities, jobs, training to re-enter workforce, and community or home gardens. Rural northeast residents produce scores in the bottom two groups for access to farmers markets and organizations that provide free food. Middle-aged adults 45-64 gave low scores for access to public transportation for seniors, community or home gardens, and organizations that provide free food.

Table 2.7
COMMUNITY FEATURES ACCESSIBILITY RATED HIGHEST AND LOWEST
BY DEMOGRAPHIC GROUP: 2016

<table>
<thead>
<tr>
<th>Accessibility of</th>
<th>Highest Two Groups¹ (Mean)</th>
<th>Lowest Two Groups¹ (Mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks/recreation services</td>
<td>18-29 (3.43) Bachelor's/4-yr college degree (3.39)</td>
<td>Associates degree (3.13) Rural west (3.23)</td>
</tr>
<tr>
<td>Biking/walking paths</td>
<td>Southeast (3.18) 18-29 (3.17)</td>
<td>Rural west (2.94) Associates degree (2.95)</td>
</tr>
<tr>
<td>Entertainment, arts, cultural activities</td>
<td>Southeast (3.10) Woodstock (3.10)</td>
<td>Rural west (2.73) Hispanic origin (2.87)</td>
</tr>
<tr>
<td>Jobs</td>
<td>Hispanic origin (2.67) Southeast (2.64)</td>
<td>Rural west (2.35) High school graduate or less (2.36) 65+ (2.36)</td>
</tr>
<tr>
<td>Training to re-enter workforce</td>
<td>Hispanic origin (2.50) 30-44 (2.46)</td>
<td>Rural west (2.15) 65+ (2.21)</td>
</tr>
<tr>
<td>Public transportation for all residents</td>
<td>Receive financial assistance (2.35) Hispanic origin (2.27)</td>
<td>McHenry (1.84) Graduate, professional degree (1.86)</td>
</tr>
<tr>
<td>Public transportation for seniors</td>
<td>Receive financial assistance (2.54) Hispanic origin (2.49)</td>
<td>Bachelor's/4-yr college degree (2.03) 45-64 (2.05)</td>
</tr>
<tr>
<td>Public transportation for disabled persons</td>
<td>Hispanic origin (2.56) 18-29 (2.46)</td>
<td>Bachelor's/4-yr college degree (1.86) Non-white (1.92)</td>
</tr>
<tr>
<td>Farmers markets</td>
<td>Southeast (3.19) Bachelor's/4-yr college degree (3.17)</td>
<td>Rural northeast (2.54) Hispanic origin (2.74)</td>
</tr>
<tr>
<td>Community or home gardens</td>
<td>65+ (2.80) Crystal Lake (2.77)</td>
<td>45-64 (2.63) Rural west (2.63) High school graduate or less (2.63)</td>
</tr>
<tr>
<td>Organizations that provide free food</td>
<td>65+ (3.12) Receive financial assistance (3.08)</td>
<td>Rural northeast (2.78) 45-64 (2.80)</td>
</tr>
</tbody>
</table>

¹Based on mean score from 1=very difficult to 4=very easy.

In a subsequent survey question after rating the availability and accessibility of community features, respondents were asked to explain their ratings in their own words, especially if they rated those features’ availability as poor and accessibility as difficult. A summary of those comments by topic and detailed descriptions are presented in Chapter 7. The comments themselves are listed in Appendix D.
2-1-1 Referral Line

Just over one-third (37.6%, n=412) of survey respondents said they had ever heard of the 2-1-1 health and human services information and referral line. Of those who had heard of 2-1-1, 14.1% (n=58) had ever called this service.

Examined by age, education, and geographic area, the lowest awareness of 2-1-1 occurred among:

- Ages 65 years and older (27.4%)
- Educational attainment below a bachelor’s/four-year college degree
  - with high school diploma or less (28.0%)
  - some college/no degree (29.7%)
  - Associates degree (29.0%)
- Southeast residents (30.4%) and rural west (33.9%)
- When analyzed by zip code, only one-quarter of residents in 60013-Cary (25.7%) and 60021-Fox River Grove (25.0%) had ever heard of 2-1-1.
ACCESS TO CARE

Many regard access to care as the foremost characteristic of a health community. In the McHenry County Healthy Community 2016 survey, respondents were asked about access to medical care, dental care, mental health, and substance abuse services. Because of its importance as a dimension of access, questions about health insurance coverage were also included.

Utilization of Primary Health Care

When sick or need to see a doctor or nurse, respondents and other household members seek care at a variety of locations (Table 3.1). Most commonly, they go to a doctor’s office (87.2%), followed by an immediate care center (41.7%) and hospital emergency department (20.7%). Apart from these top three, the remaining sites are used by fewer than one in ten households. Compared to 2014, proportions of households (respondents and family members 2014) using the doctor’s office and immediate care center went up by more than ten percentage points, with a smaller but still noteworthy increase for hospital emergency department.

Table 3.1
SEEKING CARE WHEN SICK OR NEED DOCTOR OR NURSE: 2014 AND 2016

<table>
<thead>
<tr>
<th>Rank 2016</th>
<th>Site</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>1</td>
<td>Doctor’s office</td>
<td>950</td>
<td>87.2%</td>
</tr>
<tr>
<td>2</td>
<td>Immediate care center</td>
<td>454</td>
<td>41.7%</td>
</tr>
<tr>
<td>3</td>
<td>Hospital emergency department</td>
<td>226</td>
<td>20.7%</td>
</tr>
<tr>
<td>4</td>
<td>Grocery/drug store walk-in clinic</td>
<td>93</td>
<td>8.5%</td>
</tr>
<tr>
<td>5</td>
<td>VA hospital/VA clinic</td>
<td>47</td>
<td>4.3%</td>
</tr>
<tr>
<td>6</td>
<td>Family Health Partnership Clinic</td>
<td>42</td>
<td>3.9%</td>
</tr>
<tr>
<td>7</td>
<td>McHenry Community Health Center</td>
<td>30</td>
<td>2.8%</td>
</tr>
<tr>
<td>8</td>
<td>Harvard Area Community Health Center</td>
<td>16</td>
<td>1.5%</td>
</tr>
<tr>
<td>9</td>
<td>Health Department</td>
<td>11</td>
<td>1.0%</td>
</tr>
<tr>
<td>9</td>
<td>Workplace clinic</td>
<td>11</td>
<td>1.0%</td>
</tr>
<tr>
<td>---</td>
<td>Other</td>
<td>23</td>
<td>2.1%</td>
</tr>
<tr>
<td>9</td>
<td>Don't go anywhere when sick(^1)</td>
<td>49</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

\(^1\)2014 wording was ”I do not have a regular doctor or clinic.” 7.8% said they did not.

Note: Respondents could identify more than one location for care sought by themselves or other household members. 2014 wording used respondent and other family members.

One in twenty (4.5%) said that they or their household members do not go anywhere when sick. While not shown on a table because of the relatively small number (n=49), this response was analyzed based on demographic characteristic. For two groups, more than 8.0% do not go anywhere when sick: ages 18-29 (8.9%, n=10) and rural northeast residents (8.1%, n=6).
Another indicator of inadequate or inappropriate access is the use of the hospital emergency
department for primary care. Overall, one in five households (20.7%) uses the hospital
emergency department when they need a doctor or nurse, however, this proportion rises above
26% for five groups: households receiving financial assistance (34.1%), ages 65+ (27.4%),
Woodstock residents (27.0%), high school or less education for respondent (26.8%), and rural
west residents (26.2%).

Survey respondents were asked whether household members had a primary care doctor or
clinic (Table 3.2). In more than four in five households (81.9%), all household members have a
primary care doctor or clinic, while in 16.8% of households one or more household members do
not. Not having a primary care doctor/clinic was most common (37.3%) among the youngest
respondents ages 18-29. Other groups with more than one in five without a primary care
provider are households receiving financial assistance (24.7%), lowest education (22.3%), and
rural northeast residents (21.9%).

<table>
<thead>
<tr>
<th>Have primary care doctor or clinic</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, everyone has</td>
<td>867</td>
<td>81.9%</td>
</tr>
<tr>
<td>No, one or more household members do not</td>
<td>178</td>
<td>16.8%</td>
</tr>
<tr>
<td>Not sure</td>
<td>13</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Percent Within Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>41</td>
<td>37.3%</td>
</tr>
<tr>
<td>30-44</td>
<td>46</td>
<td>18.9%</td>
</tr>
<tr>
<td>45-64</td>
<td>79</td>
<td>16.4%</td>
</tr>
<tr>
<td>65+</td>
<td>10</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduate or less</td>
<td>35</td>
<td>22.3%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>44</td>
<td>18.7%</td>
</tr>
<tr>
<td>Associates degree</td>
<td>18</td>
<td>16.8%</td>
</tr>
<tr>
<td>Bachelor's/four-year college degree</td>
<td>42</td>
<td>14.1%</td>
</tr>
<tr>
<td>Graduate, professional degree</td>
<td>37</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural west</td>
<td>28</td>
<td>17.1%</td>
</tr>
<tr>
<td>Rural northeast</td>
<td>16</td>
<td>21.9%</td>
</tr>
<tr>
<td>Woodstock</td>
<td>41</td>
<td>16.2%</td>
</tr>
<tr>
<td>McHenry</td>
<td>19</td>
<td>14.8%</td>
</tr>
<tr>
<td>Crystal Lake</td>
<td>34</td>
<td>17.1%</td>
</tr>
<tr>
<td>Southeast</td>
<td>30</td>
<td>16.7%</td>
</tr>
<tr>
<td>Hispanic origin</td>
<td>5</td>
<td>15.2%</td>
</tr>
<tr>
<td>Receive financial assistance</td>
<td>45</td>
<td>24.7%</td>
</tr>
</tbody>
</table>

1Percent based on number who answered question (n=1,058).
Access to Medical Care

One in eight (11.8%) respondents reported that they or a household member was unable to receive medical care in the past 12 months (Table 3.3). While this is a substantial drop from 2014 at 17.3%, the wording of the question changed making a comparison not valid. In 2016, the question asked about inability to receive care by respondent or household members, whereas 2014 asked about respondent and family members so that family members living in another household may have been included.

The three leading reasons for inability to receive medical care were insurance-related: unaffordable deductibles and co-pays (34.1%), no insurance coverage at all (28.7%), and insurance not covering the medical service needed (27.9%). Fourth-ranked is the high cost of prescription drugs (26.4%). Long wait times for appointments (18.6%) and not having a regular provider (17.6%) were each cited by almost one in five respondents. Inability to find a provider that accepted Public Aid/Medicaid (14.7%), lack of transportation (12.4%), inconvenient office hours (12.4%), and provider located too far away (10.9%) were noted by more than one in ten respondents (Table 3.4).

### Table 3.3
UNABLE TO RECEIVE MEDICAL CARE IN PAST TWELVE MONTHS: 2016

<table>
<thead>
<tr>
<th>Response</th>
<th>Households</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>129</td>
</tr>
<tr>
<td>No</td>
<td>932</td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
</tr>
</tbody>
</table>

1Respondent or someone in household.

### Table 3.4
REASONS UNABLE TO RECEIVE MEDICAL CARE: 2016

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Unable to Receive Medical Care</td>
<td>129</td>
<td>100.0%</td>
</tr>
<tr>
<td>Could not afford deductible or co-pay</td>
<td>44</td>
<td>34.1%</td>
</tr>
<tr>
<td>No health insurance</td>
<td>37</td>
<td>28.7%</td>
</tr>
<tr>
<td>Insurance did not cover medical service</td>
<td>36</td>
<td>27.9%</td>
</tr>
<tr>
<td>Prescription cost too high</td>
<td>34</td>
<td>26.4%</td>
</tr>
<tr>
<td>Wait for appointment too long</td>
<td>24</td>
<td>18.6%</td>
</tr>
<tr>
<td>No regular provider</td>
<td>23</td>
<td>17.6%</td>
</tr>
<tr>
<td>Could not find provider who accepted Public Aid/Medicaid</td>
<td>19</td>
<td>14.7%</td>
</tr>
<tr>
<td>No transportation</td>
<td>16</td>
<td>12.4%</td>
</tr>
<tr>
<td>Inconvenient office hours</td>
<td>16</td>
<td>12.4%</td>
</tr>
<tr>
<td>Provider too far away</td>
<td>0</td>
<td>10.9%</td>
</tr>
<tr>
<td>Not sure how to find medical services</td>
<td>7</td>
<td>5.4%</td>
</tr>
<tr>
<td>Did not speak my language</td>
<td>3</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

1Percent based on number unable to receive medical care (n = 129). Percentages exceed 100.0% since respondent could select more than one reason.
More reasons and different descriptions for poor access to medical care were offered in 2016 than 2014 making a direct comparison not possible. However, like 2016, the top two 2014 reasons were insurance-related: “no health insurance or not enough health insurance” (48.8%) and “could not afford deductible or co-pay” (42.6%). Levels for “no regular provider” and “unable to find provider that accepted Medicaid” in 2016 actually matched 2014 proportions.

Access to Dental Care

One in five (19.4%) respondents reported that they or a household member was unable to receive dental care in the past 12 months (Table 3.5). That means that more survey respondents report inaccessibility to dental care than medical care. Again, because of the question’s wording change from “family” in 2014 to “household members” in 2016, no direct comparison may be made between the two time periods.

Table 3.5
UNABLE TO RECEIVE DENTAL CARE IN PAST TWELVE MONTHS: 2016

<table>
<thead>
<tr>
<th>Response</th>
<th>Households¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>211</td>
</tr>
<tr>
<td>No</td>
<td>846</td>
</tr>
<tr>
<td>No answer</td>
<td>33</td>
</tr>
</tbody>
</table>

¹Respondent or someone in household.

All three leading reasons for inability to receive dental care are insurance-related (Table 3.6). More than half (55.0%) of those unable to receive dental care cited no dental insurance as the reason, followed by “insurance did not cover dental service” (34.6%) whose wording could be interpreted to be the same as no dental coverage. Three in ten (30.3%) were unable to afford the deductible or co-pay. One in five (19.0%) do not have a regular dentist and 14.2% could not find a provider who would accept Medicaid as payment.

Table 3.6
REASONS UNABLE TO RECEIVE DENTAL CARE: 2016

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>Percent¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Unable to Receive Dental Care</td>
<td>211</td>
<td>100.0%</td>
</tr>
<tr>
<td>No dental insurance</td>
<td>116</td>
<td>55.0%</td>
</tr>
<tr>
<td>Insurance did not cover dental service</td>
<td>73</td>
<td>34.6%</td>
</tr>
<tr>
<td>Could not afford deductible or co-pay</td>
<td>64</td>
<td>30.3%</td>
</tr>
<tr>
<td>No regular dentist</td>
<td>40</td>
<td>19.0%</td>
</tr>
<tr>
<td>Could not find provider who accepted Public Aid/Medicaid</td>
<td>30</td>
<td>14.2%</td>
</tr>
<tr>
<td>Not sure how to find dental services</td>
<td>19</td>
<td>9.0%</td>
</tr>
<tr>
<td>Wait for appointment too long</td>
<td>17</td>
<td>8.1%</td>
</tr>
<tr>
<td>Prescription cost too high</td>
<td>15</td>
<td>7.1%</td>
</tr>
<tr>
<td>Provider too far away</td>
<td>15</td>
<td>7.1%</td>
</tr>
<tr>
<td>No transportation</td>
<td>13</td>
<td>6.2%</td>
</tr>
<tr>
<td>Inconvenient office hours</td>
<td>10</td>
<td>4.7%</td>
</tr>
<tr>
<td>Did not speak my language</td>
<td>2</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

¹Percent based on number unable to receive dental care (n = 211). Percentages exceed 100.0% since respondent could select more than one reason.
Comparing 2016 to 2014, the top 2014 reasons for inability to receive dental care were no insurance/not enough insurance indicated by 65.6% and unable to afford deductible/co-pay, 36.3%. In 2014, 33.8% did not have a regular dentist suggesting a substantial improvement in 2016 at 19.0%.

Access to Mental Health and Substance Abuse Services

One in twelve (8.3%) respondents said that they or a household member were unable to receive mental health or substance abuse services in the past year (Table 3.7). This level falls below the inaccessibility proportion for medical or dental care, however, a larger number chose not to answer this question (n=52, 4.8%) than the other two types of care.

Table 3.7
UNABLE TO RECEIVE MENTAL HEALTH OR SUBSTANCE ABUSE SERVICES IN PAST TWELVE MONTHS: 2016

<table>
<thead>
<tr>
<th>Response</th>
<th>Households¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>91</td>
</tr>
<tr>
<td>No</td>
<td>947</td>
</tr>
<tr>
<td>No answer</td>
<td>52</td>
</tr>
</tbody>
</table>

¹Respondent or someone in household.

Unlike medical or dental care, the top reason for not getting mental health care or substance abuse services in the past 12 months was long wait time for appointment (35.2%). The next two leading reasons are close behind with no regular provider at 33.0% and could not find a provider who accepted Medicaid 29.7% (Table 3.8).

Table 3.8
REASONS UNABLE TO RECEIVE MENTAL HEALTH OR SUBSTANCE ABUSE SERVICES: 2016

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>Percent¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Unable to Receive Mental Health/Substance Abuse Services</td>
<td>91</td>
<td>100.0%</td>
</tr>
<tr>
<td>Wait for appointment too long</td>
<td>32</td>
<td>35.2%</td>
</tr>
<tr>
<td>No regular provider</td>
<td>30</td>
<td>33.0%</td>
</tr>
<tr>
<td>Could not find provider who accepted Public Aid/Medicaid</td>
<td>27</td>
<td>29.7%</td>
</tr>
<tr>
<td>Could not afford deductible or co-pay</td>
<td>20</td>
<td>22.0%</td>
</tr>
<tr>
<td>Not sure how to find mental health services</td>
<td>19</td>
<td>20.9%</td>
</tr>
<tr>
<td>Prescription cost too high</td>
<td>19</td>
<td>20.9%</td>
</tr>
<tr>
<td>Insurance did not cover mental health service</td>
<td>18</td>
<td>19.8%</td>
</tr>
<tr>
<td>No mental health insurance</td>
<td>17</td>
<td>18.7%</td>
</tr>
<tr>
<td>Provider too far away</td>
<td>15</td>
<td>16.5%</td>
</tr>
<tr>
<td>Inconvenient office hours</td>
<td>11</td>
<td>12.1%</td>
</tr>
<tr>
<td>No transportation</td>
<td>10</td>
<td>11.0%</td>
</tr>
<tr>
<td>Did not speak my language</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

¹Percent based on number unable to receive mental health or substance abuse services (n=91). Percentages exceed 100.0% since respondent could select more than one reason.
About a fifth of respondents unable to access care noted as reasons: could not afford deductible or co-pay, unsure of how to find mental health services, high prescription cost, insurance does not cover mental health service, and no mental health insurance at all.

**Access Barriers by Type of Care**

Examining leading reasons for access problems by type of care reveals interesting differences (Table 3.9). While unaffordable deductibles or co-pays were a major access barrier for medical care, the lack of insurance altogether was dental’s biggest access issue. Interestingly, long wait times for appointments was a big problem for mental health/substance abuse services, ahead of all other reasons, while that was much less identified as a problem for medical or dental care. Not sure of how to find services was also noted by twice the proportion of those with mental health access-problems compared to those unable to access medical or dental care.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Medical</th>
<th>Dental</th>
<th>Mental Health/Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could not afford deductible or co-pay</td>
<td>34.1%</td>
<td>30.3%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Could not find provider who accepted Medicaid</td>
<td>14.7%</td>
<td>14.2%</td>
<td>29.7%</td>
</tr>
<tr>
<td>No insurance</td>
<td>28.7%</td>
<td>55.0%</td>
<td>18.7%</td>
</tr>
<tr>
<td>No regular provider</td>
<td>17.6%</td>
<td>19.0%</td>
<td>33.0%</td>
</tr>
<tr>
<td>Not sure how to find services</td>
<td>5.4%</td>
<td>9.0%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Wait for appointment too long</td>
<td>18.6%</td>
<td>8.1%</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

**Health Insurance Status**

In more than nine in ten households (91.5%), everyone has insurance (Table 3.10). This appears to be a significant improvement over 2014, although the 2014 question asked about number of persons, rather than households. In 2014, 82.8% of children under 18, 85.7% of adults 18-64, and 92.1% of ages 65 years and older were reported to have health insurance coverage.

<table>
<thead>
<tr>
<th>Insurance Coverage in Household</th>
<th>Households</th>
<th>Percent¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone has</td>
<td>977</td>
<td>91.5%</td>
</tr>
<tr>
<td>Some have, some do not</td>
<td>68</td>
<td>6.4%</td>
</tr>
<tr>
<td>No one has</td>
<td>16</td>
<td>1.5%</td>
</tr>
<tr>
<td>Not sure</td>
<td>7</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

¹Percent based on number who answered question (n=1,068).
As expected, more McHenry County residents obtain their insurance through an employer than any other source, according to survey respondents (Table 3.11). In seven in ten (69.2%) households, at least one household member has employer-sponsored health insurance. The federal government (Medicare or Veterans Assistance) provides coverage for someone in one-fifth of households (21.3%) and almost as many (18.9%) get coverage through Illinois’s Medicaid program. Purchasing insurance independently through the state’s insurance exchange or an agent was true for 15.1% of respondents’ households.

<table>
<thead>
<tr>
<th>Insurance Source</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>723</td>
<td>69.2%</td>
</tr>
<tr>
<td>State of Illinois Medicaid/medical card</td>
<td>197</td>
<td>18.9%</td>
</tr>
<tr>
<td>Federal government (Medicare, VA)</td>
<td>223</td>
<td>21.3%</td>
</tr>
<tr>
<td>Purchase independently</td>
<td>158</td>
<td>15.1%</td>
</tr>
<tr>
<td>Not sure</td>
<td>13</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
Perception of Health

When asked about their general health, 12.4% claimed that their health was excellent and 37.9% said very good (Table 4.1). Only 1.6% said their health was poor, a smaller proportion than any other year, while 9.7% indicated health to be fair.

Table 4.1
SELF-REPORTED HEALTH STATUS OF RESPONDENTS: 2006-2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>130</td>
<td>12.4%</td>
<td>14.8%</td>
<td>21.4%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Very good</td>
<td>396</td>
<td>37.9%</td>
<td>34.9%</td>
<td>---</td>
<td>35.4%</td>
</tr>
<tr>
<td>Good</td>
<td>390</td>
<td>37.3%</td>
<td>34.1%</td>
<td>58.4%</td>
<td>35.6%</td>
</tr>
<tr>
<td>Fair</td>
<td>101</td>
<td>9.7%</td>
<td>12.1%</td>
<td>14.9%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Poor</td>
<td>17</td>
<td>1.6%</td>
<td>3.0%</td>
<td>2.2%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

Note: "No answer" replies not shown so totals will sum to less than 100.0%.

Perception of health, however, varies among demographic groups (Table 4.2). Not much difference separates genders, however, ethnicity, age, education, geography, and whether household receives financial assistance matter. Reporting fair or poor health are:

- Hispanic at 15.0% compared to 10.9% among non-Hispanics
- More respondents ages 30-44 (15.0%) than any other age group; 6.5% of 18-29 year olds and 8.3% of 65+
- One in five (21.3%) respondents with no more than a high school education, higher than any other educational attainment group; levels are about one-third as high (7.0%) among respondents with a Bachelor’s/four-year college degree or more
- Highest levels among rural west residents at 17.5%, lowest among respondents living in Crystal Lake (7.7%)
- More than one-quarter of respondents (26.7%) in households receiving some form of financial assistance compared to 7.9% with no financial assistance.
Table 4.2
SELF-REPORTED HEALTH STATUS BY GENDER, HISPANIC ORIGIN, EDUCATION, AREA OF RESIDENCE, AND FINANCIAL ASSISTANCE OF HOUSEHOLDS: 2016

<table>
<thead>
<tr>
<th>Demographic Group</th>
<th>Total Number</th>
<th>Percent of Respondents</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>254</td>
<td>11.4%</td>
<td>40.2%</td>
<td>39.0%</td>
<td>7.9%</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>763</td>
<td>13.0%</td>
<td>38.0%</td>
<td>37.0%</td>
<td>10.4%</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td><strong>Hispanic Origin</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>67</td>
<td>11.9%</td>
<td>28.4%</td>
<td>44.8%</td>
<td>9.0%</td>
<td>6.0%</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>940</td>
<td>12.9%</td>
<td>39.5%</td>
<td>36.8%</td>
<td>9.5%</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>108</td>
<td>13.9%</td>
<td>39.8%</td>
<td>39.8%</td>
<td>4.6%</td>
<td>1.9%</td>
<td></td>
</tr>
<tr>
<td>30-44</td>
<td>233</td>
<td>12.4%</td>
<td>36.1%</td>
<td>36.5%</td>
<td>12.4%</td>
<td>2.6%</td>
<td></td>
</tr>
<tr>
<td>45-64</td>
<td>473</td>
<td>12.5%</td>
<td>39.5%</td>
<td>36.4%</td>
<td>9.9%</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>206</td>
<td>12.6%</td>
<td>37.9%</td>
<td>41.3%</td>
<td>7.8%</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td><strong>Highest Level of Schooling</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or less</td>
<td>145</td>
<td>5.5%</td>
<td>22.8%</td>
<td>50.3%</td>
<td>17.2%</td>
<td>4.1%</td>
<td></td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>232</td>
<td>8.2%</td>
<td>34.9%</td>
<td>44.0%</td>
<td>10.8%</td>
<td>2.2%</td>
<td></td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>102</td>
<td>11.8%</td>
<td>39.2%</td>
<td>33.3%</td>
<td>14.7%</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>Bachelor’s/four-year college degree</td>
<td>297</td>
<td>17.8%</td>
<td>42.1%</td>
<td>33.0%</td>
<td>5.7%</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>Graduate/professional degree</td>
<td>244</td>
<td>15.2%</td>
<td>46.3%</td>
<td>31.6%</td>
<td>6.6%</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td><strong>Area of Residence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural west</td>
<td>154</td>
<td>8.4%</td>
<td>31.8%</td>
<td>42.2%</td>
<td>13.6%</td>
<td>3.9%</td>
<td></td>
</tr>
<tr>
<td>Rural northeast</td>
<td>71</td>
<td>11.3%</td>
<td>42.3%</td>
<td>33.8%</td>
<td>9.9%</td>
<td>2.8%</td>
<td></td>
</tr>
<tr>
<td>Woodstock</td>
<td>250</td>
<td>14.4%</td>
<td>39.2%</td>
<td>36.0%</td>
<td>8.8%</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>McHenry</td>
<td>130</td>
<td>10.8%</td>
<td>42.3%</td>
<td>36.2%</td>
<td>8.5%</td>
<td>2.3%</td>
<td></td>
</tr>
<tr>
<td>Crystal Lake</td>
<td>194</td>
<td>14.9%</td>
<td>39.2%</td>
<td>38.1%</td>
<td>7.2%</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>Southeast</td>
<td>176</td>
<td>12.5%</td>
<td>36.9%</td>
<td>39.8%</td>
<td>10.2%</td>
<td>0.6%</td>
<td></td>
</tr>
<tr>
<td><strong>Receive Financial Assistance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>176</td>
<td>6.8%</td>
<td>24.4%</td>
<td>42.0%</td>
<td>23.3%</td>
<td>3.4%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>824</td>
<td>14.0%</td>
<td>41.9%</td>
<td>36.3%</td>
<td>6.6%</td>
<td>1.3%</td>
<td></td>
</tr>
</tbody>
</table>

1Percentages represent proportions within each demographic group.
Living Healthy Lifestyle in Your Community

Overall, living a healthy lifestyle in their community is easy for three-quarters of respondents (very easy 25.6%, somewhat easy 50.1%) and difficult for one-fifth (somewhat difficult 17.0%, 4.0% very difficult).

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very easy</td>
<td>267</td>
<td>25.6%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>524</td>
<td>50.1%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>178</td>
<td>17.0%</td>
</tr>
<tr>
<td>Very difficult</td>
<td>42</td>
<td>4.0%</td>
</tr>
<tr>
<td>Not sure</td>
<td>22</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

Note: "No answer" replies not shown so totals will sum to less than 100.0%.

Again, the ability to lead a healthy lifestyle is viewed differently by demographic group (Table 4.4). Very easy to live healthy lifestyles in their community are:

- Males (29.0%) more than females (25.1%)
- Non-Hispanics at 26.7% compared to Hispanics 16.7%
- Ages 65+ at 43.7%, more than 20 percentage points above any other age group whose levels are similar, 18.5% to 23.0%
- All education groups are similar though highest education is a bit higher (29.4%)
- Residents in Crystal Lake (36.4%), higher by more than nine percentage points than other areas. Lowest level shown by rural west residents (18.2%)
- Respondents living in households receiving no financial assistance (28.0%) versus households with financial assistance (17.7%).

At the other end of the continuum, in three groups more than 8.0% of respondents claim that living a healthy lifestyle is very difficult. They are:

- Households receiving financial assistance (9.7%)
- Hispanics (9.1%)
- Rural northeast residents (8.5%).
Table 4.4
SELF-REPORTED ASSESSMENT OF ABILITY TO LEAD HEALTHY LIFESTYLE
BY GENDER, HISPANIC ORIGIN, EDUCATION, AREA OF RESIDENCE,
AND FINANCIAL ASSISTANCE OF HOUSEHOLDS: 2016

<table>
<thead>
<tr>
<th>Demographic Group</th>
<th>Total Number</th>
<th>Percent of Respondents $^1$</th>
<th>Very Easy</th>
<th>Somewhat Easy</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>255</td>
<td></td>
<td>29.0%</td>
<td>48.2%</td>
<td>18.4%</td>
<td>2.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Female</td>
<td>762</td>
<td></td>
<td>25.1%</td>
<td>51.4%</td>
<td>16.8%</td>
<td>4.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Hispanic Origin</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>66</td>
<td></td>
<td>16.7%</td>
<td>50.0%</td>
<td>22.7%</td>
<td>9.1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>941</td>
<td></td>
<td>26.7%</td>
<td>50.9%</td>
<td>17.0%</td>
<td>3.5%</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>109</td>
<td></td>
<td>22.0%</td>
<td>53.2%</td>
<td>22.0%</td>
<td>0.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>30-44</td>
<td>232</td>
<td></td>
<td>18.5%</td>
<td>50.9%</td>
<td>21.1%</td>
<td>7.3%</td>
<td>2.2%</td>
</tr>
<tr>
<td>45-64</td>
<td>474</td>
<td></td>
<td>23.0%</td>
<td>52.3%</td>
<td>18.4%</td>
<td>4.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>65+</td>
<td>206</td>
<td></td>
<td>43.7%</td>
<td>45.6%</td>
<td>7.3%</td>
<td>1.5%</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>Highest Level of Schooling</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or less</td>
<td>144</td>
<td></td>
<td>24.3%</td>
<td>41.7%</td>
<td>21.5%</td>
<td>8.3%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>232</td>
<td></td>
<td>24.1%</td>
<td>53.0%</td>
<td>15.5%</td>
<td>3.9%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Associate's degree</td>
<td>102</td>
<td></td>
<td>23.5%</td>
<td>53.9%</td>
<td>14.7%</td>
<td>6.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Bachelor's/four-year college degree</td>
<td>298</td>
<td>26.5%</td>
<td>52.3%</td>
<td>18.1%</td>
<td>2.3%</td>
<td>0.7%</td>
<td></td>
</tr>
<tr>
<td>Graduate/professional degree</td>
<td>245</td>
<td></td>
<td>29.4%</td>
<td>51.0%</td>
<td>15.9%</td>
<td>2.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>Area of Residence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural west</td>
<td>154</td>
<td></td>
<td>18.2%</td>
<td>47.4%</td>
<td>26.0%</td>
<td>5.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Rural northeast</td>
<td>71</td>
<td></td>
<td>23.9%</td>
<td>42.3%</td>
<td>23.9%</td>
<td>8.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Woodstock</td>
<td>250</td>
<td></td>
<td>27.2%</td>
<td>51.6%</td>
<td>14.0%</td>
<td>4.8%</td>
<td>2.4%</td>
</tr>
<tr>
<td>McHenry</td>
<td>130</td>
<td></td>
<td>20.0%</td>
<td>54.6%</td>
<td>19.2%</td>
<td>3.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Crystal Lake</td>
<td>195</td>
<td></td>
<td>36.4%</td>
<td>49.2%</td>
<td>10.3%</td>
<td>2.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Southeast</td>
<td>175</td>
<td></td>
<td>25.7%</td>
<td>52.6%</td>
<td>17.1%</td>
<td>4.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td><strong>Receive Financial Assistance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>175</td>
<td></td>
<td>17.7%</td>
<td>47.4%</td>
<td>22.9%</td>
<td>9.7%</td>
<td>2.3%</td>
</tr>
<tr>
<td>No</td>
<td>825</td>
<td></td>
<td>28.0%</td>
<td>51.8%</td>
<td>15.8%</td>
<td>2.9%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

$^1$Percentages represent proportions within each demographic group.
The survey asked whether respondents or any household members had ever been “told by a health professional that they had” a variety of health conditions. These included physical and mental/behavioral or developmental conditions. Respondents replied according to the number in their household for each of three age groups, 0-17, 18-64, and 65+ years. Percentages shown on Table 5.1 are based on the number of persons in households, by age and for all ages combined. Questions about suicide and drug overdoses were also asked.

**Physical Health**

Among physical health conditions, high blood pressure/hypertension is the most common condition as reported by almost one in five (17.0%) respondents and household members, followed by obesity/overweight (15.3%) and high cholesterol (13.2%).

Prevalence and ranks of conditions vary dramatically by age group. Among children, the most common condition is asthma affecting 13.0% of the under 18 age population. Considerably lower but still relatively common are concussion and migraine headaches, both occurring among 3.9% of children/adolescents. Obesity/overweight stands out as the most common condition for adults ages 18-64 as reported by almost one in five (18.8%), followed closely by high blood pressure at 17.5%. Also showing prevalence in double-digits among adults 18-64 are high cholesterol (13.5%), digestive/stomach disorders (12.6%), chronic back pain or disc disorders (12.1%), and arthritis/ rheumatism (10.5%).

Seniors ages 65 years and older are afflicted most often with high blood pressure (42.4%) and arthritis (38.8%) as their top two physical health diseases. Also affecting about one in five or more are high cholesterol (33.2%), chronic back pain/disc disorders (20.6%), obesity/overweight (19.8%), digestive/stomach problems and diabetes (both 19.3%), cancer (19.0%), and heart disease (18.8%).

**Mental, Behavioral, and Developmental Health**

Depression afflicts one in eight (13.0%) survey respondents and their household members; anxiety or panic disorders affect almost as many, 11.1%. Among ages under 18, attention deficit disorder (ADD) without and with hyperactivity (ADHD) is the most frequent mental health or behavioral condition. Most common mental health ailments among adults 18-64 are depression (15.9%) and anxiety/panic disorders (13.6%). One in ten (10.7%) seniors ages 65+ reports being diagnosed with depression.

**Current Prevalence of Health Conditions Compared to 2014**

In the 2016, respondents were asked about the diagnosis of 32 physical and mental health conditions among persons in their households, 25 of which were also included in the 2014 survey (Table 5.3). Reported prevalence has remained fairly similar for most physical health conditions between 2014 and 2016, though digestive/stomach disorders shows a notable increase and obesity/overweight has risen slightly. The biggest change of mental health conditions is the two percentage-point increase for depression.
<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Number</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Ages</td>
<td>0-17</td>
</tr>
<tr>
<td>Alzheimer's disease/dementia</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>Arthritis/rheumatism</td>
<td>362</td>
<td>7</td>
</tr>
<tr>
<td>Asthma</td>
<td>301</td>
<td>90</td>
</tr>
<tr>
<td>Blindness or serious vision problems</td>
<td>78</td>
<td>4</td>
</tr>
<tr>
<td>Cancer</td>
<td>183</td>
<td>7</td>
</tr>
<tr>
<td>Chronic back pain or disc disorders</td>
<td>323</td>
<td>8</td>
</tr>
<tr>
<td>Concussion</td>
<td>77</td>
<td>27</td>
</tr>
<tr>
<td>Deafness or serious hearing problems</td>
<td>108</td>
<td>7</td>
</tr>
<tr>
<td>Dental problems untreated</td>
<td>190</td>
<td>19</td>
</tr>
<tr>
<td>Diabetes</td>
<td>220</td>
<td>7</td>
</tr>
<tr>
<td>Digestive/stomach disorders (GERD, serious heartburn)</td>
<td>333</td>
<td>13</td>
</tr>
<tr>
<td>Heart disease</td>
<td>140</td>
<td>2</td>
</tr>
<tr>
<td>High blood pressure, hypertension</td>
<td>512</td>
<td>2</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>399</td>
<td>7</td>
</tr>
<tr>
<td>Migraine headaches</td>
<td>204</td>
<td>27</td>
</tr>
<tr>
<td>Obesity/overweight</td>
<td>462</td>
<td>22</td>
</tr>
<tr>
<td>Respiratory illness (COPD, chronic bronchitis, emphysema)</td>
<td>81</td>
<td>4</td>
</tr>
<tr>
<td>Seizure disorders</td>
<td>30</td>
<td>8</td>
</tr>
<tr>
<td>Skin disorders</td>
<td>130</td>
<td>20</td>
</tr>
<tr>
<td>Stroke</td>
<td>48</td>
<td>0</td>
</tr>
</tbody>
</table>

1Percentages based on number of household members, by age group, including respondents.
## Table 5.2
MENTAL, BEHAVIORAL, AND DEVELOPMENTAL HEALTH CONDITIONS BY AGE GROUP: 2016

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Number</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Ages</td>
<td>0-17</td>
</tr>
<tr>
<td>Attention Deficit Disorder (ADD)/with Hyperactivity (ADHD)</td>
<td>237</td>
<td>105</td>
</tr>
<tr>
<td>Alcohol or substance abuse</td>
<td>80</td>
<td>11</td>
</tr>
<tr>
<td>Anorexia, bulimia or other serious eating disorder</td>
<td>29</td>
<td>8</td>
</tr>
<tr>
<td>Anxiety or panic disorders</td>
<td>335</td>
<td>46</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>36</td>
<td>22</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>72</td>
<td>14</td>
</tr>
<tr>
<td>Depression</td>
<td>392</td>
<td>43</td>
</tr>
<tr>
<td>Developmental delay or disabilities</td>
<td>51</td>
<td>28</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>49</td>
<td>6</td>
</tr>
<tr>
<td>Phobias</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>72</td>
<td>8</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>

1Percentages based on number of household members, by age group, including respondents.
### Table 5.3

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Percent(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
</tr>
<tr>
<td><strong>Physical Health</strong></td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s disease/dementia</td>
<td>0.9%</td>
</tr>
<tr>
<td>Arthritis/rheumatism</td>
<td>12.0%</td>
</tr>
<tr>
<td>Asthma</td>
<td>10.0%</td>
</tr>
<tr>
<td>Blindness or serious vision problems</td>
<td>2.6%</td>
</tr>
<tr>
<td>Cancer</td>
<td>6.1%</td>
</tr>
<tr>
<td>Chronic back pain or disc disorders</td>
<td>10.7%</td>
</tr>
<tr>
<td>Concussion</td>
<td>2.6%</td>
</tr>
<tr>
<td>Deafness or serious hearing problems</td>
<td>3.6%</td>
</tr>
<tr>
<td>Dental problems untreated</td>
<td>6.3%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7.3%</td>
</tr>
<tr>
<td>Digestive/stomach disorders</td>
<td>11.0%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>4.6%</td>
</tr>
<tr>
<td>High blood pressure, hypertension</td>
<td>17.0%</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>13.2%</td>
</tr>
<tr>
<td>Migraine headaches</td>
<td>6.8%</td>
</tr>
<tr>
<td>Obesity/overweight</td>
<td>15.3%</td>
</tr>
<tr>
<td>Respiratory illness</td>
<td>2.7%</td>
</tr>
<tr>
<td>Seizure disorders</td>
<td>1.0%</td>
</tr>
<tr>
<td>Skin disorders</td>
<td>4.3%</td>
</tr>
<tr>
<td>Stroke</td>
<td>1.6%</td>
</tr>
<tr>
<td><strong>Mental/Behavioral and Developmental Health</strong></td>
<td></td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>7.9%</td>
</tr>
<tr>
<td>Alcohol or substance abuse</td>
<td>2.7%</td>
</tr>
<tr>
<td>Anorexia, bulimia or other serious eating disorder</td>
<td>1.0%</td>
</tr>
<tr>
<td>Anxiety or panic disorders</td>
<td>11.1%</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>1.2%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>2.4%</td>
</tr>
<tr>
<td>Depression</td>
<td>13.0%</td>
</tr>
<tr>
<td>Developmental delay or disabilities</td>
<td>1.7%</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>1.6%</td>
</tr>
<tr>
<td>Phobias</td>
<td>0.4%</td>
</tr>
<tr>
<td>PTSD</td>
<td>2.4%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

\(^1\)Percents computed using number of respondents and household members.
Suicide, Harm to Self, and Drug Overdoses

Thoughts of suicide occurred among persons in 8.6% of survey respondent households (Table 5.4). In 1.1% of households there were suicide attempts and three (0.3%) households reported suicide deaths. In 3.2% of households, a household member caused intentional harm to self, and drug overdoses occurred in eight (0.7%) households. 2016 levels resemble 2014.

<table>
<thead>
<tr>
<th>Situations Experienced During Past Twelve Months</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thought about suicide</td>
<td>94</td>
<td>8.6%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>12</td>
<td>1.1%</td>
</tr>
<tr>
<td>Death by suicide</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td>Caused intentional harm to self</td>
<td>35</td>
<td>3.2%</td>
</tr>
<tr>
<td>Drug overdose</td>
<td>8</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

Note: Two questions, death by suicide and drug overdose, added in 2016.
Many households carry responsibility for caring for adults and children who require extra attention due to their age, disability, or special needs. Some households are affected by abuse, while in others, unfavorable financial circumstances occur. Questions about these household situations were included in the 2016 survey, most of which were repeated from 2014.

Care for Older Adult

One in six (16.2%) survey respondents care for an adult 60 years or older (Table 6.1), adults who may be a spouse, parent, or relative. Almost two-thirds (62.7%) of these adults needing care are living on their own, while one-quarter (23.1%) live in the survey respondents’ home and 16.0% reside in a retirement or nursing home. Compared to 2014, fewer of the needy adults are living in the respondent’s home.

Table 6.1
CARE FOR ADULT 60 YEARS OR OLDER: 2014 AND 2016

<table>
<thead>
<tr>
<th>Location of Older Adult Cared For</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td>16.2%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Living in my home</td>
<td>169</td>
<td>100.0%</td>
</tr>
<tr>
<td>Living on their own</td>
<td>106</td>
<td>62.7%</td>
</tr>
<tr>
<td>In retirement/nursing home</td>
<td>27</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

1Based on survey respondents who answered this question (n=1,045).
22014 respondents who cared for older adult, n=113.
Note: Question asked about caring for an adult 60 years and older such as spouse, parent, or relative.

Care for Individual with Disability or Special Need

One in eight (12.1%) survey respondents care for someone with a disability or special need (Table 6.2). These survey respondents (n=125) care for a total of 142 persons with disabilities or special needs, most of whom (59.9%) are living with them in their home. One-quarter (26.1%) of individuals with disability/special need live on their own and 14.1% live in a group home or independent living unit. A smaller proportion of 2016 disabled persons are living at respondent’s home than was true in 2014.
### Table 6.2
**CARE FOR INDIVIDUAL WITH DISABILITY OR SPECIAL NEED AND LOCATION OF CARE: 2014 AND 2016**

|                                | 2016 Number | 2014 Percent  
|--------------------------------|--------------|---------------
| Care for Individual with Disability or Special Need | 125          | 12.1%         |
| Individuals with Disability or Special Need         | 142          | ---           |
| Location of Individuals with Disability or Special Need | 142          | Within Subgroup |
| Total                                            | 142          | 100.0%        |
| Living in my home                                | 85           | 59.9%         |
| Living on their own                               | 37           | 26.1%         |
| In group home/independent living units            | 20           | 14.1%         |

1Based on survey respondents who answered this question (n=1,031 in 2016, 701 in 2014).
2Some respondents care for more than one individual with disability or special need.
3Individuals with disability or special needs, n=142 in 2016 as shown, 93 in 2014.

Individuals with disabilities or special needs number 142, about half of whom (47.9%) are 18-64 years old, one-quarter (26.8%) under age 18, and another quarter (25.4%) 65 years and older. Typically, children with a disability or special need (0-17) are cared for at home (78.9%) and two-thirds (64.7%) of adults under 65 are, too. Most commonly (50.0%), seniors 65+ who are disabled or have special needs live on their own.

### Table 6.3
**INDIVIDUALS WITH DISABILITY OR SPECIAL NEED BY AGE GROUP AND RESIDENCE: 2016**

<table>
<thead>
<tr>
<th>Residence</th>
<th>All Ages</th>
<th>0-17</th>
<th>18-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Individuals with Disability or Special Need</td>
<td>142</td>
<td>38</td>
<td>68</td>
<td>36</td>
</tr>
<tr>
<td>Respondent's home</td>
<td>85</td>
<td>30</td>
<td>44</td>
<td>11</td>
</tr>
<tr>
<td>On his/her own</td>
<td>37</td>
<td>4</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Group home/independent living unit</td>
<td>20</td>
<td>4</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence</th>
<th>All Locations</th>
<th>0-17</th>
<th>18-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of All Individuals with Disability or Special Need</td>
<td>100.0%</td>
<td>26.8%</td>
<td>47.9%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Respondent's home</td>
<td>59.9%</td>
<td>21.1%</td>
<td>31.0%</td>
<td>7.7%</td>
</tr>
<tr>
<td>On his/her own</td>
<td>26.1%</td>
<td>2.8%</td>
<td>10.6%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Group home/independent living unit</td>
<td>14.1%</td>
<td>2.8%</td>
<td>6.3%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence</th>
<th>All Locations</th>
<th>0-17</th>
<th>18-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Within Age Group</td>
<td>All Locations</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Respondent's home</td>
<td>59.9%</td>
<td>78.9%</td>
<td>64.7%</td>
<td>30.6%</td>
</tr>
<tr>
<td>On his/her own</td>
<td>26.1%</td>
<td>10.5%</td>
<td>22.1%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Group home/independent living unit</td>
<td>14.1%</td>
<td>10.5%</td>
<td>13.2%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>
Care for Children Not One’s Own

One in twenty (4.6%) survey respondents are raising children who are not their own (Table 6.4). In almost half (46.9%) of these situations, the grandparents are the responsible party, a little lower than was the case in 2014. Aunts/uncles are the next most common caretaker. Most of the “other” responses are comprised of other relatives or stepparents.

Table 6.4

<table>
<thead>
<tr>
<th>Situation</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent¹</td>
</tr>
<tr>
<td>Raising Children Not One’s Own</td>
<td>49</td>
<td>4.6%</td>
</tr>
<tr>
<td>Relationship to Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>49</td>
<td>100.0%</td>
</tr>
<tr>
<td>Grandparent</td>
<td>23</td>
<td>46.9%</td>
</tr>
<tr>
<td>Aunt/uncle</td>
<td>6</td>
<td>12.2%</td>
</tr>
<tr>
<td>Friend</td>
<td>4</td>
<td>8.2%</td>
</tr>
<tr>
<td>Older sibling</td>
<td>2</td>
<td>4.1%</td>
</tr>
<tr>
<td>Foster parent</td>
<td>2</td>
<td>4.1%</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>18.4%</td>
</tr>
<tr>
<td>No answer</td>
<td>3</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

¹Percent based on respondents who answered this question (n=1,057 in 2016, 736 in 2014).

Abuse

Respondents were asked whether anyone in their household had experienced a form of abuse in the past 12 months (Table 6.5). Emotional abuse was the most frequent type of abuse as occurring in 8.1% of households. Physical abuse is reported in 2.2% of households and sexual abuse in 1.1%. 2016 levels are close to 2014.

Table 6.5
ABUSE EXPERIENCED BY HOUSEHOLD MEMBERS: 2014 AND 2016

<table>
<thead>
<tr>
<th>Type of Abuse Experienced During Past 12 Months</th>
<th>2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number Households</td>
<td>Percent</td>
</tr>
<tr>
<td>Emotional</td>
<td>88</td>
<td>8.1%</td>
</tr>
<tr>
<td>Physical</td>
<td>24</td>
<td>2.2%</td>
</tr>
<tr>
<td>Sexual</td>
<td>12</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
Financial Problems of Households

Survey respondents were asked to indicate which of 10 financial situations their household had experienced in the past 12 months (Table 6.6). Most often, money was lacking for basic needs, affecting one in five (19.6%) households. Second most common was difficulty paying property taxes (14.3%). While other situations were felt by fewer than one in ten households, ranked third and fourth were job-related.

Table 6.6
FINANCIAL PROBLEMS DURING PAST TWELVE MONTHS: 2014 AND 2016

<table>
<thead>
<tr>
<th>Financial Situation Experienced by Respondent or Household Member</th>
<th>2016</th>
<th>2014 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number Households</td>
<td>Percent</td>
</tr>
<tr>
<td>Lack money for basic needs</td>
<td>214</td>
<td>19.6%</td>
</tr>
<tr>
<td>Difficulty paying property taxes</td>
<td>156</td>
<td>14.3%</td>
</tr>
<tr>
<td>No job for 90 days or more</td>
<td>102</td>
<td>9.4%</td>
</tr>
<tr>
<td>Involuntary job loss</td>
<td>86</td>
<td>7.9%</td>
</tr>
<tr>
<td>Needed legal help but could not afford</td>
<td>83</td>
<td>7.6%</td>
</tr>
<tr>
<td>Divorced, separated or widowed which affected finances&lt;sup&gt;1&lt;/sup&gt;</td>
<td>69</td>
<td>6.3%</td>
</tr>
<tr>
<td>Identity theft by a stranger&lt;sup&gt;2&lt;/sup&gt;</td>
<td>50</td>
<td>4.6%</td>
</tr>
<tr>
<td>Foreclosure of home</td>
<td>32</td>
<td>2.9%</td>
</tr>
<tr>
<td>Filed for bankruptcy</td>
<td>19</td>
<td>1.7%</td>
</tr>
<tr>
<td>Financially abused by someone you know&lt;sup&gt;3&lt;/sup&gt;</td>
<td>15</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

<sup>1</sup>“Which affected finances” added in 2016.
<sup>2</sup>“By a stranger” added in 2016.
<sup>3</sup>“By someone you know” added in 2016; explanation included both years (your money or assets used without your permission).

Note: Situations ranked from highest to lowest.

All ten adverse financial situations were experienced by a smaller proportion of households in 2016 compared to two years ago. Steep drops took place for no job for 90+ days, involuntary job loss, and identity theft, each of which fell to less than half their 2014 level. Other situations saw the same decline but most occurred at fairly low levels to begin with or had slight wording changes that may have changed the interpretation.
Chapter 7
OPEN-ENDED COMMENTS ABOUT COMMUNITY FEATURES
AND ACCESS TO ADDITIONAL SERVICES

Two survey questions asked respondents to answer or explain in their own words. In the first instance, respondents were asked for details about their rating of the availability and accessibility of community features. At the survey’s end, respondents were given the opportunity to describe services they would like to be offered that are not now available in the county.

Comments about Availability and Accessibility of Community Features

After rating community features, respondents were asked to explain their rating, especially for features deemed unavailable or difficult to access. Topics covered in the comments are shown in Table 7.1 including whether comments were generated by online or paper survey respondents. Details about the topics are presented in the subsequent table (Table 7.2). Verbatim comments are listed in Appendix D.

By far, the most numerous comments addressed transportation issues. For the most part, respondents complained that existing public transportation services are inadequate, inconvenient, or difficult to access. Some mentioned long wait times, the need for more buses and more stops, and more hours of service, especially during evenings and weekends. Several suggested additional town-to-town routes. Specific comments were also directed towards options and problems regarding public transportation for seniors, disabled, and low-income persons.

Table 7.1
AVAILABILITY AND ACCESSIBILITY COMMENTS BY TOPIC: 2016

<table>
<thead>
<tr>
<th>Topic</th>
<th>Total Number</th>
<th>By Survey Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Online</td>
</tr>
<tr>
<td>Transportation</td>
<td>213</td>
<td>169</td>
</tr>
<tr>
<td>Biking/walking paths</td>
<td>57</td>
<td>53</td>
</tr>
<tr>
<td>Recreation</td>
<td>44</td>
<td>29</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse</td>
<td>34</td>
<td>29</td>
</tr>
<tr>
<td>Jobs</td>
<td>30</td>
<td>21</td>
</tr>
<tr>
<td>Sidewalks</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>Housing</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Parks</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Community gardens</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Health Care</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Food pantries</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Stores/food/shopping better/restaurants</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Farmer markets</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Dental</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Taxes</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Other comments</td>
<td>68</td>
<td>52</td>
</tr>
</tbody>
</table>

Note: Topics are ranked by number of comments from high to low.
### Table 7.2
EXPLANATIONS FOR RATINGS OF AVAILABILITY AND ACCESS BY TOPIC: 2016

<table>
<thead>
<tr>
<th>Topic and Description</th>
<th>Number of Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation - Nonexistent/lacking/accessible/limited/issue/not user-friendly/free</td>
<td>71</td>
</tr>
<tr>
<td>poor/inadequate/inconvenient/difficult/improve/unreliable/more buses; parking difficult</td>
<td>61</td>
</tr>
<tr>
<td>schedules/routes/times/connect/expand; for low income/seniors/disabilities; advertise</td>
<td>81</td>
</tr>
<tr>
<td>Health Care - Better/affordable/for low income/disabilities; better hospitals/transportation</td>
<td>8</td>
</tr>
<tr>
<td>Dental - Affordable/for low income/accessible for persons with disabilities</td>
<td>3</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse - None/no provider/expand/improve/better treatment</td>
<td>7</td>
</tr>
<tr>
<td>limited/difficult access psychiatric/behavioral services; more services/support</td>
<td>11</td>
</tr>
<tr>
<td>limited for Medicaid/low income/uninsured/disabled; SEDOM</td>
<td>11</td>
</tr>
<tr>
<td>access/difficult transportation; difficult to find where to go</td>
<td>5</td>
</tr>
<tr>
<td>Entertainment, Arts, Cultural - No/more entertainment/carnival/music venues/arts/cultural</td>
<td>10</td>
</tr>
<tr>
<td>Recreation - No park district/rec department; update rec center/more activities/no camping</td>
<td>8</td>
</tr>
<tr>
<td>nothing for kids/more activities for kids/not geared for disabled/seniors; need swimming</td>
<td>6</td>
</tr>
<tr>
<td>expensive/safe/areas not handicapped-accessible/transportation</td>
<td>14</td>
</tr>
<tr>
<td>Conservation District close or sell/people don’t use</td>
<td>3</td>
</tr>
<tr>
<td>no accessible health club/dog park/no time to access</td>
<td>3</td>
</tr>
<tr>
<td>Parks - None/poor/terrible-safe/policed/drive to not good/update/more equipment</td>
<td>12</td>
</tr>
<tr>
<td>Paths - Not easily accessible; not handicapped accessible</td>
<td>6</td>
</tr>
<tr>
<td>Bike/Walk Paths - None/lack of/more/connect/advertise</td>
<td>35</td>
</tr>
<tr>
<td>more biking on road/bike lanes/safe</td>
<td>16</td>
</tr>
<tr>
<td>Sidewalks - None/lack of/more/safe/poor/maintain/not walking-friendly; street maintain</td>
<td>21</td>
</tr>
<tr>
<td>Community Gardens - None/near/accessible</td>
<td>11</td>
</tr>
<tr>
<td>Farmer Markets - None/expensive/times/poor quality</td>
<td>5</td>
</tr>
<tr>
<td>Food Pantry - More/rude/not reach needy/abuse/accessible/limited times/different at each</td>
<td>8</td>
</tr>
<tr>
<td>Housing - Affordable/low rent/crisis/low income/homelessness</td>
<td>15</td>
</tr>
<tr>
<td>Jobs - Low paying/more/variety/professional level/for disabilities/training/retraining</td>
<td>30</td>
</tr>
<tr>
<td>Support for disabilities/low income; disabled lack of info/accessibility; lack/poor services; seniors/low income lack of services; school issues of poverty/safe</td>
<td>13</td>
</tr>
<tr>
<td>More social services; drive to other community for services; more police/fire/EMS</td>
<td>3</td>
</tr>
<tr>
<td>Lack of services; no resources; no choices for teenagers; it all needs help</td>
<td>4</td>
</tr>
<tr>
<td>Limited internet access; online info for all services; services advertise</td>
<td>6</td>
</tr>
<tr>
<td>Stores/Food/Shopping better/more restaurants/don’t need bars</td>
<td>8</td>
</tr>
<tr>
<td>Improve downtown; taxes high; traffic stinks; water horrid</td>
<td>9</td>
</tr>
<tr>
<td>Other Comments</td>
<td>36</td>
</tr>
</tbody>
</table>

The topics of parks, recreation, entertainment/arts/cultural activities, biking/walking/other paths, and sidewalks garnered more than 100 comments. Some were descriptions of existing circumstances such as the lack of parks in some communities or poor maintenance and safety concerns in current parks. Others said that there are not enough recreation and other activities for kids, disabled persons, and seniors; fees to use or attend some programs are too expensive. There should be more paths for biking and walking as well as connections among them; 20 respondents mentioned the need for more sidewalks.
Among health services, more comments were directed towards mental health/substance abuse than medical or dental care services. More mental health and substance abuse providers and better treatment services are needed. Several comments pointed out difficulties in obtaining psychiatric care. Service options are limited for Medicaid, low-income, and uninsured individuals. Comments about health care talked about affordability and geographic access.

The topic of jobs was mentioned by 30 respondents, most of whom indicating that job opportunities are limited, especially for disabled persons. Existing jobs are low-paying and not enough training to re-enter the workforce is offered. Housing and community gardens were mentioned in ten or more comments. Housing concerns were primarily about lack of affordability. Community gardens are not widespread so inaccessible for many local residents. Ten respondents, while not directing comments toward a particular service, talked about the lack of support and information about/persons with disabilities, low-income, and seniors.

**Comments about Additional Services**

At the end of the survey, respondents were asked to describe additional services they would like in the county that are not currently available. Many comments mirror comments made following the ratings of community features discussed above. Comments about additional services most often mentioned were mental health/substance abuse, recreation/parks/fitness, transportation, and health care (Table 7.3).

<table>
<thead>
<tr>
<th>Topic</th>
<th>Total Number</th>
<th>By Survey Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>418</td>
<td>321 97</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse</td>
<td>77</td>
<td>68 9</td>
</tr>
<tr>
<td>Recreation, parks, fitness</td>
<td>76</td>
<td>54 22</td>
</tr>
<tr>
<td>Transportation</td>
<td>69</td>
<td>54 15</td>
</tr>
<tr>
<td>Health care</td>
<td>57</td>
<td>41 16</td>
</tr>
<tr>
<td>Housing (affordable)</td>
<td>19</td>
<td>16 3</td>
</tr>
<tr>
<td>Community gardens, healthy food</td>
<td>18</td>
<td>16 2</td>
</tr>
<tr>
<td>Dental care</td>
<td>16</td>
<td>11 5</td>
</tr>
<tr>
<td>Financial assistance</td>
<td>9</td>
<td>6 3</td>
</tr>
<tr>
<td>Senior care, services</td>
<td>9</td>
<td>9 0</td>
</tr>
<tr>
<td>Services for disabled persons</td>
<td>8</td>
<td>8 0</td>
</tr>
<tr>
<td>Jobs, professional opportunities</td>
<td>8</td>
<td>3 5</td>
</tr>
<tr>
<td>Restaurants, bars, shopping (more)</td>
<td>7</td>
<td>5 2</td>
</tr>
<tr>
<td>Taxes (lower), government</td>
<td>7</td>
<td>5 2</td>
</tr>
<tr>
<td>Child care, support</td>
<td>7</td>
<td>3 4</td>
</tr>
<tr>
<td>Schools, type and services</td>
<td>7</td>
<td>6 1</td>
</tr>
<tr>
<td>People abusing system</td>
<td>5</td>
<td>4 1</td>
</tr>
<tr>
<td>Renewable energy, water, noise</td>
<td>3</td>
<td>3 0</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>9 7</td>
</tr>
</tbody>
</table>

Note: Topics are ranked by number of comments from high to low.
Details about desired services (Table 7.4) show that mental health/substance abuse comments typically addressed the need for more providers, facilities, and service hours. Recreation, parks, and fitness comments mentioned the desire for more biking and walking paths, additional sidewalks, exercise activities for particular groups, and the importance of making these options affordable. Transportation comments emphasized the need for broader and more accessible public transportation, transport for persons with visual and other disabilities and seniors; numerous respondents asked that an O’Hare airport shuttle be offered. Health care comments covered a wide range including affordability, perceived quality, additional services such as integrative medicine and prevention, better access to birthing centers and immediate care, and services for Hispanics. Rounding out the topics which produced a double-digit number of comments were affordable housing, community gardens/healthy food, and dental care. A word cloud (Figure 1.1) shows a pictorial format of comments with size and boldness related to frequency of words mentioned.

Table 7.4
DETAILS ABOUT ADDITIONAL SERVICES BY TOPIC: 2016

<table>
<thead>
<tr>
<th>Topic and Details</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation - Better/accessible/mass transit/limited/obstacle/reliable/affordable</td>
<td>55</td>
</tr>
<tr>
<td>broader/weekends/holidays; limited ADA/sight impaired/senior; shuttle to O'Hare</td>
<td>14</td>
</tr>
<tr>
<td>Health Care - Better/affordable/free/faster referrals; more/good docs/specialists; for Hispanic</td>
<td>30</td>
</tr>
<tr>
<td>health issue help/assistance hearing aids/meds/mobility devices; dialysis</td>
<td>5</td>
</tr>
<tr>
<td>rides to/from; free health clinics; veteran services/support/hospital</td>
<td>5</td>
</tr>
<tr>
<td>better hospitals/more immediate care/birthing center/outpatient/“sharps”/medical marijuana</td>
<td>12</td>
</tr>
<tr>
<td>alternative medicine/integrative health; prevention, PT/OT/speech therapy for children</td>
<td>5</td>
</tr>
<tr>
<td>Dental - Free clinics; more/affordable/insurance; Public Aid/mobile/funding dental/VA care</td>
<td>16</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse - More services/hours/help/funding/convenient locations</td>
<td>26</td>
</tr>
<tr>
<td>more behavioral help/providers/services for children</td>
<td>3</td>
</tr>
<tr>
<td>low fee/free counseling; more psychiatric services/counselors/providers/specialists</td>
<td>30</td>
</tr>
<tr>
<td>more facilities; outpatient/transportation; accessible/affordable/accept Medicare/Medicaid</td>
<td>18</td>
</tr>
<tr>
<td>Recreation/Parks/Fitness - More entertainment/affordable, free/better parks/festivals/concerts/arts</td>
<td>14</td>
</tr>
<tr>
<td>teen/senior activities; recreation lake/beach/pool; camps/YMCA/B&amp;G Clubs; tourism</td>
<td>14</td>
</tr>
<tr>
<td>better/more biking/hiking/walking paths/horse trails/dog parks</td>
<td>24</td>
</tr>
<tr>
<td>no sidewalks; more/accessible sidewalks/walking areas/walkable community</td>
<td>9</td>
</tr>
<tr>
<td>gyms/healthy living; affordable fitness/exercise; over 60 free/discounted exercise at health clubs</td>
<td>15</td>
</tr>
<tr>
<td>Community gardens/farmer’s market/organic farms; more co-op/healthy food choices; nutritional info; cooking classes; community seed library</td>
<td>18</td>
</tr>
<tr>
<td>Housing - Faster/affordable; low income seniors; domiciles for homeless</td>
<td>19</td>
</tr>
<tr>
<td>Jobs - Professional/good/career opportunities; work from home/help with job skills</td>
<td>8</td>
</tr>
<tr>
<td>Financial assistance/counsel/debt consolidation; help for having been incarcerated</td>
<td>9</td>
</tr>
<tr>
<td>Free college; nature school; school supplies/support; reading/language/computing services</td>
<td>7</td>
</tr>
<tr>
<td>Specialty Programs - Disabled recreation/residential housing/day programs</td>
<td>8</td>
</tr>
<tr>
<td>senior care/visits/caregiver support; support/loss groups</td>
<td>9</td>
</tr>
<tr>
<td>Affordable day/child care; low income/working poor child care/food for children</td>
<td>7</td>
</tr>
<tr>
<td>Government; taxes - lower/need assistance</td>
<td>7</td>
</tr>
<tr>
<td>More restaurants/bars/shopping; an inside mall</td>
<td>7</td>
</tr>
<tr>
<td>Renewable energy; water testing; noise problems</td>
<td>3</td>
</tr>
<tr>
<td>People abusing system</td>
<td>5</td>
</tr>
<tr>
<td>Other comments</td>
<td>16</td>
</tr>
</tbody>
</table>
Figure 7.1
DESIRE ADDITIONAL SERVICES MENTIONED BY SURVEY RESPONDENTS: 2016
Appendix A

SURVEY INSTRUMENT
Thank you for participating in the McHenry County 2016 Healthy Community Survey. Your responses will tell us about the overall health of our communities which will help us to improve services in McHenry County. All responses are anonymous.

YOUR COMMUNITY

1. Below are some features of healthy communities. For each, please rate their **AVAILABILITY** in your community – *how common or widespread they are in your community*.

<table>
<thead>
<tr>
<th>RATE THE AVAILABILITY OF . . .</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don’t know / Doesn’t apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe neighborhoods</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Parks/recreation services</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Biking/walking paths</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Entertainment, arts, cultural activities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Jobs</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Training to re-enter the workforce</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Health care services</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Dental care services</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Mental health services</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Developmental disability services</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Public transportation for all residents</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Public transportation for seniors</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Public transportation for disabled persons</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Farmers markets</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Community or home gardens</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Organizations that provide free food (food pantries, meals on wheels, golden diners)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
2. For each, please rate the ACCESSIBILITY for your household - how easy it is for members in your household to get to or use each.

<table>
<thead>
<tr>
<th>RATE THE ACCESSIBILITY OF . . .</th>
<th>Very easy</th>
<th>Somewhat easy</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Don't know / Doesn't apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks/recreation services</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Biking/walking paths</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Entertainment, arts, cultural activities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Jobs</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Training to re-enter the workforce</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Public transportation for all residents</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Public transportation for seniors</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Public transportation for disabled persons</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Farmers markets</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Community or home gardens</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Organizations that provide free food (food pantries, meals on wheels, golden diners)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult.

________________________________________________________________________
________________________________________________________________________

4. Have you ever heard of the 2-1-1 health and human services information and referral line?
   - Yes (go to Q 4a)
   - No (go to Q 5)

4a. Have you ever called the 2-1-1 health and human services information and referral line?
   - Yes
   - No

ACCESS TO CARE

5. What is the health insurance status of your household? (Check only one)
   - Everyone has health insurance
   - No one has health insurance (go to Q 7)
   - Some have health insurance, some do not
   - Not sure

6. For those who have insurance, which of these are sources for your household members’ health insurance coverage? (Check all that apply)
   - An employer
   - State of Illinois (Medicaid/Medical Card)
   - Federal Government (Medicare, VA)
   - Purchase insurance independently (Insurance exchange, Agent)
   - Not sure
   - Other (specify) ____________________________
7. Where do you and other members of your household go when sick and need to see a doctor or nurse? (Check all that apply)

- Doctor’s office
- Family Health Partnership Clinic
- Harvard Area Community Health Center
- McHenry Community Health Center
- Health Department
- VA Hospital or VA Clinic
- Hospital Emergency Department
- Immediate Care Center
- Grocery/drug store walk-in clinic
- Workplace clinic
- Other (specify) ___________________
- Don’t go anywhere when sick

8. Do you and other members of your household ALL have a primary care doctor or clinic? (Check only one)

- Yes (everyone has a primary care doctor or clinic)
- No (one or more members does not have a primary care doctor or clinic)
- Not sure

9. During the past 12 months, have you or a member of your household been unable to receive MEDICAL care that was needed?

- Yes (go to Q 9a)
- No (go to Q 10)

9a. Which of the following reasons prevented you or a member of your household from receiving MEDICAL care? (Check all that apply)

- No regular provider
- No health insurance
- Insurance did not cover medical service
- Could not afford deductible or co-pay
- Prescription cost too high
- Could not find a provider who accepted the medical card (Public Aid / Medicaid)
- Not sure how to find medical services
- Did not speak my language
- No transportation
- Provider too far away
- Inconvenient office hours
- Wait for appointment was too long
- Other (specify) ___________________

10. During the past 12 months, have you or a member of your household been unable to receive DENTAL care that was needed?

- Yes (go to Q 10a)
- No (go to Q 11)

10a. Which of the following reasons prevented you or a member of your household from receiving DENTAL care? (Check all that apply)

- No regular provider
- No dental insurance
- Insurance did not cover dental service
- Could not afford deductible or co-pay
- Prescription cost too high
- Could not find a provider who accepted the medical card (Public Aid / Medicaid)
- Not sure how to find dental services
- Did not speak my language
- No transportation
- Provider too far away
- Inconvenient office hours
- Wait for appointment was too long
- Other (specify) ___________________
11. During the past 12 months, have you or a member of your household been unable to receive MENTAL HEALTH OR SUBSTANCE ABUSE care that was needed?

☐ Yes (go to Q 11a)    ☐ No (go to Q 12)

11a. Which of the following reasons prevented you or a member of your household from receiving MENTAL HEALTH OR SUBSTANCE ABUSE care? (Check all that apply)

☐ No regular provider  ☐ Not sure how to find mental health services
☐ No mental health insurance  ☐ Did not speak my language
☐ Insurance did not cover mental health service  ☐ No transportation
☐ Could not afford deductible or co-pay  ☐ Provider too far away
☐ Prescription cost too high  ☐ Inconvenient office hours
☐ Could not find a provider who accepted the medical card (Public Aid / Medicaid)  ☐ Wait for appointment was too long
☐ Other (specify) ___________________  

PHYSICAL HEALTH

12. Indicate whether you or anyone in your household has EVER been told BY A HEALTH CARE PROFESSIONAL that they have the disease or condition. Check the age group and write the number of persons in that age group in your household diagnosed with the disease or condition.

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-17 Years</td>
</tr>
<tr>
<td>Alzheimer’s disease/dementia</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Arthritis/rheumatism</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Asthma</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Blindness or serious vision problems</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Cancer</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Chronic back pain or disc disorders</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Concussion/traumatic brain injury</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Deafness or serious hearing problems</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Dental problems untreated</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Diabetes</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Digestive/stomach disorders (GERD, serious heartburn)</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Heart disease</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>High blood pressure, hypertension</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Migraine headaches</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Obesity/overweight</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Respiratory illness (COPD, chronic bronchitis, emphysema)</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Seizure disorders</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Skin disorders</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>Stroke</td>
<td>☐ # _____</td>
</tr>
</tbody>
</table>
MENTAL HEALTH / DEVELOPMENTAL

13. Indicate whether you or anyone in your household has EVER been told BY A HEALTH CARE PROFESSIONAL that they have the disorder or condition. Check the age group and write the number of persons in that age group in your household diagnosed with the disorder or condition.

<table>
<thead>
<tr>
<th>Disorder/Condition</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-17 Years</td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>□ # ____</td>
</tr>
<tr>
<td>Alcohol or substance abuse</td>
<td>□ # ____</td>
</tr>
<tr>
<td>Anorexia, bulimia, or other serious eating disorder</td>
<td>□ # ____</td>
</tr>
<tr>
<td>Anxiety or panic disorders</td>
<td>□ # ____</td>
</tr>
<tr>
<td>Autism spectrum disorders</td>
<td>□ # ____</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>□ # ____</td>
</tr>
<tr>
<td>Depression</td>
<td>□ # ____</td>
</tr>
<tr>
<td>Developmental delay or disabilities</td>
<td>□ # ____</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>□ # ____</td>
</tr>
<tr>
<td>Phobias</td>
<td>□ # ____</td>
</tr>
<tr>
<td>PTSD</td>
<td>□ # ____</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>□ # ____</td>
</tr>
</tbody>
</table>

14. Check the situations which you or someone in your household experienced during the past 12 months. Accurate information will help local groups better meet the community’s needs. (Check all that apply)

- □ Emotionally abused (intimidated, coerced, isolated, threatened, bullied, or degraded)
- □ Physically abused (hit, slapped, kicked, or physically hurt)
- □ Sexually abused (forced to have any kind of sexual activity)
- □ Thought about suicide
- □ Attempted suicide
- □ Death by suicide
- □ Caused intentional harm to self (such as cutting, burning, pulling out hair)
- □ Drug overdose

OVERALL HEALTH

15. Would you say that in general your health is . . . (Check one)

- □ Excellent
- □ Very good
- □ Good
- □ Fair
- □ Poor

16. How easy or difficult do you think it is to live a healthy lifestyle in your community? (Check one)

- □ Very easy
- □ Very difficult
- □ Somewhat easy
- □ Not sure
- □ Somewhat difficult
HOUSEHOLD FAMILY & FINANCIAL ISSUES

17. Do you care for an adult(s) aged 60 years or older such as a spouse, parent, or relative? The care might take place in their home, in your home, or in a facility.

☐ Yes (go to Q 17a)  ☐ No (go to Q 18)

17a. Check all that apply to your situation.

☐ I care for an older adult living in my home
☐ I care for an older adult living on his/her own
☐ I care for an older adult living in a retirement community or nursing home

18. Do you care for an individual with a disability or special need? The care might take place in their home, in your home, or in a facility.

☐ Yes (go to Q 18a)  ☐ No (go to Q 19)

18a. Indicate the number of individuals in each category that you care for.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0-17 Years</th>
<th>18-64 Years</th>
<th>65+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>I care for an individual with a disability or special need living in my home</td>
<td>☐ # _____</td>
<td>☐ # _____</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>I care for an individual with a disability or special need living on his/her own</td>
<td>☐ # _____</td>
<td>☐ # _____</td>
<td>☐ # _____</td>
</tr>
<tr>
<td>I care for an individual with a disability or special need living in a group home/independent living unit</td>
<td>☐ # _____</td>
<td>☐ # _____</td>
<td>☐ # _____</td>
</tr>
</tbody>
</table>

19. Check the financial problems which you or someone in your household experienced during the past 12 months. (Check all that apply)

☐ Filed for bankruptcy
☐ Foreclosure of home
☐ Difficulty paying property taxes
☐ Needed legal help but couldn’t afford it
☐ Lack of money for basic needs
☐ Financially abused by someone you know (your money or assets used without your permission)
☐ Identity theft by a stranger
☐ Involuntary job loss
☐ No job for 90 days or more
☐ Divorced, separated, or widowed which affected finances
20. Are you currently raising children other than your own?
   □ Yes (go to Q 20a)      □ No (go to Q 21)

20a. What is your relationship with this child/children? (Check one)
   □ Grandparent          □ Older sibling
   □ Aunt/Uncle          □ Foster parent
   □ Friend              □ Other (specify) __________________________

DEMOGRAPHICS

21. What is your gender?   □ Male      □ Female

22. What county do you live in? □ McHenry County □ Other (specify) __________________________

23. Where is your primary work location?
   □ In McHenry County   □ Outside McHenry County   □ I don't currently work/Retired

24. What is your zip code?
   □ 60012    □ 60034    □ 60081    □ 60152
   □ 60013    □ 60050    □ 60097    □ 60156
   □ 60014    □ 60051    □ 60098    □ 60180
   □ 60021    □ 60071    □ 60102    □ Other (specify) __________________________
   □ 60033    □ 60072    □ 60142

25. What is your age group?
   □ 18-29    □ 30-44    □ 45-64    □ 65-74    □ 75+

26. What is the highest level you have finished in school?
   □ Less than high school          □ Associate degree
   □ High school or GED            □ Bachelor's degree
   □ Some college, no degree       □ Graduate or professional degree

27. Do you consider yourself of Hispanic/Latino(a) origin?   □ Yes    □ No

28. What race do you consider yourself?
   □ White                          □ American Indian or Alaskan Native
   □ African American/Black         □ Native Hawaiian or Pacific Islander
   □ Asian                          □ Two or more races
29. List the **number of people in your household including yourself** in each age category.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0-17 Years</th>
<th>18-64 Years</th>
<th>65+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people in your household</td>
<td># ______</td>
<td># ______</td>
<td># ______</td>
</tr>
</tbody>
</table>

30. What language do you speak **most often** in your household?

- [ ] English
- [ ] Spanish
- [ ] Other (specify) __________________________

31. Have you or anyone in your household received any financial assistance in the past 12 months such as TANF, WIC, Township Assistance, Public Aid, Medical Card, SNAP, Food Stamps, SSI, or other types of aid? (Do not include Medicare or Social Security)

- [ ] Yes
- [ ] No
- [ ] Not sure

32. Where did you hear about this survey?

- [ ] Health Department
- [ ] Church or other place of worship
- [ ] Hospital or doctor’s office
- [ ] Social service organization
- [ ] School / College
- [ ] Newspaper
- [ ] Mental Health Board
- [ ] Friend, co-worker, or family member
- [ ] Library
- [ ] Other (specify) __________________________

33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe.

---

**Thank you for taking the time to respond to this survey.**

This study was approved by University of Illinois College of Medicine at Rockford Institutional Review Board (IRB), protocol number 917391-1 on June 6, 2016.
Appendix B

SURVEY FREQUENCIES - 2016 AND 2014/2010
SURVEY FREQUENCIES - 2016 AND 2014/2010

1. Below are some features of healthy communities. For each, please rate their **AVAILABILITY** in your community – *how common or widespread they are in your community.*

Safe neighborhoods

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>362</td>
<td>33.2%</td>
<td>35.5%</td>
</tr>
<tr>
<td>Good</td>
<td>541</td>
<td>49.6%</td>
<td>48.1%</td>
</tr>
<tr>
<td>Fair</td>
<td>143</td>
<td>13.1%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Poor</td>
<td>10</td>
<td>0.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Don't know / doesn't apply</td>
<td>12</td>
<td>1.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>No answer</td>
<td>22</td>
<td>2.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>3.19 ± 0.69</td>
<td>3.25</td>
<td></td>
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</tbody>
</table>

Affordable housing

<table>
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<tr>
<th>Response</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Excellent</td>
<td>75</td>
</tr>
<tr>
<td>Good</td>
<td>298</td>
</tr>
<tr>
<td>Fair</td>
<td>407</td>
</tr>
<tr>
<td>Poor</td>
<td>240</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>50</td>
</tr>
<tr>
<td>No answer</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.20 ± 0.88</td>
</tr>
</tbody>
</table>

Parks/recreation services

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>319</td>
<td>29.3%</td>
<td>28.2%</td>
</tr>
<tr>
<td>Good</td>
<td>490</td>
<td>45.0%</td>
<td>44.0%</td>
</tr>
<tr>
<td>Fair</td>
<td>200</td>
<td>18.3%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Poor</td>
<td>46</td>
<td>4.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>14</td>
<td>1.3%</td>
<td>3.9%</td>
</tr>
<tr>
<td>No answer</td>
<td>21</td>
<td>1.9%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>3.03 ± 0.82</td>
<td>3.02</td>
<td>2.75</td>
</tr>
</tbody>
</table>

Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
### Biking/walking paths

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>243</td>
<td>22.3%</td>
</tr>
<tr>
<td>Good</td>
<td>418</td>
<td>38.3%</td>
</tr>
<tr>
<td>Fair</td>
<td>256</td>
<td>23.5%</td>
</tr>
<tr>
<td>Poor</td>
<td>128</td>
<td>11.7%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>24</td>
<td>2.2%</td>
</tr>
<tr>
<td>No answer</td>
<td>21</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.74 ± 0.95</td>
<td>2.77</td>
</tr>
</tbody>
</table>

### Entertainment, arts, cultural activities

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<tr>
<th>Response</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>173</td>
<td>15.9%</td>
</tr>
<tr>
<td>Good</td>
<td>432</td>
<td>39.6%</td>
</tr>
<tr>
<td>Fair</td>
<td>311</td>
<td>28.5%</td>
</tr>
<tr>
<td>Poor</td>
<td>114</td>
<td>10.5%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>29</td>
<td>2.7%</td>
</tr>
<tr>
<td>No answer</td>
<td>31</td>
<td>2.8%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.64 ± 0.89</td>
<td></td>
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</table>

### Jobs

<table>
<thead>
<tr>
<th>Response</th>
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<th>2014</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>40</td>
<td>3.7%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Good</td>
<td>271</td>
<td>24.9%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Fair</td>
<td>445</td>
<td>40.8%</td>
<td>36.2%</td>
</tr>
<tr>
<td>Poor</td>
<td>208</td>
<td>19.1%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>99</td>
<td>9.1%</td>
<td>12.9%</td>
</tr>
<tr>
<td>No answer</td>
<td>27</td>
<td>2.5%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.15 ± 0.80</td>
<td>2.02</td>
<td>1.54</td>
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</tbody>
</table>

Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
### Training to re-enter the workforce

<table>
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<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>38</td>
<td>3.5%</td>
</tr>
<tr>
<td>Good</td>
<td>221</td>
<td>20.3%</td>
</tr>
<tr>
<td>Fair</td>
<td>307</td>
<td>28.2%</td>
</tr>
<tr>
<td>Poor</td>
<td>148</td>
<td>13.6%</td>
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<td>31.5%</td>
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<tr>
<td>No answer</td>
<td>33</td>
<td>3.0%</td>
</tr>
<tr>
<td>Total</td>
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<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.21 ± 0.83</td>
<td>2.24</td>
</tr>
</tbody>
</table>

### Health care services

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>190</td>
<td>17.4%</td>
</tr>
<tr>
<td>Good</td>
<td>541</td>
<td>49.6%</td>
</tr>
<tr>
<td>Fair</td>
<td>243</td>
<td>22.3%</td>
</tr>
<tr>
<td>Poor</td>
<td>65</td>
<td>6.0%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>29</td>
<td>2.7%</td>
</tr>
<tr>
<td>No answer</td>
<td>22</td>
<td>2.0%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.82 ± 0.80</td>
<td>2.90</td>
</tr>
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</table>

### Dental care services

<table>
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<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>184</td>
<td>16.9%</td>
</tr>
<tr>
<td>Good</td>
<td>502</td>
<td>46.1%</td>
</tr>
<tr>
<td>Fair</td>
<td>221</td>
<td>20.3%</td>
</tr>
<tr>
<td>Poor</td>
<td>98</td>
<td>9.0%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>62</td>
<td>5.7%</td>
</tr>
<tr>
<td>No answer</td>
<td>23</td>
<td>2.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.77 ± 0.86</td>
<td>2.79</td>
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Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
Mental health services

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
<th>2014</th>
<th></th>
<th>2010</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
<td>Percent</td>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>80</td>
<td>7.3%</td>
<td>12.0%</td>
<td>1.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>242</td>
<td>22.2%</td>
<td>26.6%</td>
<td>14.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair</td>
<td>272</td>
<td>25.0%</td>
<td>20.0%</td>
<td>18.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>259</td>
<td>23.8%</td>
<td>16.9%</td>
<td>12.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>211</td>
<td>19.4%</td>
<td>22.8%</td>
<td>42.0%</td>
<td></td>
<td></td>
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1“Behavioral/mental health services” in 2014.

Developmental disability services

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<td>52</td>
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<td>Good</td>
<td>203</td>
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<tr>
<td>Poor</td>
<td>176</td>
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Substance abuse services

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<td>Percent</td>
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<td>54</td>
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<td>16.7%</td>
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</tr>
<tr>
<td>Poor</td>
<td>161</td>
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<td>100.0%</td>
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<tr>
<td>Mean Rating</td>
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Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
Public transportation for *all residents*

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<tr>
<td>Good</td>
<td>153</td>
<td>14.0%</td>
</tr>
<tr>
<td>Fair</td>
<td>285</td>
<td>26.1%</td>
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<tr>
<td>Poor</td>
<td>460</td>
<td>42.2%</td>
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<tr>
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<td>127</td>
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<tr>
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<td>30</td>
<td>2.8%</td>
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Public transportation for *seniors*

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<td></td>
<td>Number</td>
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<td>4.0%</td>
</tr>
<tr>
<td>Good</td>
<td>201</td>
<td>18.4%</td>
</tr>
<tr>
<td>Fair</td>
<td>285</td>
<td>26.1%</td>
</tr>
<tr>
<td>Poor</td>
<td>266</td>
<td>24.4%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
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Public transportation for *disabled persons*

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<td>Number</td>
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<tr>
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<td>44</td>
<td>4.0%</td>
</tr>
<tr>
<td>Good</td>
<td>160</td>
<td>14.7%</td>
</tr>
<tr>
<td>Fair</td>
<td>237</td>
<td>21.7%</td>
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<tr>
<td>Poor</td>
<td>276</td>
<td>25.3%</td>
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<tr>
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<td>346</td>
<td>31.7%</td>
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<td>27</td>
<td>2.5%</td>
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<td>100.0%</td>
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<tr>
<td>Mean Rating</td>
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Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
Farmers markets

<table>
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<tr>
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<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>249</td>
<td>22.8%</td>
</tr>
<tr>
<td>Good</td>
<td>424</td>
<td>38.9%</td>
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<tr>
<td>Fair</td>
<td>242</td>
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<tr>
<td>Poor</td>
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<td>63</td>
<td>5.8%</td>
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<tr>
<td>No answer</td>
<td>25</td>
<td>2.3%</td>
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<tr>
<td>Total</td>
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<td>100.0%</td>
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<tr>
<td>Mean Rating</td>
<td>2.83 ± 0.90</td>
<td>2.88</td>
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Community or home gardens

<table>
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<th>2016</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
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<td>Excellent</td>
<td>98</td>
</tr>
<tr>
<td>Good</td>
<td>280</td>
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<tr>
<td>Fair</td>
<td>270</td>
</tr>
<tr>
<td>Poor</td>
<td>163</td>
</tr>
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<td>Don’t know / doesn’t apply</td>
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<tr>
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<tr>
<td>Total</td>
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</tr>
<tr>
<td>Mean Rating</td>
<td>2.39 ± 0.94</td>
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</table>

Organizations that provide free food (food pantries, meals on wheels, golden diners)

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<tr>
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<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Excellent</td>
<td>192</td>
<td>17.6%</td>
</tr>
<tr>
<td>Good</td>
<td>397</td>
<td>36.4%</td>
</tr>
<tr>
<td>Fair</td>
<td>269</td>
<td>24.7%</td>
</tr>
<tr>
<td>Poor</td>
<td>52</td>
<td>4.8%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>159</td>
<td>14.6%</td>
</tr>
<tr>
<td>No answer</td>
<td>21</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.80 ± 0.83</td>
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Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
2. For each, please rate the ACCESSIBILITY for your household - how easy it is for members in your household to get to or use each.

Parks/recreation services

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<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Very easy</td>
<td>470</td>
<td>43.1%</td>
<td></td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>431</td>
<td>39.5%</td>
<td></td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>94</td>
<td>8.6%</td>
<td></td>
</tr>
<tr>
<td>Very difficult</td>
<td>26</td>
<td>2.4%</td>
<td></td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>31</td>
<td>2.8%</td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>38</td>
<td>3.5%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
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</tr>
<tr>
<td>Mean Rating</td>
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<td>± 0.74</td>
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Biking/walking paths

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<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Very easy</td>
<td>377</td>
<td>34.6%</td>
<td></td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>396</td>
<td>36.3%</td>
<td></td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>157</td>
<td>14.4%</td>
<td></td>
</tr>
<tr>
<td>Very difficult</td>
<td>70</td>
<td>6.4%</td>
<td></td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>46</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>44</td>
<td>4.0%</td>
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</tr>
<tr>
<td>Total</td>
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<tr>
<td>Mean Rating</td>
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<td>± 0.90</td>
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Entertainment, arts, cultural activities

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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Very easy</td>
<td>309</td>
<td>28.3%</td>
<td></td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>435</td>
<td>39.9%</td>
<td></td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>184</td>
<td>16.9%</td>
<td></td>
</tr>
<tr>
<td>Very difficult</td>
<td>55</td>
<td>5.0%</td>
<td></td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>55</td>
<td>5.0%</td>
<td></td>
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<tr>
<td>No answer</td>
<td>52</td>
<td>4.8%</td>
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<tr>
<td>Total</td>
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<td>100.0%</td>
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<td>± 0.85</td>
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Mean rating scale: 1=Very difficult, 2=Somewhat difficult, 3=Somewhat easy, 4=Very easy.
### Jobs

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<td>Percent</td>
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<td>10.4%</td>
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<tr>
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<td>306</td>
<td>28.1%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>327</td>
<td>30.0%</td>
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<tr>
<td>Very difficult</td>
<td>121</td>
<td>11.1%</td>
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<tr>
<td>Don’t know / doesn’t apply</td>
<td>165</td>
<td>15.1%</td>
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<tr>
<td>No answer</td>
<td>58</td>
<td>5.3%</td>
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### Training to re-enter the workforce

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<td>Percent</td>
</tr>
<tr>
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<td>60</td>
<td>5.5%</td>
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<tr>
<td>Somewhat easy</td>
<td>192</td>
<td>17.6%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>258</td>
<td>23.7%</td>
</tr>
<tr>
<td>Very difficult</td>
<td>112</td>
<td>10.3%</td>
</tr>
<tr>
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<td>414</td>
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<tr>
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<td>5.0%</td>
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</tr>
<tr>
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### Public transportation for all residents

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<td>Percent</td>
</tr>
<tr>
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<td>61</td>
<td>5.6%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>198</td>
<td>18.2%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>281</td>
<td>25.8%</td>
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<tr>
<td>Very difficult</td>
<td>298</td>
<td>27.3%</td>
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<td>3.9%</td>
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</tr>
<tr>
<td>Mean Rating</td>
<td>2.03 ± 0.94</td>
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Mean rating scale: 1=Very difficult, 2=Somewhat difficult, 3=Somewhat easy, 4=Very easy.
Public transportation for *seniors*

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</thead>
<tbody>
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<td>Number</td>
<td>Percent</td>
</tr>
<tr>
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<td>64</td>
<td>5.9%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>183</td>
<td>16.8%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>231</td>
<td>21.2%</td>
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<tr>
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<td>176</td>
<td>16.1%</td>
</tr>
<tr>
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Public transportation for *disabled persons*

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<td>Number</td>
<td>Percent</td>
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<tr>
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<td>55</td>
<td>5.0%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>135</td>
<td>12.4%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>203</td>
<td>18.6%</td>
</tr>
<tr>
<td>Very difficult</td>
<td>185</td>
<td>17.0%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>458</td>
<td>42.0%</td>
</tr>
<tr>
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<td>54</td>
<td>5.0%</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>100.0%</strong></td>
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<tr>
<td><strong>Mean Rating</strong></td>
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Farmers markets

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<td>34.3%</td>
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<tr>
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<td>372</td>
<td>34.1%</td>
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<tr>
<td>Somewhat difficult</td>
<td>164</td>
<td>15.0%</td>
</tr>
<tr>
<td>Very difficult</td>
<td>55</td>
<td>5.0%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>75</td>
<td>6.9%</td>
</tr>
<tr>
<td>No answer</td>
<td>50</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,090</td>
<td><strong>100.0%</strong></td>
</tr>
<tr>
<td><strong>Mean Rating</strong></td>
<td>3.10 ± 0.88</td>
<td></td>
</tr>
</tbody>
</table>

Mean rating scale: 1=Very difficult, 2=Somewhat difficult, 3=Somewhat easy, 4=Very easy.
Community or home gardens

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very easy</td>
<td>156</td>
<td>14.3%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>270</td>
<td>24.8%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>203</td>
<td>18.6%</td>
</tr>
<tr>
<td>Very difficult</td>
<td>89</td>
<td>8.2%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>319</td>
<td>29.3%</td>
</tr>
<tr>
<td>No answer</td>
<td>53</td>
<td>4.9%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.69</td>
<td>± 0.95</td>
</tr>
</tbody>
</table>

Organizations that provide free food (food pantries, meals on wheels, golden diners)

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very easy</td>
<td>200</td>
<td>18.3%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>344</td>
<td>31.6%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>179</td>
<td>16.4%</td>
</tr>
<tr>
<td>Very difficult</td>
<td>39</td>
<td>3.6%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>282</td>
<td>25.9%</td>
</tr>
<tr>
<td>No answer</td>
<td>46</td>
<td>4.2%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.93</td>
<td>± 0.84</td>
</tr>
</tbody>
</table>

3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult.

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td>295</td>
<td>27.1%</td>
</tr>
</tbody>
</table>

See comments in Appendix D.

Mean rating scale: 1=Very difficult, 2=Somewhat difficult, 3=Somewhat easy, 4=Very easy.
4. Have you ever **heard of** the 2-1-1 health and human services information and referral line?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>412</td>
<td>37.8%</td>
</tr>
<tr>
<td>No</td>
<td>658</td>
<td>60.4%</td>
</tr>
<tr>
<td>No answer</td>
<td>20</td>
<td>1.8%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

4a. Have you ever **called** the 2-1-1 health and human services information and referral line?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>58</td>
<td>14.1%</td>
</tr>
<tr>
<td>No</td>
<td>351</td>
<td>85.2%</td>
</tr>
<tr>
<td>No answer</td>
<td>3</td>
<td>0.7%</td>
</tr>
<tr>
<td>Total</td>
<td>412</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

5. What is the health insurance status of your household?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Everyone has health insurance</td>
<td>977</td>
<td>89.6%</td>
</tr>
<tr>
<td>Some have health insurance, some do not</td>
<td>68</td>
<td>6.2%</td>
</tr>
<tr>
<td>No one has health insurance</td>
<td>16</td>
<td>1.5%</td>
</tr>
<tr>
<td>Not sure</td>
<td>7</td>
<td>0.6%</td>
</tr>
<tr>
<td>No answer</td>
<td>22</td>
<td>2.0%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

6. For those who have insurance, which of these are sources for your household members’ health insurance coverage? *(Check all that apply)*

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>An employer</td>
<td>727</td>
<td>66.7%</td>
</tr>
<tr>
<td>State of Illinois (Medicaid/Medical Card)</td>
<td>201</td>
<td>18.4%</td>
</tr>
<tr>
<td>Federal Government (Medicare, VA)</td>
<td>228</td>
<td>20.9%</td>
</tr>
<tr>
<td>Purchase insurance independently (Insurance exchange, Agent)</td>
<td>160</td>
<td>14.7%</td>
</tr>
<tr>
<td>Not sure</td>
<td>18</td>
<td>1.7%</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>1.2%</td>
</tr>
</tbody>
</table>
7. Where do you and other members of your household¹ go when sick and need to see a doctor or nurse? *(Check all that apply)*

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Doctor’s office</td>
<td>950</td>
<td>87.2%</td>
</tr>
<tr>
<td>Family Health Partnership Clinic</td>
<td>42</td>
<td>3.9%</td>
</tr>
<tr>
<td>Harvard Area Community Health Center</td>
<td>16</td>
<td>1.5%</td>
</tr>
<tr>
<td>McHenry Community Health Center</td>
<td>30</td>
<td>2.8%</td>
</tr>
<tr>
<td>Health Department</td>
<td>11</td>
<td>1.0%</td>
</tr>
<tr>
<td>VA Hospital or VA Clinic</td>
<td>47</td>
<td>4.3%</td>
</tr>
<tr>
<td>Hospital Emergency Department</td>
<td>226</td>
<td>20.7%</td>
</tr>
<tr>
<td>Immediate Care Center</td>
<td>454</td>
<td>41.7%</td>
</tr>
<tr>
<td>Grocery/drug store walk-in clinic</td>
<td>93</td>
<td>8.5%</td>
</tr>
<tr>
<td>Workplace clinic</td>
<td>11</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>2.1%</td>
</tr>
<tr>
<td>Don’t go anywhere when sick</td>
<td>49</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

¹“You and other members of your family” in 2014.

8. Do you and other members of your household ALL have a primary care doctor or clinic? *(Check only one)*

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Yes (everyone has a primary care doctor or clinic)</td>
<td>867</td>
</tr>
<tr>
<td>No (one or more members does not have a primary care doctor or clinic)</td>
<td>178</td>
</tr>
<tr>
<td>Not sure</td>
<td>13</td>
</tr>
<tr>
<td>No answer</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
</tr>
</tbody>
</table>
9. During the past 12 months, have you or a member of your household\(^1\) been unable to receive MEDICAL care that was needed?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>129</td>
<td>11.8%</td>
<td>17.3%</td>
</tr>
<tr>
<td>No</td>
<td>932</td>
<td>85.5%</td>
<td>79.6%</td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
<td>2.7%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

\(^1\)“You or a member of your family” in 2014.

9a. Which of the following reasons prevented you or a member of your household\(^1\) from receiving MEDICAL care? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No regular provider</td>
<td>23</td>
<td>17.8%</td>
<td>24.0%</td>
</tr>
<tr>
<td>No health insurance(^2)</td>
<td>37</td>
<td>28.7%</td>
<td>48.8%</td>
</tr>
<tr>
<td>Insurance did not cover medical service</td>
<td>36</td>
<td>27.9%</td>
<td>---</td>
</tr>
<tr>
<td>Could not afford deductible or co-pay</td>
<td>44</td>
<td>34.1%</td>
<td>42.6%</td>
</tr>
<tr>
<td>Prescription cost too high(^3)</td>
<td>34</td>
<td>26.4%</td>
<td>26.3%</td>
</tr>
<tr>
<td>Could not find a provider who accepted the medical card (Public Aid / Medicaid)</td>
<td>19</td>
<td>14.7%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Not sure how to find medical services</td>
<td>7</td>
<td>5.4%</td>
<td>---</td>
</tr>
<tr>
<td>Did not speak my language(^4)</td>
<td>3</td>
<td>2.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td>No transportation</td>
<td>16</td>
<td>12.4%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Provider too far away</td>
<td>14</td>
<td>10.9%</td>
<td>---</td>
</tr>
<tr>
<td>Inconvenient office hours</td>
<td>16</td>
<td>12.4%</td>
<td>---</td>
</tr>
<tr>
<td>Wait for appointment was too long</td>
<td>24</td>
<td>18.6%</td>
<td>---</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>5.4%</td>
<td>11.6%</td>
</tr>
</tbody>
</table>

\(^1\)“You or a member of your family” in 2014.

\(^2\)“No/not enough health insurance” in 2014.

\(^3\)“No coverage for prescriptions” in 2014.

\(^4\)“Language was a barrier” in 2014.
10. During the past 12 months, have you or a member of your household\(^1\) been unable to receive DENTAL care that was needed?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>211</td>
<td>19.4%</td>
</tr>
<tr>
<td>No</td>
<td>846</td>
<td>77.6%</td>
</tr>
<tr>
<td>No answer</td>
<td>33</td>
<td>3.0%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

\(^1\)“You or a member of your family” in 2014.

10a. Which of the following reasons prevented you or a member of your household\(^1\) from receiving DENTAL care? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>No regular provider</td>
<td>40</td>
<td>3.7%</td>
</tr>
<tr>
<td>No dental insurance(^2)</td>
<td>116</td>
<td>10.6%</td>
</tr>
<tr>
<td>Insurance did not cover dental service</td>
<td>73</td>
<td>6.7%</td>
</tr>
<tr>
<td>Could not afford deductible or co-pay</td>
<td>64</td>
<td>5.9%</td>
</tr>
<tr>
<td>Prescription cost too high(^3)</td>
<td>15</td>
<td>1.4%</td>
</tr>
<tr>
<td>Could not find a provider who accepted the medical card (Public Aid / Medicaid)</td>
<td>30</td>
<td>2.8%</td>
</tr>
<tr>
<td>Not sure how to find dental services</td>
<td>19</td>
<td>1.7%</td>
</tr>
<tr>
<td>Did not speak my language(^4)</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>No transportation</td>
<td>13</td>
<td>1.2%</td>
</tr>
<tr>
<td>Provider too far away</td>
<td>15</td>
<td>1.4%</td>
</tr>
<tr>
<td>Inconvenient office hours</td>
<td>10</td>
<td>0.9%</td>
</tr>
<tr>
<td>Wait for appointment was too long</td>
<td>17</td>
<td>1.6%</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

\(^1\)“You or a member of your family” in 2014.
\(^2\)“No/not enough health insurance” in 2014.
\(^3\)“No coverage for prescriptions” in 2014.
\(^4\)“Language was a barrier” in 2014.
11. During the past 12 months, have you or a member of your household\(^1\) been unable to receive MENTAL HEALTH OR SUBSTANCE ABUSE\(^2\) care that was needed?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>91</td>
<td>8.3%</td>
</tr>
<tr>
<td>No</td>
<td>947</td>
<td>86.9%</td>
</tr>
<tr>
<td>No answer</td>
<td>52</td>
<td>4.8%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

\(^1\)“You or a member of your family” in 2014.

\(^2\)“Behavioral or mental health services” in 2014.

11a. Which of the following reasons prevented you or a member of your household\(^1\) from receiving MENTAL HEALTH OR SUBSTANCE ABUSE\(^2\) care? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>No regular provider</td>
<td>30</td>
<td>33.0%</td>
</tr>
<tr>
<td>No mental health insurance(^3)</td>
<td>17</td>
<td>18.7%</td>
</tr>
<tr>
<td>Insurance did not cover mental health service</td>
<td>18</td>
<td>19.8%</td>
</tr>
<tr>
<td>Could not afford deductible or co-pay</td>
<td>20</td>
<td>22.0%</td>
</tr>
<tr>
<td>Prescription cost too high(^4)</td>
<td>19</td>
<td>20.9%</td>
</tr>
<tr>
<td>Could not find a provider who accepted the medical card (Public Aid / Medicaid)</td>
<td>27</td>
<td>29.7%</td>
</tr>
<tr>
<td>Not sure how to find mental health services</td>
<td>19</td>
<td>20.9%</td>
</tr>
<tr>
<td>Did not speak my language(^5)</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>No transportation</td>
<td>10</td>
<td>11.0%</td>
</tr>
<tr>
<td>Provider too far away</td>
<td>15</td>
<td>16.5%</td>
</tr>
<tr>
<td>Inconvenient office hours</td>
<td>11</td>
<td>12.1%</td>
</tr>
<tr>
<td>Wait for appointment was too long</td>
<td>32</td>
<td>35.2%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

\(^1\)“You or a member of your family” in 2014.

\(^2\)“Behavioral or mental health services” in 2014.

\(^3\)“No/not enough health insurance” in 2014.

\(^4\)“No coverage for prescriptions” in 2014.

\(^5\)“Language was a barrier” in 2014.
12. Indicate whether **you or anyone in your household** has **EVER** been told **BY A HEALTH CARE PROFESSIONAL** that they have the disease or condition. Check the age group and write the number of persons in that age group in your household diagnosed with the disease or condition.

**Alzheimer’s disease/dementia**

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>0</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>7</td>
<td>0.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>20</td>
<td>5.1%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>0.9%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

**Arthritis/rheumatism**

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>7</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>202</td>
</tr>
<tr>
<td>65+ Years</td>
<td>153</td>
</tr>
<tr>
<td>Total</td>
<td>362</td>
</tr>
</tbody>
</table>

**Asthma**

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>90</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>179</td>
</tr>
<tr>
<td>65+ Years</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>301</td>
</tr>
</tbody>
</table>

**Blindness or serious vision problems**

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>4</td>
<td>0.6%</td>
<td>0.2%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>46</td>
<td>2.4%</td>
<td>1.7%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>28</td>
<td>7.1%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Total</td>
<td>78</td>
<td>2.6%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

**Cancer**

<table>
<thead>
<tr>
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<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>7</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>101</td>
</tr>
<tr>
<td>65+ Years</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>183</td>
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</table>
### Chronic back pain or disc disorders

<table>
<thead>
<tr>
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<th>2016 Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>8</td>
<td>1.2%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>234</td>
<td>12.1%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>81</td>
<td>20.6%</td>
</tr>
<tr>
<td>Total</td>
<td>323</td>
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</tbody>
</table>

### Concussion/traumatic brain injury

<table>
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<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>27</td>
<td>3.9%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>44</td>
<td>2.3%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>6</td>
<td>1.5%</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

### Deafness or serious hearing problems

<table>
<thead>
<tr>
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<th>2014 Number</th>
<th>2010 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>7</td>
<td>1.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>50</td>
<td>2.6%</td>
<td>2.0%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>51</td>
<td>12.9%</td>
<td>13.1%</td>
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<tr>
<td>Total</td>
<td>108</td>
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<td>3.6%</td>
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### Dental problems untreated

<table>
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<th>2010 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>19</td>
<td>2.7%</td>
<td>1.9%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>148</td>
<td>7.7%</td>
<td>8.1%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>23</td>
<td>5.8%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
<td>6.3%</td>
<td>6.7%</td>
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### Diabetes

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<th>2010 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>7</td>
<td>1.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>137</td>
<td>7.1%</td>
<td>6.3%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>76</td>
<td>19.3%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Total</td>
<td>220</td>
<td>7.3%</td>
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</table>
### Digestive/stomach disorders (GERD, serious heartburn)

<table>
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<tr>
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<th>2014</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>13</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>244</td>
<td>12.6%</td>
<td>8.3%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>76</td>
<td>19.3%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Total</td>
<td>333</td>
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### Heart disease

<table>
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<th>2010</th>
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<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>2</td>
<td>0.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>64</td>
<td>3.3%</td>
<td>2.9%</td>
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<tr>
<td>65+ Years</td>
<td>74</td>
<td>18.8%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Total</td>
<td>140</td>
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<td>4.9%</td>
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</table>

### High blood pressure, hypertension

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<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>7</td>
<td>1.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>338</td>
<td>17.5%</td>
<td>16.3%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>167</td>
<td>42.4%</td>
<td>44.6%</td>
</tr>
<tr>
<td>Total</td>
<td>512</td>
<td>17.0%</td>
<td>17.8%</td>
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### High cholesterol

<table>
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<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>7</td>
<td>1.0%</td>
<td>0.7%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>261</td>
<td>13.5%</td>
<td>15.3%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>131</td>
<td>33.2%</td>
<td>33.8%</td>
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<tr>
<td>Total</td>
<td>399</td>
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<td>15.1%</td>
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</table>

### Migraine headaches

<table>
<thead>
<tr>
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<th>2016</th>
<th>2014</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>27</td>
<td>3.9%</td>
<td>3.1%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>160</td>
<td>8.3%</td>
<td>8.9%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>17</td>
<td>4.3%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Total</td>
<td>204</td>
<td>6.8%</td>
<td>6.7%</td>
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</tbody>
</table>
### Obesity/overweight

<table>
<thead>
<tr>
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<th>2016 Percent</th>
<th>2014 Percent</th>
<th>2010 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>22</td>
<td>3.2%</td>
<td>3.8%</td>
<td>2.4%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>362</td>
<td>18.8%</td>
<td>14.8%</td>
<td>9.9%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>78</td>
<td>19.8%</td>
<td>18.5%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Total</td>
<td>462</td>
<td>15.3%</td>
<td>12.9%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

### Respiratory illness (COPD, chronic bronchitis, emphysema)

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
<th>2010 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>4</td>
<td>0.6%</td>
<td>1.4%</td>
<td>0.8%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>39</td>
<td>2.0%</td>
<td>4.2%</td>
<td>3.0%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>38</td>
<td>9.6%</td>
<td>11.1%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>2.7%</td>
<td>4.7%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

### Seizure disorders

<table>
<thead>
<tr>
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<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>8</td>
<td>1.2%</td>
<td>2.1%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>5</td>
<td>0.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>17</td>
<td>4.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>1.0%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

### Skin disorders

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
<th>2010 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>20</td>
<td>2.9%</td>
<td>4.5%</td>
<td>3.0%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>81</td>
<td>4.2%</td>
<td>6.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>29</td>
<td>7.4%</td>
<td>9.2%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>4.3%</td>
<td>6.6%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

### Stroke

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>25</td>
<td>1.3%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>23</td>
<td>5.8%</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
13. Indicate whether **you or anyone in your household** has **EVER** been told **BY A HEALTH CARE PROFESSIONAL** that they have the disorder or condition. Check the age group and write the number of persons in that age group in your household diagnosed with the disorder or condition.

### ADD/ADHD

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
<th>2010 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>105</td>
<td>15.2%</td>
<td>13.7%</td>
<td>9.2%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>125</td>
<td>6.5%</td>
<td>5.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>7</td>
<td>1.8%</td>
<td>1.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>7.9%</td>
<td>6.7%</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

### Alcohol or substance abuse

<table>
<thead>
<tr>
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<th>2016 Percent</th>
<th>2014 Percent</th>
<th>2010 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>11</td>
<td>1.6%</td>
<td>1.7%</td>
<td>1.4%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>63</td>
<td>3.3%</td>
<td>3.5%</td>
<td>4.8%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>6</td>
<td>1.5%</td>
<td>1.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>2.7%</td>
<td>2.8%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

### Anorexia, bulimia, or other serious eating disorder

<table>
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<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
</tr>
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<tbody>
<tr>
<td>0 - 17 Years</td>
<td>8</td>
<td>1.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>21</td>
<td>1.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>0</td>
<td>0.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

### Anxiety or panic disorders

<table>
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<th>2016 Percent</th>
<th>2014 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>46</td>
<td>6.6%</td>
<td>5.7%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>262</td>
<td>13.6%</td>
<td>12.4%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>27</td>
<td>6.9%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Total</td>
<td>335</td>
<td>11.1%</td>
<td>9.6%</td>
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### Autism spectrum disorders

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<th>2010</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>22</td>
<td>3.2%</td>
<td>4.7%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>13</td>
<td>0.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>1</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>1.2%</td>
<td>1.7%</td>
</tr>
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</table>

### Bipolar disorder

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<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>14</td>
<td>2.0%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>50</td>
<td>2.6%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>8</td>
<td>2.0%</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
<td>2.4%</td>
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### Depression

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<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>43</td>
<td>6.2%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>307</td>
<td>15.9%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>42</td>
<td>10.7%</td>
</tr>
<tr>
<td>Total</td>
<td>392</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

### Developmental delay or disabilities

<table>
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<th>2014</th>
<th>2010</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>28</td>
<td>4.0%</td>
<td>7.8%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>21</td>
<td>1.1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>2</td>
<td>0.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>1.7%</td>
<td>2.8%</td>
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</tbody>
</table>

### Obsessive-compulsive disorder

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<th>2014</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>6</td>
<td>0.9%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>40</td>
<td>2.1%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>3</td>
<td>0.8%</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
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Phobias

<table>
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</thead>
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<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>4</td>
<td>0.6%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>7</td>
<td>0.4%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

PTSD

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>8</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>56</td>
</tr>
<tr>
<td>65+ Years</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
</tr>
</tbody>
</table>

Schizophrenia

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>2</td>
<td>0.3%</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>5</td>
<td>0.3%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>0.3%</td>
</tr>
</tbody>
</table>
14. Check the situations which you or someone in your household experienced during the past 12 months. Accurate information will help local groups better meet the community’s needs. *(Check all that apply)*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotionally abused (intimidated, coerced, isolated, threatened, bullied, or degraded)</td>
<td>88</td>
<td>8.1%</td>
<td>You</td>
<td>5.0%</td>
<td>3.9%</td>
<td>Not Asked</td>
<td></td>
</tr>
<tr>
<td>Anyone else in household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically abused (hit, slapped, kicked, or physically hurt)</td>
<td>24</td>
<td>2.2%</td>
<td>You</td>
<td>1.2%</td>
<td>0.8%</td>
<td>Not Asked</td>
<td></td>
</tr>
<tr>
<td>Anyone else in household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually abused (forced to have any kind of sexual activity)</td>
<td>12</td>
<td>1.1%</td>
<td>You</td>
<td>0.4%</td>
<td>0.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anyone else in household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thought about suicide</td>
<td>94</td>
<td>8.6%</td>
<td>You</td>
<td>5.0%</td>
<td>7.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anyone else in household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>12</td>
<td>1.1%</td>
<td>You</td>
<td>0.9%</td>
<td>0.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anyone else in household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death by suicide</td>
<td>3</td>
<td>0.3%</td>
<td>Not Asked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caused intentional harm to self (such as cutting, burning, pulling out hair)</td>
<td>35</td>
<td>3.2%</td>
<td>You</td>
<td>0.8%</td>
<td>Not Asked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anyone else in household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug overdose</td>
<td>8</td>
<td>0.7%</td>
<td>Not Asked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Would you say that in general your health is . . . *(Check one)*

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
<th>2010 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>131</td>
<td>12.0%</td>
<td>14.8%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Very good</td>
<td>402</td>
<td>36.9%</td>
<td>34.9%</td>
<td>Not Asked</td>
</tr>
<tr>
<td>Good</td>
<td>400</td>
<td>36.7%</td>
<td>34.1%</td>
<td>58.4%</td>
</tr>
<tr>
<td>Fair</td>
<td>111</td>
<td>10.2%</td>
<td>12.1%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Poor</td>
<td>19</td>
<td>1.7%</td>
<td>3.0%</td>
<td>2.2%</td>
</tr>
<tr>
<td>No answer</td>
<td>27</td>
<td>2.5%</td>
<td>1.1%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
16. How easy or difficult do you think it is to live a healthy lifestyle in your community? (Check one)

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Very easy</td>
<td>273</td>
<td>25.0%</td>
<td></td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>534</td>
<td>49.0%</td>
<td></td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>187</td>
<td>17.2%</td>
<td></td>
</tr>
<tr>
<td>Very difficult</td>
<td>45</td>
<td>4.1%</td>
<td></td>
</tr>
<tr>
<td>Not sure</td>
<td>23</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>28</td>
<td>2.6%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

17. Do you care for an adult(s) aged 60 years or older such as a spouse, parent, or relative? The care might take place in their home, in your home, or in a facility.

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>169</td>
<td>15.5%</td>
</tr>
<tr>
<td>No</td>
<td>876</td>
<td>80.4%</td>
</tr>
<tr>
<td>No answer</td>
<td>45</td>
<td>4.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

17a. Check all that apply to your situation.

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>I care for an older adult living in my home</td>
<td>39</td>
<td>23.1%</td>
</tr>
<tr>
<td>I care for an older adult living on his/her own</td>
<td>106</td>
<td>62.7%</td>
</tr>
<tr>
<td>I care for an older adult living in a retirement community or nursing home</td>
<td>27</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

Percent based on total number of adults 60 years or older being cared for.
18. Do you care for an individual with a disability or special need? The care might take place in their home, in your home, or in a facility.

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Number</th>
<th>2014 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>125</td>
<td>11.5%</td>
<td>125</td>
<td>12.5%</td>
</tr>
<tr>
<td>No</td>
<td>906</td>
<td>83.1%</td>
<td>906</td>
<td>81.7%</td>
</tr>
<tr>
<td>No answer</td>
<td>59</td>
<td>5.4%</td>
<td>59</td>
<td>5.8%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

18a. Indicate the number of disabled or special needs individuals in each category that you care for in each age group.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In my home</td>
<td>30</td>
<td>21.1%</td>
<td>44</td>
<td>31.0%</td>
<td>11</td>
<td>7.7%</td>
<td>19.4%</td>
<td>34.4%</td>
<td>15.1%</td>
<td>Not Asked</td>
<td>34.4%</td>
<td>15.1%</td>
<td>34.4%</td>
</tr>
<tr>
<td>On his/her own</td>
<td>4</td>
<td>2.8%</td>
<td>15</td>
<td>10.6%</td>
<td>18</td>
<td>12.7%</td>
<td>1.1%</td>
<td>10.8%</td>
<td>4.3%</td>
<td>Not Asked</td>
<td>4.3%</td>
<td>10.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td>In a group home/independent living unit</td>
<td>4</td>
<td>2.8%</td>
<td>9</td>
<td>6.3%</td>
<td>7</td>
<td>4.9%</td>
<td>1.1%</td>
<td>3.2%</td>
<td>2.2%</td>
<td>Not Asked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>26.8%</td>
<td>68</td>
<td>47.9%</td>
<td>36</td>
<td>25.4%</td>
<td>22.6%</td>
<td>52.7%</td>
<td>22.6%</td>
<td>Not Asked</td>
<td>22.6%</td>
<td>52.7%</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

Percents based on number of disabled or special needs individuals. (N=142, 2016; 93, 2014)

19. Check the financial problems which you or someone in your household experienced during the past 12 months. (Check all that apply)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Filed for bankruptcy</td>
<td>19</td>
<td>1.7%</td>
<td>4.2%</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>Foreclosure of home</td>
<td>32</td>
<td>2.9%</td>
<td>6.0%</td>
<td>2.9%</td>
<td></td>
</tr>
<tr>
<td>Difficulty paying property taxes</td>
<td>156</td>
<td>14.3%</td>
<td>Not Asked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needed legal help but couldn’t afford it</td>
<td>83</td>
<td>7.6%</td>
<td>13.4%</td>
<td>9.5%</td>
<td></td>
</tr>
<tr>
<td>Lack of money for basic needs</td>
<td>214</td>
<td>19.6%</td>
<td>23.9%</td>
<td>23.9%</td>
<td></td>
</tr>
<tr>
<td>Financially abused by someone you know</td>
<td>15</td>
<td>1.4%</td>
<td>6.3%</td>
<td>Not Asked</td>
<td></td>
</tr>
<tr>
<td>Identity theft by a stranger</td>
<td>50</td>
<td>4.6%</td>
<td>11.6%</td>
<td>6.8%</td>
<td></td>
</tr>
<tr>
<td>Involuntary job loss</td>
<td>86</td>
<td>7.9%</td>
<td>18.4%</td>
<td>20.2%</td>
<td></td>
</tr>
<tr>
<td>No job for 90 days or more</td>
<td>102</td>
<td>9.4%</td>
<td>23.1%</td>
<td>Not Asked</td>
<td></td>
</tr>
<tr>
<td>Divorced, separated, or widowed which affected finances</td>
<td>69</td>
<td>6.3%</td>
<td>7.7%</td>
<td>4.7%</td>
<td></td>
</tr>
</tbody>
</table>
20. Are you currently raising children other than your own?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>49</td>
<td>4.5%</td>
</tr>
<tr>
<td>No</td>
<td>1,008</td>
<td>92.5%</td>
</tr>
<tr>
<td>No answer</td>
<td>33</td>
<td>3.0%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

20a. What is your relationship with this child/children? (Check one)

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Grandparent</td>
<td>23</td>
<td>46.9%</td>
</tr>
<tr>
<td>Aunt/Uncle</td>
<td>6</td>
<td>12.2%</td>
</tr>
<tr>
<td>Friend</td>
<td>4</td>
<td>8.2%</td>
</tr>
<tr>
<td>Older sibling</td>
<td>2</td>
<td>4.1%</td>
</tr>
<tr>
<td>Foster parent</td>
<td>2</td>
<td>4.1%</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>18.4%</td>
</tr>
<tr>
<td>No answer</td>
<td>3</td>
<td>6.1%</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

21. What is your gender?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Male</td>
<td>261</td>
<td>23.9%</td>
<td>22.7%</td>
</tr>
<tr>
<td>Female</td>
<td>795</td>
<td>72.9%</td>
<td>72.7%</td>
</tr>
<tr>
<td>Other</td>
<td>Not Asked</td>
<td>0.3%</td>
<td>Not Asked</td>
</tr>
<tr>
<td>No answer</td>
<td>34</td>
<td>3.1%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

22. What county do you live in?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>McHenry County</td>
<td>1,002</td>
<td>91.9%</td>
</tr>
<tr>
<td>Other</td>
<td>59</td>
<td>5.4%</td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
<td>2.7%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
23. Where is your primary work location?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>In McHenry County</td>
<td>703</td>
</tr>
<tr>
<td>Outside McHenry County</td>
<td>94</td>
</tr>
<tr>
<td>I don’t currently work/Retired</td>
<td>251</td>
</tr>
<tr>
<td>No answer</td>
<td>42</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
</tr>
</tbody>
</table>

24. What is your zip code?

<table>
<thead>
<tr>
<th>Response</th>
<th>Area</th>
<th>2016</th>
<th>2014</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>60010 - Barrington</td>
<td>Southeast</td>
<td></td>
<td>0.4%</td>
<td>0.7%</td>
</tr>
<tr>
<td>60012 - Crystal Lake</td>
<td>Crystal Lake</td>
<td>43</td>
<td>3.9%</td>
<td>5.1%</td>
</tr>
<tr>
<td>60013 - Cary</td>
<td>Southeast</td>
<td>73</td>
<td>7.0%</td>
<td>5.9%</td>
</tr>
<tr>
<td>60014 - Crystal Lake</td>
<td>Crystal Lake</td>
<td>157</td>
<td>14.4%</td>
<td>16.1%</td>
</tr>
<tr>
<td>60021 - Fox River Grove</td>
<td>Southeast</td>
<td>16</td>
<td>1.5%</td>
<td>0.4%</td>
</tr>
<tr>
<td>60033 - Harvard</td>
<td>Rural West</td>
<td>102</td>
<td>9.4%</td>
<td>8.9%</td>
</tr>
<tr>
<td>60034 - Hebron</td>
<td>Rural West</td>
<td>2</td>
<td>0.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td>60042 - Island Lake</td>
<td>Southeast</td>
<td>2</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>60050 - McHenry</td>
<td>McHenry</td>
<td>82</td>
<td>7.5%</td>
<td>8.7%</td>
</tr>
<tr>
<td>60051 - McHenry</td>
<td>McHenry</td>
<td>48</td>
<td>4.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>60071 - Richmond</td>
<td>Rural Northeast</td>
<td>8</td>
<td>0.7%</td>
<td>1.2%</td>
</tr>
<tr>
<td>60072 - Ringwood</td>
<td>Rural Northeast</td>
<td>3</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>60081 - Spring Grove</td>
<td>Rural Northeast</td>
<td>15</td>
<td>1.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td>60097 - Wonder Lake</td>
<td>Rural Northeast</td>
<td>48</td>
<td>4.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>60098 - Woodstock</td>
<td>Woodstock</td>
<td>259</td>
<td>23.8%</td>
<td>18.5%</td>
</tr>
<tr>
<td>60102 - Algonquin</td>
<td>Southeast</td>
<td>25</td>
<td>2.3%</td>
<td>2.7%</td>
</tr>
<tr>
<td>60142 - Huntley</td>
<td>Southeast</td>
<td>36</td>
<td>3.3%</td>
<td>4.8%</td>
</tr>
<tr>
<td>60152 - Marengo</td>
<td>Rural West</td>
<td>57</td>
<td>5.2%</td>
<td>5.1%</td>
</tr>
<tr>
<td>60156 - Lake in the Hills</td>
<td>Southeast</td>
<td>29</td>
<td>2.7%</td>
<td>3.6%</td>
</tr>
<tr>
<td>60180 - Union</td>
<td>Rural West</td>
<td>7</td>
<td>0.6%</td>
<td>Not Asked</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>40</td>
<td>3.7%</td>
<td>2.3%</td>
</tr>
<tr>
<td>No answer</td>
<td></td>
<td>35</td>
<td>3.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
25. What is your age group?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - 29</td>
<td>112</td>
<td>10.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 - 44</td>
<td>245</td>
<td>22.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 - 64</td>
<td>489</td>
<td>44.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 - 74</td>
<td>155</td>
<td>14.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>60</td>
<td>5.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
<td>2.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. What is the highest level you have finished in school?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
<th>2014</th>
<th></th>
<th>2010</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Less than high school</td>
<td>31</td>
<td>2.8%</td>
<td>2.8%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>1.6%</td>
</tr>
<tr>
<td>High school or GED</td>
<td>133</td>
<td>12.2%</td>
<td>14.0%</td>
<td>18.3%</td>
<td>18.3%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>239</td>
<td>21.9%</td>
<td>17.9%</td>
<td>25.4%</td>
<td>25.4%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Associate degree</td>
<td>109</td>
<td>10.0%</td>
<td>7.8%</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>299</td>
<td>27.4%</td>
<td>27.8%</td>
<td>23.6%</td>
<td>23.6%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>249</td>
<td>22.8%</td>
<td>24.2%</td>
<td>19.7%</td>
<td>19.7%</td>
<td>19.7%</td>
</tr>
<tr>
<td>No answer</td>
<td>30</td>
<td>2.8%</td>
<td>5.5%</td>
<td>1.4%</td>
<td>1.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

27. Do you consider yourself of Hispanic/Latino(a) origin?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th></th>
<th>2014</th>
<th></th>
<th>2010</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>74</td>
<td>6.8%</td>
<td>6.0%</td>
<td>3.0%</td>
<td>3.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>No¹</td>
<td>969</td>
<td>88.9%</td>
<td>87.9%</td>
<td>Not Asked</td>
<td>Not Asked</td>
<td>Not Asked</td>
</tr>
<tr>
<td>No answer</td>
<td>47</td>
<td>4.3%</td>
<td>6.0%</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

¹Non-Hispanic in 2014
28. What race do you consider yourself?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
<th>2010 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>987</td>
<td>90.6%</td>
<td>88.7%</td>
<td>90.7%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>5</td>
<td>0.5%</td>
<td>0.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>0.7%</td>
<td>0.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>7</td>
<td>0.6%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>3</td>
<td>0.3%</td>
<td>0.1%</td>
<td>Not Asked</td>
</tr>
<tr>
<td>Two or more races</td>
<td>23</td>
<td>2.1%</td>
<td>Not Asked</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Not Asked</td>
<td></td>
<td>3.4%</td>
<td>1.0%</td>
</tr>
<tr>
<td>No answer</td>
<td>57</td>
<td>5.2%</td>
<td>7.0%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

'Pacific Islander in previous surveys.

29. List the number of people in your household including yourself in each age category.

Deb, please see Q. 20 in 2014 frequencies . . . .

<table>
<thead>
<tr>
<th>Response</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years¹</td>
<td>693</td>
<td>232</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>1,929</td>
<td>504</td>
</tr>
<tr>
<td>65+ Years</td>
<td>384</td>
<td>216</td>
</tr>
</tbody>
</table>

¹Children under age 18 in 2014.

30. What language do you speak most often in your household?

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>1,009</td>
<td>92.6%</td>
<td>90.5%</td>
</tr>
<tr>
<td>Spanish</td>
<td>41</td>
<td>3.8%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>0.8%</td>
<td>1.2%</td>
</tr>
<tr>
<td>No answer</td>
<td>31</td>
<td>2.8%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
31. Have you or anyone in your household received any financial assistance in the past 12 months such as TANF, WIC, Township Assistance, Public Aid, Medical Card, SNAP, Food Stamps, SSI, or other types of aid? (Do not include Medicare or Social Security)

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
<th>2010 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>185</td>
<td>17.0%</td>
<td>16.3%</td>
<td>8.5%</td>
</tr>
<tr>
<td>No</td>
<td>850</td>
<td>78.0%</td>
<td>77.0%</td>
<td>88.3%</td>
</tr>
<tr>
<td>Not sure</td>
<td>11</td>
<td>1.0%</td>
<td>1.3%</td>
<td>1.2%</td>
</tr>
<tr>
<td>No answer</td>
<td>44</td>
<td>4.0%</td>
<td>5.4%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

32. Where did you hear about this survey?¹?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Department</td>
<td>238</td>
<td>21.8%</td>
<td>Email from health department</td>
<td>12.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MCDH Twitter feed</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MCDH webpage</td>
<td>10.6%</td>
</tr>
<tr>
<td>Hospital or doctor’s office</td>
<td>26</td>
<td>2.4%</td>
<td>Email from hospital</td>
<td>6.9%</td>
</tr>
<tr>
<td>School / College</td>
<td>7</td>
<td>0.6%</td>
<td>School district/webpage</td>
<td>2.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Announcement at my child’s school</td>
<td>0.5%</td>
</tr>
<tr>
<td>Mental Health Board</td>
<td>53</td>
<td>4.9%</td>
<td>Not Asked</td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td>6</td>
<td>0.6%</td>
<td>Flyer at Library</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Poster</td>
<td>0.9%</td>
</tr>
<tr>
<td>Church or other place of worship</td>
<td>15</td>
<td>1.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social service organization</td>
<td>126</td>
<td>11.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newspaper</td>
<td>46</td>
<td>4.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend, co-worker, or family member</td>
<td>161</td>
<td>14.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>375</td>
<td>34.4%</td>
<td>Other</td>
<td>57.5%</td>
</tr>
<tr>
<td>No answer</td>
<td>37</td>
<td>3.4%</td>
<td>No answer</td>
<td>6.6%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>Total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

¹In 2014, the question was “How did you receive this survey?”

33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe.

<table>
<thead>
<tr>
<th>Response</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
<th>2010 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments</td>
<td>243</td>
<td>22.3%</td>
<td>25.4%</td>
<td>20.1%</td>
</tr>
</tbody>
</table>
Appendix C

SURVEY FREQUENCIES 2016
TOTAL AND BY PAPER VERSUS ONLINE COMPARISON
SURVEY FREQUENCIES - TOTAL AND BY PAPER VERSUS ONLINE COMPARISON 2016

1. Below are some features of healthy communities. For each, please rate their **AVAILABILITY** in your community – **how common or widespread they are in your community**.

Safe neighborhoods

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Excellent</td>
<td>362</td>
<td>33.2%</td>
<td>97</td>
</tr>
<tr>
<td>Good</td>
<td>541</td>
<td>49.6%</td>
<td>152</td>
</tr>
<tr>
<td>Fair</td>
<td>143</td>
<td>13.1%</td>
<td>52</td>
</tr>
<tr>
<td>Poor</td>
<td>10</td>
<td>0.9%</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>12</td>
<td>1.1%</td>
<td>2</td>
</tr>
<tr>
<td>No answer</td>
<td>22</td>
<td>2.0%</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>3.19</td>
<td>3.10</td>
<td>3.22</td>
</tr>
</tbody>
</table>

Affordable housing

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Excellent</td>
<td>75</td>
<td>6.9%</td>
<td>38</td>
</tr>
<tr>
<td>Good</td>
<td>298</td>
<td>27.3%</td>
<td>81</td>
</tr>
<tr>
<td>Fair</td>
<td>407</td>
<td>37.3%</td>
<td>118</td>
</tr>
<tr>
<td>Poor</td>
<td>240</td>
<td>22.0%</td>
<td>56</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>50</td>
<td>4.6%</td>
<td>18</td>
</tr>
<tr>
<td>No answer</td>
<td>20</td>
<td>1.8%</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.20</td>
<td>2.34</td>
<td>2.15</td>
</tr>
</tbody>
</table>

Parks/recreation services

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Excellent</td>
<td>319</td>
<td>29.3%</td>
<td>85</td>
</tr>
<tr>
<td>Good</td>
<td>490</td>
<td>45.0%</td>
<td>128</td>
</tr>
<tr>
<td>Fair</td>
<td>200</td>
<td>18.3%</td>
<td>66</td>
</tr>
<tr>
<td>Poor</td>
<td>46</td>
<td>4.2%</td>
<td>24</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>14</td>
<td>1.3%</td>
<td>9</td>
</tr>
<tr>
<td>No answer</td>
<td>21</td>
<td>1.9%</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>3.03</td>
<td>2.90</td>
<td>3.07</td>
</tr>
</tbody>
</table>

Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
### Biking/walking paths

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Excellent</td>
<td>243</td>
<td>22.3%</td>
<td>72</td>
</tr>
<tr>
<td>Good</td>
<td>418</td>
<td>38.3%</td>
<td>109</td>
</tr>
<tr>
<td>Fair</td>
<td>256</td>
<td>23.5%</td>
<td>75</td>
</tr>
<tr>
<td>Poor</td>
<td>128</td>
<td>11.7%</td>
<td>40</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>24</td>
<td>2.2%</td>
<td>15</td>
</tr>
<tr>
<td>No answer</td>
<td>21</td>
<td>1.9%</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.74</td>
<td>2.72</td>
<td>2.75</td>
</tr>
</tbody>
</table>

### Entertainment, arts, cultural activities

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
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### Jobs

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Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
Training to re-enter the workforce

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Health care services

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Dental care services

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Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
### Mental health services

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### Substance abuse services

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<tr>
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<tr>
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Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
Public transportation for *all residents*

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<td>Number</td>
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Public transportation for *seniors*

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<tr>
<td>Good</td>
<td>201</td>
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<tr>
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<tr>
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Public transportation for *disabled persons*

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Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
## Farmers markets

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## Community or home gardens

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<tr>
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<td>38</td>
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## Organizations that provide free food (food pantries, meals on wheels, golden diners)

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<td>397</td>
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<td>4.8%</td>
<td>12</td>
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Mean rating scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.
2. For each, please rate the **ACCESSIBILITY** for your household - *how easy it is for members in your household to get to or use each.*

### Parks/recreation services

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<td>25</td>
</tr>
<tr>
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</table>

### Biking/walking paths

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<th>Online Survey</th>
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</thead>
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<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
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<tr>
<td>Very easy</td>
<td>377</td>
<td>34.6%</td>
<td>111</td>
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<td>Somewhat easy</td>
<td>396</td>
<td>36.3%</td>
<td>102</td>
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<tr>
<td>Somewhat difficult</td>
<td>157</td>
<td>14.4%</td>
<td>34</td>
</tr>
<tr>
<td>Very difficult</td>
<td>70</td>
<td>6.4%</td>
<td>20</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>46</td>
<td>4.2%</td>
<td>27</td>
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<tr>
<td>No answer</td>
<td>44</td>
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<td>22</td>
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<td>Total</td>
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### Entertainment, arts, cultural activities

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</thead>
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<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Very easy</td>
<td>309</td>
<td>28.3%</td>
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</tr>
<tr>
<td>Somewhat easy</td>
<td>435</td>
<td>39.9%</td>
<td>114</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>184</td>
<td>16.9%</td>
<td>52</td>
</tr>
<tr>
<td>Very difficult</td>
<td>55</td>
<td>5.0%</td>
<td>19</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>55</td>
<td>5.0%</td>
<td>27</td>
</tr>
<tr>
<td>No answer</td>
<td>52</td>
<td>4.8%</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
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<td>Mean Rating</td>
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</table>

Mean rating scale: 1=Very difficult, 2=Somewhat difficult, 3=Somewhat easy, 4=Very easy.
### Jobs

<table>
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<th>Online Survey</th>
<th>Mean Rating</th>
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<tr>
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<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Very easy</td>
<td>113</td>
<td>10.4%</td>
<td>31</td>
<td>9.8%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>306</td>
<td>28.1%</td>
<td>70</td>
<td>22.2%</td>
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<tr>
<td>Somewhat difficult</td>
<td>327</td>
<td>30.0%</td>
<td>85</td>
<td>26.9%</td>
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<td>121</td>
<td>11.1%</td>
<td>39</td>
<td>12.3%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>165</td>
<td>15.1%</td>
<td>58</td>
<td>18.4%</td>
</tr>
<tr>
<td>No answer</td>
<td>58</td>
<td>5.3%</td>
<td>33</td>
<td>10.4%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
<td>100.0%</td>
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</table>

### Training to re-enter the workforce

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<th>Online Survey</th>
<th>Mean Rating</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Very easy</td>
<td>60</td>
<td>5.5%</td>
<td>20</td>
<td>6.3%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>192</td>
<td>17.6%</td>
<td>60</td>
<td>19.0%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>258</td>
<td>23.7%</td>
<td>76</td>
<td>24.1%</td>
</tr>
<tr>
<td>Very difficult</td>
<td>112</td>
<td>10.3%</td>
<td>34</td>
<td>10.8%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>414</td>
<td>38.0%</td>
<td>96</td>
<td>30.4%</td>
</tr>
<tr>
<td>No answer</td>
<td>54</td>
<td>5.0%</td>
<td>30</td>
<td>9.5%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
<td>100.0%</td>
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</table>

### Public transportation for all residents

<table>
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<th>Online Survey</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Very easy</td>
<td>61</td>
<td>5.6%</td>
<td>34</td>
<td>10.8%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>198</td>
<td>18.2%</td>
<td>77</td>
<td>24.4%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>281</td>
<td>25.8%</td>
<td>73</td>
<td>23.1%</td>
</tr>
<tr>
<td>Very difficult</td>
<td>298</td>
<td>27.3%</td>
<td>49</td>
<td>15.5%</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>210</td>
<td>19.3%</td>
<td>65</td>
<td>20.6%</td>
</tr>
<tr>
<td>No answer</td>
<td>42</td>
<td>3.9%</td>
<td>18</td>
<td>5.7%</td>
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<tr>
<td>Total</td>
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<td>100.0%</td>
<td>316</td>
<td>100.0%</td>
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Mean rating scale: 1=Very difficult, 2=Somewhat difficult, 3=Somewhat easy, 4=Very easy.
### Public transportation for seniors

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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Very easy</td>
<td>64</td>
<td>5.9%</td>
<td>37</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>183</td>
<td>16.8%</td>
<td>65</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>231</td>
<td>21.2%</td>
<td>65</td>
</tr>
<tr>
<td>Very difficult</td>
<td>176</td>
<td>16.1%</td>
<td>35</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>391</td>
<td>35.9%</td>
<td>95</td>
</tr>
<tr>
<td>No answer</td>
<td>45</td>
<td>4.1%</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
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<tr>
<td>Mean Rating</td>
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### Public transportation for disabled persons

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<th>Online Survey</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Very easy</td>
<td>55</td>
<td>5.0%</td>
<td>31</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>135</td>
<td>12.4%</td>
<td>45</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>203</td>
<td>18.6%</td>
<td>66</td>
</tr>
<tr>
<td>Very difficult</td>
<td>185</td>
<td>17.0%</td>
<td>32</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>458</td>
<td>42.0%</td>
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</tr>
<tr>
<td>No answer</td>
<td>54</td>
<td>5.0%</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
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<td>100.0%</td>
<td>316</td>
</tr>
<tr>
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### Farmers markets

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</thead>
<tbody>
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<td></td>
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<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Very easy</td>
<td>374</td>
<td>34.3%</td>
<td>93</td>
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<tr>
<td>Somewhat easy</td>
<td>372</td>
<td>34.1%</td>
<td>88</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>164</td>
<td>15.0%</td>
<td>47</td>
</tr>
<tr>
<td>Very difficult</td>
<td>55</td>
<td>5.0%</td>
<td>24</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>75</td>
<td>6.9%</td>
<td>39</td>
</tr>
<tr>
<td>No answer</td>
<td>50</td>
<td>4.6%</td>
<td>25</td>
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<tr>
<td>Total</td>
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Mean rating scale: 1=Very difficult, 2=Somewhat difficult, 3=Somewhat easy, 4=Very easy.
### Community or home gardens

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<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Very easy</td>
<td>156</td>
<td>14.3%</td>
<td>54</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>270</td>
<td>24.8%</td>
<td>74</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>203</td>
<td>18.6%</td>
<td>65</td>
</tr>
<tr>
<td>Very difficult</td>
<td>89</td>
<td>8.2%</td>
<td>20</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>319</td>
<td>29.3%</td>
<td>74</td>
</tr>
<tr>
<td>No answer</td>
<td>53</td>
<td>4.9%</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
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<td>100.0%</td>
<td>316</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.69</td>
<td></td>
<td>2.76</td>
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</table>

### Organizations that provide free food (food pantries, meals on wheels, golden diners)

<table>
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<th>Online Survey</th>
</tr>
</thead>
<tbody>
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<td>Number</td>
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<tr>
<td>Very easy</td>
<td>200</td>
<td>18.3%</td>
<td>105</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>344</td>
<td>31.6%</td>
<td>96</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>179</td>
<td>16.4%</td>
<td>44</td>
</tr>
<tr>
<td>Very difficult</td>
<td>39</td>
<td>3.6%</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know / doesn’t apply</td>
<td>282</td>
<td>25.9%</td>
<td>45</td>
</tr>
<tr>
<td>No answer</td>
<td>46</td>
<td>4.2%</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
<tr>
<td>Mean Rating</td>
<td>2.93</td>
<td></td>
<td>3.19</td>
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</table>

3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult.

<table>
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<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Comments</td>
<td>295</td>
<td>27.1%</td>
<td>83</td>
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</tbody>
</table>

See comments in Appendix D.

Mean rating scale: 1=Very difficult, 2=Somewhat difficult, 3=Somewhat easy, 4=Very easy.
4. Have you ever **heard of** the 2-1-1 health and human services information and referral line?

<table>
<thead>
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<th>Paper Survey</th>
<th>Online Survey</th>
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</thead>
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<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>412</td>
<td>37.8%</td>
<td>93</td>
</tr>
<tr>
<td>No</td>
<td>658</td>
<td>60.4%</td>
<td>212</td>
</tr>
<tr>
<td>No answer</td>
<td>20</td>
<td>1.8%</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>

4a. Have you ever **called** the 2-1-1 health and human services information and referral line?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>58</td>
<td>14.1%</td>
<td>24</td>
</tr>
<tr>
<td>No</td>
<td>351</td>
<td>85.2%</td>
<td>67</td>
</tr>
<tr>
<td>No answer</td>
<td>3</td>
<td>0.7%</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>412</td>
<td>100.0%</td>
<td>93</td>
</tr>
</tbody>
</table>

5. What is the health insurance status of your household?

<table>
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<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Everyone has health insurance</td>
<td>977</td>
<td>89.6%</td>
<td>248</td>
</tr>
<tr>
<td>Some have health insurance, some do not</td>
<td>68</td>
<td>6.2%</td>
<td>38</td>
</tr>
<tr>
<td>No one has health insurance</td>
<td>16</td>
<td>1.5%</td>
<td>12</td>
</tr>
<tr>
<td>Not sure</td>
<td>7</td>
<td>0.6%</td>
<td>6</td>
</tr>
<tr>
<td>No answer</td>
<td>22</td>
<td>2.0%</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>

6. For those who have insurance, which of these are sources for your household members’ health insurance coverage? *(Check all that apply)*

<table>
<thead>
<tr>
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<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>An employer</td>
<td>727</td>
<td>66.7%</td>
<td>87</td>
</tr>
<tr>
<td>State of Illinois (Medicaid/Medical Card)</td>
<td>201</td>
<td>18.4%</td>
<td>132</td>
</tr>
<tr>
<td>Federal Government (Medicare, VA)</td>
<td>228</td>
<td>20.9%</td>
<td>105</td>
</tr>
<tr>
<td>Purchase insurance independently (Insurance exchange, Agent)</td>
<td>160</td>
<td>14.7%</td>
<td>53</td>
</tr>
<tr>
<td>Not sure</td>
<td>18</td>
<td>1.7%</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>1.2%</td>
<td>4</td>
</tr>
</tbody>
</table>

100
7. Where do you and other members of your household go when sick and need to see a doctor or nurse? *(Check all that apply)*

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Doctor’s office</td>
<td>950</td>
<td>87.2%</td>
<td>240</td>
</tr>
<tr>
<td>Family Health Partnership Clinic</td>
<td>42</td>
<td>3.9%</td>
<td>24</td>
</tr>
<tr>
<td>Harvard Area Community Health Center</td>
<td>16</td>
<td>1.5%</td>
<td>14</td>
</tr>
<tr>
<td>McHenry Community Health Center</td>
<td>30</td>
<td>2.8%</td>
<td>18</td>
</tr>
<tr>
<td>Health Department</td>
<td>11</td>
<td>1.0%</td>
<td>4</td>
</tr>
<tr>
<td>VA Hospital or VA Clinic</td>
<td>47</td>
<td>4.3%</td>
<td>17</td>
</tr>
<tr>
<td>Hospital Emergency Department</td>
<td>226</td>
<td>20.7%</td>
<td>83</td>
</tr>
<tr>
<td>Immediate Care Center</td>
<td>454</td>
<td>41.7%</td>
<td>76</td>
</tr>
<tr>
<td>Grocery/drug store walk-in clinic</td>
<td>93</td>
<td>8.5%</td>
<td>12</td>
</tr>
<tr>
<td>Workplace clinic</td>
<td>11</td>
<td>1.0%</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>2.1%</td>
<td>5</td>
</tr>
<tr>
<td>Don’t go anywhere when sick</td>
<td>49</td>
<td>4.5%</td>
<td>12</td>
</tr>
</tbody>
</table>

8. Do you and other members of your household ALL have a primary care doctor or clinic? *(Check only one)*

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Yes (everyone has a primary care doctor or clinic)</td>
<td>867</td>
<td>79.5%</td>
<td>239</td>
</tr>
<tr>
<td>No (one or more members does not have a primary care doctor or clinic)</td>
<td>178</td>
<td>16.3%</td>
<td>55</td>
</tr>
<tr>
<td>Not sure</td>
<td>13</td>
<td>1.2%</td>
<td>8</td>
</tr>
<tr>
<td>No answer</td>
<td>32</td>
<td>2.9%</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>
9. During the past 12 months, have you or a member of your household been unable to receive medical care that was needed?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th></th>
<th>Paper Survey</th>
<th></th>
<th>Online Survey</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>129</td>
<td>11.8%</td>
<td>65</td>
<td>20.6%</td>
<td>64</td>
<td>8.3%</td>
</tr>
<tr>
<td>No</td>
<td>932</td>
<td>85.5%</td>
<td>231</td>
<td>73.1%</td>
<td>701</td>
<td>90.6%</td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
<td>2.7%</td>
<td>20</td>
<td>6.3%</td>
<td>9</td>
<td>1.2%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
<td>100.0%</td>
<td>774</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

9a. Which of the following reasons prevented you or a member of your household from receiving medical care? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th></th>
<th>Paper Survey</th>
<th></th>
<th>Online Survey</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>No regular provider</td>
<td>23</td>
<td>17.8%</td>
<td>13</td>
<td>20.0%</td>
<td>10</td>
<td>15.6%</td>
</tr>
<tr>
<td>No health insurance</td>
<td>37</td>
<td>28.7%</td>
<td>21</td>
<td>32.3%</td>
<td>16</td>
<td>25.0%</td>
</tr>
<tr>
<td>Insurance did not cover medical service</td>
<td>36</td>
<td>27.9%</td>
<td>18</td>
<td>27.7%</td>
<td>18</td>
<td>28.1%</td>
</tr>
<tr>
<td>Could not afford deductible or co-pay</td>
<td>44</td>
<td>34.1%</td>
<td>19</td>
<td>29.2%</td>
<td>25</td>
<td>39.1%</td>
</tr>
<tr>
<td>Prescription cost too high</td>
<td>34</td>
<td>26.4%</td>
<td>19</td>
<td>29.2%</td>
<td>15</td>
<td>23.4%</td>
</tr>
<tr>
<td>Could not find a provider who accepted the medical card (Public Aid / Medicaid)</td>
<td>19</td>
<td>14.7%</td>
<td>9</td>
<td>13.8%</td>
<td>10</td>
<td>15.6%</td>
</tr>
<tr>
<td>Not sure how to find medical services</td>
<td>7</td>
<td>5.4%</td>
<td>5</td>
<td>7.7%</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td>Did not speak my language</td>
<td>3</td>
<td>2.3%</td>
<td>1</td>
<td>1.5%</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td>No transportation</td>
<td>16</td>
<td>12.4%</td>
<td>11</td>
<td>16.9%</td>
<td>5</td>
<td>7.8%</td>
</tr>
<tr>
<td>Provider too far away</td>
<td>14</td>
<td>10.9%</td>
<td>8</td>
<td>12.3%</td>
<td>6</td>
<td>9.4%</td>
</tr>
<tr>
<td>Inconvenient office hours</td>
<td>16</td>
<td>12.4%</td>
<td>3</td>
<td>4.6%</td>
<td>13</td>
<td>20.3%</td>
</tr>
<tr>
<td>Wait for appointment was too long</td>
<td>24</td>
<td>18.6%</td>
<td>7</td>
<td>10.8%</td>
<td>17</td>
<td>26.6%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>5.4%</td>
<td>1</td>
<td>1.5%</td>
<td>6</td>
<td>9.4%</td>
</tr>
</tbody>
</table>
10. During the past 12 months, have you or a member of your household been unable to receive DENTAL care that was needed?

<table>
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<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>211</td>
<td>19.4%</td>
<td>101</td>
</tr>
<tr>
<td>No</td>
<td>846</td>
<td>77.6%</td>
<td>192</td>
</tr>
<tr>
<td>No answer</td>
<td>33</td>
<td>3.0%</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>

10a. Which of the following reasons prevented you or a member of your household from receiving DENTAL care? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>No regular provider</td>
<td>40</td>
<td>3.7%</td>
<td>28</td>
</tr>
<tr>
<td>No dental insurance</td>
<td>116</td>
<td>10.6%</td>
<td>64</td>
</tr>
<tr>
<td>Insurance did not cover dental service</td>
<td>73</td>
<td>6.7%</td>
<td>31</td>
</tr>
<tr>
<td>Could not afford deductible or copay</td>
<td>64</td>
<td>5.9%</td>
<td>24</td>
</tr>
<tr>
<td>Prescription cost too high</td>
<td>15</td>
<td>1.4%</td>
<td>12</td>
</tr>
<tr>
<td>Could not find a provider who accepted the medical card (Public Aid / Medicaid)</td>
<td>30</td>
<td>2.8%</td>
<td>20</td>
</tr>
<tr>
<td>Not sure how to find dental services</td>
<td>19</td>
<td>1.7%</td>
<td>14</td>
</tr>
<tr>
<td>Did not speak my language</td>
<td>2</td>
<td>0.2%</td>
<td>0</td>
</tr>
<tr>
<td>No transportation</td>
<td>13</td>
<td>1.2%</td>
<td>11</td>
</tr>
<tr>
<td>Provider too far away</td>
<td>15</td>
<td>1.4%</td>
<td>11</td>
</tr>
<tr>
<td>Inconvenient office hours</td>
<td>10</td>
<td>0.9%</td>
<td>1</td>
</tr>
<tr>
<td>Wait for appointment was too long</td>
<td>17</td>
<td>1.6%</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>1.4%</td>
<td>4</td>
</tr>
</tbody>
</table>
11. During the past 12 months, have you or a member of your household been unable to receive MENTAL HEALTH OR SUBSTANCE ABUSE care that was needed?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total Number</th>
<th>Total Percent</th>
<th>Paper Survey Number</th>
<th>Paper Survey Percent</th>
<th>Online Survey Number</th>
<th>Online Survey Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>91</td>
<td>8.3%</td>
<td>37</td>
<td>11.7%</td>
<td>54</td>
<td>7.0%</td>
</tr>
<tr>
<td>No</td>
<td>947</td>
<td>86.9%</td>
<td>246</td>
<td>77.8%</td>
<td>701</td>
<td>90.6%</td>
</tr>
<tr>
<td>No answer</td>
<td>52</td>
<td>4.8%</td>
<td>33</td>
<td>10.4%</td>
<td>19</td>
<td>2.5%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
<td>100.0%</td>
<td>774</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

11a. Which of the following reasons prevented you or a member of your household from receiving MENTAL HEALTH OR SUBSTANCE ABUSE care? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Total Number</th>
<th>Total Percent</th>
<th>Paper Survey Number</th>
<th>Paper Survey Percent</th>
<th>Online Survey Number</th>
<th>Online Survey Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No regular provider</td>
<td>30</td>
<td>33.0%</td>
<td>13</td>
<td>35.1%</td>
<td>17</td>
<td>31.5%</td>
</tr>
<tr>
<td>No mental health insurance</td>
<td>17</td>
<td>18.7%</td>
<td>10</td>
<td>27.0%</td>
<td>7</td>
<td>13.0%</td>
</tr>
<tr>
<td>Insurance did not cover mental health service</td>
<td>18</td>
<td>19.8%</td>
<td>6</td>
<td>16.2%</td>
<td>12</td>
<td>22.2%</td>
</tr>
<tr>
<td>Could not afford deductible or co-pay</td>
<td>20</td>
<td>22.0%</td>
<td>5</td>
<td>13.5%</td>
<td>15</td>
<td>27.8%</td>
</tr>
<tr>
<td>Prescription cost too high</td>
<td>19</td>
<td>20.9%</td>
<td>10</td>
<td>27.0%</td>
<td>9</td>
<td>16.7%</td>
</tr>
<tr>
<td>Could not find a provider who accepted the medical card</td>
<td>27</td>
<td>29.7%</td>
<td>16</td>
<td>43.2%</td>
<td>11</td>
<td>20.4%</td>
</tr>
<tr>
<td>(Public Aid / Medicaid)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not sure how to find mental health services</td>
<td>19</td>
<td>20.9%</td>
<td>11</td>
<td>29.7%</td>
<td>8</td>
<td>14.8%</td>
</tr>
<tr>
<td>Did not speak my language</td>
<td>1</td>
<td>1.1%</td>
<td>1</td>
<td>2.7%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>No transportation</td>
<td>10</td>
<td>11.0%</td>
<td>6</td>
<td>16.2%</td>
<td>4</td>
<td>7.4%</td>
</tr>
<tr>
<td>Provider too far away</td>
<td>15</td>
<td>16.5%</td>
<td>7</td>
<td>18.9%</td>
<td>8</td>
<td>14.8%</td>
</tr>
<tr>
<td>Inconvenient office hours</td>
<td>11</td>
<td>12.1%</td>
<td>1</td>
<td>2.7%</td>
<td>10</td>
<td>18.5%</td>
</tr>
<tr>
<td>Wait for appointment was too long</td>
<td>32</td>
<td>35.2%</td>
<td>8</td>
<td>21.6%</td>
<td>24</td>
<td>44.4%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>7.7%</td>
<td>0</td>
<td>0.0%</td>
<td>7</td>
<td>13.0%</td>
</tr>
</tbody>
</table>
12. Indicate whether **you or anyone in your household** has **EVER** been told **BY A HEALTH CARE PROFESSIONAL** that they have the disease or condition. Check the age group and write the number of persons in that age group in your household diagnosed with the disease or condition.

### Alzheimer's disease/dementia

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>7</td>
<td>0.4%</td>
<td>5</td>
</tr>
<tr>
<td>65+ Years</td>
<td>20</td>
<td>5.1%</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>0.9%</td>
<td>11</td>
</tr>
</tbody>
</table>

### Arthritis/rheumatism

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>7</td>
<td>1.0%</td>
<td>0</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>202</td>
<td>10.5%</td>
<td>53</td>
</tr>
<tr>
<td>65+ Years</td>
<td>153</td>
<td>38.8%</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>362</td>
<td>12.0%</td>
<td>119</td>
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</tbody>
</table>

### Asthma

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>90</td>
<td>13.0%</td>
<td>26</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>179</td>
<td>9.3%</td>
<td>39</td>
</tr>
<tr>
<td>65+ Years</td>
<td>32</td>
<td>8.1%</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>301</td>
<td>10.0%</td>
<td>82</td>
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</tbody>
</table>

### Blindness or serious vision problems

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>4</td>
<td>0.6%</td>
<td>3</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>46</td>
<td>2.4%</td>
<td>22</td>
</tr>
<tr>
<td>65+ Years</td>
<td>28</td>
<td>7.1%</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>78</td>
<td>2.6%</td>
<td>41</td>
</tr>
</tbody>
</table>

### Cancer

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17 Years</td>
<td>7</td>
<td>1.0%</td>
<td>1</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>101</td>
<td>5.2%</td>
<td>24</td>
</tr>
<tr>
<td>65+ Years</td>
<td>75</td>
<td>19.0%</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>183</td>
<td>6.1%</td>
<td>53</td>
</tr>
</tbody>
</table>

Percents are based on total persons in the particular age group, N=693 for 0-17, 1,929 for 18-64 and 394 for 65+ years.
### Chronic back pain or disc disorders

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>8</td>
<td>1.2%</td>
<td>1</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>234</td>
<td>12.1%</td>
<td>53</td>
</tr>
<tr>
<td>65+ Years</td>
<td>81</td>
<td>20.6%</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>323</td>
<td>10.7%</td>
<td>85</td>
</tr>
</tbody>
</table>

### Concussion/traumatic brain injury

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>27</td>
<td>3.9%</td>
<td>4</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>44</td>
<td>2.3%</td>
<td>8</td>
</tr>
<tr>
<td>65+ Years</td>
<td>6</td>
<td>1.5%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>2.6%</td>
<td>13</td>
</tr>
</tbody>
</table>

### Deafness or serious hearing problems

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>7</td>
<td>1.0%</td>
<td>3</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>50</td>
<td>2.6%</td>
<td>10</td>
</tr>
<tr>
<td>65+ Years</td>
<td>51</td>
<td>12.9%</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>108</td>
<td>3.6%</td>
<td>33</td>
</tr>
</tbody>
</table>

### Dental problems untreated

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>19</td>
<td>2.7%</td>
<td>9</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>148</td>
<td>7.7%</td>
<td>46</td>
</tr>
<tr>
<td>65+ Years</td>
<td>23</td>
<td>5.8%</td>
<td>12</td>
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<tr>
<td>Total</td>
<td>190</td>
<td>6.3%</td>
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### Diabetes

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<td>Percent</td>
<td>Number</td>
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<tr>
<td>0 - 17 Years</td>
<td>7</td>
<td>1.0%</td>
<td>3</td>
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<tr>
<td>18 - 64 Years</td>
<td>137</td>
<td>7.1%</td>
<td>50</td>
</tr>
<tr>
<td>65+ Years</td>
<td>76</td>
<td>19.3%</td>
<td>33</td>
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<tr>
<td>Total</td>
<td>220</td>
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Percents are based on total persons in the particular age group, N=693 for 0-17, 1,929 for 18-64 and 394 for 65+ years.
Digestive/stomach disorders (GERD, serious heartburn)

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<td>Percent</td>
<td>Number</td>
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<td>0 - 17 Years</td>
<td>13</td>
<td>1.9%</td>
<td>1</td>
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<tr>
<td>18 - 64 Years</td>
<td>244</td>
<td>12.6%</td>
<td>38</td>
</tr>
<tr>
<td>65+ Years</td>
<td>76</td>
<td>19.3%</td>
<td>31</td>
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<tr>
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Heart disease

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<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>2</td>
<td>0.3%</td>
<td>0</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>64</td>
<td>3.3%</td>
<td>26</td>
</tr>
<tr>
<td>65+ Years</td>
<td>74</td>
<td>18.8%</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>140</td>
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High blood pressure, hypertension

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<td>Percent</td>
<td>Number</td>
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<tr>
<td>0 - 17 Years</td>
<td>7</td>
<td>1.0%</td>
<td>1</td>
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<tr>
<td>18 - 64 Years</td>
<td>338</td>
<td>17.5%</td>
<td>69</td>
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<tr>
<td>65+ Years</td>
<td>167</td>
<td>42.4%</td>
<td>65</td>
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<tr>
<td>Total</td>
<td>512</td>
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High cholesterol

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<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>7</td>
<td>1.0%</td>
<td>2</td>
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<tr>
<td>18 - 64 Years</td>
<td>261</td>
<td>13.5%</td>
<td>66</td>
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<tr>
<td>65+ Years</td>
<td>131</td>
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<tr>
<td>Total</td>
<td>399</td>
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Migraine headaches

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<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>27</td>
<td>3.9%</td>
<td>5</td>
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<tr>
<td>18 - 64 Years</td>
<td>160</td>
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<tr>
<td>65+ Years</td>
<td>17</td>
<td>4.3%</td>
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<tr>
<td>Total</td>
<td>204</td>
<td>6.8%</td>
<td>59</td>
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Percents are based on total persons in the particular age group, N=693 for 0-17, 1,929 for 18-64 and 394 for 65+ years.
### Obesity/overweight

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<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>22</td>
<td>3.2%</td>
<td>4</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>362</td>
<td>18.8%</td>
<td>70</td>
</tr>
<tr>
<td>65+ Years</td>
<td>78</td>
<td>19.8%</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>462</td>
<td>15.3%</td>
<td>100</td>
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### Respiratory illness (COPD, chronic bronchitis, emphysema)

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</thead>
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<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>4</td>
<td>0.6%</td>
<td>1</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>39</td>
<td>2.0%</td>
<td>13</td>
</tr>
<tr>
<td>65+ Years</td>
<td>38</td>
<td>9.6%</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>2.7%</td>
<td>32</td>
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</table>

### Seizure disorders

<table>
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<th>Online Survey</th>
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<tr>
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<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>8</td>
<td>1.2%</td>
<td>3</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>5</td>
<td>0.3%</td>
<td>2</td>
</tr>
<tr>
<td>65+ Years</td>
<td>17</td>
<td>4.3%</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>1.0%</td>
<td>8</td>
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</table>

### Skin disorders

<table>
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<td>Percent</td>
<td>Number</td>
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<tr>
<td>0 - 17 Years</td>
<td>20</td>
<td>2.9%</td>
<td>6</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>81</td>
<td>4.2%</td>
<td>15</td>
</tr>
<tr>
<td>65+ Years</td>
<td>29</td>
<td>7.4%</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>4.3%</td>
<td>34</td>
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### Stroke

<table>
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<th>Online Survey</th>
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</thead>
<tbody>
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<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>25</td>
<td>1.3%</td>
<td>12</td>
</tr>
<tr>
<td>65+ Years</td>
<td>23</td>
<td>5.8%</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>1.6%</td>
<td>25</td>
</tr>
</tbody>
</table>

Percents are based on total persons in the particular age group, N=693 for 0-17, 1,929 for 18-64 and 394 for 65+ years.
13. Indicate whether you or anyone in your household has EVER been told BY A HEALTH CARE PROFESSIONAL that they have the disorder or condition. Check the age group and write the number of persons in that age group in your household diagnosed with the disorder or condition.

**ADD/ADHD**

<table>
<thead>
<tr>
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<th>Online Survey</th>
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<td>Number</td>
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<tr>
<td>0 - 17 Years</td>
<td>105</td>
<td>15.2%</td>
<td>23</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>125</td>
<td>6.5%</td>
<td>27</td>
</tr>
<tr>
<td>65+ Years</td>
<td>7</td>
<td>1.8%</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>7.9%</td>
<td>53</td>
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</tbody>
</table>

**Alcohol or substance abuse**

<table>
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<th>Online Survey</th>
</tr>
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<td>Number</td>
<td>Percent</td>
<td>Number</td>
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<tr>
<td>0 - 17 Years</td>
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<td>1.6%</td>
<td>5</td>
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<tr>
<td>18 - 64 Years</td>
<td>63</td>
<td>3.3%</td>
<td>14</td>
</tr>
<tr>
<td>65+ Years</td>
<td>6</td>
<td>1.5%</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>2.7%</td>
<td>21</td>
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</table>

**Anorexia, bulimia, or other serious eating disorder**

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<th>Online Survey</th>
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<td>Percent</td>
<td>Number</td>
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<tr>
<td>0 - 17 Years</td>
<td>8</td>
<td>1.2%</td>
<td>4</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>21</td>
<td>1.1%</td>
<td>10</td>
</tr>
<tr>
<td>65+ Years</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>1.0%</td>
<td>14</td>
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</table>

**Anxiety or panic disorders**

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<td>Number</td>
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<tr>
<td>0 - 17 Years</td>
<td>46</td>
<td>6.6%</td>
<td>12</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>262</td>
<td>13.6%</td>
<td>50</td>
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<tr>
<td>65+ Years</td>
<td>27</td>
<td>6.9%</td>
<td>5</td>
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<tr>
<td>Total</td>
<td>335</td>
<td>11.1%</td>
<td>67</td>
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Percents are based on total persons in the particular age group, N=693 for 0-17, 1,929 for 18-64 and 394 for 65+ years.
Autism spectrum disorders

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<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>22</td>
<td>3.2%</td>
<td>7</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>13</td>
<td>0.7%</td>
<td>6</td>
</tr>
<tr>
<td>65+ Years</td>
<td>1</td>
<td>0.3%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
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Bipolar disorder

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<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>14</td>
<td>2.0%</td>
<td>6</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>50</td>
<td>2.6%</td>
<td>19</td>
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<tr>
<td>65+ Years</td>
<td>8</td>
<td>2.0%</td>
<td>4</td>
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<tr>
<td>Total</td>
<td>72</td>
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Depression

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<td>Number</td>
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<td>72</td>
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<tr>
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<td>12</td>
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<tr>
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Developmental delay or disabilities

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<td>Number</td>
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<td>0 - 17 Years</td>
<td>28</td>
<td>4.0%</td>
<td>15</td>
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<tr>
<td>18 - 64 Years</td>
<td>21</td>
<td>1.1%</td>
<td>8</td>
</tr>
<tr>
<td>65+ Years</td>
<td>2</td>
<td>0.5%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
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Obsessive-compulsive disorder

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<td>0.9%</td>
<td>3</td>
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<tr>
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<td>40</td>
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<td>10</td>
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<tr>
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<td>3</td>
<td>0.8%</td>
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<tr>
<td>Total</td>
<td>49</td>
<td>1.6%</td>
<td>14</td>
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Percents are based on total persons in the particular age group, N=693 for 0-17, 1,929 for 18-64 and 394 for 65+ years.
### Phobias

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<td>Number</td>
</tr>
<tr>
<td>0 - 17 Years</td>
<td>4</td>
<td>0.6%</td>
<td>2</td>
</tr>
<tr>
<td>18 - 64 Years</td>
<td>7</td>
<td>0.4%</td>
<td>4</td>
</tr>
<tr>
<td>65+ Years</td>
<td>1</td>
<td>0.3%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>0.4%</td>
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### PTSD

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<td>Percent</td>
<td>Number</td>
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<td>0 - 17 Years</td>
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<tr>
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<td>56</td>
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<td>18</td>
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<tr>
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<td>5</td>
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<tr>
<td>Total</td>
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<td>2.4%</td>
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### Schizophrenia

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<td>Number</td>
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<td>0 - 17 Years</td>
<td>2</td>
<td>0.3%</td>
<td>2</td>
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<tr>
<td>18 - 64 Years</td>
<td>5</td>
<td>0.3%</td>
<td>3</td>
</tr>
<tr>
<td>65+ Years</td>
<td>2</td>
<td>0.5%</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>0.3%</td>
<td>7</td>
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</table>

Percents are based on total persons in the particular age group, N=693 for 0-17, 1,929 for 18-64 and 394 for 65+ years.
14. Check the situations which you or someone in your household experienced during the past 12 months. Accurate information will help local groups better meet the community’s needs. (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Emotionally abused (intimidated, coerced, isolated, threatened, bullied, or degraded)</td>
<td>88</td>
<td>8.1%</td>
<td>35</td>
</tr>
<tr>
<td>Physically abused (hit, slapped, kicked, or physically hurt)</td>
<td>24</td>
<td>2.2%</td>
<td>15</td>
</tr>
<tr>
<td>Sexually abused (forced to have any kind of sexual activity)</td>
<td>12</td>
<td>1.1%</td>
<td>9</td>
</tr>
<tr>
<td>Thought about suicide</td>
<td>94</td>
<td>8.6%</td>
<td>27</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>12</td>
<td>1.1%</td>
<td>8</td>
</tr>
<tr>
<td>Death by suicide</td>
<td>3</td>
<td>0.3%</td>
<td>2</td>
</tr>
<tr>
<td>Caused intentional harm to self (such as cutting, burning, pulling out hair)</td>
<td>35</td>
<td>3.2%</td>
<td>8</td>
</tr>
<tr>
<td>Drug overdose</td>
<td>8</td>
<td>0.7%</td>
<td>3</td>
</tr>
</tbody>
</table>

15. Would you say that in general your health is . . . (Check one)

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Excellent</td>
<td>131</td>
<td>12.0%</td>
<td>21</td>
</tr>
<tr>
<td>Very good</td>
<td>402</td>
<td>36.9%</td>
<td>80</td>
</tr>
<tr>
<td>Good</td>
<td>400</td>
<td>36.7%</td>
<td>139</td>
</tr>
<tr>
<td>Fair</td>
<td>111</td>
<td>10.2%</td>
<td>54</td>
</tr>
<tr>
<td>Poor</td>
<td>19</td>
<td>1.7%</td>
<td>7</td>
</tr>
<tr>
<td>No answer</td>
<td>27</td>
<td>2.5%</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>

16. How easy or difficult do you think it is to live a healthy lifestyle in your community? (Check one)

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Very easy</td>
<td>273</td>
<td>25.0%</td>
<td>71</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>534</td>
<td>49.0%</td>
<td>137</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>187</td>
<td>17.2%</td>
<td>60</td>
</tr>
<tr>
<td>Very difficult</td>
<td>45</td>
<td>4.1%</td>
<td>18</td>
</tr>
<tr>
<td>Not sure</td>
<td>23</td>
<td>2.1%</td>
<td>13</td>
</tr>
<tr>
<td>No answer</td>
<td>28</td>
<td>2.6%</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>
Do you care for an adult(s) aged 60 years or older such as a spouse, parent, or relative? The care might take place in their home, in your home, or in a facility.

<table>
<thead>
<tr>
<th>Response</th>
<th>Total Number</th>
<th>Percent</th>
<th>Paper Survey Number</th>
<th>Percent</th>
<th>Online Survey Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>169</td>
<td>15.5%</td>
<td>32</td>
<td>10.1%</td>
<td>137</td>
<td>17.7%</td>
</tr>
<tr>
<td>No</td>
<td>876</td>
<td>80.4%</td>
<td>256</td>
<td>81.0%</td>
<td>620</td>
<td>80.1%</td>
</tr>
<tr>
<td>No answer</td>
<td>45</td>
<td>4.1%</td>
<td>28</td>
<td>8.9%</td>
<td>17</td>
<td>2.2%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
<td>100.0%</td>
<td>774</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Check all that apply to your situation.

I care for an older adult living in my home

<table>
<thead>
<tr>
<th>Response</th>
<th>Total Number</th>
<th>Percent</th>
<th>Paper Survey Number</th>
<th>Percent</th>
<th>Online Survey Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>39</td>
<td>23.1%</td>
<td>14</td>
<td>43.8%</td>
<td>25</td>
<td>18.2%</td>
</tr>
<tr>
<td>No answer</td>
<td>130</td>
<td>76.9%</td>
<td>18</td>
<td>56.3%</td>
<td>112</td>
<td>81.8%</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>100.0%</td>
<td>32</td>
<td>100.0%</td>
<td>137</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

I care for an older adult living on his/her own

<table>
<thead>
<tr>
<th>Response</th>
<th>Total Number</th>
<th>Percent</th>
<th>Paper Survey Number</th>
<th>Percent</th>
<th>Online Survey Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>106</td>
<td>62.7%</td>
<td>13</td>
<td>40.6%</td>
<td>93</td>
<td>67.9%</td>
</tr>
<tr>
<td>No answer</td>
<td>63</td>
<td>37.3%</td>
<td>19</td>
<td>59.4%</td>
<td>44</td>
<td>32.1%</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>100.0%</td>
<td>32</td>
<td>100.0%</td>
<td>137</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

I care for an older adult living in a retirement community or nursing home

<table>
<thead>
<tr>
<th>Response</th>
<th>Total Number</th>
<th>Percent</th>
<th>Paper Survey Number</th>
<th>Percent</th>
<th>Online Survey Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27</td>
<td>16.0%</td>
<td>2</td>
<td>6.3%</td>
<td>25</td>
<td>18.2%</td>
</tr>
<tr>
<td>No answer</td>
<td>142</td>
<td>84.0%</td>
<td>30</td>
<td>93.8%</td>
<td>112</td>
<td>81.8%</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>100.0%</td>
<td>32</td>
<td>100.0%</td>
<td>137</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
18. Do you care for an individual with a disability or special need? The care might take place in their home, in your home, or in a facility.

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>125</td>
<td>11.5%</td>
<td>34</td>
</tr>
<tr>
<td>No</td>
<td>906</td>
<td>83.1%</td>
<td>244</td>
</tr>
<tr>
<td>No answer</td>
<td>59</td>
<td>5.4%</td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>

18a. Indicate the number of individuals in each category that you care for.

I care for an individual with a disability or special need living in my home

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17</td>
<td>30</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>18 - 64</td>
<td>44</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>65+</td>
<td>11</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

I care for an individual with a disability or special need living on his/her own

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>18 - 64</td>
<td>15</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>65+</td>
<td>18</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>

I care for an individual with a disability or special need living in a group home/independent living unit

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>18 - 64</td>
<td>9</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>65+</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>
19. Check the financial problems which **you or someone in your household** experienced during the past 12 months. *(Check all that apply)*

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Filed for bankruptcy</td>
<td>19</td>
<td>1.7%</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Foreclosure of home</td>
<td>32</td>
<td>2.9%</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>Difficulty paying property taxes</td>
<td>156</td>
<td>14.3%</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>118</td>
<td>15.2%</td>
<td></td>
</tr>
<tr>
<td>Needed legal help but couldn’t afford it</td>
<td>83</td>
<td>7.6%</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>6.1%</td>
<td></td>
</tr>
<tr>
<td>Lack of money for basic needs</td>
<td>214</td>
<td>19.6%</td>
<td>113</td>
</tr>
<tr>
<td></td>
<td>101</td>
<td>13.0%</td>
<td></td>
</tr>
<tr>
<td>Financially abused by someone you know</td>
<td>15</td>
<td>1.4%</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>0.6%</td>
<td></td>
</tr>
<tr>
<td>Identity theft by a stranger</td>
<td>50</td>
<td>4.6%</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>4.5%</td>
<td></td>
</tr>
<tr>
<td>Involuntary job loss</td>
<td>86</td>
<td>7.9%</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>56</td>
<td>7.2%</td>
<td></td>
</tr>
<tr>
<td>No job for 90 days or more</td>
<td>102</td>
<td>9.4%</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>56</td>
<td>7.2%</td>
<td></td>
</tr>
<tr>
<td>Divorced, separated, or widowed which affected finances</td>
<td>69</td>
<td>6.3%</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>5.3%</td>
<td></td>
</tr>
</tbody>
</table>

20. Are you currently raising children other than your own?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>49</td>
<td>4.5%</td>
<td>25</td>
</tr>
<tr>
<td>No</td>
<td>1,008</td>
<td>92.5%</td>
<td>273</td>
</tr>
<tr>
<td>No answer</td>
<td>33</td>
<td>3.0%</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
<tr>
<td></td>
<td>774</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

20a. What is your relationship with this child/children? *(Check one)*

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>49</td>
<td>100.0%</td>
<td>25</td>
</tr>
<tr>
<td>Grandparent</td>
<td>23</td>
<td>46.9%</td>
<td>13</td>
</tr>
<tr>
<td>Aunt/Uncle</td>
<td>6</td>
<td>12.2%</td>
<td>3</td>
</tr>
<tr>
<td>Friend</td>
<td>4</td>
<td>8.2%</td>
<td>2</td>
</tr>
<tr>
<td>Older sibling</td>
<td>2</td>
<td>4.1%</td>
<td>2</td>
</tr>
<tr>
<td>Foster parent</td>
<td>2</td>
<td>4.1%</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>18.4%</td>
<td>4</td>
</tr>
<tr>
<td>No answer</td>
<td>3</td>
<td>6.1%</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>100.0%</td>
<td>24</td>
</tr>
</tbody>
</table>
21. What is your gender?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total Number</th>
<th>Total Percent</th>
<th>Paper Survey Number</th>
<th>Paper Survey Percent</th>
<th>Online Survey Number</th>
<th>Online Survey Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>261</td>
<td>23.9%</td>
<td>67</td>
<td>21.2%</td>
<td>194</td>
<td>25.1%</td>
</tr>
<tr>
<td>Female</td>
<td>795</td>
<td>72.9%</td>
<td>232</td>
<td>73.4%</td>
<td>563</td>
<td>72.7%</td>
</tr>
<tr>
<td>No answer</td>
<td>34</td>
<td>3.1%</td>
<td>17</td>
<td>5.4%</td>
<td>17</td>
<td>2.2%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
<td>100.0%</td>
<td>774</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

22. What county do you live in?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total Number</th>
<th>Total Percent</th>
<th>Paper Survey Number</th>
<th>Paper Survey Percent</th>
<th>Online Survey Number</th>
<th>Online Survey Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>McHenry County</td>
<td>1,002</td>
<td>91.9%</td>
<td>294</td>
<td>93.0%</td>
<td>708</td>
<td>91.5%</td>
</tr>
<tr>
<td>Other</td>
<td>59</td>
<td>5.4%</td>
<td>5</td>
<td>1.6%</td>
<td>54</td>
<td>7.0%</td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
<td>2.7%</td>
<td>17</td>
<td>5.4%</td>
<td>12</td>
<td>1.6%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
<td>100.0%</td>
<td>774</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

23. Where is your primary work location?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total Number</th>
<th>Total Percent</th>
<th>Paper Survey Number</th>
<th>Paper Survey Percent</th>
<th>Online Survey Number</th>
<th>Online Survey Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>In McHenry County</td>
<td>703</td>
<td>64.5%</td>
<td>121</td>
<td>38.3%</td>
<td>582</td>
<td>75.2%</td>
</tr>
<tr>
<td>Outside McHenry County</td>
<td>94</td>
<td>8.6%</td>
<td>14</td>
<td>4.4%</td>
<td>80</td>
<td>10.3%</td>
</tr>
<tr>
<td>I don’t currently work/Retired</td>
<td>251</td>
<td>23.0%</td>
<td>156</td>
<td>49.4%</td>
<td>95</td>
<td>12.3%</td>
</tr>
<tr>
<td>No answer</td>
<td>42</td>
<td>3.9%</td>
<td>25</td>
<td>7.9%</td>
<td>17</td>
<td>2.2%</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
<td>100.0%</td>
<td>774</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
24. What is your zip code?

<table>
<thead>
<tr>
<th>Response</th>
<th>Area</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>60012 - Crystal Lake</td>
<td>Crystal Lake</td>
<td>43</td>
<td>3.9%</td>
<td>11</td>
</tr>
<tr>
<td>60013 - Cary</td>
<td>Southeast</td>
<td>73</td>
<td>7.0%</td>
<td>31</td>
</tr>
<tr>
<td>60014 - Crystal Lake</td>
<td>Crystal Lake</td>
<td>157</td>
<td>14.4%</td>
<td>33</td>
</tr>
<tr>
<td>60021 - Fox River Grove</td>
<td>Southeast</td>
<td>16</td>
<td>1.5%</td>
<td>7</td>
</tr>
<tr>
<td>60033 - Harvard</td>
<td>Rural West</td>
<td>102</td>
<td>9.4%</td>
<td>76</td>
</tr>
<tr>
<td>60034 - Hebron</td>
<td>Rural West</td>
<td>2</td>
<td>0.2%</td>
<td>1</td>
</tr>
<tr>
<td>60042 - Island Lake</td>
<td>Southeast</td>
<td>2</td>
<td>0.2%</td>
<td>2</td>
</tr>
<tr>
<td>60050 - McHenry</td>
<td>McHenry</td>
<td>82</td>
<td>7.5%</td>
<td>8</td>
</tr>
<tr>
<td>60051 - McHenry</td>
<td>McHenry</td>
<td>48</td>
<td>4.4%</td>
<td>6</td>
</tr>
<tr>
<td>60071 - Richmond</td>
<td>Rural Northeast</td>
<td>8</td>
<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>60072 - Ringwood</td>
<td>Rural Northeast</td>
<td>3</td>
<td>0.3%</td>
<td>0</td>
</tr>
<tr>
<td>60081 - Spring Grove</td>
<td>Rural Northeast</td>
<td>15</td>
<td>1.4%</td>
<td>4</td>
</tr>
<tr>
<td>60097 - Wonder Lake</td>
<td>Rural Northeast</td>
<td>48</td>
<td>4.4%</td>
<td>18</td>
</tr>
<tr>
<td>60098 - Woodstock</td>
<td>Woodstock</td>
<td>259</td>
<td>23.8%</td>
<td>73</td>
</tr>
<tr>
<td>60102 - Algonquin</td>
<td>Southeast</td>
<td>25</td>
<td>2.3%</td>
<td>2</td>
</tr>
<tr>
<td>60142 - Huntley</td>
<td>Southeast</td>
<td>36</td>
<td>3.3%</td>
<td>5</td>
</tr>
<tr>
<td>60152 - Marengo</td>
<td>Rural West</td>
<td>57</td>
<td>5.2%</td>
<td>19</td>
</tr>
<tr>
<td>60156 - Lake in the Hills</td>
<td>Southeast</td>
<td>29</td>
<td>2.7%</td>
<td>1</td>
</tr>
<tr>
<td>60180 - Union</td>
<td>Rural West</td>
<td>7</td>
<td>0.6%</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>40</td>
<td>3.7%</td>
<td>1</td>
</tr>
<tr>
<td>No answer</td>
<td></td>
<td>35</td>
<td>3.2%</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>

25. What is your age group?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>18 - 29</td>
<td>112</td>
<td>10.3%</td>
<td>36</td>
</tr>
<tr>
<td>30 - 44</td>
<td>245</td>
<td>22.5%</td>
<td>66</td>
</tr>
<tr>
<td>45 - 64</td>
<td>489</td>
<td>44.9%</td>
<td>99</td>
</tr>
<tr>
<td>65 - 74</td>
<td>155</td>
<td>14.2%</td>
<td>65</td>
</tr>
<tr>
<td>75+</td>
<td>60</td>
<td>5.5%</td>
<td>38</td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
<td>2.7%</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>
26. What is the highest level you have finished in school?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Less than high school</td>
<td>31</td>
<td>2.8%</td>
<td>31</td>
</tr>
<tr>
<td>High school or GED</td>
<td>133</td>
<td>12.2%</td>
<td>84</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>239</td>
<td>21.9%</td>
<td>85</td>
</tr>
<tr>
<td>Associate degree</td>
<td>109</td>
<td>10.0%</td>
<td>34</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>299</td>
<td>27.4%</td>
<td>41</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>249</td>
<td>22.8%</td>
<td>26</td>
</tr>
<tr>
<td>No answer</td>
<td>30</td>
<td>2.8%</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>

27. Do you consider yourself of Hispanic/Latino(a) origin?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>74</td>
<td>6.8%</td>
<td>51</td>
</tr>
<tr>
<td>No</td>
<td>969</td>
<td>88.9%</td>
<td>240</td>
</tr>
<tr>
<td>No answer</td>
<td>47</td>
<td>4.3%</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>

28. What race do you consider yourself?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>White</td>
<td>987</td>
<td>90.6%</td>
<td>266</td>
</tr>
<tr>
<td>African American/Black</td>
<td>5</td>
<td>0.5%</td>
<td>2</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>0.7%</td>
<td>2</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>7</td>
<td>0.6%</td>
<td>4</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>3</td>
<td>0.3%</td>
<td>0</td>
</tr>
<tr>
<td>Two or more races</td>
<td>23</td>
<td>2.1%</td>
<td>11</td>
</tr>
<tr>
<td>No answer</td>
<td>57</td>
<td>5.2%</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>
29. List the **number of people in your household including yourself** in each age category.

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>0 - 17</td>
<td>693</td>
<td>235</td>
<td>458</td>
</tr>
<tr>
<td>18 - 64</td>
<td>1,929</td>
<td>481</td>
<td>1,448</td>
</tr>
<tr>
<td>65+</td>
<td>394</td>
<td>154</td>
<td>240</td>
</tr>
</tbody>
</table>

30. What language do you speak **most often** in your household?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>English</td>
<td>1,009</td>
<td>92.6%</td>
<td>260</td>
</tr>
<tr>
<td>Spanish</td>
<td>41</td>
<td>3.8%</td>
<td>36</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>0.8%</td>
<td>5</td>
</tr>
<tr>
<td>No answer</td>
<td>31</td>
<td>2.8%</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>

31. Have you or anyone in your household received any financial assistance in the past 12 months such as TANF, WIC, Township Assistance, Public Aid, Medical Card, SNAP, Food Stamps, SSI, or other types of aid? (Do not include Medicare or Social Security)

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>185</td>
<td>17.0%</td>
<td>111</td>
</tr>
<tr>
<td>No</td>
<td>850</td>
<td>78.0%</td>
<td>174</td>
</tr>
<tr>
<td>Not sure</td>
<td>11</td>
<td>1.0%</td>
<td>7</td>
</tr>
<tr>
<td>No answer</td>
<td>44</td>
<td>4.0%</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>
32. Where did you hear about this survey?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Health Department</td>
<td>238</td>
<td>21.8%</td>
<td>65</td>
</tr>
<tr>
<td>Hospital or doctor’s office</td>
<td>26</td>
<td>2.4%</td>
<td>1</td>
</tr>
<tr>
<td>School / College</td>
<td>7</td>
<td>0.6%</td>
<td>4</td>
</tr>
<tr>
<td>Mental Health Board</td>
<td>53</td>
<td>4.9%</td>
<td>8</td>
</tr>
<tr>
<td>Library</td>
<td>6</td>
<td>0.6%</td>
<td>0</td>
</tr>
<tr>
<td>Church or other place of worship</td>
<td>15</td>
<td>1.4%</td>
<td>15</td>
</tr>
<tr>
<td>Social service organization</td>
<td>126</td>
<td>11.6%</td>
<td>43</td>
</tr>
<tr>
<td>Newspaper</td>
<td>46</td>
<td>4.2%</td>
<td>3</td>
</tr>
<tr>
<td>Friend, co-worker, or family member</td>
<td>161</td>
<td>14.8%</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td>375</td>
<td>34.4%</td>
<td>133</td>
</tr>
<tr>
<td>No answer</td>
<td>37</td>
<td>3.4%</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>1,090</td>
<td>100.0%</td>
<td>316</td>
</tr>
</tbody>
</table>

33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe.

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>Paper Survey</th>
<th>Online Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Comments</td>
<td>243</td>
<td>22.3%</td>
<td>62</td>
</tr>
</tbody>
</table>
MCHENRY COUNTY
HEALTHY COMMUNITY SURVEY 2016
COMMENTS FROM ONLINE SURVEY

3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- If you don't have a car in this community, then you really can't access much of anything.
- McHenry County is sorely lacking in public transportation.
- There is not adequate public transportation in McHenry County.
- Public transportation is nonexistent.
- Transportation is an issue.
- Lack of any transportation.
- Public transportation appears to be an issue in suburban communities.
- Public transportation in McHenry County is nonexistent. If you don't have your own vehicle or are unable to drive on your own, it is difficult to get from one area of the county to another.
- We continue to have no access to public transportation for the majority of the county residents.
- Very poor transportation for all ages, very limited.
- We here in Huntley don't have community gardens and if we aren't seniors or disabled, there isn't really much transport that isn't by taxi.
- For a community area the size of McHenry County and the traffic congestion problems, I think the public transportation offered is poor and unreliable.
- I am fortunate enough to have reliable transportation and financial means to make car repairs as needed. If I didn't have that, I'm not confident that public transportation would be available to me (I live in rural McHenry County). I don't think I could rely on it to get to work (I live and work in McHenry County). My impression is that public transportation is not widely available or reliable.
- I have a car, so it's easy to get where I need to go. Fair/poor responses - public transportation is difficult. I work at the hospital and it is difficult to get public transportation for patients to get treatment. Thank goodness for Centegra buses.
- If you do not have a car in this county, transportation is very limited and difficult. Although, I think it is a difficult issue, because I don't think most people are willing to give up their cars anyways.
- We are able to drive where we need to get, however, there are many who don't have access to public transportation or it's not reliable.
- The bus does not run often enough, does not have enough stops. I work for Centegra and I know that transportation is the number one barrier to care in this county!
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

• While public transportation has improved in McHenry County over the past 10 years, there are still parts of McHenry County that are not serviced by Pace or other public bus services.
• Hardly any public transportation in the county, would love to see a regular bus that stops a number of stops and throughout the entire county.
• Not enough buses.
• If a person does not have access to a phone, public transportation is extremely limited. Rides must be prearranged.
• The process for arranging a ride on public transportation is cumbersome, inconvenient, and complicated for the user. I imagine most people who utilize public transportation have enough difficulties without adding the burden of navigating a substandard public transportation system.
• McHenry County lacks sufficient fixed-route public transportation throughout much of Algonquin and Grafton Townships. Therefore, I gave it a Very difficult to access.
• Public transportation in our community is very challenging. There aren't enough routes/options for those that require public transportation.
• Night, weekend transportation very difficult. Also inconsistency in service availability is somewhat difficult in the scheduling.
• Transportation access continues to be difficult and limited in time and availability.
• It is very hard to schedule transportation anywhere, especially in extreme weather conditions, when you have a small child. They need more buses. Also, some items are on the outside of town where people can't walk, i.e., the food pantry, Workforce.
• Transportation needs to go further - at least all around the county. McHenry Township needs to stop requiring 24 hour notice to use their bus.
• Public transportation is not consistent and not easily accessed.
• Public transportation is a major issue in McHenry County. Very limited across the board. A major part of the issue has to do with resident perception and attitudes towards "public transportation." It hasn't been part of our culture and most people are just not comfortable about even thinking about that possibility. We are so reliant on private, personal transportation.
• My community is not a very connected community, in the most literal sense of the word. Transportation is a HUGE and very difficult hurdle – and this impacts all other parts of the community including jobs, work training, cultural areas, and farmer's market.
• Public transportation would make the other things easier to access. We have none, and therefore, we who live outside the downtown area have a difficult time managing the separation between housing developments/subdivisions and commercial areas, it's all on a car-size scale.
• Public transportation is perhaps the most lacking service in McHenry County. Without a vehicle, many are limited and not in positive, healthy situations. Fix that for starters.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- Public transportation in McHenry County as a whole is not that good. We can take a train to Chicago and every town in between along the way. But say you worked in Northbrook. You need a car. Yes, you can go to Chicago and then take the North line back to Northbrook but at what cost of time. The entire public system in the Chicago area is all centered around Chicago in a star layout with no grid overlaid. Go to London sometime to see how it is really done. You can get anywhere and anywhere in between.
- McHenry County lacks competitive public transportation. If we had buses to take people from the train stations to other areas of the community for work beyond walking distance from the train stations - we might find more people commuting to the county for work, rather than commuting out of the county for work.
- I am not aware of public transportation for all residents other than a once a day train to Chicago.
- I wish there were more Metra stops to/from Woodstock. It's very inconvenient to take the train to the city because of the limited times, especially on Sundays or on evenings.
- Public transportation is nonexistent except for the train.
- Aside from the Metra, it seems as though public transportation in McHenry County is slim to none.
- Due to rural nature, public transportation is not widespread or frequent. Also, biking and sidewalks are not on every roadway. These two items, public transit & paths, driving a vehicle is a must in this county/area. Driving time to get to entertainment/shopping/job is also long.
- I live in Marengo, there is no reliable public transportation at all. The jobs are few and far between if you don't have a license to drive.
- As long as you stay within a community, it's fairly easy to get around, but to travel between towns, it gets difficult. I tried using public transportation between home (Woodstock) and work (Harvard) for a couple of months when I had no car. I could take Pace or the train, but if I missed it (after 9 am) I had no other option. I ended up taking a cab one day for $27 plus tip in order to get to work. Also, several of my children attended MCC and there was no midday service from Woodstock. It was always a headache to find a ride, or make extra trips so they could use a car. I know there is Dial-a-Ride, but you have to call a day ahead, and sometimes they are full. What I hear from clients at work is that they are often told they have to shop within 10 or 15 minutes or wait up to 3 hours for a ride. Service to the Food Pantry is the same. People can get dropped off, but then have to wait a long time to get picked up. I think more people would use it if the service was more fluid or had some regular routes around town. As for jobs, I have seen many businesses in McHenry County close, flooding the market with employees looking for new jobs, and fewer jobs for them in the area. I have several friends who have had to take low paying jobs in the county or slightly higher paying positions out of the county, so they have more cost involved. The jobs available in the county are mostly lower paying ones, so it is difficult to get a good wage.
- There needs to be an improvement in transportation and affordable health care in the community.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- Transportation in this county is difficult for many people especially if they have no car or cannot drive. This is true in many counties, however, health care could be better - local hospital has a mixed reputation.
- Public transportation is pretty much nonexistent in our community. Behavioral health services are also very difficult to access.
- Public transportation is not accessible in all communities in county. More sidewalks especially in city of McHenry, from neighborhoods to schools (Parkland School to Legend Lakes and Boone Creek).
- I really don't see any regularly available public transportation where I live in SW McHenry Country, but I still drive and don't use it. I do ride a bike and the only bike path or marked trail near me is the HUM trail and it doesn't actually go to Huntley, only Union and Marengo. It also doesn't connect to any other bike trails. Closest entry point is 3 miles from my house, not bad, but the trail doesn't actually GO anywhere.
- The transportation system is deplorable. We help so many seniors obtain employment, only to see them lose it because of lack of transportation to their places of employment. The bus routes are so limited; I wish this could be better.
- There is limited public transportation for seniors, even if the senior lives in an urban area such as Algonquin. If the transportation does come around, certain limitations exist. One of the reasons I rated "organizations that provide free food" as being "very difficult" is because the organization "Meals on Wheels" charges for their food, so I don't qualify them as being "free." And, their organizations are limited within the area, and aren't broadcasted much to even know where they're located.
- There is a severe lack of transportation for the senior community and lack of funding to provide services to our most needy residents.
- There doesn't seem to be a lot of times available for seniors to utilize the bus.
- Public transportation for seniors and those with disabilities is available but it must be point to point AND low/no cost, and there must be physical assistance from the driver or aide or it's useless if the senior or disabled person can travel but can't manage groceries or packages, etc.
- Transportation continues to be a major issue for seniors and people with disabilities. Not available in all of the county or between counties. Limited service times. It keeps people from being able to go out and do things in the community.
- Public transportation within McHenry County is very limited, for the general public as well as seniors and the disabled.
- Transportation must be very difficult for those without a car or who cannot drive in the county, due to limited bus service, especially for those in more rural areas. I think it would be difficult for a senior or disabled person, or even someone who just does not drive, to live in an isolated part of the county and be able to reach a food pantry or "free lunch" type service at a church if they do not have a support network. I don't think the county is doing a "poor" job of attending to the issue, we are not an urban area and these are the drawbacks.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- I have a car, so it is not hard to get to most of these things, but I work with clients who do not have their own transportation, and it can be very difficult to access anything in McHenry County using public transportation alone. The public transportation services for disabled/seniors are a bit easier since they have more flexible pick up and drop off options and more options to schedule a ride, but for the general public, public transportation is sorely lacking.
- Safe, reliable transportation for persons with disabilities is impossible in McHenry County. Not only are there very few programs for them, but transportation to get them to a program is impossible.
- Better county wide transportation for individuals with disabilities would be very helpful. Transportation can be the primary limiting factor to keep these individuals from receiving needed services.
- The safe accessibility of transportation to anywhere from Crystal Lake for people with disabilities.
- Public transportation is lacking in our area, especially for low-income individuals. There needs to be a better plan.
- Travel/Transportation is an issue, especially public transit availability, particularly for lower-income residents.
- Pace can be a bit difficult to access but as long as you can work within their parameters, you can get pretty much where you want to go. We do need more routes and buses though!
- I live in unincorporated Wonder Lake. Pace does not come into our area.
- The Pace bus service is AWFUL! My sister often used it, but has given up on it. She needs the bus with the lift and many times the bus has forgotten her or made her wait over an hour for the bus even when she has called ahead to schedule a pick up time. She uses a walker and needs both hips replaced and she has been left standing in parking lots for long amounts of time, and when she finally gets someone to answer the phone at Pace bus, they tell her they can't pick her up for a long time, if at all. She has had to cancel doctor's appointments because the bus never showed up. One of the bus drivers told her that the drivers don't like to use the lift, so this happens often to people who need it.
- I don't feel we have enough public transportation available in Woodstock or McHenry County in general. When my son wasn't able to drive and needed to get to and from work the Pace bus was ALWAYS busy and wasn't available to pick him up. After my knee replacement surgery, I wasn't able to drive to and from therapy and there wasn't much available but finally did get in touch with the volunteer group to drive me - that was wonderful!!
- Pace transportation services are a band-aid approach to transportation in this county. The fact that people have no relative timetable for mass transportation expectations makes it difficult to consider mass transportation at all. I have personally seen people wait nearly 90 minutes for a Pace bus to pick them up from Walmart in Woodstock (while I was ringing bells for Salvation Army during the Christmas season). This isn't public transportation - it's agony for those trying to use the Pace system.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- Transportation is poor. If you have a wheelchair, there is only Pace and it is limited where it goes.
- Transportation has focused quite a deal on seniors. This is good and needs to continue, however, beyond seniors transportation is different in McHenry County. There is the Pace program, yet for what I understand Pace does not cover the entire county and people may not have the capital to use the services consistently. More people are using home gardens, which are excellent, but when it comes to community gardens there appears to be a lack of availability. For people who do not own property to create their own garden, easy access to community gardens would be beneficial to them financially as well as provide cheaper and healthier food. There are some community gardens, but access to them is limited if not nonexistent without a vehicle.
- Pace bus can be challenging for seniors and people with disabilities because it is unreliable to get to an appointment on time and people are concerned about return trips. When grocery shopping, perishable items get warm while the person is waiting to get home.
- There is no public transportation for all residents within the county. If Pace bus is called, they state that they only provide pick up for senior citizens.
- Pace service is great but needs to become more dense to minimize long waits. Vouchers for taxi would help.
- I work in a suburb that is not connected by the Metra train line. My commute is from Cary to North Chicago, IL. Aside from joining a Pace van pool or other form of a carpool, the only option is to drive my own car to work.
- Preserve and expand Pace busing, advertising it.
- Dial-a-Ride is the only transportation for seniors and low income to get around Harvard and it has to be scheduled in advance. Bike path is just 3 miles long and doesn't connect to anything. Its 2 miles shy of connection at Boone County and about 8 miles from connecting at Hebron. I would love to see it connect to the nearby paths.
- There is barely any bus service in McHenry County. The few routes don't allow for me or my husband to get to work, and only the Elgin line hooks up with any other regional service. The Dial-a-Ride is not convenient because you have to know in advance when you're going somewhere, which doesn't help for those with non-standard work hours or for spur of the moment travel. I usually just bike or walk because that's easier than dealing with the buses, but there isn't much in the way of bike infrastructure around Crystal Lake. No east-west routes at all, and only the Prairie Path links multiple towns.
- Dial-a-Ride requires 24 hour notice. This isn't very convenient.
- Public transit is rare in the county. The MCRide program is good if you live in the right areas.
- Transportation is very hard to access due to the limited number of fixed route buses and areas not served by MCRide, the limited hours of both and the high demand for MCRide, making it hard to schedule rides.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- My family is fortunate enough to have two cars and we live close to many recreational locations. However, many of these services and opportunities are not easily accessible for those who are not fortunate enough to have their own transportation and need to rely on public transportation. This is especially true for families and individuals who live outside of the eastern part of our county in more rural areas and smaller towns.
- Lack of availability or difficult to get to/arrange.
- We do not have city buses and I do not know where I would like to have them take us because McHenry is spread out. If I could no longer drive, I would have to move to get to shopping, doctors, parks, etc.
- Public transportation is still lacking for those that need that in our county. Also access to psychiatric services for those that need it, but do not have private insurance is difficult as well.
- Transportation in the county is an absolute joke. There is no transportation for the average person. Since the Mental Health Board stopped providing clinical services, there are no real mental health providers. Pioneer Services couldn't manage it, Rosecrance is good, but not as good as the services provided by the MHB. How we are a county this size and have NO adolescent inpatient psychiatric beds is just pathetic.
- Public transportation is non-existent. There are things happening in the county but it’s impossible to get there, especially in the evening or weekend. Since Pioneer closed, it’s difficult to know who provides what services. The county seems a mess. How do we know who to go to for a psychiatrist?
- I work in social services and know that transportation is extremely difficult and sometimes impossible unless the person has a car. Mental health services are available if you can pay a lot but are very limited for Medicaid or uninsured people. Jobs that offer a living wage are extremely difficult to find.
- Hard to get to these areas to access the services especially if you do not have transportation.
- Transportation, housing, and health issues effecting low to middle income McHenry County residents is increasing as that population increases. Our schools are negatively impacted by this when kids come to school with the vast array of issues that poverty yields. Safe harbors for homeless (PADS and PADS church sites) are difficult to access and putting people in tents in the summer is asking for increased crime rates. The inability for mentally ill patients to access psychiatric care in a timely manner has stressed our law enforcement and families as well as the people with mental illness.
- Public transportation is limited and you have a long wait to get to/from where you are going. Housing is hard for some family members because of income. There is not enough support for people with disabilities or people needing other supports. Substance abuse is always an issue and if you can help people and encourage them to get some help, it also is limited, especially if you do not have the money or health insurance. The people that are slightly above the cut off for financial help is terrible. There are not programs to help those who want to help themselves in any area of living but can't because they cannot afford it. The long wait lists to try and get help is also discouraging for people who are looking for some community support. Housing is also another area where there is not enough help out there due to long waiting lists.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- Public transportation if it is available as listed in #1 & #2 is not communicated clearly to the general public to know that it even exists. Farmers Markets are only held on one day a week with limited timeframe. This is difficult. Parks/Recreation Areas/Walking Paths/ Biking Paths are not handicap accessible. Professional Level Jobs in McHenry County are limited due to the lack of companies requiring professional skills. Making it necessary to commute outside of the county for these types of jobs. If you want to work in stores or restaurants then jobs appear to be plentiful.

- Access to affordable dental care is limited in our county as in others. Public transportation continues to be problematic within our county. It is easier to get from downtown Chicago to Woodstock than from Huntley to Woodstock. A more structured system of regular routes and times of bus service is needed although some progress has been made in this area.

- Developmentally disabled persons need access to free dental care which is currently not available in McHenry County.

- Healthcare and transportation for individuals with developmental disabilities is very poor.

- Mental health services for those that do not have private insurance are very poor in this county, especially for psychiatric services. Transportation is also a very big problem. I have come across several homeless people that could get well-paying jobs, but lack the proper transportation to take these jobs.

- As a mental health professional, I often hear from my patients that job access can be difficult and sometimes there are instances in which lack of transportation options are the only reason a patient is unable to access services.

- Mental health & substance abuse programs need expansion and should include transportation. People are dying while abusing substances waiting for beds in counties far away from McHenry County. We need more sites and better treatment options in our community. Workers must be trained in the specialty areas of mental illness & addiction (as these 2 problems often occur side by side). Public transportation needs to be more widely available for all residents to access healthcare and other community agencies.

- I feel there are very few mental health services available, especially for those who don't have insurance/state insurance.

- Mental health services for low-income families is significantly lacking in McHenry County and these families are understandably looking to the school system for help, but support service personnel are already stretched due to increasing cases of students with anxiety, and these cases are increasingly complex and significant in intensity.

- Why did you defund Pioneer Mental Health complex in McHenry? I have been a patient of Dr. McMasters for several years, now I have to find a new Dr. It's very difficult to start over with a Dr. who doesn't know my history. Who has possession of my files so I can forward them?

- Mental health care is still extremely difficult to access, especially for our low income or Latino families. We absolutely need more services for these groups. Psychiatric care is also extremely limited in this county.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- I am very concerned with the lack of services in our county for individuals that have both developmental disabilities AND mental health needs. I am seeing that services are only being provided if an individual is in crisis and there are few to no supports to prevent crisis - especially if the individual/family is underinsured or has Medicaid/Medicare. I also feel that Pace, Dial-a-Ride for individuals with disabilities is unreliable. Often families miss appointments because they can't get a bus or they are unable to afford the bus fares (despite the rates being low). It is also difficult for many individuals in our community to find employment because they desperately need job coaching and on the job support, however, few employers want to put in the extra time with an employee with either developmental and/or mental health needs because they can hire a neuro-typical individual who requires less support for the same wage.

- This growing, diverse and geographically large community does not have access to enough mental health and substance abuse treatment services. One of the challenges in recruiting providers is the geographic distance from a large city and this county not being rated as an underserved community (thus making employment here eligible for student loan forgiveness programs).

- Disappointing that affordable housing and public transportation does not exist in McHenry County.

- Housing crisis, homeless crisis.

- I am a site manager for the PADs program at one of the churches as well as work at a clinic for underinsured and uninsured. I am intimately aware of this county's need for more and better services and coordination of services for the homeless and low income. What we do (or don't actually do) for our homeless population is less than substandard. The services provided are all good in theory and look good on paper, but that is not how things are done in reality. The coordination of the services required or the homeless and low-income population is terrible and most are unable to truly get the help they need because they can't get the services they need and get them coordinated. The stars all need to align perfectly in order for the homeless to get medical health care, mental health care, help with substance abuse, transportation services, and help with any sort of job training or placement. Case managers don't do any more than the bare minimum and don't hold homeless clients accountable for some of their behaviors or lack of work towards betterment.

- There is a great strain on service to providers to meet the needs of low income or disabled persons in the county despite the large number of service providers in the area. Programs frequently have long wait lists and specific criteria that some populations have trouble fulfilling. As a housing locator and aid for homeless service providers, I especially notice the lack of affordable housing in McHenry County. Market rent units, coupled with income requirements of both large and private landlords, are largely unaffordable for people living on minimum/low wage or disability benefits. It is especially difficult to find housing that meet these people's needs that also has ready access to public transportation, as properties with lower rents tend to be found in outlying parts of the county (Marengo, Richmond, Hebron, parts of Harvard) where Pace routes travel infrequently or not at all, or places not on the Metra line. This especially makes it hard for disabled persons who must frequently choose between being isolated or being in a location where they can access supports, but is financially burdening.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- Affordable housing, decent paying jobs, & public transportation in the county are a problem.
- With the difficulties of daily life and working to provide for a family, there is not time or energy left to access any of the areas recreational locations.
- Perhaps regular (once a year) reminders of these parks and paths. I think that people are not interested in these until a certain event or time in their lives. At that point, the information can be useful to people and reminders of locations and features would be helpful.
- Parks may be accessible to most; I don't feel it's extremely accessible only because no one really knows how many parks and rec areas are in McHenry County. It's not posted. It's not advertised.
- I have grandchildren and they have friends and I want to know that the parks and recreational areas are free from sexual predators and those sexual predators do not live near our children’s schools and the areas the children congregate to play and socialize. I can see on the Internet, the official sexual predator website that a charged sexual predator who has been caught very recently, again, lives within 1/3 of a mile from my grandchildren's elementary school and lives about the same distance from my grandchildren's home. What can be done about this? How can us adults, parents, grandparents, great grandparents, and the children themselves know that someone is looking out to protect them from these crimes of the sexual predators? One area that my grandchildren and their neighbors and their friends get together to play and socialize is less than 1/3 of a mile from this sexual predator’s residence. And this area that I am speaking of is Woodstock city property, a play park owned and managed by the city of Woodstock. The city park on Maryanne Street. And for the safety of our children and all walking and littler ones riding their bikes, we need sidewalks on all streets. To get our kids off the street, when it is possible. To provide a walking path for all kids walking and all of us adults walking. To get us off the streets. There is so much more distracted driving in today's society that we all are safer on sidewalks than walking in the street, even if it is along the side of the road. The farther we can be from the cars, buses, trucks, and motorcycles, the better. And then to add to that, if our city could provide more bike routes along our roads, for all those older & mature riders and eventually our littler riders would use them. Jobs are hard to come by in this area. I have been looking for a good solid larger company for full-time employment for quite a while and haven't found anything, yet.
- We pay for parks and still they are not policed and safe from families. Since we can't have safe parks remove them and reduce taxes.
- There are parks in neighborhoods, swimming pool, library, and a bike/walking path.
- Excellent with Federal Park-Northeastern part of McHenry County. One of the few reasons to live in Illinois.
- They are readily available in some areas and absent in others, depending on where the village decided to install them. I have to drive my car several miles to get to a park where I can walk my dogs when others have that service right outside their front doors? Yeah. Like that's fair.
- Most parks you need to drive to and parking is not very good.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- There are no parks in my neighborhood. You have to have a car to get to any bike paths or parks.
- More equipment at parks for all ages including 3 and under. I don't know of any community gardens.
- I feel that the parks could use updating, especially Knox Park Pool. Also would like to see more access to bike paths and connections between.
- The community I live in does not have a park/recreation department; buying into neighboring system is very expensive.
- The really nice parks like 3 Oaks has a very expensive entry fee and fees for additional services within the park unless you are a resident of Crystal Lake. As for the other parks you can tell the county has cut back on staff. They just are not as maintained as they used to be. As for biking paths, they are nonexistent on the roads. My son was visiting from Utah and really noticed the lack of paths for people wanting to bike to go shopping or to go to work. The only bike paths we have are for recreation or pleasure which doesn't focus on lowering our carbon footprint by encouraging people to bike to work or to shop. A REAL disappointment!!!
- Live close to Emricson Park.
- I think Crystal Lake area and local area has good recreation area. Biking path is good considering the limitation on the road and use.
- It would be good for both health and simple transportation opportunities if the bike paths in each community in the county could be connected to each other. People trying to get to work and/or use the paths for recreation would be happier and safer off the roads. Seems so simple. Public transportation is still fairly nonexistent in our county, especially for those with mobility constraints - keep working on it folks. Thank you!
- If your concerns are about healthy living, living in Woodstock has by far the worst access to a health club compared to other towns in McHenry County. Please stop in the Woodstock Rec Center and take a look at "our" just enough to get by facility, nothing is updated and it is so confined. Woodstock is a large community and we don't have an updated heath club facility for seniors (or anyone), or those that need rehab. Residents must drive to other towns. McHenry, Crystal Lake, Huntley, Lake in the Hills all have numerous health club facilities and are able to handle many members with disabilities or rehab, but not Woodstock. McHenry's Park District just opened a new beautiful facility. To live a healthy active lifestyle when I retire, I'm starting to wonder do I want to live in Woodstock who already has high taxes, deteriorating infrastructure, and limited healthy options. What does Woodstock, a town in McHenry County, have to offer health wise to those aging or to attract young families who now-a-days are very health conscious? Yes, Woodstock has a beautiful City Park, Great Farmer's Market, Beautiful Opera House but if concerns are about health, Woodstock is much further behind then its sister towns.
- Close or sell McHenry County Conservation District!!
- We take advantage of the numerous opportunities to enjoy the arts and outdoors in McHenry County. It disappoints me to know that there are people who don't use the Conservation District sites, parks, or other facilities! We live in a beautiful area and there is so much going on – much of it for free! I do think we could improve on our public transportation system though.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. *(Online Survey)*

- Would love to see more music venues. We are entertainment deprived. We need to encourage more public entertainment at venues like the Plumb Tree golf course instead of fighting them. Having music events there would bring money to the county.
- Not related to number 1 and 2 but: Very limited access to recreational activities that would include special needs children over the age of 3, non-verbal with moderate physical disability outside of the school system. There is Gigi's Playhouse for Down children and some services for autistic spectrum kids who communicate but little else that our family has been able to locate.
- There could be more arts and cultural activities for residents.
- Not enough activities through the rec center. Wish we had a bigger and better updated rec center. No park district. Would like it if the Woodstock Water Works was open later into August. The season, they close too soon and it is still hot. Would love to see the summer in the park have more activities in the park like a carnival and like a taste of McHenry County.
- We need more sidewalks around our county.
- Property owners should repair and maintain their sidewalks, they're trip hazards. In the winter, the property owner should remove snow and slip hazards.
- The sidewalks in Woodstock are terrible, walking children or riding their bikes to parks can be difficult.
- Walking in this community is poor due to the sidewalk and street condition. Sidewalks are heaving and the black top on the streets is crumbling and full of pot holes.
- McHenry County needs many more bike paths. Safe bike paths, out of traffic to get around. It also could use a lot more safe sidewalks, away from traffic so you feel safer to walk and bike more to places around town. This county is not set up for safe walking and safe biking away from traffic to go do small errands.
- Living on the edge of the city of Woodstock lends itself to a lack of sidewalks, bike paths, and parks in the vicinity in which my children can use safely.
- There are no sidewalks or bike paths in the streets of Wonder Lake so getting to an actual bike path/walking path means loading up your bicycles and driving them which without the proper vehicle is very difficult. We do not have recreation services except youth soccer, youth softball, and possibly baseball. We have to pay quite a bit extra to be a part of the recreational services in the neighboring towns. There is no place for camping in our area either.
- Some parts of my community do not even have sidewalks, let alone bike paths. I wish there were more bike paths available because I often ride my bike to work and riding in the street can be dangerous and result in frustration from drivers, however, it is required by the law as the sidewalks are for pedestrians.
- It would be great to have walking/biking paths in Woodstock connecting to Crystal Lake. There are basically no walking paths in smaller communities such as Wonder Lake. It is unsafe for children in Wonder Lake to walk/bike to school especially since there are no sidewalks either.
- There are no sidewalks in our neighborhood to allow easy access to local bike path or parks. We have to walk on the road which can be dangerous with little children.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- In Huntley, mainly the walking/bike paths are the sidewalks, which are in every subdivision. There is a walking path in the main park. While overall, it's not hard to get to the park, the one thing that does make it hard to reach the park by foot or bikes is the lack of sidewalks in that area. We would have to cross over the busy road of Rt 47, but I don't feel after doing that there's a safe way to get to the park until we reach the first street with houses that has a sidewalk. Therefore, there's some sidewalk gaps in that area around the park and the stop light that could be used to safely cross the street.

- Our community doesn't link up with bike paths. Other than some poor sidewalks, we don't have walking paths.

- Paths are not very accessible in the rural areas and there are no near community gardens. Jobs for technically-trained individuals are not plentiful in the county.

- Paths are not accessible from our neighborhood.

- Would like to see more connecting bike paths. Not sure about other items.

- I live off 47 and there are zero bike paths that allow me onto 47 safely.

- I don't know of any community or home gardens. Walking/bike paths are nonexistent in my area; I do not know what is available for disabled persons' transportation wise.

- I wish we had a bike/walking path in and around the Prairie Grove and unincorporated Crystal Lake areas. We need a safe way to get around without relying on a car all the time.

- It would be nice to have more bike and walking paths. You have to drive almost everywhere to get to parks and events. We live within a mile of some great events but always have to drive because I don't feel safe walking or biking with little kids. Drivers ignore the bike lanes and pedestrian crossing signs.

- Drivers do not watch out for bikes on the main streets. There are no bike lines.

- The bike and walk paths should be common knowledge to residents, it's not. I've lived in the community for 14 years now and have just learned about some of them. Furthermore, some of the bike paths that I was aware of from driving don't go all the way through, you have to change sides of busy roads, not optimal for kids of age to enjoy alone. Inconvenient for adults.

- All we have are two MCCD areas to walk - one very difficult for people with disabilities. We have beaches but you must be an owner of property to use them.

- I recently moved into town from outside the city limits, and see more biking and walking paths than I had access to in my old house.

- Problem with bikes/walking stems mostly from drivers low compliance with the law.

- Nothing much available in the northwestern area of county unless you have a car to GO to a destination. Walking distances are too far and biking on the roads necessary to use is way too dangerous.

- There are absolutely zero bike paths in the old side of Lake in the Hills. In the newer parts of Lake in the Hills, the bike paths are all disjointed. We have to literally drive to take the bike path along the Fox River in Algonquin. No bike path to Three Oaks unless you are willing to risk your life by sharing a lane with cars on Rakow Road. Silliness considering the recent widening of Rakow.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- Need more biking paths. Along route 14? Really? Could you have picked a worse location?
- I wish there were more paths connecting towns so that bike riders are not on the country roads. It will be nice when the path from Woodstock to MCC is complete. It would be even nicer if it were to continue to Crystal Lake’s bike path by Main Street.
- There is a lack of bike/walk paths in many of the more rural areas making it dangerous to jog, ride a bike, walk, etc. in these areas. Mental health and substance abuse support is very minimal and needs significant improvement.
- The bike/walking paths are not accessible from my community.
- I live in unincorporated McHenry County, Marengo/Union area. At this time, there are few bike paths in our area. There is a small stretch (HUM trail) between Marengo and Union, however, getting there by bike would be dangerous. Subdivisions do not connect, therefore, it's difficult to bike. Shoulders are extremely narrow or nonexistent on township roads and even county roads.
- We live in a rural area and have to walk and bike on the roads.
- We need more biking/walking paths in our area (near Marengo Ridge Golf Course). Where cars going 60 mph down streets and it is very dangerous for people to ride a bike or walk.
- There are very few biking/walking paths in the community, and the few that we do have require transportation to get to them. They do not begin or run near arterial road ways to provide easy access.
- The parks and bike trails are amazing! I've never lived anywhere with this many parks and trails for its citizens. I have lived all over this country.
- It is difficult to get a good job that can support paying the bills and everyday necessities without having to worry that you will have enough to cover all costs at the end of the month. Also to get a job that is worthy and permanent is difficult.
- It's challenging to find high paying jobs with benefits in McHenry County. Both my husband and myself commute over an hour for work right now.
- McHenry County lacks jobs. Education is expensive and difficult to obtain while working to support a household. Public transportation is available through Pace only in McHenry, Crystal Lake, and Woodstock.
- No professional jobs, no transportation available - west side of Wonder Lake. No way to get to train stations or shopping in Johnsburg, unless you have a car.
- I have a daughter with physical disabilities. Jobs and transportation for anyone with a developmental or physical disability can rarely find employment in the county. If they do, they cannot rely on public transportation to get them there when they need to be there.
- Very limited internet access in our area makes it difficult to access websites for job, public transportation. We do not have Comcast, Xfinity, ATT, etc. Public library provides some access.
- Even with a bachelor's degree, I haven't been able to find a decent job within McHenry County for over 2 years.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- The job market in McHenry County has always been focused on industrial workers. The income level for higher education jobs is too low and too few jobs are offered in this county.
- The only jobs near me are low wage fast food jobs or retail jobs which are neither full time, do not offer benefits, or are minimum wage. We NEED jobs for college-educated adults who don't want the expense and hassle of commuting to Chicago.
- There are no well-paying jobs with good benefits that I can find near my home. If there are buses in Crystal Lake, I've yet to see one. We need bike lanes everywhere. I see people biking on Rt 14 which is deadly. The only community garden I know about is in the far south end of Crystal Lake. Not convenient if one needs to water every day or pick weeds.
- I have no knowledge of retraining for job changes in this community. There may be some opportunities at MCC.
- I work in the high school. Students at risk (poverty, single-parent households) are not being well served. I see students’ graduate and go right into the criminal justice system. Wish there was more one-on-one scaffolding to support and transition these students from high school to work, junior college, or college. The 2009 crash in the economy has put this generation of youth at risk to be productive citizens because economic and mental health concerns. We need more of a grass roots effort within communities to have people step up and mentor youth for several years.
- McHenry County needs to move forward regarding the availability and accessibility of all of the items brought forward by this survey. There is progress, however, more momentum needs to be perpetuated in order to make this a great place to live for all people.
- I am a younger disabled person and the lack of information and accessibility is very poor and difficult. I can drive, but heading downtown to any of our cities and finding a handicap spot is impossible. Many people also choose to use them as "waiting spot with their hazards." I live in unincorporated CL, so I frequent downtown CL, there is one spot on the side where Georgio’s is located, nothing where Starbucks and the drycleaners are! Walking across traffic from the train station or further, the new lot, just is not acceptable. Several of the parks and beaches do not have paved walkways for cane walkers/wheelchairs and then the lack of seating is a deterrent. For someone with a child, we tend to use other suburbs that are better accessible. Our parks are also very crowded and with only two "free" splash pads, they're not fun or enjoyable to go to during the season. Three Oaks is expensive for a non-resident to utilize which is a shame since I am in the 60012 zip code, CL schools, and all the restaurants and shopping we do is in CL. Attending festivals or events are also difficult as a handicap person; for example Lakeside Fest/Dole Mansion. The parking lot itself is a fall hazard waiting to happen, there are no handicap spots, the lift has been removed, the ramp entrance in the back is awkward and not an entrance, during the fest handicap parking is on grass that is uneven, then the event itself is all on grass. Sitting in an unsteady chair when you're already off balance is not easy. Becoming disabled has opened my eyes to the lack of understanding and accommodations needed, not to mention how hard it was to find a job in the county.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. *(Online Survey)*

- Food pantries are not reaching the people who need to get food. Seniors and disabled persons. They are usually crowded and there should be a better procedure/policy to make sure that the people who truly need the help are getting it. There are a lot of people who abuse this service at the expense of others who are in immediate need of the services. People who get LINK and WIC should not be allowed to participate in these programs.

- The Raue Center is supposed to be our "cultural" center for Crystal Lake. It is a joke. The farmer's market in Crystal Lake is very poor quality compared to farmer's markets in other areas. I saw one of the vendors purchasing Jewel eggs to sell at the market. The city of Crystal Lake has spent WAYYYY too much money subsidizing and beautifying downtown Crystal Lake. This is money taken out of the general fund. When I look at all of the other things they could do with that money, it's appalling. They have spent way more than what they would gain in retail taxes from these little mom and pops.

- This area is on a downward spiral. Too much section 8/low-income people are causing an increase in crime. In Woodstock alone there have been 3 armed robberies at the same gas station. We need more police and more fire/EMS protection. Public transportation is a joke. They only have very specific places they pick up. Our senior and people with disabilities services are a joke at best. On top of it all we are taxed to the brink of death with nothing in the public to show for it. The leaders of Woodstock and McHenry County should be ashamed of their terms.

- Cary doesn't have great access to low-income services. There are no community gardens and our bike path doesn't connect to any other town. There is no workforce training here and Woodstock is not really all that close if you don't have a car.

- I rated the availability from the perspective of low-income persons. I believe that the need for some things in McHenry County such as affordable housing, mental health services, and low-cost medical and dental care far outstrips the available resources at present. Also, the need for affordable public transportation in this area is great. Particularly for the poor, who may not be able to afford a vehicle or to insure a vehicle or if they have one, to keep gas in it.

- I'm not aware of any community or home gardens. I know that the county offers workforce training, however, I don't know how successful the program. I have no experience with transportation related to seniors and/or disabled persons. The county has zero mental health services.

- A community garden in McHenry would be great. Some of us have smaller lots that do not allow for planting without sacrificing a large portion of the yard. Many communities offer them now and McHenry has fallen behind the times.

- As far as I know, there are no community gardens & no public transportation. The farmer's markets are very expensive to sell in and so not much variety. Whenever a new street is put in, a sidewalk should go along side and walks that exist are not shoveled in the winter so pedestrians have to walk in the street. Open land is being paved over by big box stores and then left vacant when they want to move & are then allowed to build on other virgin land. Trees are being cut down and not replaced to make room for more paving over. We need trees for oxygen among other things.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. *(Online Survey)*

- Access to locations other than by car is difficult as traffic increases on what had been quiet country roads. Parking can be difficult and costs of park district programming can be prohibitive. Promotion of the programs and services available are not always getting to persons who might use it. Food pantries are not always accessible to persons in need especially those who do not drive. Times that public transportation is available are limiting. And public transportation to McHenry County Conservation District sites that are free and accessible is not there.

- Parking difficulties. Not enough space.

- I want to see a more progressive McHenry County. More social services and jobs available to new graduates of social work and psych majors and masters. Why not make better use of Camp Algonquin and make a social service site or a better PADS shelter?

- Yes, I would. Rauner has shut down services I personally have used, Lutheran Social Services. Any care for disabled and mental health is poor. I tried and they don't return your call until 2 months later, understaffed, overburdened. Appalling. Pioneer Center - I called them before I moved here and surprised they answered the phone. "Uhh, a 4 months wait, if you can get in, we don't really have many counselors." Me - “You are basically telling me, full up and maybe forget it.” Them, “basically.” As a person that knows how to find services in new places, local and foreign, well, I am moving out of state. Sums all that up. Places that have services and a budget and value care facilities. For the last few years for nursing homes, places I almost had to live in disturbing. I love the downtown Woodstock area, but it needs TLC more than it has now. Can be a big tourism plus. Bit run down. Water is horrid, I have a ph test for aquatic animals and it is highly alkaline. Was that way in Marengo, too. Someone best do something about that toxic.

- We have NO decent shopping to draw in greater revenue. WAYYYY too many bars and kitcheny stores but not the kind of big business stores we need. Such as: Target, Meyers, real quality produce, TJ Maxx, Home Goods, Michaels craft store, or Hobby Lobby. What we don't need: more bars; more government run-tax payer funded ANYTHING! We are getting taxed out of our homes and the area!

- Not aware of much in this area. Too many niche overpriced stores on the square and waaaayyyy too many bars. Need shopping like TJMaxx, HomeGoods, QUALITY grocer with good produce like Joseph's in Crystal Lake. Affordable but quality furniture store, good restaurants, A NICE DOG PARK.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. *(Online Survey)*

- Although I live in Coral Township, I am immediately adjacent to Union and Marengo. I am unaware of any walking paths, entertainment, arts, or cultural activities short of 4th of July and the annual fair. Public transportation for anybody whether it's all of us, seniors or disabled persons, like so many communities have on a routine basis, no farmers markets or community gardens I know of. Marengo, in my opinion, has allowed itself to fall into dismal disrepair. A few families who have lived here forever pretty much own the real estate in the downtown area and do nothing to improve it. The vast majority of storefronts are ugly. The downtown, in general, is an embarrassment. We don't even have a dry cleaner for God's sake! Neither Piggly Wiggly nor Sullivan's offer realistic choices of sizes of their canned goods nor variety or variety of brands, and often times the produce reeks. I was at Sullivan's today and there were tiny flies all over the tomatoes. The strawberries on sale were all bruised which is probably why they were 2 for 1. My only choice for groceries if I want fresh, clean produce is too often Jewel in Huntley, which is 30 minutes each way. If I had out of town visitors, I’d bring them to Woodstock, a community that really knows how to create a vibrant and beautiful year-round downtown area.

- It would be nice, if there was a central place online for all the information on HOW to access any of this.

- I think some of these services need to be better advertised if we have them.

- More and more people do not have cable, dish, or newspapers. Some are using the internet and most are using free papers. I guess my question is where do they go to find this information and are we advertising these things?

- Our community has access to some things, but for most of what we need, we have to drive to other communities for what we need.

- If you live in unincorporated McHenry County you don't have any of these luxuries.

- Live outside of the town in the country, rural area.

- Located in the unincorporated areas so no services available.

- Nothing on old side of Lake in the Hills. Why not purchase the old shamrock and open as part of the park district.

- Traffic stinks! It makes doing anything difficult.

- I live in the country, so I don't expect access.

- I consider the area I live in Richmond to still be more farming than urban, which is why we like it. So we are willing to make the trade-off of not having some of the 'suburban' services.

- You are equating community with town. They are not the same, thus your questions don't apply. Have you noticed that McHenry County has a large agricultural base? How do these questions relate to farm life? Is my community, my neighborhood? My neighborhood is not safe from speeding drivers and I did have livestock stolen. Do I need a park that used to be a farm when I still have acres and acres out the backdoor? By accessible do you mean how hard is it for me to drive to town and use a bike path? You see, these questions make a lot of incorrect assumptions. Please try again.

- Some of these I don't even know if these services are offered in our community.

- Where are all of these services?
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Online Survey)

- I am not sure exactly what you mean by question 2? For each, please rate the ACCESSIBILITY for your household - how easy it is for members in your household to get to or use each. Are you asking if we are healthy enough to use/accessible or if I wanted to use these services in our area is it easy to use because they are in my community or is it just easy to get to use these things in our community or someone else’s? So I really didn't know how to answer? If they are not in my community, I can go to another community easily?
- Not many in Woodstock.
- I have car so I can get to these.
- Too late and waiting too long for many clients. Often they would give up and not going to provided service.
- I don't know about the things that I marked, don't know/don't apply.

6. For those who have insurance, which of these are sources for your household members’ health insurance coverage? Other (specify): (Online Survey)

- Family Partnership
- Parents
- Survivor benefit
- Add'l health and RX insurance
7. Where do you and other members of your household go when sick and need to see a doctor or nurse? Other (specify): (Online Survey)

- Northwestern Chicago
- Northwestern Memorial
- Mercy Woodstock
- Woodstock
- Centegra
- Anywhere but Centegra
- Will NOT go to Centegra
- Hospital outside of McHenry County
- Out of county
- Chiropractor (3 mentions)
- Acupuncturist
- Alternative medical provider
- Alternative therapies
- I am an RN.
- I am rarely sick. 1 time per year go for preventative checkup.
- Can't afford medical care so we avoid it - we are paying WAYYY too much for illegals and those who won’t work.

9a. Which of the following reasons prevented you or a member of your household from receiving MEDICAL care? Other (specify): (Online Survey)

- Veteran Affairs
- Medicaid took months to complete / accept medical insurance application.
- IC would not drain knee on weekend.
- McHenry Centegra wasn't totally unacceptable.
- No money to pay the full cost.
- Too much of our income goes to taxes and welfare, free healthcare for those who don't EARN it!
10a. Which of the following reasons prevented you or a member of your household from receiving DENTAL care? Other (specify): (Online Survey)

- Over limit for year.
- Used up yearly coverage.
- Complicated waiting list schemes.
- Going to the dentist these days is a luxury. I can't afford such luxuries, so I go without.
- Can't afford to replace and fill cavities but I work in healthcare because our taxes and health coverage pays for people who don't earn it!
- Could not afford the service.
- Couldn't afford the service.
- Service too costly.
- Cost

11a. Which of the following reasons prevented you or a member of your household from receiving MENTAL HEALTH OR SUBSTANCE ABUSE care? Other (specify): (Online Survey)

- No one that specialized in developmentally disabled.
- No treatment for eating disorders in county.
- Not enough quality choices.
- Pioneer Center closing.
- Not taking new patients.
- Provider didn't take Medicare.
- The doctor is not MEDICARE certified over and over. Bull
20a. (Are you currently raising children other than your own?) What is your relationship with this child/children? Other (specify): (Online Survey)

- Step-parent
- Step-dad
- Future step-child
- Step

Numbers in parentheses ( ) indicate number of mentions.

22. What county do you live in? Other (specify): (Online Survey)

- Lake County (18)
- Kane County (10)
- Boone County (4)
- Cook County (4)
- Walworth County (3)
- DeKalb (2)
- Charlotte
- Fairfiied County
- Kenosha
- Racine

24. What is your zip code? Other (specify): (Online Survey)

- 34223
- 53105
- 53121
- 53128 (2)
- 53147 (2)
- 60002
- 60004
- 60010 (2)
- 60020
- 60030 (2)
- 60031
- 60041 (3)
- 60046
- 60060
- 60073 (2)
- 60074
30. What language do you speak most often in your household? Other (specify): *(Online Survey)*

- Polish (2)
- This is the USA.

32. Where did you hear about this survey? Other (specify): *(Online Survey)*

- Work (24)
- At work
- My work
- Workplace
- Work at MCSO
- My manager at work
- Supervisor
- Boss
- Work request from the school I work in
- Work email (6)
- Employer (9)
- Employer; county
- Employer (McHenry County)
- Through my employer
- Online from Workforce
- United Way (34)
- United Way of Greater McHenry Co
- United Way of McHenry Co (2)
- United Way of McHenry
- United Way email (3)
- United Way Newsletter (2)
- United Way enewsletter
- Sent to me by United Way
- Email (9)
- Just came across it in my email
- Co-worker emailed it to me
- Link sent via email
- Email newsletter
- Mass email at county
- County email
- McHenry County email
- LinkedIn (4)
32. Where did you hear about this survey? Other (specify): *(Online Survey)*

- Social media (2)
- Internet (2)
- AOL
- Online (2)
- Online while looking at news in NW Herald
- The Land Conservancy of McHenry Co online newsletter
- Website
- Web
- County website (2)
- On town website
- County Board Website
- Centegra website
- Facebook (9)
- FB
- Facebook link
- Facebook group
- Posted on Facebook
- FB Community Page
- On my classifieds Group Facebook
- Facebook share
- Twitter (5)
- YMCA
- Sage YMCA
- Sage YMCA Facebook
- Jail Brakers organization (2)
- VAC
- TLS
- TLS veterans
- LGMC (7)
- FHPG (5)
- Family Health Partnership Clinic
- Family Partnership
- Family Health Partnership
- Health Clinic
- McHenry Continuum of Care to End Homelessness
- McHenry County Continuum of Care to End Homelessness
- McHenry County Substance Abuse Coalition
- McHenry County Administration
- Leadership Greater McHenry Co
- McHenry County July 2016 Newsletter
32. Where did you hear about this survey? Other (specify):  *(Online Survey)*

- McHenry County Newsletter (2)
- McHenry County Healthy
- McHenry County Democrats
- Sent by County Employee - Jim Hurley
- County Newsletter (2)
- Government Center
- Program director
- Co-committee member
- Conversation District
- Extension
- Extension office in Woods
- Master Gardener Director
- U of I Ext, Master Garden
- U. of I. Extension
- Master Gardeners
- Mc Health Fair
- A member of the Coral Township Board of Trustees
- Township Representative
- Senior Services
- Neighbors
- Neighborhood Friend
- Looking at shelter for pets

33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe:  *(Online Survey)*

- TRANSPORTATION!!!
  - Transportation
  - Public transportation!!!
  - An expanded public transportation service.
  - More public transit. (2)
  - Better public transportation system.
  - Better public transportation in McHenry County.
  - Public transportation needs to be drastically improved.
  - Improved public transportation.
  - Public transportation on regular scheduled basis.
  - Public transportation seven days a week.
  - Local public bus service.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- More accessible and affordable public transportation.
- Easy and affordable public transportation!
- It would be very helpful to have more access to public transportation.
- Start with the transportation. That would fix quite a few of the issues for now.
- Not right now. As I get older, I would like better public transportation.
- There needs to be better transportation options in McHenry County. Pace buses do run but they are repeatedly unreliable. I would hate to have to rely on this to get to and from a job or any other appointment!
- Better access to for Pace bus schedule. Their schedule is not dependable and to take a taxi is very expensive. Plus, they get very angry at you when you purchase items while grocery shopping and take a little longer to bring them on the bus. What is one to do? The other day the bus took me to the wrong Walmart and told me I would have to call Dial-a-Ride to go home? What if it would have been raining? She did not even drop me off at the door? What if Dial-a-Ride would not been able to pick me up? I have seizures! I am not in a wheelchair. I wonder if I would have been treated differently if I was. We need better transportation!
- Public transportation or at minimum safe bike lanes.
- Affordable transportation to O'Hare.
- Transportation to VA CBOC in McHenry.
- Transportation for disabled and elder.
- Free transportation for seniors, breaks on taxes for seniors, more biking/hiking trails.
- Better transportation for senior citizens.
- Public transportation & psychiatric services.
- A more robust public transportation system of buses. More medical specialists. It appears that McHenry County growth has outpaced the medical professionals moving out this way from the Schaumburg and Chicago areas. With a county our size, we should not have to go to Chicago to receive more specialized care from higher quality physicians.
- Not for me, personally, but as a psychologist, I make several referrals daily and people cannot access care due to lack of transportation and affordable transportation.
- My family does not personally need public transportation but many people do and it would be a benefit to the environment and many families to improve and expand our bus system. An area where we personally saw a need was when we tried to find an inpatient treatment center when our son was struggling with drug addiction in 2012. We needed to place him in Arlington Heights as no options were available near us.
- I would like if buses were more available within McHenry County. To my knowledge only Pace buses are available and they have limited stops. I think it would be beneficial to include a regular bus service like that, that is available in other areas such as Chicago, possibly even incorporating the Ventra system. In addition, I feel as if bike paths or lanes would be beneficial to add to many areas of McHenry County as I personally use my bike for transportation and have seen many bike riders who have to ride their bikes in the street to avoid ticketing, which I believe is dangerous.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- Reliable public transportation for all. Free community events for all ages. Dental services for people with Public Aid. Affordable housing for families that work full-time but make less than others.
- Better medical care.
- Mammograms at the Health Department for underprivileged and poor.
- Free health screenings.
- More availability taking new patients.
- The services are available but way too expensive to use as needed. The unsubstantiated increases to our health care force people not to receive proper care subsequently preventing them from keeping a healthy lifestyle.
- I rated access to health care high. However, our household receives its health care out of the county by choice. We use the Northwestern system in Chicago and Grayslake due to far superior medical care than is available through Centegra. We are extremely fortunate to have this ability.
- Just basic affordable health care with a choice of doctors that aren't controlled by Centegra.
- Centegra is getting more difficult to use because of their new RIDICULOUS and unjustified “facility fee” with each Dr. visit.
- Centegra is now charging a facility fee of $200 + dollars every time a patient makes a visit to their doctor. This is over and above the charge to see the doctor and add'l Dr. visit fees. Thus, I do not see my doctor regularly. It will also increase future coverage for health insurance. I contacted other hospitals and not one charges this fee. The hospital has a lot of internal problems which I have experienced.
- Access to sophisticated surgery such as for esophageal cancer. Had it done at Centegra-McHenry and it was botched, had to have it redone at Loyola.
- Better hospitals. Centegra is a joke. I take my parents to Loyola.
- More choice in the hospital that the EMT will take you. I could not go to the hospital that was in my insurance plan.
- No, however, the services compared to where I moved from and currently work need improvement. Specifically, the processes and EMR at the local hospital.
- Trauma center at hospital, more doctors locally.
- More immediate care centers in the northern part of the county.
- Birthing center where natural births are performed by midwives.
- We need access to “Sharps” disposal (needle disposal). We are the only county in Northern Illinois that does not have a location to bring sharps containers to. This is a risk to the county that these may be improperly being disposed of and could get into the wrong hands.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- We currently drive to Westmont to see a Chinese herbal medicine practitioner and rely on acupuncture and herbal supplements to keep a healthy body and mind. Would be nice to have more of those sort of services provided in McHenry County. Note: my wife and I have a strong aversion to Western medical practices that focuses on drug treatments!
- Alternative medicines.
- Medical marijuana facility. Child care so parents can visit a doctor. Nature schools. Tourism. Affordable renewable energy for individual homes. Primary care providers more available. Free fitness classes and free fitness groups. Concert venues, bars, and restaurants in a downtown area near Metra.
- Pediatric orthopedic doctor.
- Geriatric specialists, dementia specialists.
- McHenry County needs more adult and adolescent outpatient treatment options.
- Psychiatric - 6 month wait!!!!!!!!!!!!!!!!!!!
- Psychiatrists, better transport.
- Psychiatry and obesity services with evening or weekend hours.
- There is a huge lack of physicians who have experience serving people with intellectual and developmental disabilities including: general practitioners, psychiatrists, psychologists, dentists. We have lived in McHenry County for 21 years and we see specialists in Chicago.
- The veterans in this county need better access to medical care. We need more dedicated VA centers in this county. Or at least care that is approved by the VA, mostly mental health care! Sending people to North Chicago only to be told you have to wait 3-6 months is terrible!
- VA benefits. Mobile Veterans screening for possible post service medical/mental health issues. A screener trained to detect service related issues.
- Veteran transportation to and from their homes to doctor appointments, grocery stores, etc. McHenry County also needs a better Veterans Service Officer, is not a helpful resource when putting in VA claims. My initial claim with him was lost and when I confronted him about it I felt I was pushed to the side. Eventually the matter was resolved.
- Walk-in health clinics and dental clinics that are affordable. Like, where you can go to get minor problems addressed quickly without being mailed a bill for $750, like I was handed when I went to the Immediate Care in McHenry one holiday weekend with a toothache. I sat for four hours waiting to see a doctor, saw a doctor for five minutes - $750 out-of-pocket because the clinic the hospital got their ER doctors from didn't take the insurance I had at the time. That's $9,000 an hour. Nice work if you can get it. But I can't afford to pay that sort of bill so I just stay home when I get sick and tough it out. I can remember when you could go to the ER and get small emergencies taken care of for $100/$200. Now you have to give them a thousand dollars just to walk in and look at you. Of course, such places will probably be swarmed by the Mexicans with their 20 kids, but maybe Trump can help out on that score.
- Home health care workers’ mobile dentist.
- Increase access to dental services for low income. More availability and publicity about free fitness activities like walking or biking trails. Biking/walking trails that connect towns. A ban on neighborhoods and businesses that don't have sidewalk access. Sometimes it's impossible to walk to a business because there are no sidewalks there!
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- I wish there were more dental options for the UNDERinsured. Our daughter had to have four impacted wisdom teeth removed and our insurance wouldn't cover anesthesia other than a local anesthetic, which was highly discouraged by the oral surgeon as she would have been awake the entire time and heard everything going on (teeth breaking, drilling, etc.), which can be very emotionally traumatizing. Of the $3,300 to remove her four impacted wisdom teeth, insurance only paid for $400. We had to delay the surgery, which started to cause other dental issues. Luckily, we were able to afford the $2,900 eventually, however, I know that we are the lucky few. Many would still be suffering. Even if we had chosen local anesthesia, our out-of-pocket would have been $2,150.
- Better mental health services.
- Mental health services, more accessible for the average family.
- Mental health services.
- Mental health.
- More mental healthcare facilities.
- Outpatient mental health services.
- Mental health services. Pioneer Center closed and is no longer available. Would like to see cheaper healthy food options. Farmer's market is great but very overpriced (even in the stores) which makes it very difficult to eat healthy.
- More access to mental health services. I have relatives who have had trouble finding qualified and quality mental health care for depression and also for autism.
- The availability of mental health resources in the community continues to become increasingly difficult. This results in additional strain on other resources - increased homelessness, crime, overcrowding in EDs, etc.
- Overarching need for a more robust mental health and substance abuse infrastructure.
- Help with substance abuse for my daughter and help with mental health services for both of us.
- More mental health counselors available.
- Mental health service providers. Access to local, organic farms via co-op or by other means.
- Pediatric inpatient mental health services, more integrative health services, prevention services.
- Mental health services for toddlers since Pioneer Center closed.
- More mental health services. More respite and wrap around care for kids.
- More mental health services for children.
- Free teen counseling services. Property tax assistance.
- My concerns are the services that will be available to my child who has autism once he becomes an adult. I am concerned about housing and job supports.
- Adolescent services - inpatient, day program, more group availability.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- More mental health services (adult, child, and adolescent), such as transitional assistance, housing assistance, job placement/training, case management services, counseling services (individual, couples, family, group, etc.).
- More mental health services that accept Medicaid/Medicare and more subsidized housing/affordable housing.
- As a mental health professional, there is a great need for increased mental health services in our county, especially those who have Medicaid or no insurance. Transportation services are also an area that the community can benefit from.
- Residential substance abuse treatment increased psychiatry services for recipients of Medicaid and the carve out plans increased counseling/therapy services for recipients of Medicaid and the carve out plans.
- I know a lot of people who need psychiatric services and also therapy for the Hispanic population. There are no Spanish-speaking therapist in our area. Most providers don't take Medicaid and waiting lists are too long. Another problem I'm experiencing is unaffordable housing and the lack of assistance programs to help buy a home. I have been trying for a long time to buy a house but the property taxes are too high and the mortgages unaffordable. Also there's no help to improve your credit score to get a better APR.
- Not for me or my family, but psychiatric care for Medicaid patients is very, very difficult due to limited providers. State reimbursement is the problem and psychiatrists no longer wish to take on Medicaid due to slow or no reimbursement. The current funding levels, I am guessing, will not be enough and will not lead to more Medicaid providers.
- Mental health services for individuals with developmental disabilities/autism.
- More autism support programing, more affordable mental health services, more professional jobs.
- Our community needs more mental health services and services for developmental disabilities.
- More opportunities for young adults with disabilities. As odd as it sounds, young adults with disabilities would like a place to go that is safe for weekend entertainment. A nightclub-type atmosphere with music and dancing (no alcohol) where they could be safe with their peers and feel "normal." There is a huge gap in services for higher functioning young adults with disabilities.
- I would like to know that there are more services available for adults with developmental disabilities in our community.
- Small group homes for adults with disabilities would be helpful. My younger brother has cerebral palsy and currently lives with my parents in the south suburbs. But they will not be alive and able to take care of him forever. I would prefer to have him live near me when that time comes rather than me having to move out of McHenry County to care for him. Maybe we do have these but they are not publicized?
- Increased residential placement for individuals with developmental disabilities.
- Residential and day programs for persons with developmental disabilities. Currently there are very few choices and mixed quality of services. There should be affordable recreation/leisure activities for this population and public transportation is extremely limited and difficult to navigate.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- More case management options are needed for disabled people to help them gain access to and preserve public benefits such as SSI and SNAP.
- There needs to be better assistance for individuals with disabilities. I have a 35 year old sister, mildly developmentally delayed, significant mental health issues. There are no resources available to help her with specific job training/assistance in getting her job coaching. She has wanted to work, but has had a very difficult time getting any basic skills training. She "looks" high functioning, but her cognitive skills are impaired and she has anxiety/paranoid features. She can drive a car and take basic care of herself - but continues to live on SSI and with her parents. Our family is fortunate that they can "take care" of her for now, but in terms of independent living skills for adults that continue to struggle - there are no services available for her. It's a shame - because she's essentially an able bodied person - but cannot maintain a job due to her disabilities, and lack of support to help her develop strategies. If she was "more" disabled there would probably be support but it's that "mild" disability that does not get met, yet she still qualifies for SSI. I wish there was more support for her.
- Places for individuals with disabilities, who are young adults, to go and socialize with others in the community and have accessible and safe transportation.
- Assistance or better knowledge acquisition of assistance to ageing parents and their care. I, along with 2 siblings, are doing all the care for our mother. We have very full lives before the cancer treatments. It seems she cannot get care in any way. We do not understand the resources available or she is denied, perhaps because we do not know the process. There is no mental health or support for the caregivers and no one talks about the process of aging, extra needed care, and death! Sharing of the journey socially shows that people have a very diverse understanding and very diverse expectations from family to family on how to care for their own family members. Very frustrating, exhausting, and devastating on her and all of us!
- Mental health services that visit seniors in their homes.
- Low/No cost depression and anxiety services specifically for the senior population.
- I believe McHenry County needs to fill the gap left by Pioneer Center closing. As I stated before, now we have nowhere to send our low-income families who do not have access to insurance. Additionally our Latino families do not have access to Spanish-speaking psychologists, therapists, counselors, or psychiatrists. This county also has a huge lack in psychiatrists that I believe needs to be filled. With Pioneer Center closing so many of our families and kids no longer have access to mental health support. The strain this puts on our county is extremely great.
- Free or low cost mental health, marriage counseling, support groups for elementary school-aged children on bullying and peer pressure.
- Treatment and hospitalization for eating disorders and self-injury. I had to drive my daughter out of county every day while she was in treatment because there are no services offered in the county for eating disorders and very limited services for self-injury.
- Eating disorder/anorexia facility.
- Naloxone become more readily available and accessible for members of the community. Trainings to administer drug in life threatening situations. Providing these specific services will help address the rapidly growing heroin crisis, prevent fatal heroin and opioid deaths.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- Not for myself, however, I have noticed an increase of homeless persons in town. There also seems to be a deficit in SUFFICIENT mental health services in this county. As a health care professional, I noticed a tendency to "treat them and street them" - this is true in the U.S. in general.
- Not personally, but I would love to see safe places for those experiencing homelessness to go during the PADS off-season. The current options are to try to find shelter/agency placement or sleep in a tent and there are no legal locations to do so unless there is verbal permission to stay on someone's private property. I would like to see more low-barrier housing for those who have: experienced homelessness, have prior criminal history, are disabled mentally or physically, who may have poor credit/prior eviction, whose income does not match 2 or 3 times the amount of fair market rent.
- Low-income housing for those who need it.
- Currently there is a huge shortage of senior housing options for those with low income. For that matter, there is a shortage of housing for all low-income individuals and families. I had to place my father in Lake County because there was NO WHERE in McHenry County with room for him as a Medicare/Medicaid patient with Dementia. I struggled and I know that there will be many more families and individuals struggling with this in the very near future. We are adding more hospitals in McHenry County, which will be needed, but where are seniors going to be having to move to beyond the emergency care facilities? With the cost of long-term care, we are looking at a very concerning issue for ALL communities, not just ours here in McHenry County.
- I would like to see more affordable housing for those that are unable to afford the high cost of living in McHenry County. I would also like to see a resurgence of community centers that offer varying services as well as community gardens.
- Less expensive housing choices and better public transportation.
- In my opinion, the most important thing that McHenry County needs is smaller homes with smaller property tax amounts. Housing is WAY too expensive for the meager wages being paid to the majority of residents in McHenry County.
- I believe YMCA's and Boys and Girls Clubs would beneficial to a county like McHenry County. Public transportation for this county is poor as well.
- Health or gym for each town that cost less and affordable to people. Heathy grocery store that is affordable. McHenry has biggest farmers and growers, why can't they sell to the community for less. This will encourage people to eat better rather than cheap poor nutrients context at their local grocery store. 😞
- Specifically Woodstock, a larger health and fitness/wellness center like a Health Bridge or Lifetime. The Woodstock recreation is pathetic, run down, and cannot cater to larger numbers of people.
- I wish we had a park like Three Oaks which is expensive for non-Crystal Lake residents.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- Access to places in Crystal Lake without paying a large fee since it's not included on my tax bill. We do understand we pay less in taxes to live in unincorporated, but we still pay a large amount. My child attends school in Crystal Lake - the parks, beach, library, are all places her friends invite her to and we want to enjoy, but the cost to do so holds us back: even a family of three to go to Three Oaks for a day is of $31 vs FREE for a resident. Main Beach is $29 vs $3. Season passes for our family would be: $290 and $150. The library is also something my child loves to go to, but we never get to check out books as its $4xx for us to get library cards (last we checked). There are several people who do not utilize these locations and pay for them, so there should be the ability to offer reasonable discounted passes for those who do want to use them (museum campus-type pass with a flat rate family fee to have access to Three Oaks, beach, library).

- Better access to and affordable outside activities. Bike path. Affordable pool & gym memberships.

- Safe bike paths and/or walking paths in the Johnsburg area.

- Additional biking and walking/running paths. Additional public access garden opportunities.

- More bike and walking paths to get to places.

- Lack of bike/walk paths dangerous to jog, ride a bike, walk, etc. Mental health and substance abuse support needs improvement.

- Bike or walking paths. Dog Parks. Public Gardens.

- Connecting bicycle trails to Chain of Lakes State Park and McHenry County Conservation District areas. Accessible fishing pier at township parks. Transportation services available 6 am-10 pm that is accessible for workplace and appointments. Language (reading, writing) and math literacy services available at local libraries. Health and safety training, first aid and CPR, in the local communities' libraries for the public.

- Biking paths near Woodstock, healthier fast food options, affordable and updated sports center.

- Bike paths in Woodstock.

- Bike paths.

- I would like to see the county and the Conservation District make expanding and extending bike and horse trails a bigger priority. Especially where we can connect to trails in adjoining counties or add trails to existing Forest Preserve/Conservation land.

- Better access to hiking/biking trails - where you don't have to cross busy or dangerous streets.

- Every single neighborhood should have sidewalks.

- Legal services.

- Legal services based on sliding scale. The one in the county at this time are NOT taking new clients because the state has no budget.

- Free financial advice help.

- Financial aid for people who need help paying for respite care.

- I would like a good job, secure job, with a solid company in McHenry County. A job that I would work at until retirement, which looks like age 70. A job that pays well and provides a comprehensive benefits package to build security and add to my stability.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- Please help our community with more career opportunities, better low-income housing, more mental health care options, and more overall support and skills offered to those of us that are impoverished but willing to do anything to get back on track!
- School supplies and food for children during summer vacation or holidays.
- I feel there needs to be more groups to help released prisoners after being incarcerated. The adjustment period of being back into society is very overwhelming. Most employers will not hire them, difficult to find places to live because many don't want to rent to them and there needs to be a group that will offer them guidance, etc. Everyone deserves a second chance!!!
- Loss Group for family members who lost a loved one to suicide. Currently, I know of only one in McHenry County.
- The county could create a community garden so that fresh foods can be grown for the needy (i.e., PADS, Woodstock Firehouse participants, HOS, TLS, etc.) if it is allowable under county health regulations. McHenry County could provide a small area for a community garden, volunteers recruited by Volunteer McHenry County and local area garden groups. We will have to depend less on government entitlements, especially State of Illinois funds, one way or another and I think growing some of our own food is a step in the right direction.
- The county does have enough services. If you're looking for healthy individuals - well adults/kids need bicycles, be outside more, etc. Some communities are better at it than others but we don't have an active society anymore. Everyone is inside or parents driving their kids everywhere. Obesity is an epidemic and our lifestyles are formed when we are in our teens-30's. After that it is more a struggle to have a healthy lifestyle.
- Working in the educational system, I would like to see after care in the community for families that experience sudden loss, students that return from hospitalization, psychiatric care, transition services for special education, mental health support for LL community members, drug counseling in schools, and continued educational opportunities for team members.
- More things that promote healthy living lifestyle as preventative care. I have learned a lot about healthy food as medicine but none of that learning has come from local community and it is like swimming upstream to make those healthy choices for myself and family. If there are programs like that in place, they need to be advertised better.
- Camps for children in Harvard, IL.
- It would be nice to have a YMCA in the northern part of the county.
- More support in schools (at all levels) for students with Autism Spectrum Disorders and related diagnoses.
- My IL incarcerated son will need McHenry County services accessible when released from prison. There's a great need for transitional housing & ALSO a service to help get a job w/a felony record. Please contact me w/info of any services/resources to help new formerly incarcerated people or any services in neighboring areas. All types of this info also has to be given to incarcerated at least 2 months before their release. But even before that time, job retraining is needed for some prisoners earlier before their release time. All types of these services would greatly financially benefit everyone because saves people from returning to prison which is very costly for every individual person thru taxes, etc.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- Scientifically supported and peer-reviewed/published nutritional information (cooking classes, nutritional seminars, etc.) that is focused on the prevention/avoidance, reversal, healing of genetic/hereditary, chronic illnesses, and obesity (whole food, plant-based nutrition).
- Meals on Wheels in Island Lake.
- More affordable child care, affordable summer camps for FT working parents.
- Nutritional courses, cooking classes, farmers markets.
- I believe the communities would really benefit from rethinking their city layout. For instance, many cities really aren't meant to walk around in. There is the downtown, but they are generally small. Specifically, I would like to see all neighborhoods have sidewalks, shopping, restaurants, etc. People should feel that there is someplace to walk to without the need to drive. This would dramatically improve overall health, reduce gasoline usage and carbon emissions, and improve quality of life.
- Not sure. So many places are stopping or changing due to state funding. I think mental health support is limited. Dental/Medical for those who have insurance but can't afford copays or deductibles. Supports for people who are just over the income levels or being eligible for supports. It almost pays to not work then to work and have insurance but still not afford to see a doctor. Most hospitals won't give you a financial assistance application if you have insurance which is not fair. There is some help for low income and noninsured but none for those who have it but can't afford it.
- More detailed information about senior benefits.
- The services are there, just not available for people like me. A single mom that makes pennies too much to get help and can't get help anywhere. I am often worried if my electric will be shut off, if we have enough food, and if I can pay daycare. It's at the point where I am having anxiety attacks at night, causing me not to sleep and be late for work. I almost feel like I would be better off making minimum wage because then I know that I could utilize these services.
- There used to be a great farmer’s market in Algonquin right on main street, for some reason they moved it a few years ago and now my mother and I cannot go to it.
- It would be nice to see more people that need the help get the help, not wasted on people that just want the help. To clarify, there are way too many people abusing the system, if people are not willing to help themselves then they don't deserve assistance period. I talked to people about this all the time, too many able people are using free food services and then using their cash to buy booze and hit the local bars. Those same people are doing side work for cash and claiming they can't find work or can't work. This is taking work and aid away from the people who need it. I would like to see stricter qualifications and drug testing for benefits and free services.
- We need more healthy food store options in this county. A section in a food store doesn't match what is needed in this county. And because the county is big - focusing on what the north end needs in comparison to the south end will provide a better picture of what is and what is NOT available.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- I would like to see the abuse of government assistance stopped. I am sick of seeing people with $200 wardrobes and $30,000 cars buying steak with the LINK card or what have you while honest folks buy what they can afford because it is the right thing to do. The same thing goes for Affordable Care. My insurance keeps going up to pay for the abusers. Sorry, not your fault but it is ridiculous.

- No, we are already paying for too many free services. Stop enabling people to do nothing.

- Most the services that have been cut due to the budget crisis. Please review them before putting them back up for the residents in the community, to make sure that the people who are in REAL need are getting them. Also, make sure that clients are following up with the services; make them responsible for keeping appointments and doing what they are supposed to be doing. There are too many people on these programs that are not fulfilling their responsibilities; we cannot afford to enable these people anymore. There are too many people in the community who are not receiving services because there are too many people already on the programs. Please help the people who truly need the services and not the people who are just looking for a freebie/not doing their part to get off these programs for the benefit of others who do. Please consider making parents of children that are on these programs aware that they are also involved in the process of helping their children enrolled in these programs. We cannot be responsible for the parents’ responsibilities and the agency services too. It is the combine effort of agencies and families to ensure better outcomes for themselves and their families.

- I would like to have a Noise and Light Pollution advocate. Lawnmowers starting up at 4 am to mow golf course behind house impacts health of household as one cannot get 7 hours of sleep due to noise from golf course lawn crew. EVERYONE, golf courses included should have to abide by the noise ordinances. Golf course feels they are above the law.

- I am going to call 2-1-1 for some disability questions to help with my sister.

- Water testing, mental health counseling! For people who HAVE Medicare, under 65 basically, the Preferred PPO that no one is certified with training for. Seems people on state aid Medicaid have easier time with this than people like me screwed. Searched so many times, even started appointments, argue what type of insurance I have then! OH we don't take THAT Medicare, our counselors are not certified. Well I think all of them should get cert because I heard it is so easy - per an insurance customer service person in shock. Need drug addiction opioid help for people and HOMELESS PROGRAM. For the safety of all, so those people don't just die because they are ignored, or hurt by a gang banger for points, terrible. I tried to help a veteran = and was hard, took months. Not certain he completed duty, so I see him in the dark and he looks like a sheep waiting for wolves around. Disturbing.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Online Survey)

- In general, living in Marengo is a trade-off where you lose the conveniences of living in a suburb like Schaumburg, that has everything, but is so miserably congested and hard to get around (I know, I lived there.) So when I moved out here I already knew that I would get more land, open space, the ability to admire the night sky, more quiet, wildlife, more ease of getting around, but forfeit conveniences like dry cleaners, the arts/culture, Centegra or Mercy style immediate care in my own back yard, and so forth. What I didn't know when I moved here in 1990 was how McHenry County would nearly tax me out of my house with property taxes that have escalated from the low $2,000s to nearly $8,000 a year for a 1600 sq. ft. ranch with two bedrooms. Or that our County Board was run by Republicans who were in no way, shape or form the fiscal conservatives they claimed to be. Or that the local grocery store(s) could not compete with Jewel for quality, price, and choices. Or that the downtown area was basically a tired old dump and would remain a dump right through 2016. I would love to see a Centegra type of immediate care service here in Coral Township/Marengo area, and would be happy to see transportation services for all residents, not just seniors and the disabled. Some festivals and arts or cultural events on a more routine basis would be great, as the trip to Chicago is such a downer whether by train or car! We have very few really good restaurant choices in the Marengo/Union area. There is no “fine dining” in Marengo for people who would pay extra for a drink and a gourmet meal.
- NOOOOOO! TOO HIGH TAXES AS IT IS!!
- LOWER MY TAXES so we can afford my healthcare and skyrocketing medical bills!!!!!!!!!!!!!!!!!!!
- Where do I deposit old computers and printers? What kind of assistance can you give Spanish descent children raised here in the U.S. by aunts, uncles, cousins? This question is regarding immunizations?
- No time.
- All is fine with me.
- Not for myself, no, but there are many others who need multiple things.
- Extension of Rt. 53 North to Rt. 120.
- Probably, but I can't think of them right now.
- No, not at this time.
- Not at the moment.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. *(Paper Survey)*

- Very poor transportation overall.
- Areas accessible via public transit are small compared to county's size.
- There is not good public transportation access for Marengo-Union area.
- Public transportation is inadequate and undependable. Lack of mobility affects all other areas of life for those without autos.
- Need better public transportation system.
- We need better access to public transportation.
- Need more public transportation and jobs.
- Transportation
  - Public transport for all residents.
  - Bus service for seniors.
  - No free transportation for people over 60 years with disabilities and wheelchairs.
  - There is no public transportation. There is only one food pantry and their very rude. There is nothing to help entertain kids.
  - No public transportation.
  - The town has no transportation.
  - Being a small community, there is no town to town public bus service.
  - No public transportation - long walks! All I have is Metra train.
  - No Sunday transportation.
  - Too far to go, no bus.
  - We need to change transportation.
- I reside in Harvard. I have extreme difficulty trying to get to services/programs to help with job search and food services.
- Transportation is available but not always convenient.
- For disabled transportation (bus) not convenient. Train station too far to walk to due to disability. Parks/Recreation programs not geared for disabled and seniors.
- Public transportation is dysfunctional, can't use it without 2 or 3 days advance notice.
- Could use more widespread public transportation with longer hours.
- No public transportation with widespread hours, no park system in city, no choices for teenagers, rural community with no resources.
- As grateful as I am to have public transportation available, it is not that dependable especially to get to work - have been late many, many, many times. Poor transportation makes it very difficult to get to the other things available and no service on Sundays and only daytime rest of days.
- Services have long waits for transportation.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Paper Survey)

- Train stop in McHenry more during the day.
- Dial-a-Ride system in Harvard is not user-friendly.
- Poor vision and Pace buses are too busy.
- Pace is not adequate for seniors or the disabled who need transport from their home!!
- ADA (Americans with Disabilities Act of 1990) has impossible times for use on Pace buses.
- RTA does not have room for me on their schedule, if I forget to call 24 hours before or the phone is busy.
- I drive so I can go anywhere and it’s only me.
- There is not really a need for public transportation for our family.
- Not a lot of public transportation, but I am ok with that. At this point, my family is not affected by that.
- Don’t drive.
- Depends on how often I have to see doctors and such services.
- We live in a small community. It is not always the difficultness, but its lack of services. There is not much in town but within driving distance.
- Being disabled find almost no help.
- Shutting down SEDOM and putting children with special needs all together in one spot that is not specialized to their needs.
- SEDOM has been disbanded.
- Mental health in all is being knocked out of business by Illinois.
- Waiting lists for mental health services for low-income households.
- No and one poor item (entertainment, art, cultural activities), there are not many places that have these kind of activities.
- Far from entertainment, jobs, and shopping.
- Have not seen or heard people talk too much about the arts or culture activities. Parks are in poor shape. No easy public transportation within town.
- Would like to see more activities for kids and more food pantries/truck in Woodstock as well as affordable homes.
- Recreation services like kids’ pool too much money.
- We need swimming.
- Beautiful park with outdoor pool but the pool should be open more hours, open at 10 - close at 9 pm.
- We live out of district in a small community and access to Crystal Lake beaches is expensive - all Park District services.
- We have a terrible park, nothing for kids to do in town.
- I live in the country so getting to these activities I would have to drive.
- I don't know where there are any bike paths.
- Not enough bike paths in Woodstock!
- When it comes to walking paths, there aren’t many around town.
3. For items in Questions 1 and 2, is there anything you would like to tell us about the availability or accessibility of the items in your community? Please explain if you rated an item as poor or very difficult. (Paper Survey)

- We have a walking path in our town home association.
- Need paths for walking in Rte. 31.
- Woodstock isn’t very walking-friendly, especially crossing on Rt. 47.
- Wish there were more sidewalks.
- Jobs
- Get more jobs and public transportation.
- Too many unemployed people in area, not enough local jobs or low rent very little.
- Not a big town so not many jobs.
- Need different variety of job opportunities.
- Finding work.
- Don’t know of any training to reenter the workforce.
- The free food at the pantries are limited to the days and times you can go there.
- Food pantries are very different at each location. Some policies have too many rules and not enough food or necessary items (paper/cleaning items).
- No farmer’s markets or community gardens in Marengo.
- It all needs help.
- Marengo has nothing.
- Don’t have any, have to go to Woodstock.
- Lower taxes.
- Anything dealing with seniors always takes a back seat.
- I’m a senior, don’t get around that well.
- Too many non-English-speaking people who can’t/won’t learn due to not many programs.
- I believe I will actively research all these now! 😊
- Some I’m not sure on what services they are, not enough advertisement.
- I really don’t know a lot of places.
- They been very helpful getting me the help I’m looking for, for myself and my daughter.
- I feel overall Harvard is a safe community with many available resources.
- Small town, rural area.

6. For those who have insurance, which of these are sources for your household members’ health insurance coverage? Other (specify): (Paper Survey)

- Under my parents.
- Parent’s insurance.
- Fee on day insurance.
- Not enough money.
7. Where do you and other members of your household go when sick and need to see a doctor or nurse? Other (specify): (Paper Survey)

- Crusader Clinic
- Free health clinic
- GSH
- Mayo
- Home service

9a. Which of the following reasons prevented you or a member of your household from receiving MEDICAL care? Other (specify): (Paper Survey)

- Insurance didn’t approve pre authorization in time to heart Dr.

10a. Which of the following reasons prevented you or a member of your household from receiving DENTAL care? Other (specify): (Paper Survey)

- Money
- Wait time for coverage on procedure needed.
- Dentist stopped doing state dentures after pulled all teeth.
- Once the appt was made three weeks in advance, the receptionist wrote wrong time on card, was told I was too late and need to reschedule. Wait was 4 weeks.

11a. Which of the following reasons prevented you or a member of your household from receiving MENTAL HEALTH OR SUBSTANCE ABUSE care? Other (specify): (Paper Survey)

No responses.

20a. (Are you currently raising children other than your own?) What is your relationship with this child/children? Other (specify): (Paper Survey)

- Step-daughter
- Step-child
- Step
- Caregiver

Numbers in parentheses ( ) indicate number of mentions.


- Lake County (2)
- Checked but did not specify
24. What is your zip code? Other (specify): (Paper Survey)
   - 60042 (2)
   - 60046

30. What language do you speak most often in your household? Other (specify): (Paper Survey)
   - Polish (2)
   - Dutch
   - Ukrainian
   - Sindhi

32. Where did you hear about this survey? Other (specify): (Paper Survey)
   - Food Pantry (35)
   - Pantry (2)
   - Volunteering at Food Pantry
   - Food Bank (4)
   - Food Bank Cary
   - Cary Food Pantry (3)
   - Food Pantry in Cary
   - Crystal Lake Food Pantry
   - Harvard Food Pantry (2)
   - Harvard Pantry
   - M.O.R.E. Center (4)
   - Food Pantry (M.O.R.E. Center)
   - M.O.R.E. Food Pantry
   - Food Pantry Wonder Lake (2)
   - Wonder Lake Food Pantry (2)
   - Food Pantry - Wonder Lake on E. Wonder Lake Rd.
   - County Fair (5)
   - McHenry County Fair (3)
   - McHenry Co Fair
   - MCC Health Fair
   - Health & Safety Fair at MCC 7/27/16
   - Health Fair (2)
   - Fair
   - Senior Center (3)
   - Senior Services (2)
   - Place of employment
   - Job
32. Where did you hear about this survey? Other (specify): (Paper Survey)

- Work
- Boss (2)
- Boss/Day care
- Day care (5)
- Brown Bear Day Care
- TLS Round Table (2)
- SSA
- VLS
- VA
- Turning Point
- Family Health Partnership Clinic
- Crystal Lake WIC office
- Historical Society board meeting
- At a public forum
- Conference
- Walden Oaks
- Senior coordinator at Walden Oaks
- Service coordinator
- Building coordinator
- Senior apartment
- Given at apt. building
- At residence, was given it to fill out.
- Resident
- Where I live
- Mail at apartment
- Put in mail drop box outside my door.
- Dropped off in mail file
- Was mailed to me
- Mailed to me
- Mailed
- Mailbox (2)
- Was handed to me
- Mother
- Checked but did not specify (10)
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Paper Survey)

- Public transportation. (2)
- More extensive public transportation. Thank you for this survey.
- Public transportation seems to be a real obstacle for certain groups of people.
- There should not be limited times on Pace buses for ADA passengers. Because it is like being penalized for being disabled. ADA runs all day long in Lake County Illinois. McHenry County will not accept a transfer from an ADA bus in Lake County to a Pace bus for Dial-a-Ride, route buses, or ADA buses in McHenry County.
- Better transportation for sight impaired.
- Bus service would be nice out here. And build an inside mall would be nice with activities for teenagers to hang out and go somewhere for them to go on weekends.
- Shuttle service to O'Hare Airport. Free walking trail (in winter) inside health clubs. McHenry County or Crystal Lake sponsored health clubs. Affordable/Discounted health clubs for seniors.
- As I'm no longer able to afford a car, I think that having such limited public transportation keeps me and others from taking advantage of some of the things that are available. Especially cultural and recreational things that may happen in the evenings, on weekends. Even when you can take a bus, you cannot plan on being picked up or arriving on time. Even to travel within your own town you are told to allow 1 hour to get to your destination and that is if you are picked up on time. Sometimes pick up is ½ hour to 45 minutes late. Transportation is a large inhibitor for many to make use of the resources available in our county.
- Better bus system to include weekends and holidays. Fox River Grove gov't is trying to make the village into Chicago and Arlington Heights. The disabled and poor are shunned and forgotten! FRG gov't is destroying the trees and environment. They do not know what a Grove means. They are dictators, charging the poor for permits to paint their houses or to do some minor repairs!!!
- Mass transit, free health/dental care clinics.
- Need better: public transportation; funding for mental health, dental care, and child care - for working poor; organizations providing services to veterans and their families; domiciles for the homeless.
- Assistance for mobility devices.
- Rides to and from doctor’s appointment.
- Dialysis near Huntley.
- PT, OT, and Speech therapy for children.
- Faster referrals for specialist at McHenry Health Clinic.
- Needed surgery and couldn’t get help to take care of my grandson and myself after surgery. So I had to cancel my surgery.
- Financial assistance/counseling/debt consolidation. Low-income child care for people who are working. Better public transportation (accessible) stops.
- A good health insurance provider. Paying out of pocket makes it difficult to budget all types of bills.
- VA hospital. Veteran support.
- Reduced income-based dental care.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Paper Survey)

- Need an oral surgeon who takes Aetna.
- Conveniently located mental health facilities and services. Better transportation, medication assistance (with payment).
- Mental health services for children and adolescents. I cannot get help for my son without switching PCP and then the doctor is too far from home in case of emergency sickness or checkups.
- I need mental health services for myself and my kids. There is not a doctor to see.
- More help for behavior health and mental health.
- Services may be available in McHenry County but not in Harvard: mental health, transportation-broader, teen centers or activities for teens.
- Mental health services and services for developmentally disabled are messed up. You have to go all over to get them.
- Reasonable relationship counseling service, low fee or free.
- Faster housing, affordable housing.
- Low-income housing for seniors who live on a small monthly income.
- Gyms and other healthy living services, i.e., yoga, boxing, etc. Especially in the Harvard area. Walking areas, sidewalks are not handicap accessible and difficult to walk on as they are unsafe with broken and uneven sidewalk/concrete.
- Public/County beach or pool; health care facility gym. Most gyms are private and if you live out of Park District we are underserved. AKA unincorporated Crystal Lake; Island Lake; Prairie Grove; Burton’s Bridge; Lakewood.
- Public indoor pool that is not ½ hour away.
- Get together for widows and widowers to find people to watch football games, go to dinner, movies, and just have nice companionships to stay busy. My son lives in Wonder Lake and has ObamaCare and fell and hurt his leg very bad. Hospital wouldn’t take MRI to see if it was torn. Had to wait 1 month to see ortho MD who wanted P.T. but ObamaCare wouldn’t pay. He’s also had many teeth problems with breaking and can’t afford dental insurance. PEOPLE NEED BETTER INSURANCE. He’s lost several teeth.
- No park recreation for people over 60 or free places to exercise.
- Exercise services at low prices.
- Weight loss program for obese people. More affordable day care center. Senior citizens activity centers in each town.
- More co-ops and healthy options. Lower property taxes.
- Community seed library.
- Sidewalks on main roadways such as Route 14 to enable those without vehicles to more easily reach stores, banks, and other offices without walking on narrow roadways. Sidewalks should be provided by the businesses along major roads such as Route 14. It is saddening to witness people in wheelchairs in the roadway.
- Woodstock is a nice community. Need sidewalks in Woodstock.
- Better bike and walking paths.
- More bike paths in Woodstock, recreation lake in Woodstock.
33. Are there services that you would like to have access to which are not currently available in McHenry County? Please describe: (Paper Survey)

- Jobs
- Jobs for mobility impaired work from home!
- Jobs, more child care.
- Yes, jobs for my son.
- Get help with job skills if disabled.
- That put us a nearby school w/learn English and computing.
- Some type of assistance for those who are in need of hearing aids, but have no financial resources to buy. Hearing loss is a serious problem leading to withdrawal from social participation, depression, and dementia. Thanks for asking.
- More places to get food and help with bills and clothes.
- Help figuring out what to do.
- Better screening for people using services they can afford, Public Aid, food pantry, housing! Many people need help, too many take advantage.
- I don’t understand why fire alarms cannot be adjusted so I can use my oven. Told building cannot do anything about it.
- Your rep at Senior Service in Johnsburg was very nice and pleasant.
- I have been in McHenry County since 1970. Been to a few through the years, some have improved, I’m glad to say.
- I’m sorry I don’t know. Have only lived in McHenry County for two years. For me, the services are perfect. I’m originally from Cook County.
- Not that I can think of. 😊
- Not that I know of.
Appendix E
REFERENCE MAP
ZIP CODES IN MCHENRY COUNTY
Appendix F

SUMMARY OF SURVEY FINDINGS
Methodology

- Survey instrument developed by McHenry County Healthy Community survey subcommittee with guidance from HSR
- Many questions repeated from 2014 and 2010
- Survey administered online and paper, June through mid-August 2016
- Survey link communicated through 33 MAPP member agencies
- Paper copies distributed at food pantries, fairs, other organizations
- Respondents considered "convenience sample"
Response

- 1,090 responses
  - 774 electronic & 316 paper
- 2016 responses 46.5% more than 2014 (n=744)
- Zip codes grouped into areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Woodstock</td>
<td>259</td>
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<tr>
<td>Crystal Lake</td>
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<tr>
<td>Southeast</td>
<td>184</td>
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<tr>
<td>Rural West</td>
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<tr>
<td>McHenry</td>
<td>130</td>
</tr>
<tr>
<td>Rural Northeast</td>
<td>74</td>
</tr>
<tr>
<td>Other or no zip code</td>
<td>75</td>
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How Respondents Heard about Survey

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<th>Rank</th>
<th>Method</th>
<th>All</th>
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<th></th>
<th>Online</th>
<th></th>
<th></th>
<th>Paper</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Total Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
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<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Health department</td>
<td>238</td>
<td>21.8%</td>
<td>173</td>
<td>22.4%</td>
<td>65</td>
<td>20.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Friend, co-worker, family</td>
<td>161</td>
<td>14.8%</td>
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<td>15.1%</td>
<td>43</td>
<td>13.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Social service organization</td>
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<td>82</td>
<td>10.7%</td>
<td>43</td>
<td>13.8%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mental Health Board</td>
<td>53</td>
<td>4.9%</td>
<td>41</td>
<td>5.6%</td>
<td>12</td>
<td>3.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Newspaper</td>
<td>46</td>
<td>4.2%</td>
<td>35</td>
<td>4.6%</td>
<td>11</td>
<td>3.6%</td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>Hospital or doctor's office</td>
<td>36</td>
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<td>7</td>
<td>Church, place of worship</td>
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<td>11</td>
<td>1.5%</td>
<td>4</td>
<td>1.3%</td>
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</tr>
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<td>8</td>
<td>School or college</td>
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<td>0.7%</td>
<td>2</td>
<td>0.7%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Library</td>
<td>6</td>
<td>0.6%</td>
<td>4</td>
<td>0.5%</td>
<td>2</td>
<td>0.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>37</td>
<td>3.4%</td>
<td>132</td>
<td>18.1%</td>
<td>121</td>
<td>40.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No answer</td>
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<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mail Respondents:
- Work/employers/work email: 50
- LinkedIn/social media/Internet/ACU/Facebook/Twitter: 46
- United Way/email/newsletter: 46
- YMACU/Jeal/two/th/LGL/GMC/PHC/Health: 12
- Organizations – McHenry County/Township/Gov’t Center: 37

Paper Respondents:
- Food pantry/food bank: 46
- Where I live/mall at apartment: 11
- McHenry County Fair, Health Fair: 11
- Worksite care: 11
- Senior Serv/TLF/Turning Point, M/S, SSA, VA: 11

172
Comparison of Sample to Actual

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>2016 Survey Respondents</th>
<th>Malenky Cnty Census 2016</th>
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</thead>
<tbody>
<tr>
<td>GENDER</td>
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<tr>
<td>Male</td>
<td>24.7%</td>
<td>40.9%</td>
</tr>
<tr>
<td>Female</td>
<td>75.3%</td>
<td>59.1%</td>
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<tr>
<td>AGE GROUP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–29</td>
<td>10.8%</td>
<td>20.3%</td>
</tr>
<tr>
<td>30–44</td>
<td>23.1%</td>
<td>24.0%</td>
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<td>45–64</td>
<td>48.1%</td>
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<td>65+</td>
<td>14.8%</td>
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</tr>
<tr>
<td>75+</td>
<td>5.7%</td>
<td>6.3%</td>
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<td>ETHNICITY</td>
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<td>Hispanic</td>
<td>7.1%</td>
<td>12.9%</td>
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<tr>
<td>Non-Hispanic</td>
<td>92.9%</td>
<td>87.1%</td>
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<td>RACE</td>
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<tr>
<td>White</td>
<td>95.5%</td>
<td>61.8%</td>
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<td>Black/African American</td>
<td>0.5%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.6%</td>
<td>3.2%</td>
</tr>
<tr>
<td>American Indian, Alaska Native</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Native Hawaiian, Pacific Islander</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2.2%</td>
<td>2.1%</td>
</tr>
<tr>
<td>HIGHEST EDUCATION</td>
<td>Percent (≥18)</td>
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</tr>
<tr>
<td>Less than high school</td>
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<td>6.0%</td>
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<tr>
<td>High school diploma or GED</td>
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<td>27.0%</td>
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<tr>
<td>Some college, no degree</td>
<td>22.5%</td>
<td>23.1%</td>
</tr>
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<td>Associate degree</td>
<td>10.3%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>29.2%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Graduate/professional degree</td>
<td>23.5%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

- Respondents more apt to be female, 45+, non-Hispanic, 4-yr college+
- Better match for age, and ethnicity than most surveys
- Differences online and paper
  - 65+, Hispanics more likely to use paper
  - Education levels much higher among online

Availability of Community Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Mean Score</th>
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</thead>
<tbody>
<tr>
<td>Safe neighborhoods</td>
<td>3.19</td>
</tr>
<tr>
<td>Police, fire</td>
<td>3.40</td>
</tr>
<tr>
<td>Farmers markets</td>
<td>3.40</td>
</tr>
<tr>
<td>Health care</td>
<td>3.40</td>
</tr>
<tr>
<td>Dental care</td>
<td>3.40</td>
</tr>
<tr>
<td>Banking, arts, culture</td>
<td>3.39</td>
</tr>
<tr>
<td>Community, home gardens</td>
<td>3.40</td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>3.27</td>
</tr>
<tr>
<td>Training, re-enter workforce</td>
<td>3.39</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>3.40</td>
</tr>
<tr>
<td>Developmental disability services</td>
<td>3.40</td>
</tr>
<tr>
<td>Mental health services</td>
<td>3.40</td>
</tr>
<tr>
<td>Jobs</td>
<td>3.40</td>
</tr>
<tr>
<td>Public transportation for seniors</td>
<td>1.75</td>
</tr>
<tr>
<td>Public transportation for disabled persons</td>
<td>3.40</td>
</tr>
<tr>
<td>Public transportation for all residents</td>
<td>3.40</td>
</tr>
</tbody>
</table>

*Mean score from 1= poor to 4= excellent.
## Change in Availability

<table>
<thead>
<tr>
<th>Availability of</th>
<th>Mean 2016</th>
<th>Mean 2014</th>
<th>Change</th>
<th>Mean 2010</th>
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</thead>
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<tr>
<td>Safe neighborhoods</td>
<td>3.19</td>
<td>3.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parks/recreation</td>
<td>3.03</td>
<td>3.02</td>
<td></td>
<td>-2.75</td>
</tr>
<tr>
<td>Farmers markets</td>
<td>2.83</td>
<td>2.88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care services</td>
<td>2.62</td>
<td>2.90</td>
<td></td>
<td>-2.64</td>
</tr>
<tr>
<td>Organizations that provide free food</td>
<td>2.80</td>
<td>2.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental care services</td>
<td>2.77</td>
<td>2.79</td>
<td></td>
<td>-2.65</td>
</tr>
<tr>
<td>Biking/walking paths</td>
<td>2.74</td>
<td>2.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>2.23</td>
<td>2.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training to re-enter the work-force</td>
<td>2.21</td>
<td>2.24</td>
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<tr>
<td>Mental health services</td>
<td>2.17</td>
<td>2.44</td>
<td></td>
<td>-2.11</td>
</tr>
<tr>
<td>Jobs</td>
<td>2.15</td>
<td>2.02</td>
<td></td>
<td>-1.54</td>
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<tr>
<td>Public transportation for seniors</td>
<td>2.03</td>
<td>2.05</td>
<td></td>
<td>-1.91</td>
</tr>
<tr>
<td>Public transportation for disabled persons</td>
<td>1.96</td>
<td>1.98</td>
<td></td>
<td>-2.01</td>
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<tr>
<td>Public transportation for all residents</td>
<td>1.75</td>
<td>1.70</td>
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Mean score from 1=poor to 4=excellent.

## Groups Giving Lowest Availability Scores, 2016

<table>
<thead>
<tr>
<th>Public transportation</th>
<th>Services</th>
</tr>
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<tbody>
<tr>
<td>McHenry (1.58) Graduate, prof. degree (1.86)</td>
<td>Health care Hispanic origin (2.60)</td>
</tr>
<tr>
<td>McHenry (1.68) 4-year college degree(1.65)</td>
<td>Associates degree (2.63)</td>
</tr>
<tr>
<td>McHenry (1.88) 4-year college degree (1.91)</td>
<td>Rural west (2.67)</td>
</tr>
<tr>
<td>McHenry (1.88) 4-year college degree (1.91)</td>
<td>Dental Hispanic origin (2.46)</td>
</tr>
<tr>
<td>McHenry (1.88) 4-year college degree (1.91)</td>
<td>Rural west (2.97)</td>
</tr>
<tr>
<td>McHenry (1.88) Graduate, prof. degree (1.86)</td>
<td>Receives financial assistance (2.11)</td>
</tr>
<tr>
<td>McHenry (1.88) Rural west (1.85)</td>
<td>Mental health Hispanic origin (2.05)</td>
</tr>
<tr>
<td>McHenry (1.88) Rural west (1.85)</td>
<td>Rural west (2.13)</td>
</tr>
<tr>
<td>McHenry (1.88) Rural west (1.85)</td>
<td>Some college, no degree (2.14)</td>
</tr>
<tr>
<td>McHenry (1.88) Rural west (1.85)</td>
<td>Developmental disability Hispanic origin (2.03)</td>
</tr>
<tr>
<td>McHenry (1.88) Rural west (1.85)</td>
<td>Rural west (2.13)</td>
</tr>
<tr>
<td>McHenry (1.88) Graduate, prof. degree (2.18)</td>
<td>Some college, no degree (2.14)</td>
</tr>
<tr>
<td>McHenry (1.88) Graduate, prof. degree (2.18)</td>
<td>Substance abuse Rural west (2.07)</td>
</tr>
<tr>
<td>McHenry (1.88) Graduate, prof. degree (2.18)</td>
<td>Hispanic origin (2.13)</td>
</tr>
<tr>
<td>McHenry (1.88) Graduate, prof. degree (2.18)</td>
<td>Rural west (2.13)</td>
</tr>
<tr>
<td>McHenry (1.88) Graduate, prof. degree (2.18)</td>
<td>Some college, no degree (2.14)</td>
</tr>
</tbody>
</table>

Mean scores shown after group. Scale from 1=poor to 4=excellent.
Accessibility of Community Features

*Mean score from 1= very difficult to 4=very easy.

2-1-1 Referral Line

- Asked if they had heard of the 2-1-1 health and human services information and referral line
  - 37.8% said YES
  - 60.4% said NO
- Of those who had heard, 58 (14.2%) had ever called 2-1-1
- Lowest awareness among
  - 65+
  - Education below four-year college degree
  - Southeast and rural west residents
Primary Care Utilization

SEEKING CARE WHEN SICK OR NEED DOCTOR, NURSE: 2014 AND 2016

<table>
<thead>
<tr>
<th>Rank</th>
<th>2016 Site</th>
<th>2016 Number</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Doctor's office</td>
<td>950</td>
<td>87.2%</td>
<td>76.7%</td>
</tr>
<tr>
<td>2</td>
<td>Immediate care center</td>
<td>454</td>
<td>41.7%</td>
<td>22.4%</td>
</tr>
<tr>
<td>3</td>
<td>Hospital emergency department</td>
<td>226</td>
<td>22.7%</td>
<td>15.6%</td>
</tr>
<tr>
<td>4</td>
<td>Grocery/drug store walk-in clinic</td>
<td>93</td>
<td>8.6%</td>
<td>---</td>
</tr>
<tr>
<td>5</td>
<td>VA hospital/VA clinic</td>
<td>47</td>
<td>4.3%</td>
<td>4.7%</td>
</tr>
<tr>
<td>6</td>
<td>Family Health Partnership Clinic</td>
<td>42</td>
<td>3.9%</td>
<td>3.8%</td>
</tr>
<tr>
<td>7</td>
<td>McHenry Community Health Center</td>
<td>30</td>
<td>2.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>8</td>
<td>Harvard Area Community Health Center</td>
<td>16</td>
<td>1.6%</td>
<td>3.0%</td>
</tr>
<tr>
<td>9</td>
<td>Health Department</td>
<td>11</td>
<td>1.0%</td>
<td>1.6%</td>
</tr>
<tr>
<td>9</td>
<td>Workplace clinic</td>
<td>11</td>
<td>1.0%</td>
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<tr>
<td>9</td>
<td>Other</td>
<td>23</td>
<td>2.1%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

**Top 3**

Different wording, "I do not have a regular doctor or clinic." 7.6% said they did not

Primary Care

Have primary care doctor or clinic?

- 81.9% YES for everyone in household
- **16.8% NO** for one or more household members
- 1.2% Unsure

Households without primary care for 1+ most likely to be

- Ages 18-29 (37.3%)
- High school graduate or less (22.3%)
- Rural northeast residents (21.9%)
- Receive financial assistance (24.7%)
Access to Care

Unable to Receive Care in Past Twelve Months

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>11.8%</td>
</tr>
<tr>
<td>Dental</td>
<td>19.4%</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

Reasons Unable to Receive Care

**TOP REASONS Named by >25% Unable to Get Care in Descending Order**

**Medical**
- Could not afford deductible, co-pay
- No health insurance
- Insurance did not cover
- Prescription cost too high

**Dental**
- No dental insurance
- Insurance did not cover
- Could not afford deductible, co-pay

**Mental health, substance abuse**
- Wait for appointment too long
- No regular provider
- Could not find provider who accepted Medicaid
Insurance Coverage

<table>
<thead>
<tr>
<th>Insurance Coverage in Household</th>
<th>Households</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone has</td>
<td></td>
<td>977</td>
<td>91.6%</td>
</tr>
<tr>
<td>Some have, some do not</td>
<td></td>
<td>68</td>
<td>6.4%</td>
</tr>
<tr>
<td>No one has</td>
<td></td>
<td>16</td>
<td>1.5%</td>
</tr>
<tr>
<td>Not sure</td>
<td></td>
<td>7</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

Percent based on number who answered question (n=1,088)

Appears to be above 2014 but wording different - asked about persons. Having coverage, 2014
- 82.8% under 18
- 85.7% 18-64
- 92.1% 65+

Source of Coverage

- Everyone in household has coverage = 91.5%
- Sources of insurance held by household members

<table>
<thead>
<tr>
<th>Insurance Source</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>723</td>
<td>69.2%</td>
</tr>
<tr>
<td>State of Illinois Medicaid/medical card</td>
<td>197</td>
<td>18.9%</td>
</tr>
<tr>
<td>Federal government (Medicare, VA)</td>
<td>223</td>
<td>21.3%</td>
</tr>
<tr>
<td>Purchase independently</td>
<td>158</td>
<td>15.1%</td>
</tr>
<tr>
<td>Not sure</td>
<td>13</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

Respondents could name as many insurance sources as were used by household members. Total exceeds 100.0%.
Perception of Health

15% or more report fair or poor, 2016
- Hispanic
- Ages 30-44
- High school education or less
- Rural west
- Household receives financial assistance

Note: No answer not shown. 2010 survey did not include "very good" so that year not shown.

Able to Lead Healthy Lifestyle

How difficult or easy do you think it is to lead a healthy lifestyle in your community?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very easy</td>
<td>267</td>
<td>25.6%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>524</td>
<td>50.1%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>178</td>
<td>17.0%</td>
</tr>
<tr>
<td>Very difficult</td>
<td>42</td>
<td>4.0%</td>
</tr>
<tr>
<td>Not sure</td>
<td>22</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

More than 8% say very difficult
- Households receiving financial assistance
- Hispanics
- Rural northeast residents
Suicide, Harm, Drug Overdoses

<table>
<thead>
<tr>
<th>During Past 12 Months</th>
<th>2016 Number Households</th>
<th>2016 Percent</th>
<th>2014 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thought about suicide</td>
<td>94</td>
<td>8.6%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>12</td>
<td>1.1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Death by suicide</td>
<td>3</td>
<td>0.3%</td>
<td>--</td>
</tr>
<tr>
<td>Caused intentional harm to self</td>
<td>35</td>
<td>3.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Drug overdose</td>
<td>8</td>
<td>0.7%</td>
<td>--</td>
</tr>
</tbody>
</table>

Caring for Others

**Care for Older Adult**
- 169 (16.2%) respondents care for older adult 60+
- Of cared-for adults,
  - Two-thirds (62.7%) live on their own
  - One-quarter (23.1%) live in respondent’s home
  - 16.0% live in nursing/retirement home

**Care for Child Not One's Own**
- 49 (4.6%) respondents care for child who are not their own
  - Almost half (46.9%) are grandparents
  - 12.2% are aunt/uncle

**Care for Person with Disability or Special Need**
- 125 (12.1%) respondents care for persons with disabilities or special needs
- Of these persons (142),
  - 59.9% live in caretakers’ home
  - 26.1% live on their own
  - 14.1% live in group home/independent living unit

*By age of cared-for persons, living in caretakers’ home*
- 78.9% of 0-17 year olds
- 64.7% 18-64
- 30.6% 65+
Abuse

- Emotional is most common form of abuse
- Levels for all three types of abuse similar 2016 to 2014

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>88</td>
<td>8.1%</td>
</tr>
<tr>
<td>Physical</td>
<td>24</td>
<td>2.2%</td>
</tr>
<tr>
<td>Sexual</td>
<td>12</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

Financial Problems

<table>
<thead>
<tr>
<th>Financial Situation Experienced by Respondent or Household Member During Past 12 Months</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack money for basic needs</td>
<td>214</td>
<td>19.6%</td>
</tr>
<tr>
<td>Difficulty paying property taxes</td>
<td>156</td>
<td>14.3%</td>
</tr>
<tr>
<td>No job for 90 days or more</td>
<td>102</td>
<td>9.4%</td>
</tr>
<tr>
<td>Involuntary job loss</td>
<td>86</td>
<td>7.9%</td>
</tr>
<tr>
<td>Needed legal help but could not afford</td>
<td>83</td>
<td>7.6%</td>
</tr>
<tr>
<td>Divorced, separated, or widowed affecting finances</td>
<td>69</td>
<td>6.3%</td>
</tr>
<tr>
<td>Identity theft by a stranger</td>
<td>50</td>
<td>4.6%</td>
</tr>
<tr>
<td>Foreclosure of home</td>
<td>32</td>
<td>2.9%</td>
</tr>
<tr>
<td>Filed for bankruptcy</td>
<td>19</td>
<td>1.7%</td>
</tr>
<tr>
<td>Financially abused by someone you know</td>
<td>15</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Situations ranked from highest to lowest.

1*Which affected finances* added in 2016.
2*By a stranger* added in 2016.
3*By someone you know* added in 2016; explanation included both years (your money or assets used without your permission).
# Open Ended Comments

## Availability & Accessibility

If rated fair, poor or difficult, very difficult...

<table>
<thead>
<tr>
<th>Topics</th>
<th>Number Comments</th>
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<tbody>
<tr>
<td>Transportation</td>
<td>213</td>
</tr>
<tr>
<td>Biking, walking paths</td>
<td>57</td>
</tr>
<tr>
<td>Recreation</td>
<td>44</td>
</tr>
<tr>
<td>Mental health/substance abuse</td>
<td>34</td>
</tr>
<tr>
<td>Jobs</td>
<td>30</td>
</tr>
<tr>
<td>Sidewalks</td>
<td>21</td>
</tr>
<tr>
<td>Housing</td>
<td>15</td>
</tr>
<tr>
<td>Parks</td>
<td>12</td>
</tr>
<tr>
<td>Community gardens</td>
<td>11</td>
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</tbody>
</table>

## Additional Services Wanted

<table>
<thead>
<tr>
<th>Additional Services</th>
<th>Number Comments</th>
</tr>
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<tbody>
<tr>
<td>Mental health/substance abuse</td>
<td>77</td>
</tr>
<tr>
<td>Recreation, parks, fitness</td>
<td>76</td>
</tr>
<tr>
<td>Transportation</td>
<td>69</td>
</tr>
<tr>
<td>Health care</td>
<td>57</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>19</td>
</tr>
<tr>
<td>Community gardens, healthy food</td>
<td>18</td>
</tr>
<tr>
<td>Dental care</td>
<td>16</td>
</tr>
</tbody>
</table>

*Topic or service included if 10 or more comments.*
APPENDIX D

2017 Healthy Community Study

Focus Groups of Target Populations and Community Leaders

IPLAN 2017-2021
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
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<tr>
<td>Favorable Aspects of Working in McHenry County</td>
<td>6</td>
</tr>
<tr>
<td>Aspects Not Liked about Living in McHenry County</td>
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<td>Comparison to 2014 and 2010</td>
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<td>Who Are They</td>
<td>8</td>
</tr>
<tr>
<td>Persons with Mental Illness, Substance Abuse or Intellectual/Developmental Disabilities</td>
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</tr>
<tr>
<td>Hispanic/Latino Population</td>
<td>10</td>
</tr>
<tr>
<td>Low-Income, Uninsured/Underinsured, Medicaid Population</td>
<td>11</td>
</tr>
<tr>
<td>Homeless Population</td>
<td>11</td>
</tr>
<tr>
<td>Seniors</td>
<td>12</td>
</tr>
<tr>
<td>Veterans</td>
<td>13</td>
</tr>
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<td>LGBTQ Population</td>
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<td>Comparison to 2014 and 2010</td>
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<table>
<thead>
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<td>Strengths of the Health and Human Services Delivery System</td>
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<tr>
<td>Weaknesses and Gaps</td>
<td>15</td>
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<tr>
<td>Barriers that Keep People from Using Existing Services</td>
<td>16</td>
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<tr>
<td>Operational Barriers to Sustainability of Health and Human Services</td>
<td>17</td>
</tr>
<tr>
<td>Comparison of 2016 with 2014 and 2010</td>
<td>17</td>
</tr>
<tr>
<td>Experiences with Local Health/Human Services and Agencies</td>
<td>17</td>
</tr>
<tr>
<td>Impact of Affordable Care Act</td>
<td>18</td>
</tr>
<tr>
<td>Effects of Coverage through Medicaid</td>
<td>18</td>
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</table>
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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

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

COMMUNITY LEADERS

<table>
<thead>
<tr>
<th>Group</th>
<th>Number Participants</th>
<th>Meeting Place and Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various</td>
<td>11</td>
<td>McHenry County Department of Health, Woodstock</td>
<td>8/16</td>
</tr>
<tr>
<td>Various</td>
<td>12</td>
<td>McHenry County Mental Health Board, Crystal Lake</td>
<td>8/25</td>
</tr>
<tr>
<td>Various</td>
<td>6</td>
<td>Harvard Area Community Health Center</td>
<td>9/15</td>
</tr>
<tr>
<td>Subtotal Community Leaders</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total All Focus Groups</td>
<td>88</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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 49th 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 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
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).

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<th>Health Condition</th>
<th>Percent of Respondents (n=27)</th>
<th>Severity of Problem</th>
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<td>Anxiety/panic disorders</td>
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<td>0.0%</td>
<td>29.6%</td>
<td>51.9%</td>
</tr>
<tr>
<td>Prescription misuse</td>
<td>0.0%</td>
<td>0.0%</td>
<td>25.9%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Tobacco abuse</td>
<td>0.0%</td>
<td>18.5%</td>
<td>48.1%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

¹Scale 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

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

1Scale 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 MCHEMRY COUNTY: 2016

<table>
<thead>
<tr>
<th>Type of Health Service</th>
<th>Percent of Respondents (n=27)</th>
<th>Severity of Availability as a Problem</th>
<th>No answer</th>
<th>Mean1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>None</td>
<td>Minor</td>
<td>Moderate</td>
</tr>
<tr>
<td>Dental/oral health</td>
<td>0.0%</td>
<td>18.5%</td>
<td>29.6%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Mental health</td>
<td>0.0%</td>
<td>3.7%</td>
<td>37.0%</td>
<td>48.1%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>0.0%</td>
<td>0.0%</td>
<td>33.3%</td>
<td>51.9%</td>
</tr>
<tr>
<td>Primary health care</td>
<td>0.0%</td>
<td>29.6%</td>
<td>18.5%</td>
<td>29.6%</td>
</tr>
</tbody>
</table>

1Scale from 1=not a problem to 4=major problem.

Table 5.4
RANK ORDER OF HEALTH SERVICES AVAILABILITY: 2016

<table>
<thead>
<tr>
<th>Rank</th>
<th>Availability of</th>
<th>Mean1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Substance abuse</td>
<td>3.61</td>
</tr>
<tr>
<td>2</td>
<td>Mental health</td>
<td>3.50</td>
</tr>
<tr>
<td>3</td>
<td>Dental/oral health</td>
<td>3.18</td>
</tr>
<tr>
<td>4</td>
<td>Primary health care</td>
<td>3.00</td>
</tr>
</tbody>
</table>

1Scale 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

<table>
<thead>
<tr>
<th>Health Factor</th>
<th>Percent of Respondents (n=27)</th>
<th>Sevirty of Problem</th>
<th>Mean Score¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Minor</td>
<td>Moderate</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>0.0%</td>
<td>0.0%</td>
<td>18.5%</td>
</tr>
<tr>
<td>Crime, violence, safety</td>
<td>7.4%</td>
<td>55.6%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Education</td>
<td>18.5%</td>
<td>44.4%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Employment opportunities</td>
<td>0.0%</td>
<td>33.3%</td>
<td>51.9%</td>
</tr>
<tr>
<td>Environmental issues</td>
<td>3.7%</td>
<td>55.6%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Public transportation</td>
<td>0.0%</td>
<td>3.7%</td>
<td>25.9%</td>
</tr>
</tbody>
</table>

¹Scale from 1=not a problem to 4=major problem.

Table 5.6
RANK ORDER OF HEALTH FACTORS AS PROBLEMS: 2016

<table>
<thead>
<tr>
<th>Rank</th>
<th>Health Factor</th>
<th>Mean¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Affordable housing</td>
<td>3.81</td>
</tr>
<tr>
<td>2</td>
<td>Public transportation</td>
<td>3.67</td>
</tr>
<tr>
<td>3</td>
<td>Employment opportunities</td>
<td>2.81</td>
</tr>
<tr>
<td>4</td>
<td>Environmental issues</td>
<td>2.33</td>
</tr>
<tr>
<td>5</td>
<td>Crime, violence, safety</td>
<td>2.25</td>
</tr>
<tr>
<td>6</td>
<td>Education</td>
<td>2.12</td>
</tr>
</tbody>
</table>

¹Scale from 1=not a problem to 4=major problem.
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
  o name, position, organization
  o population groups served by your organization
  o brief description of services provided by your organization

• What are the best aspects of
  o living in McHenry County?
  o 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
  o What are their major needs?
  o What evidence do you see of their needs?
  o What are barriers to services for this group?
  o 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.
  o Strengths
  o Weaknesses
  o Gaps in services
  o Examples of duplication, inefficiencies
  o Barriers that keep people from using existing services
  o Operational barriers to sustainability of health and human service organizations (e.g., state budget cuts). What are the current and short term effects?
  o 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?
COMMUNITY LEADERS
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.
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 49th 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 form 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.
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 Sheriff’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 ant 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
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.

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Meeting Place &amp; Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>35</td>
<td>McHenry County Department of Health</td>
<td>6/30</td>
</tr>
<tr>
<td>Parents of Low-Income Young Children</td>
<td>7</td>
<td>Verda Dierzen Early Learning Center, Woodstock</td>
<td>8/11</td>
</tr>
<tr>
<td>Parents/Persons with Mental Health</td>
<td>12</td>
<td>McHenry County Mental Health Board, Crystal Lake</td>
<td>8/13</td>
</tr>
<tr>
<td>Disabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino(a)</td>
<td>3</td>
<td>Harvard Area Community Health Center</td>
<td>8/11</td>
</tr>
<tr>
<td>Hispanic/Latino(a)</td>
<td>21</td>
<td>Garden Quarter Neighborhood Resource Center, McHenry</td>
<td>8/10</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Community Leader Groups

<table>
<thead>
<tr>
<th>Meeting Place and Location</th>
<th>Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>McHenry County Department of Health, Woodstock</td>
<td>14</td>
<td>8/13</td>
</tr>
<tr>
<td>McHenry County Mental Health Board, Crystal Lake</td>
<td>12</td>
<td>8/25</td>
</tr>
<tr>
<td>Harvard Cemetery</td>
<td>4</td>
<td>8/11</td>
</tr>
<tr>
<td>Total Community Leader Participants</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Named by Three Community Leader FGs and Subcommittee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons with Mental Illness, Substance Abuse, Intellectual/Developmental Disabilities</td>
</tr>
<tr>
<td>Latino(a)s/Hispanic Population</td>
</tr>
<tr>
<td>Low-Income, Uninsured/underinsured, Medicaid Population</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Named by Two Community Leader FGs or Subcommittee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Population</td>
</tr>
<tr>
<td>Seniors</td>
</tr>
<tr>
<td>Veterans</td>
</tr>
<tr>
<td>LGBTQ Persons</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Named by One Focus Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victims of Domestic Violence</td>
</tr>
<tr>
<td>Youth</td>
</tr>
<tr>
<td>Persons without Cars</td>
</tr>
</tbody>
</table>
### Persons with Mental Illness, Substance Abuse, Intellectual or Developmental Disabilities

<table>
<thead>
<tr>
<th>Service Needs</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transition services (high school to adulthood, crisis to recovery)</td>
<td>• Stigma attached to mental illness</td>
</tr>
<tr>
<td>• Psychiatric care for Medicaid patients</td>
<td>• Inadequate supply of psychiatrists</td>
</tr>
<tr>
<td>• Children’s inpatient hospitalization unit</td>
<td>• Lack of affordable care</td>
</tr>
<tr>
<td>• More rehabilitation services</td>
<td>• Limited awareness of existing services</td>
</tr>
<tr>
<td>• Residential, suitable living arrangements for adolescents, young adults w. mental illness, disabilities</td>
<td>• Geographic spread of county</td>
</tr>
<tr>
<td>• Educating professionals about dealing with special-needs children</td>
<td>• Long waiting lists for housing for persons with disabilities</td>
</tr>
<tr>
<td></td>
<td>• Limited funding and political issues</td>
</tr>
</tbody>
</table>

### Hispanic/Latino Population

<table>
<thead>
<tr>
<th>Service Needs</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Access to medical care, especially specialists</td>
<td>• Lack of health insurance</td>
</tr>
<tr>
<td>• Access to dental care, basic and orthodontics</td>
<td>Many Hispanics are undocumented</td>
</tr>
<tr>
<td>• Access to vision care</td>
<td>• Lack of bilingual providers for medical, dental, mental health care</td>
</tr>
<tr>
<td>• Bilingual health providers and police</td>
<td>• Inadequate transportation, especially in and around Harvard</td>
</tr>
<tr>
<td>• Mental health care including Spanish-speaking counselors</td>
<td></td>
</tr>
</tbody>
</table>
### Low-income, Uninsured/underinsured, Medicaid Population

<table>
<thead>
<tr>
<th><strong>Service Needs</strong></th>
<th><strong>Barriers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Insufficient number of primary care providers, especially serving Medicaid patients</td>
<td>• Transportation</td>
</tr>
<tr>
<td>• Hospital birthing and delivery inpatient care closer to home</td>
<td>• No coordinated approach to help low-income families</td>
</tr>
<tr>
<td>• Better public transportation throughout county</td>
<td>• Limited health literacy</td>
</tr>
<tr>
<td></td>
<td>• Newcomers to county are not familiar with the concept of &quot;community&quot; nor appreciate its value</td>
</tr>
</tbody>
</table>

### 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

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

*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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Availability of</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Substance abuse</td>
<td>3.61</td>
</tr>
<tr>
<td>2</td>
<td>Mental health</td>
<td>3.50</td>
</tr>
<tr>
<td>3</td>
<td>Dental/oral health</td>
<td>3.18</td>
</tr>
<tr>
<td>4</td>
<td>Primary health care</td>
<td>3.00</td>
</tr>
</tbody>
</table>

*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

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

1 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
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
APPENDIX E
2017 Healthy Community Study
Community Analysis 2017

IPLAN 2017-2021
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Chapter 1
INTRODUCTION

Introduction

The Community Analysis presents a comprehensive overview of McHenry County, Illinois by describing the population through secondary sources of information. This study complements two other studies that are also part of the McHenry County Healthy Community 2017 project, Key Informants and Community Survey.

Community Analysis topics include population size, migration, race/ethnicity, language, ancestry, age, gender, income, employment, household structure, crime, births, deaths, health behaviors, morbidity, hospitalization, and health care utilization. The most current data as of December 2016 are shown along with historical data as well as state and national comparisons.

Two major sources of information for the Community Analysis are the U.S. Census Bureau and National Center for Health Statistics (NCHS). Most of the detailed Census information comes from the 2015 actual population counts and the 2011-2015 American Community Survey five-year estimates. Replacing the Census Bureau’s “long form” which had been administered as part of the decennial Census through 2000, the American Community Survey collects detailed demographic, economic, social, and housing data on an annual basis from a sample of households (about 1.5%-2% of households per year). For vital statistics data, this report has drawn heavily from NCHS Centers for Disease Control and Prevention’s CDC WONDER (Wide-ranging ONline Data for Epidemiologic Research) database.


McHenry County Department of Health has prepared this report with help from McHenry County Healthy Community Partners and Health Systems Research. Ben Baer was the MCDH staff member who gathered and analyzed most of the data.

Summary of Findings

At the beginning of each chapter is a summary of key findings for that particular topic. Table references are shown for easy identification of the data addressed in the summary findings. Far more details than summarized in the text are found in each table. Graphs portraying data highlights and trends are presented at the end of each chapter.
Chapter 2
POPULATION AND MIGRATION

- Using 2015 Census estimates, McHenry County’s population stands at 307,343, a -0.5% decline from 2010 at 308,760. This slight drop follows an 18.7% increase during the previous decade and 41.9% growth during the 1990’s. McHenry County’s most significant growth occurred during the 1950’s (+66.2%).

- Crystal Lake is the largest community in McHenry County with a 2014 population of 40,598 though the city lost population (-0.4%) between 2010 and 2014. Other McHenry County communities with greater than 20,000 residents include Lake in the Hills (28,926), McHenry (26,803), Woodstock (25,120), and Algonquin (30,189) though not all residents of Algonquin live within McHenry County.

- Six McHenry County communities lost population between 2000 and 2014 including Holiday Hills (-27.1%), McCullom Lake (-3.7%), Oakwood Hills (-5.5%) Trout Valley (-13.4%), and Union Village (-11.6%).

- Four-year change 2010 to 2014 shows slight population decline in the majority of McHenry County communities.

- The largest township in McHenry County is Algonquin Township with a 2014 estimated population of 87,944, while Alden Township is the smallest having 989 residents in 2014.

- Among McHenry County townships, between 2000 and 2014 only Alden (-55.1%) and Hebron (-5.5%) lost population. Grafton Township grew fastest a 48.5% gain in population. Growth was also strong in Riley (+37.7%), Richmond (+26.4%), Greenwood (+23.8%), and Burton (+19.5%) Townships.

- McHenry County residents are less mobile than other Illinois and U.S. residents with 89.0% living in the same house in 2015 as in 2014 versus 86.8% for Illinois and 85.3% for the nation.

- Of the 11.0% who moved to a different home in 2015, over half (6.0%) moved within McHenry County and a smaller proportion (4.8%) came from a different county or state.

- From 2010-2015 the population of McHenry County decreased by 1,483. There were more births then deaths (6,999) but net outmigration (loss of 8,702).

- More households and persons left McHenry County between 2015 and 2014 tax filings than entered, based on 2015 federal income tax filing figures.

- Most residents who left McHenry County moved to another county in Illinois, most frequently to Cook (20.6%), Lake (12.9%), or Kane (12.1%) Counties.

- Most residents moving into McHenry County came from another county in Illinois, led by Cook (28.6%), Lake (17.3%), and Kane (14.5%) Counties.
<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>307,343</td>
<td>-0.5%</td>
</tr>
<tr>
<td>2010</td>
<td>308,760</td>
<td>+18.7%</td>
</tr>
<tr>
<td>2000</td>
<td>260,077</td>
<td>+41.9%</td>
</tr>
<tr>
<td>1990</td>
<td>183,241</td>
<td>+23.9%</td>
</tr>
<tr>
<td>1980</td>
<td>147,897</td>
<td>+32.6%</td>
</tr>
<tr>
<td>1970</td>
<td>111,555</td>
<td>+32.5%</td>
</tr>
<tr>
<td>1960</td>
<td>84,210</td>
<td>+66.2%</td>
</tr>
<tr>
<td>1950</td>
<td>50,656</td>
<td>+35.8%</td>
</tr>
<tr>
<td>1940</td>
<td>37,311</td>
<td>+6.4%</td>
</tr>
<tr>
<td>1930</td>
<td>35,079</td>
<td>+5.8%</td>
</tr>
<tr>
<td>1920</td>
<td>33,164</td>
<td>+2.0%</td>
</tr>
<tr>
<td>1910</td>
<td>32,509</td>
<td>+9.2%</td>
</tr>
<tr>
<td>1900</td>
<td>29,759</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, decennial Censuses (actual counts as of April 1) and Population Estimates 2015 (estimate for July 1)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>McHenry County</td>
<td>307,343</td>
<td>308,760</td>
<td>-1,417</td>
<td>-0.5%</td>
<td>260,077</td>
</tr>
<tr>
<td>Bull Valley village</td>
<td>1,202</td>
<td>1,077</td>
<td>125</td>
<td>11.6%</td>
<td>726</td>
</tr>
<tr>
<td>Cary village</td>
<td>18,115</td>
<td>18,271</td>
<td>-156</td>
<td>-0.9%</td>
<td>15,531</td>
</tr>
<tr>
<td>Crystal Lake city</td>
<td>40,598</td>
<td>40,743</td>
<td>-145</td>
<td>-0.4%</td>
<td>38,000</td>
</tr>
<tr>
<td>Greenwood village</td>
<td>400</td>
<td>255</td>
<td>145</td>
<td>56.9%</td>
<td>244</td>
</tr>
<tr>
<td>Harvard city</td>
<td>9,829</td>
<td>9,447</td>
<td>382</td>
<td>4.0%</td>
<td>7,996</td>
</tr>
<tr>
<td>Hebron village</td>
<td>1,094</td>
<td>1,216</td>
<td>-122</td>
<td>-10.0%</td>
<td>1,038</td>
</tr>
<tr>
<td>Holiday Hills village</td>
<td>654</td>
<td>610</td>
<td>44</td>
<td>7.2%</td>
<td>831</td>
</tr>
<tr>
<td>Johnsburg village</td>
<td>6,322</td>
<td>6,337</td>
<td>-15</td>
<td>-0.2%</td>
<td>5,391</td>
</tr>
<tr>
<td>Lake in the Hills village</td>
<td>28,926</td>
<td>28,965</td>
<td>-39</td>
<td>-0.1%</td>
<td>23,152</td>
</tr>
<tr>
<td>Lakewood village</td>
<td>4,411</td>
<td>3,811</td>
<td>600</td>
<td>15.7%</td>
<td>2,337</td>
</tr>
<tr>
<td>McCullom Lake village</td>
<td>1,001</td>
<td>1,049</td>
<td>-48</td>
<td>-4.6%</td>
<td>1,038</td>
</tr>
<tr>
<td>McHenry city</td>
<td>26,803</td>
<td>26,992</td>
<td>-189</td>
<td>-0.7%</td>
<td>21,501</td>
</tr>
<tr>
<td>Marengo city</td>
<td>7,451</td>
<td>7,648</td>
<td>-197</td>
<td>-2.6%</td>
<td>6,355</td>
</tr>
<tr>
<td>Oakwood Hills village</td>
<td>2,079</td>
<td>2,083</td>
<td>-4</td>
<td>-0.2%</td>
<td>2,194</td>
</tr>
<tr>
<td>Prairie Grove village</td>
<td>1,717</td>
<td>1,904</td>
<td>-187</td>
<td>-9.8%</td>
<td>960</td>
</tr>
<tr>
<td>Richmond village</td>
<td>2,120</td>
<td>1,874</td>
<td>246</td>
<td>13.1%</td>
<td>1,091</td>
</tr>
<tr>
<td>Ringwood village</td>
<td>752</td>
<td>836</td>
<td>-84</td>
<td>-10.0%</td>
<td>471</td>
</tr>
<tr>
<td>Spring Grove village</td>
<td>5,390</td>
<td>5,778</td>
<td>-388</td>
<td>-6.7%</td>
<td>3,880</td>
</tr>
<tr>
<td>Trout Valley village</td>
<td>528</td>
<td>537</td>
<td>-9</td>
<td>-1.7%</td>
<td>599</td>
</tr>
<tr>
<td>Union village</td>
<td>516</td>
<td>580</td>
<td>-64</td>
<td>-11.0%</td>
<td>576</td>
</tr>
<tr>
<td>Wonder Lake village</td>
<td>3,769</td>
<td>4,026</td>
<td>-257</td>
<td>-6.4%</td>
<td>1,345</td>
</tr>
<tr>
<td>Woodstock city</td>
<td>25,120</td>
<td>24,770</td>
<td>350</td>
<td>1.4%</td>
<td>20,151</td>
</tr>
<tr>
<td>Balance of McHenry County</td>
<td>119,547</td>
<td>119,951</td>
<td>***</td>
<td>***</td>
<td>68,124</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, decennial Censuses and 2015 Population Estimates
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Alden</td>
<td>989</td>
<td></td>
<td>1,402</td>
<td>-29.5%</td>
<td>1,534</td>
</tr>
<tr>
<td>Algonquin</td>
<td>87,944</td>
<td>-413</td>
<td>-29.5%</td>
<td>86,219</td>
<td>1,725</td>
</tr>
<tr>
<td>Burton</td>
<td>4,968</td>
<td>-35</td>
<td>-0.7%</td>
<td>3,997</td>
<td>971</td>
</tr>
<tr>
<td>Chemung</td>
<td>9,048</td>
<td>-86</td>
<td>-0.9%</td>
<td>8,761</td>
<td>287</td>
</tr>
<tr>
<td>Coral</td>
<td>3,516</td>
<td>-36</td>
<td>-1.0%</td>
<td>3,020</td>
<td>496</td>
</tr>
<tr>
<td>Dorr</td>
<td>21,074</td>
<td>+163</td>
<td>+0.8%</td>
<td>18,157</td>
<td>2,917</td>
</tr>
<tr>
<td>Dunham</td>
<td>2,812</td>
<td>-32</td>
<td>-1.1%</td>
<td>2,375</td>
<td>437</td>
</tr>
<tr>
<td>Grafton</td>
<td>53,439</td>
<td>+302</td>
<td>+0.6%</td>
<td>27,547</td>
<td>25,892</td>
</tr>
<tr>
<td>Greenwood</td>
<td>14,008</td>
<td>+18</td>
<td>+0.1%</td>
<td>10,677</td>
<td>3,331</td>
</tr>
<tr>
<td>Hartland</td>
<td>2,686</td>
<td>+655</td>
<td>+32.3%</td>
<td>2,063</td>
<td>623</td>
</tr>
<tr>
<td>Hebron</td>
<td>2,054</td>
<td>-302</td>
<td>-1.2%</td>
<td>2,166</td>
<td>-112</td>
</tr>
<tr>
<td>McHenry</td>
<td>47,323</td>
<td>-330</td>
<td>-0.7%</td>
<td>41,740</td>
<td>5,583</td>
</tr>
<tr>
<td>Marengo</td>
<td>7,486</td>
<td>-78</td>
<td>-1.0%</td>
<td>7,239</td>
<td>247</td>
</tr>
<tr>
<td>Nunda</td>
<td>38,028</td>
<td>-217</td>
<td>-0.6%</td>
<td>35,104</td>
<td>2,924</td>
</tr>
<tr>
<td>Richmond</td>
<td>6,680</td>
<td>-3</td>
<td>-0.0%</td>
<td>4,934</td>
<td>1,746</td>
</tr>
<tr>
<td>Riley</td>
<td>2,908</td>
<td>-14</td>
<td>-0.5%</td>
<td>1,811</td>
<td>1,097</td>
</tr>
<tr>
<td>Seneca</td>
<td>2,925</td>
<td>-19</td>
<td>-0.6%</td>
<td>2,733</td>
<td>192</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, decennial Censuses and 2010-2014 American Community Survey Population Estimates
### Table 2.4

**MCHEMRY COUNTY, ILLINOIS, AND U.S. RESIDENCE COMPARED TO ONE YEAR AGO: 2015**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Population 1+</td>
<td>304,788</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Same house as one year ago</td>
<td>271,193</td>
<td>89.0%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Different house as one year ago in U.S.</td>
<td>33,595</td>
<td>11.0%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Same county</td>
<td>18,300</td>
<td>6.0%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Different county</td>
<td>14,820</td>
<td>4.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Other county in the state</td>
<td>9,272</td>
<td>3.0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Different state</td>
<td>5,548</td>
<td>1.8%</td>
<td>1.7%</td>
</tr>
<tr>
<td>From abroad</td>
<td>475</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

### Table 2.5


<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Change</td>
<td>-1,483</td>
<td>60,867</td>
<td>63,571</td>
</tr>
<tr>
<td>Natural increase/decrease=</td>
<td>6,999</td>
<td>23,429</td>
<td>21,143</td>
</tr>
<tr>
<td>Total Births -</td>
<td>17,091</td>
<td>39,252</td>
<td>33,731</td>
</tr>
<tr>
<td>Total Deaths</td>
<td>10,092</td>
<td>15,823</td>
<td>12,588</td>
</tr>
<tr>
<td>Migration</td>
<td>-8,702</td>
<td>35,513</td>
<td>42,780</td>
</tr>
<tr>
<td>International</td>
<td>1,433</td>
<td>5,214</td>
<td>2,534</td>
</tr>
<tr>
<td>Within U.S.</td>
<td>-10,135</td>
<td>30,299</td>
<td>40,246</td>
</tr>
<tr>
<td>Residual</td>
<td>220</td>
<td>1,925</td>
<td>-352</td>
</tr>
</tbody>
</table>

1April 1, 2010-July 1, 2015.
2Population change=natural increase/decrease ± net migration ± "residual."

Source: U.S. Census Bureau, Population Division, Cumulative Components of Population Change
<table>
<thead>
<tr>
<th>County/State</th>
<th>In-Migration¹ (Moved From)</th>
<th>Out-Migration² (Moved To)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Households³</td>
<td>Persons³</td>
</tr>
<tr>
<td>Total Movers</td>
<td>5,081</td>
<td>9,413</td>
</tr>
<tr>
<td>Cook and Collar Counties⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cook</td>
<td>1,455</td>
<td>2,656</td>
</tr>
<tr>
<td>DuPage</td>
<td>240</td>
<td>446</td>
</tr>
<tr>
<td>Kane</td>
<td>737</td>
<td>1,462</td>
</tr>
<tr>
<td>Lake</td>
<td>878</td>
<td>1,639</td>
</tr>
<tr>
<td>Will</td>
<td>56</td>
<td>112</td>
</tr>
<tr>
<td>Northwest Illinois Counties⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boone</td>
<td>92</td>
<td>192</td>
</tr>
<tr>
<td>DeKalb</td>
<td>62</td>
<td>97</td>
</tr>
<tr>
<td>Winnebago</td>
<td>87</td>
<td>146</td>
</tr>
<tr>
<td>Other Illinois Counties⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Illinois Counties</td>
<td>159</td>
<td>260</td>
</tr>
<tr>
<td>Wisconsin Counties⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dane</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Kenosha</td>
<td>39</td>
<td>70</td>
</tr>
<tr>
<td>Milwaukee</td>
<td>21</td>
<td>32</td>
</tr>
<tr>
<td>Rock</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Walworth</td>
<td>103</td>
<td>220</td>
</tr>
<tr>
<td>Waukesha</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Dane</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois Movers</td>
<td>1,287</td>
<td>2,352</td>
</tr>
<tr>
<td>Other U.S. Movers</td>
<td>28</td>
<td>51</td>
</tr>
<tr>
<td>Foreign Movers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Gross Income Per Household</td>
<td>$55,427</td>
<td>$59,720</td>
</tr>
</tbody>
</table>

¹New residents came from this county or state between 2014 tax filing and 2015 tax filing.
²Residents moved to this county or state between 2014 tax filing and 2015 tax filing.
³Households are number of filings, persons are number of exemptions.
⁴Individual county named if ten or more households.
Figure 2.1
McHenry County
Population: 1900-2015

Figure 2.2
McHenry County
Population Change: 1940-2010
Figure 2.3
McHenry County, Illinois, and U.S.
Lived in Same House as One Year Ago: 2015

- United States: 85.3%
- Illinois: 86.8%
- McHenry Co.: 89.0%
Chapter 3
RACE, ETHNICITY, AGE, GENDER, FOREIGN BORN, AND LANGUAGE

○ When the 2015 population is classified into race/ethnic categories, 81.8% of McHenry County is non-Hispanic white, 12.6% Hispanic, 2.9% non-Hispanic Asian, 1.2% non-Hispanic two or more races, and 1.4% non-Hispanic black.

○ The county’s non-Hispanic black (+38.5%) and non-Hispanic Asian (+14.3%) populations had a large increase between 2010 and 2015. The Hispanic population grew 10.1% in the same time period. The non-Hispanic white population decreased by 1.8% over the past five years.

○ McHenry County residents are less diverse than the state and nation in terms of race/ethnic makeup. The county’s 81.8% non-Hispanic white proportion is much larger than Illinois and the U.S., at 61.9% and 61.6% respectively. Considerably fewer non-Hispanic blacks (1.4%) live in McHenry County compared to the state (14.1%) and nation (12.4%), while Hispanics make up 12.6% of McHenry County but comprise 16.9% of Illinois’ population and 17.6% of the nation.

○ In terms of race alone, 93.5% of McHenry County residents in 2015 are white, 2.9% Asian, 1.6% black, 1.5% two or more races, 0.5% American Indian/Alaska native and 0.1% Native Hawaiian or Pacific Islander. Since Hispanic is considered an ethnicity, not a race, the racial proportions include the county’s Hispanic population. Compared to 2010, the white and two or more races proportion dropped while all other racial groups grew.

○ The majority of McHenry County Hispanic residents are of Mexican origin and comprises one in ten county residents (10.1%).

○ McHenry County residents in 2015 are primarily of one race (98.6%) though 1.4% report belonging to two or more races.

○ McHenry County residents have a median age 2.3 years greater than the U.S. (40.1 compared to 37.8). A slightly greater proportion of McHenry County residents are below 18 (24.5% compared to 22.9%) and a slightly lower proportion are over 65 then in the country as a whole (12.6% compared to 14.9%).

○ During the 2010-2015 McHenry County’s under age 5 population dropped by 15.2%, while a similar drop was also seen for ages 5-17 (-9.2%) and 25-44 (-11.4%). Gains occurred for all other age groups led by ages 65-74 (+32.1%) and 18-24 (15.4%). Smaller gains were seen for ages 75+ (+10.9%) and 45-64 (6.7%).

○ The McHenry County population aged by 1.8 years in between 2010 and 2015, the median age moving from 34.2 in 2000 up to 40.1 in 2015, more than double the increase for the U.S (35.3 to 37.8).

○ The total number of males and females residing in McHenry County is similar with a male to female ratio of 99.2. However, males outnumber females in all age groups birth to 34, while females outnumber males in all 35 and older age groups. By age 85 there are 2 women for every man in the county.
Between 2000 and 2010 the gender ratios in the 25-29 and 30-34 age groups rose, indicating an increase in men over women. Alternately, the ratio of men to women dropped for age groups in the 35-64 age range, signaling an increase in women over men. Women still outnumber men in the 65+ age groups in 2010, but over the past two decades the gender ratio gaps have lessened for seniors.

Children under 18 make up 24.5% of McHenry County’s population, young adults ages 20-24 comprise 8.7% of the county’s residents, persons ages 25-44 make up just under one-quarter (23.9%) of the population, adults 45-64 comprise the largest share at 30.2%, and 12.7% of the county’s population is seniors aged 65+.

Children under age 18 comprise 38.7% of the county’s Hispanic population and 35.7% of the black population, but just 26.3% of the Asian population and 23.6% of the white, non-Hispanic population.

More than one in ten (12.6%) white, non-Hispanic residents is age 65 or older, far above the proportions for Hispanics (2.8%), blacks (7.0%), and Asians (9.1%).

Median female age is 40.8 years, slightly higher than the male median age of 38.7 years.

The white, non-Hispanic median age of 43.3 is slightly higher than the 39.4 for Asian residents, but both exceed by more than 10 years medians for the county’s Hispanic (26.5) population and are significantly higher than black (32.5) residents.

Over the past fifteen years, the median age rose 7.8 years for white, non-Hispanic residents. It rose 7.7 years for Asian, 5.7 years for black, and 2.7 years for Hispanic residents.

Among the county’s white, non-Hispanic population, there are slightly more females than males, but for the Hispanic population the reverse is true.

Of the 30,076 foreign-born residents of McHenry County as of 2015, 68.9% entered the U.S. before 2000.

Almost half (49.5%) of foreign-born residents were born in Latin America, similar to the state (45.7%) and nation (51.1%). Slightly over one-quarter (25.6%) were born in Europe which is similar to Illinois (20.70) but twice as high as the U.S. (11.1%). Asian-born residents comprise one-fifth (20.0%) of McHenry County’s foreign-born residents, less than the state (29.2%) and nation (30.6%).

Among persons five years and older in the county, 14.3% speak a language other than English at home, with Spanish spoken by 9.1% which is below Spanish-speaking levels for both Illinois (13.5%) and U.S. (13.3%). Only 5.9% of persons speak English less than “very well.”

For the county’s foreign-born population (9.8%), just under half (4.7%) are not U.S. citizens and just over half (5.1%) are naturalized citizens.
Nearly one-third (33.2%) of McHenry County residents are of German ancestry which is far more common than in Illinois (18.6%) and the U.S. (14.4%). Irish (16.9%), Polish (15.2%), and Italian (9.6%) ancestries follow, all at levels above the state and nation.
Table 3.1
MCHENRY COUNTY
PERSONS BY RACE AND ETHNICITY: 2010 AND 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2015</th>
<th>2010</th>
<th>2010-2015 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Total</td>
<td>307,343</td>
<td>100.0%</td>
<td>308,760</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>268,544</td>
<td>87.4%</td>
<td>273,511</td>
</tr>
<tr>
<td>White</td>
<td>251,347</td>
<td>81.8%</td>
<td>258,584</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4,217</td>
<td>1.4%</td>
<td>3,045</td>
</tr>
<tr>
<td>American Indian, Alaska Native</td>
<td>415</td>
<td>0.1%</td>
<td>455</td>
</tr>
<tr>
<td>Asian</td>
<td>8,811</td>
<td>2.9%</td>
<td>7,712</td>
</tr>
<tr>
<td>Native Hawaiian, Pacific Islander</td>
<td>105</td>
<td>0.0%</td>
<td>68</td>
</tr>
<tr>
<td>Two or more races</td>
<td>3,649</td>
<td>1.2%</td>
<td>3,437</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>38,799</td>
<td>12.6%</td>
<td>35,249</td>
</tr>
</tbody>
</table>


Table 3.2
MCHENRY COUNTY, ILLINOIS, AND U.S.
PERSONS BY RACE AND ETHNICITY: 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>307,343</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>268,544</td>
<td>87.4%</td>
<td>83.1%</td>
</tr>
<tr>
<td>White</td>
<td>251,347</td>
<td>81.8%</td>
<td>61.9%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4,217</td>
<td>1.4%</td>
<td>14.1%</td>
</tr>
<tr>
<td>American Indian, Alaska Native</td>
<td>415</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>8,811</td>
<td>2.9%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Native Hawaiian, Pacific Islander</td>
<td>105</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>3,649</td>
<td>1.2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>38,799</td>
<td>12.6%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey Population Estimate
### Table 3.3
**MCHENY COUNTY**
**PERSONS BY RACE AND HISPANIC ORIGIN: 2010 AND 2015**

<table>
<thead>
<tr>
<th>Race/Hispanic Origin</th>
<th>2015</th>
<th>2010</th>
<th>2010-2015 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Total</td>
<td>307,343</td>
<td>100.0%</td>
<td>308,760</td>
</tr>
<tr>
<td>Race (of any Hispanic Origin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>287,473</td>
<td>93.5%</td>
<td>278,257</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4,783</td>
<td>1.6%</td>
<td>3,283</td>
</tr>
<tr>
<td>American Indian, Alaska Native</td>
<td>1,401</td>
<td>0.5%</td>
<td>939</td>
</tr>
<tr>
<td>Asian</td>
<td>9,049</td>
<td>2.9%</td>
<td>7,807</td>
</tr>
<tr>
<td>Native Hawaiian, Pacific Islander</td>
<td>166</td>
<td>0.1%</td>
<td>80</td>
</tr>
<tr>
<td>Two or more races</td>
<td>4,471</td>
<td>1.5%</td>
<td>5,200</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>38,799</td>
<td>12.6%</td>
<td>35,249</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>268,544</td>
<td>87.4%</td>
<td>273,511</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2010 Census and American Community Survey 2015 Population Estimate

### Table 3.4
**MCHENRY COUNTY, ILLINOIS, AND U.S.**
**PERSONS BY HISPANIC OR LATINO ORIGIN: 2014**

<table>
<thead>
<tr>
<th>Hispanic Origin</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>307,888</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>36,623</td>
<td>11.9%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Mexican</td>
<td>30,944</td>
<td>10.1%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>2,306</td>
<td>0.7%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Guatemalan</td>
<td>557</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Hispanic or Latino¹</td>
<td>2,766</td>
<td>0.9%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>271,265</td>
<td>88.1%</td>
<td>83.7%</td>
</tr>
</tbody>
</table>

¹Includes Dominican Republic, Spain, and Spanish-speaking Central or South American countries.

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-year estimates
Table 3.5
MCHEMRY COUNTY
PERSONS BY RACE: 2010 AND 2015

<table>
<thead>
<tr>
<th>Race</th>
<th>2015</th>
<th></th>
<th>2010</th>
<th></th>
<th>2010-2015 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Total</td>
<td>307,343</td>
<td>100.0%</td>
<td>308,760</td>
<td>100.0%</td>
<td>-1,417</td>
</tr>
<tr>
<td>Population of one race</td>
<td>302,891</td>
<td>98.6%</td>
<td>303,560</td>
<td>98.3%</td>
<td>-669</td>
</tr>
<tr>
<td>White</td>
<td>282,092</td>
<td>91.8%</td>
<td>278,257</td>
<td>90.1%</td>
<td>3,835</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4,926</td>
<td>1.6%</td>
<td>3,283</td>
<td>1.1%</td>
<td>1,643</td>
</tr>
<tr>
<td>American Indian, Alaska Native</td>
<td>94</td>
<td>0.0%</td>
<td>939</td>
<td>0.3%</td>
<td>-845</td>
</tr>
<tr>
<td>Asian</td>
<td>9,166</td>
<td>3.0%</td>
<td>7,807</td>
<td>2.5%</td>
<td>1,359</td>
</tr>
<tr>
<td>Native Hawaiian, Pacific Islander</td>
<td>242</td>
<td>0.1%</td>
<td>80</td>
<td>0.0%</td>
<td>162</td>
</tr>
<tr>
<td>Other race</td>
<td>6,371</td>
<td>2.1%</td>
<td>13,194</td>
<td>4.3%</td>
<td>-6,823</td>
</tr>
<tr>
<td>Two or more races</td>
<td>4,452</td>
<td>1.4%</td>
<td>5,200</td>
<td>1.7%</td>
<td>-748</td>
</tr>
</tbody>
</table>

Note: Person of Hispanic ethnicity may be of any race.

Table 3.6
MCHEMRY COUNTY AND U.S. AGE GROUPS: 2015

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>McHenry County Number</th>
<th>McHenry County Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>307,343</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Under 5</td>
<td>16,879</td>
<td>5.5%</td>
<td>6.2%</td>
</tr>
<tr>
<td>5 - 14</td>
<td>43,513</td>
<td>14.2%</td>
<td>12.8%</td>
</tr>
<tr>
<td>15 - 24</td>
<td>41,920</td>
<td>13.6%</td>
<td>13.7%</td>
</tr>
<tr>
<td>25 - 34</td>
<td>32,811</td>
<td>10.7%</td>
<td>13.7%</td>
</tr>
<tr>
<td>35 - 44</td>
<td>39,923</td>
<td>13.0%</td>
<td>12.7%</td>
</tr>
<tr>
<td>45 - 54</td>
<td>51,114</td>
<td>16.6%</td>
<td>13.4%</td>
</tr>
<tr>
<td>55 - 64</td>
<td>42,516</td>
<td>13.8%</td>
<td>12.7%</td>
</tr>
<tr>
<td>65 - 74</td>
<td>24,515</td>
<td>8.0%</td>
<td>8.6%</td>
</tr>
<tr>
<td>75 - 84</td>
<td>9,713</td>
<td>3.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>85 or older</td>
<td>4,439</td>
<td>1.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Median Age</td>
<td>40.1</td>
<td></td>
<td>37.8</td>
</tr>
<tr>
<td>Under 18</td>
<td>75,250</td>
<td>24.5%</td>
<td>22.9%</td>
</tr>
<tr>
<td>65 or older</td>
<td>38,667</td>
<td>12.6%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-year Estimates
### Table 3.7

**MCHENRY COUNTY**


<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Total</td>
<td>307,343</td>
<td>100.0%</td>
<td>308,760</td>
<td>100.0%</td>
<td>-1,417</td>
</tr>
<tr>
<td>Under 5</td>
<td>16,879</td>
<td>5.5%</td>
<td>19,896</td>
<td>6.4%</td>
<td>-3,017</td>
</tr>
<tr>
<td>5 - 17</td>
<td>58,371</td>
<td>19.0%</td>
<td>64,279</td>
<td>20.8%</td>
<td>-5,908</td>
</tr>
<tr>
<td>18 - 24</td>
<td>27,062</td>
<td>8.8%</td>
<td>23,455</td>
<td>7.6%</td>
<td>+3,607</td>
</tr>
<tr>
<td>25 - 44</td>
<td>72,734</td>
<td>23.7%</td>
<td>82,097</td>
<td>26.6%</td>
<td>-9,363</td>
</tr>
<tr>
<td>45 - 64</td>
<td>93,630</td>
<td>30.5%</td>
<td>87,713</td>
<td>28.4%</td>
<td>+5,917</td>
</tr>
<tr>
<td>65 - 74</td>
<td>24,515</td>
<td>8.0%</td>
<td>18,560</td>
<td>6.0%</td>
<td>+5,955</td>
</tr>
<tr>
<td>75 or older</td>
<td>14,152</td>
<td>4.6%</td>
<td>12,760</td>
<td>4.1%</td>
<td>+1,392</td>
</tr>
<tr>
<td>Median Age (yrs.)</td>
<td>40.1</td>
<td></td>
<td>38.0</td>
<td></td>
<td>+2.1</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, decennial Censuses and 2015 American Community Survey 1-year Estimates.

### Table 3.8

**MCHENRY COUNTY AND U.S.**


<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>40.1</td>
<td>37.8</td>
</tr>
<tr>
<td>2010</td>
<td>38.0</td>
<td>37.2</td>
</tr>
<tr>
<td>2000</td>
<td>34.2</td>
<td>35.3</td>
</tr>
<tr>
<td>1990</td>
<td>32.2</td>
<td>32.8</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, decennial Censuses, American Community Survey 2015 1 year-Estimates
Table 3.9
MCHENRY COUNTY

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>153,055</td>
<td>154,288</td>
<td>99.2</td>
<td>99.4</td>
<td>100.7</td>
<td>99.9</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Under 5</td>
<td>8,664</td>
<td>7,994</td>
<td>108.4</td>
<td>104.2</td>
<td>107.6</td>
<td>106.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - 9</td>
<td>10,393</td>
<td>10,017</td>
<td>103.8</td>
<td>104.7</td>
<td>105.4</td>
<td>109.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 - 14</td>
<td>11,976</td>
<td>11,386</td>
<td>105.2</td>
<td>104.8</td>
<td>107.2</td>
<td>109.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 - 19</td>
<td>11,699</td>
<td>10,977</td>
<td>106.6</td>
<td>107.3</td>
<td>110.9</td>
<td>106.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - 24</td>
<td>9,807</td>
<td>9,370</td>
<td>104.7</td>
<td>112.9</td>
<td>113.6</td>
<td>105.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 - 29</td>
<td>8,096</td>
<td>7,536</td>
<td>107.4</td>
<td>104.3</td>
<td>99.8</td>
<td>96.3</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>30 - 34</td>
<td>8,814</td>
<td>8,772</td>
<td>100.5</td>
<td>99.4</td>
<td>96.2</td>
<td>98.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 - 39</td>
<td>9,522</td>
<td>9,545</td>
<td>99.8</td>
<td>97.5</td>
<td>100.1</td>
<td>102.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 - 44</td>
<td>10,374</td>
<td>10,690</td>
<td>97.0</td>
<td>96.5</td>
<td>101.0</td>
<td>100.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 - 49</td>
<td>12,068</td>
<td>12,384</td>
<td>97.4</td>
<td>100.1</td>
<td>104.9</td>
<td>107.7</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>50 - 54</td>
<td>13,039</td>
<td>13,096</td>
<td>99.6</td>
<td>99.9</td>
<td>102.1</td>
<td>108.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 - 59</td>
<td>11,866</td>
<td>11,998</td>
<td>98.9</td>
<td>100.6</td>
<td>104.0</td>
<td>103.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 - 64</td>
<td>9,121</td>
<td>9,256</td>
<td>98.5</td>
<td>96.5</td>
<td>98.5</td>
<td>97.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 - 69</td>
<td>6,942</td>
<td>7,384</td>
<td>94.0</td>
<td>91.7</td>
<td>89.8</td>
<td>85.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 - 74</td>
<td>4,666</td>
<td>5,354</td>
<td>87.1</td>
<td>88.9</td>
<td>81.9</td>
<td>72.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 - 79</td>
<td>2,859</td>
<td>3,390</td>
<td>84.3</td>
<td>81.3</td>
<td>69.8</td>
<td>64.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80 - 84</td>
<td>1,734</td>
<td>2,310</td>
<td>75.1</td>
<td>69.4</td>
<td>53.6</td>
<td>56.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85 or older</td>
<td>1,405</td>
<td>2,829</td>
<td>49.7</td>
<td>45.3</td>
<td>39.8</td>
<td>39.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1Males per 100 females.
Source: U.S. Census Bureau, decennial Censuses, 2015 American Community Survey 1 year-Estimates
### Table 3.10
MCHENRY COUNTY
PERSONS BY DETAILED AND COMPRESSED AGE GROUP: 2015

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Total Population</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>307,343</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 5</td>
<td>16,658</td>
<td>5.4%</td>
<td></td>
</tr>
<tr>
<td>5 to 9</td>
<td>20,410</td>
<td>6.6%</td>
<td></td>
</tr>
<tr>
<td>10 to 14</td>
<td>23,362</td>
<td>7.6%</td>
<td></td>
</tr>
<tr>
<td>15 to 19</td>
<td>22,676</td>
<td>7.4%</td>
<td></td>
</tr>
<tr>
<td>20 to 24</td>
<td>19,177</td>
<td>6.2%</td>
<td></td>
</tr>
<tr>
<td>25 to 29</td>
<td>15,632</td>
<td>5.1%</td>
<td></td>
</tr>
<tr>
<td>30 to 34</td>
<td>17,586</td>
<td>5.7%</td>
<td></td>
</tr>
<tr>
<td>35 to 39</td>
<td>19,067</td>
<td>6.2%</td>
<td></td>
</tr>
<tr>
<td>40 to 44</td>
<td>21,064</td>
<td>6.9%</td>
<td></td>
</tr>
<tr>
<td>45 to 49</td>
<td>24,452</td>
<td>8.0%</td>
<td></td>
</tr>
<tr>
<td>50 to 54</td>
<td>26,135</td>
<td>8.5%</td>
<td></td>
</tr>
<tr>
<td>55 to 59</td>
<td>23,864</td>
<td>7.8%</td>
<td></td>
</tr>
<tr>
<td>60 to 64</td>
<td>18,377</td>
<td>6.0%</td>
<td></td>
</tr>
<tr>
<td>65 to 69</td>
<td>14,326</td>
<td>4.7%</td>
<td></td>
</tr>
<tr>
<td>70 to 74</td>
<td>10,020</td>
<td>3.3%</td>
<td></td>
</tr>
<tr>
<td>75 to 79</td>
<td>6,259</td>
<td>2.0%</td>
<td></td>
</tr>
<tr>
<td>80 to 84</td>
<td>4,044</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>85 or older</td>
<td>4,234</td>
<td>1.4%</td>
<td></td>
</tr>
</tbody>
</table>

By Compressed Age Group

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>75,431</td>
<td>24.5%</td>
</tr>
<tr>
<td>18 to 24</td>
<td>26,852</td>
<td>8.7%</td>
</tr>
<tr>
<td>25 to 44</td>
<td>73,349</td>
<td>23.9%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>92,828</td>
<td>30.2%</td>
</tr>
<tr>
<td>65 or older</td>
<td>38,883</td>
<td>12.7%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1 year-Estimates
Table 3.11
MCHEMRY COUNTY
RACE/ETHNICITY BY DETAILED AND COMPRESSED AGE GROUP: 2014

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>White, Non-Hispanic</th>
<th>Hispanic</th>
<th>Asian, Non-Hispanic</th>
<th>Black, Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>255,364</td>
<td>100.0%</td>
<td>36,623</td>
<td>100.0%</td>
</tr>
<tr>
<td>Under 5 years</td>
<td>13,067</td>
<td>5.1%</td>
<td>3,827</td>
<td>10.4%</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>16,694</td>
<td>6.5%</td>
<td>4,284</td>
<td>11.7%</td>
</tr>
<tr>
<td>10 to 14 years</td>
<td>18,458</td>
<td>7.2%</td>
<td>3,952</td>
<td>10.8%</td>
</tr>
<tr>
<td>15 to 17 years</td>
<td>12,241</td>
<td>4.8%</td>
<td>2,117</td>
<td>5.8%</td>
</tr>
<tr>
<td>18 and 19 years</td>
<td>6,308</td>
<td>2.5%</td>
<td>1,308</td>
<td>3.6%</td>
</tr>
<tr>
<td>20 to 24 years</td>
<td>13,383</td>
<td>5.2%</td>
<td>2,808</td>
<td>7.7%</td>
</tr>
<tr>
<td>25 to 29 years</td>
<td>12,385</td>
<td>4.8%</td>
<td>2,740</td>
<td>7.5%</td>
</tr>
<tr>
<td>30 to 34 years</td>
<td>13,868</td>
<td>5.4%</td>
<td>3,129</td>
<td>8.5%</td>
</tr>
<tr>
<td>35 to 44 years</td>
<td>35,323</td>
<td>13.8%</td>
<td>5,915</td>
<td>16.2%</td>
</tr>
<tr>
<td>45 to 54 years</td>
<td>46,558</td>
<td>18.2%</td>
<td>3,823</td>
<td>10.4%</td>
</tr>
<tr>
<td>55 to 64 years</td>
<td>35,046</td>
<td>13.7%</td>
<td>1,684</td>
<td>4.6%</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>19,388</td>
<td>7.6%</td>
<td>711</td>
<td>1.9%</td>
</tr>
<tr>
<td>75 to 84 years</td>
<td>8,920</td>
<td>3.5%</td>
<td>246</td>
<td>0.7%</td>
</tr>
<tr>
<td>85 years and over</td>
<td>3,725</td>
<td>1.5%</td>
<td>79</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-year estimates

Table 3.12
MCHEMRY COUNTY

<table>
<thead>
<tr>
<th>Gender</th>
<th>2015</th>
<th>2010</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>38.7</td>
<td>37.1</td>
<td>33.5</td>
</tr>
<tr>
<td>Female</td>
<td>40.8</td>
<td>38.9</td>
<td>34.9</td>
</tr>
<tr>
<td>Race/Ethnic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>43.3</td>
<td>39.5</td>
<td>35.5</td>
</tr>
<tr>
<td>Asian</td>
<td>39.4</td>
<td>35.3</td>
<td>31.7</td>
</tr>
<tr>
<td>Black</td>
<td>32.5</td>
<td>31.6</td>
<td>26.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>26.5</td>
<td>24.7</td>
<td>23.8</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, decennial Censuses and 2015 American Community Survey 1-Year Estimates
Table 3.13
MCHENRY COUNTY
GENDER RATIO BY RACE/ETHNIC: 2015

<table>
<thead>
<tr>
<th>Race/Ethnic</th>
<th>Number</th>
<th>Gender Ratio¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>124,418</td>
<td>126,816 .98</td>
</tr>
<tr>
<td>Hispanic</td>
<td>20,088</td>
<td>18,711 1.07</td>
</tr>
</tbody>
</table>

¹Males per 100 females.
Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Table 3.14
MCHENRY COUNTY
FOREIGN BORN RESIDENTS YEAR OF ENTRY: 2015

<table>
<thead>
<tr>
<th>Period</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>30,076</td>
<td>100.0%</td>
</tr>
<tr>
<td>Entered 2010 or later</td>
<td>1,987</td>
<td>6.6%</td>
</tr>
<tr>
<td>Entered 2000-2009</td>
<td>7,374</td>
<td>24.5%</td>
</tr>
<tr>
<td>Entered before 2000</td>
<td>20,715</td>
<td>68.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Table 3.15
MCHENRY COUNTY, ILLINOIS, AND U.S.
REGION OF BIRTH OF FOREIGN BORN: 2015

<table>
<thead>
<tr>
<th>Region</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Foreign Born Population</td>
<td>30,073</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Latin America</td>
<td>14,883</td>
<td>49.5%</td>
<td>45.7%</td>
</tr>
<tr>
<td>Europe</td>
<td>7,698</td>
<td>25.6%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Asia¹</td>
<td>6,002</td>
<td>20.0%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Africa¹</td>
<td>325</td>
<td>3.3%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Northern America¹</td>
<td>979</td>
<td>1.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Oceania¹</td>
<td>186</td>
<td>0.6%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

¹Margin of error >50% for McHenry County estimate.
Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
Table 3.16
MCHENRY COUNTY, ILLINOIS, AND U.S.
LEADING LANGUAGES SPOKEN AT HOME: 2015

<table>
<thead>
<tr>
<th>Language Spoken at Home</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Persons Age 5+</td>
<td>290,464</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>English only</td>
<td>248,887</td>
<td>85.7%</td>
<td>77.0%</td>
</tr>
<tr>
<td>Spanish</td>
<td>26,489</td>
<td>9.1%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Speak English less than “very well”</td>
<td>11,818</td>
<td>4.1%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Other language(s)</td>
<td>15,088</td>
<td>5.2%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Speak English less than “very well”</td>
<td>5,322</td>
<td>1.8%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Table 3.17
MCHENRY COUNTY, ILLINOIS, AND U.S.
NATIVITY AND CITIZENSHIP: 2015

<table>
<thead>
<tr>
<th>Nativity/ Citizenship</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>307,343</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Native</td>
<td>274,270</td>
<td>89.2%</td>
<td>85.8%</td>
</tr>
<tr>
<td>Born in state of residence</td>
<td>225,616</td>
<td>73.4%</td>
<td>67.2%</td>
</tr>
<tr>
<td>Foreign born</td>
<td>30,073</td>
<td>9.8%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Naturalized citizen</td>
<td>15,595</td>
<td>5.1%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Not a citizen</td>
<td>14,478</td>
<td>4.7%</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
<table>
<thead>
<tr>
<th>Ancestry</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>German</td>
<td>102,035</td>
<td>33.2%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Irish</td>
<td>51,979</td>
<td>16.9%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Polish</td>
<td>46,727</td>
<td>15.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Italian</td>
<td>29,426</td>
<td>9.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td>English</td>
<td>20,976</td>
<td>6.8%</td>
<td>5.7%</td>
</tr>
<tr>
<td>American</td>
<td>11,509</td>
<td>3.7%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Swedish</td>
<td>11,097</td>
<td>3.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Norwegian</td>
<td>8,409</td>
<td>2.7%</td>
<td>1.2%</td>
</tr>
<tr>
<td>French (except Basque)</td>
<td>6,922</td>
<td>2.3%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Scottish</td>
<td>6,158</td>
<td>2.0%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Czech</td>
<td>4,000</td>
<td>1.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Dutch</td>
<td>3,746</td>
<td>1.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Greek</td>
<td>3,716</td>
<td>1.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Russian</td>
<td>2,287</td>
<td>0.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Lithuanian</td>
<td>2,036</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Scotch-Irish</td>
<td>1,914</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>1,796</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Hungarian</td>
<td>1,697</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

1 Census respondents could report up to two ancestries.  
Note: Ancestry reported with number >1,600 for McHenry County.  
Source: U.S. Census Bureau, 2010 - 2014 American Community Survey 5-Year Estimates
Figure 3.1
McHenry County by Race/Ethnicity: 2015

- White, NH: 82%
- Hispanic: 13%
- Asian, NH: 3%
- Black, NH: 1%
- Two or more Races, NH: 1%
- American Indian, Alaskan Native, NH: 0%
- Native hawaiian, Pacific Islander, NH: 0%

Figure 3.2
McHenry County Change in Race/Ethnicity of Population: 2010 to 2015

- White: 38.50%
- Two or More Races: -1.80%
- Hispanic or Latino: 6.20%
- Asian: 14.30%
- Black: 10.10%
Figure 3.3
McHenry County and U.S. by Race/Ethnicity: 2015

- White, NH: 81.8%
- Asian, NH: 6.16%
- Black, NH: 2.9%
- Hispanic: 12.4%
- McHenry County: 84.9%
- U.S.: 61.6%

Figure 3.4
McHenry County Hispanics by Hispanic Origin: 2015

- Mexican: 84.9%
- Puerto Rican: 7.6%
- Guatemalan: 5.9%
- Other: 1.7%
Figure 3.5
McHenry County
Population by Age Group: 2015

Figure 3.6
McHenry County
Percent Change For Selected Age Groups: 2000 to 2010
Figure 3.7
McHenry County and U.S.

Figure 3.8
McHenry County
Race/Ethnicity For Children and Seniors: 2014
Figure 3.9
McHenry County
Median Age by Gender and Race/Ethnicity: 2014

- Male
- Female
- White NH
- Asian NH
- Black NH
- Hispanic

Figure 3.10
McHenry County
Foreign-Born by Region of Birth: 2014

- Latin America: 49.5%
- Europe: 25.6%
- Asia: 20.0%
- Africa: 3.3%
- North America: 1.1%
- Oceania: 0.6%
Chapter 4
HOUSEHOLDS, MARITAL STATUS, AND HOUSING

○ Within households, McHenry County residents are classified as householder (26.5%), spouse (21.8%), child (32.5%), other relatives (4.6%), nonrelatives (1.5%), and unmarried partner (0.7%). Levels are slightly higher than the state and nation for spouse and child proportions.

○ Nearly nine in ten (87.4%) county residents live in a family household, a higher proportion than for both Illinois (83.1%) and U.S. (83.2%). Slightly over one in ten (12.6%) lives in a nonfamily household, fewer than across the state (16.9%) and nation (16.8%).

○ Only 7.6% of the population lives alone, below Illinois (11.2%) and U.S. (10.5%).

○ An estimated 1,575 residents reside in group quarters, comprising only 0.5% of the county’s entire population, far below levels for the state (2.3%) and nation (2.5%).

○ According to 2015 Census estimates, McHenry County contains 111,124 households.

○ Three-quarters (73.3%) of households are family households, far above the proportion for Illinois (64.6%) and U.S. (65.6%). Married-couple families, both with and without children, make up 60.2% of the county’s households, also far higher than the state (47.7%) and nation (48.0%).

○ Slightly over one quarter (26.4%) of households are comprised of a married couple with children under 18, much higher than Illinois (19.4%) and U.S. (18.8%).

○ One in fourteen (6.8%) households is headed by a single parent, more often female-headed (5.2%) than male-headed (1.6%).

○ McHenry County’s average household size at 2.75 is higher than 2.62 for Illinois and 2.65 for U.S. The average family size of 3.22 in McHenry County is close to the state of Illinois (3.29) and the country as a whole (3.26).

○ Average household size declined in McHenry County from 2000 to 2015 (2.89 to 2.75 persons), contrary to the U.S.’s slight rise from 2.59 to 2.65.

○ Average family size decreased slightly in McHenry County from 2000 to 2015 (3.31 to 3.22), but increased for the U.S. moving from 3.14 to 3.26.

○ Of the 75,192 children under 18 in McHenry County in 2015, 78.7% lived in a married-couple household, far above levels seen in Illinois (66.8%) and U.S. (65.8%).

○ More than one in seven (16.1%) McHenry County children live in a single-parent female-headed household, though this proportion is lower than that of both Illinois (25.3%) and U.S. (25.6%).
Over half (56.9%) of McHenry County residents age 15 and older are currently married, well above the proportions for the state (47.4%) and nation (47.5%). Slightly fewer residents age 15+ are widowed (4.7%) than in Illinois (5.7%) and U.S. (5.8%) and fewer (1.3%) are separated as in the state (1.7%) and nation (2.1%).

Based on 2014 Census estimates, there are 5,803 unmarried-partner households in McHenry County, split almost evenly between a male householder (53.4%) or a female householder (46.6%).

Of the 4,339 McHenry County grandparents estimated in 2015 to be living with a grandchild under age 18, 33.2% are responsible for care of the grandchild which is greater than levels seen in Illinois (29.5%) and less than in the U.S. (35.3%).

More than seven in ten (71.6%) McHenry County seniors age 65 and older live in a family household, above Illinois (65.1%) and U.S. (67.5%) proportions.

Among seniors age 65 and older in the county, almost twice as many females (15.7%) than males (8.4%) live alone.

Census estimates for 2015 report that McHenry County contains 117,351 housing units, a 0.3% increase over 2014 and a 1.1% increase over 2010. Growth in housing units during the early 2000’s was far higher at >3% each year then dropped under 1% in 2009.

According to 2015 Census data, the median year built for McHenry County housing units is 1985, making the average home newer than across Illinois (1968) and U.S. (1977). 44.4% of McHenry County housing units have been built since 1990, significantly higher than state (23.6%) and national (31.5%) levels.

More than nine in ten (95.6%) McHenry County housing units are occupied, higher than Illinois (90.2%) and U.S. (87.7%). The remaining 4.4% of housing units are vacant in the county, below vacancy rates for the state (9.8%) and nation (12.3%).

Rental units are much more likely (6.3%) to be vacant as homeowner units (0.8%).

The proportion of owner-occupied housing units stood at 78.3% in 2015 for McHenry County, the remaining 21.7% were occupied by renters. McHenry County’s home ownership level is much higher than Illinois (65.3%) and U.S. (63.0%).

McHenry County’s home ownership rate dropped between 2010 and 2015, falling from 84.1% to 78.3%.

McHenry County homeowners with a mortgage have median monthly housing costs of $1,709, above Illinois ($1,588) and U.S. ($1,477). For almost three in ten (28.8%) of these county homeowners, the costs are more than 30% of their household income, very similar to the state (29.1%) and nation (29.4%).

McHenry County homeowners without a mortgage have median monthly housing costs of $743, higher than both Illinois ($589) and U.S. ($468). For around one-sixth (15.4%) of nonmortgage owners, costs are 30% or more of their household income, close to levels for the state (15.6%) and nation (13.9%).
McHenry County renters have a median monthly rent of $1,136, above Illinois ($936) and U.S. ($959). For almost half (43.7%) of renters, their gross rent is 30% or more of their household income, similar to Illinois (45.6%) and U.S (46.8%).

Only 3.7% of McHenry County households have no vehicle available, one-third of Illinois (10.8%) and U.S. (8.9%). More than four in ten (42.9%) county households have two vehicles available, higher than Illinois (36.1%) and U.S. (20.3%).

One in twelve (8.4%) McHenry County seniors age 65 and older does not have a vehicle available in the household, much higher than for ages 15-34 (1.9%) and 35-64 (2.0%). The proportion of households without a vehicle in McHenry County is far below the state of Illinois and the country as a whole.

According to 2015 Census estimates, the median value of owner-occupied units in McHenry County is $205,300, above both Illinois ($180,300) and U.S. ($194,500).
### Table 4.1
**MCHEY COUNTY, ILLINOIS, AND U.S. RELATIONSHIP OF PERSONS IN HOUSEHOLDS: 2015**

<table>
<thead>
<tr>
<th>Relationship (persons)</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Total Population</td>
<td>307,343</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Household Population</td>
<td>305,768</td>
<td>99.5%</td>
<td>97.7%</td>
</tr>
<tr>
<td>Householder</td>
<td>81,491</td>
<td>26.5%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Spouse</td>
<td>67,121</td>
<td>21.8%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Child</td>
<td>99,979</td>
<td>32.5%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Other relatives</td>
<td>14,019</td>
<td>4.6%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Nonrelatives</td>
<td>4,615</td>
<td>1.5%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Unmarried partner</td>
<td>2,137</td>
<td>0.7%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

### Table 4.2
**MCHEY COUNTY, ILLINOIS, AND U.S. PERSONS BY HOUSEHOLD TYPE: 2015**

<table>
<thead>
<tr>
<th>Persons</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Total Population</td>
<td>307,343</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Living in group quarters</td>
<td>1,575</td>
<td>0.5%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Living in households</td>
<td>305,768</td>
<td>99.5%</td>
<td>97.7%</td>
</tr>
<tr>
<td>Household Population</td>
<td>305,768</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Living in family households</td>
<td>267,225</td>
<td>87.4%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Living in nonfamily households</td>
<td>38,543</td>
<td>12.6%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Living alone</td>
<td>23,262</td>
<td>7.6%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
Table 4.3
MCHENRY COUNTY, ILLINOIS, AND U.S.
HOUSEHOLD STRUCTURE: 2015

<table>
<thead>
<tr>
<th>Household Type</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Total Households</td>
<td>111,124</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Family Households</td>
<td>81,491</td>
<td>73.3%</td>
<td>64.6%</td>
</tr>
<tr>
<td>Marital-couple families</td>
<td>66,945</td>
<td>60.2%</td>
<td>47.7%</td>
</tr>
<tr>
<td>With own children under 18 years</td>
<td>29,315</td>
<td>26.4%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Male householder, no wife present</td>
<td>3,451</td>
<td>3.1%</td>
<td>4.5%</td>
</tr>
<tr>
<td>With own children under 18 years</td>
<td>1,796</td>
<td>1.6%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Female householder, no husband present</td>
<td>11,095</td>
<td>10.0%</td>
<td>12.5%</td>
</tr>
<tr>
<td>With own children under 18 years</td>
<td>5,792</td>
<td>5.2%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Nonfamily Households</td>
<td>29,633</td>
<td>26.7%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Average Household Size</td>
<td>2.75</td>
<td>2.62</td>
<td>2.65</td>
</tr>
<tr>
<td>Average Family Size</td>
<td>3.22</td>
<td>3.29</td>
<td>3.26</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Table 4.4
MCHENRY COUNTY AND U.S.
AVERAGE HOUSEHOLD SIZE AND AVERAGE FAMILY SIZE: 1970-2010 AND 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Household Size (persons)</th>
<th>Average Family Size (persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McHenry County</td>
<td>U.S.</td>
</tr>
<tr>
<td>2015</td>
<td>2.75</td>
<td>2.65</td>
</tr>
<tr>
<td>2010</td>
<td>2.82</td>
<td>2.59</td>
</tr>
<tr>
<td>2000</td>
<td>2.89</td>
<td>2.59</td>
</tr>
<tr>
<td>1990</td>
<td>2.89</td>
<td>2.63</td>
</tr>
<tr>
<td>1980</td>
<td>2.99</td>
<td>2.76</td>
</tr>
<tr>
<td>1970</td>
<td>3.53</td>
<td>3.14</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, decennial Censuses and 2015 American Community Survey 1-Year Estimates
## Table 4.5
**MCHENRY COUNTY, ILLINOIS, AND U.S.**  
**HOUSEHOLD TYPE FOR CHILDREN UNDER 18: 2015**

<table>
<thead>
<tr>
<th>Household Type</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Total Children</td>
<td>75,192</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Married couple</td>
<td>59,193</td>
<td>78.7%</td>
<td>66.8%</td>
</tr>
<tr>
<td>Male parent, no wife</td>
<td>3,242</td>
<td>4.3%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Female parent, no husband</td>
<td>12,094</td>
<td>16.1%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Nonfamily(^1)</td>
<td>663</td>
<td>0.9%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

\(^1\)Margin of error >50% for McHenry County estimate.  
Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

## Table 4.6
**MCHENRY COUNTY, ILLINOIS, AND U.S.**  
**MARITAL STATUS OF PERSONS AGES 15+: 2015**

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Total Persons 15 Years and Older</td>
<td>246,951</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Never married</td>
<td>69,067</td>
<td>28.0%</td>
<td>35.5%</td>
</tr>
<tr>
<td>Now married, except separated</td>
<td>140,422</td>
<td>56.9%</td>
<td>47.4%</td>
</tr>
<tr>
<td>Separated</td>
<td>3,149</td>
<td>1.3%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Widowed</td>
<td>11,687</td>
<td>4.7%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Divorced</td>
<td>22,626</td>
<td>9.2%</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

## Table 4.7
**MCHENRY COUNTY, ILLINOIS, AND U.S.**  
**UNMARRIED-PARTNER HOUSEHOLDS BY SEX OF PARTNER: 2014**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Total Unmarried-Partner Households</td>
<td>5,803</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Male Householder</td>
<td>3,101</td>
<td>53.4%</td>
<td>51.3%</td>
</tr>
<tr>
<td>Male partner(^1)</td>
<td>71</td>
<td>1.2%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Female partner</td>
<td>3,030</td>
<td>52.2%</td>
<td>47.5%</td>
</tr>
<tr>
<td>Female Householder</td>
<td>2,702</td>
<td>46.6%</td>
<td>48.7%</td>
</tr>
<tr>
<td>Male partner(^1)</td>
<td>2,559</td>
<td>44.1%</td>
<td>45.1%</td>
</tr>
<tr>
<td>Female partner(^1)</td>
<td>143</td>
<td>2.5%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

\(^1\)Margin of error >33% for McHenry County estimate.  
*Gay marriage legalized in Illinois in 2014  
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates
Table 4.8
MCHENRY COUNTY, ILLINOIS, AND U.S.
GRANDPARENTS LIVING WITH OWN GRANDCHILDREN UNDER 18 YEARS
BY RESPONSIBILITY:  2015

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Total Grandparent Living With Grandchild &lt;18</td>
<td>4,339</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Grandparent responsible for child</td>
<td>1,440</td>
<td>33.2%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Grandparent not responsible for child</td>
<td>2,899</td>
<td>66.8%</td>
<td>70.5%</td>
</tr>
</tbody>
</table>

Source:  U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Table 4.9
MCHENRY COUNTY, ILLINOIS, AND U.S.
HOUSEHOLD TYPE FOR PERSONS 65 YEARS AND OLDER:  2015

<table>
<thead>
<tr>
<th>Household Type</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Total Persons 65 Years and Older</td>
<td>38,667</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>In Family Households</td>
<td>27,695</td>
<td>71.6%</td>
<td>65.1%</td>
</tr>
<tr>
<td>Householder</td>
<td>13,340</td>
<td>34.5%</td>
<td>32.7%</td>
</tr>
<tr>
<td>Spouse</td>
<td>11,353</td>
<td>29.4%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Parent</td>
<td>1,529</td>
<td>4.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Parent-in-law</td>
<td>870</td>
<td>2.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other relatives¹</td>
<td>385</td>
<td>1.0%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Nonrelatives¹</td>
<td>218</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>In Nonfamily Households</td>
<td>10,248</td>
<td>26.5%</td>
<td>31.2%</td>
</tr>
<tr>
<td>Male householder</td>
<td>3,458</td>
<td>8.9%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Living alone</td>
<td>3,264</td>
<td>8.4%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Not living alone¹</td>
<td>194</td>
<td>0.5%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Female householder</td>
<td>6,427</td>
<td>16.6%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Living alone</td>
<td>6,067</td>
<td>15.7%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Not living alone¹</td>
<td>360</td>
<td>0.9%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Nonrelatives¹</td>
<td>363</td>
<td>0.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>In Group Quarters</td>
<td>724</td>
<td>1.9%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

¹Margin of error >33% for McHenry County estimate.

Source:  U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
### Table 4.10
**MCHEMRY COUNTY AND ILLINOIS**
**HOUSING UNITS: 2000-2015**

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>Change From Previous Year</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>117,351</td>
<td></td>
<td>+0.3%</td>
<td>+0.2%</td>
</tr>
<tr>
<td>2014</td>
<td>117,050</td>
<td></td>
<td>+0.2%</td>
<td>+0.1%</td>
</tr>
<tr>
<td>2013</td>
<td>116,831</td>
<td></td>
<td>+0.4%</td>
<td>+0.1%</td>
</tr>
<tr>
<td>2012</td>
<td>116,368</td>
<td></td>
<td>+0.1%</td>
<td>+0.3%</td>
</tr>
<tr>
<td>2011</td>
<td>116,203</td>
<td></td>
<td>+0.1%</td>
<td>+0.2%</td>
</tr>
<tr>
<td>2010</td>
<td>116,118</td>
<td></td>
<td>+0.1%</td>
<td>+0.1%</td>
</tr>
<tr>
<td>2009</td>
<td>115,988</td>
<td></td>
<td>+0.4%</td>
<td>+0.3%</td>
</tr>
<tr>
<td>2008</td>
<td>115,488</td>
<td></td>
<td>+1.1%</td>
<td>+0.6%</td>
</tr>
<tr>
<td>2007</td>
<td>114,261</td>
<td></td>
<td>+1.8%</td>
<td>+0.9%</td>
</tr>
<tr>
<td>2006</td>
<td>112,254</td>
<td></td>
<td>+2.6%</td>
<td>+1.1%</td>
</tr>
<tr>
<td>2005</td>
<td>109,404</td>
<td></td>
<td>+2.8%</td>
<td>+1.1%</td>
</tr>
<tr>
<td>2004</td>
<td>106,449</td>
<td></td>
<td>+3.1%</td>
<td>+1.0%</td>
</tr>
<tr>
<td>2003</td>
<td>103,235</td>
<td></td>
<td>+3.5%</td>
<td>+1.1%</td>
</tr>
<tr>
<td>2002</td>
<td>99,706</td>
<td></td>
<td>+3.3%</td>
<td>+1.0%</td>
</tr>
<tr>
<td>2001</td>
<td>96,541</td>
<td></td>
<td>+3.1%</td>
<td>+0.9%</td>
</tr>
<tr>
<td>2000</td>
<td>93,638</td>
<td></td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

Source: U.S. Census Housing Estimates (as of July 1)

### Table 4.11
**MCHEMRY COUNTY, ILLINOIS, AND U.S.**
**YEAR HOUSING UNIT BUILT AND MEDIAN YEAR BUILT: 2015**

<table>
<thead>
<tr>
<th>Year Structure Built</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Total Housing Units</td>
<td>117,366</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>2010 or later</td>
<td>1,746</td>
<td>1.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>2000-2009</td>
<td>25,904</td>
<td>22.1%</td>
<td>11.2%</td>
</tr>
<tr>
<td>1990-1999</td>
<td>24,396</td>
<td>20.8%</td>
<td>11.0%</td>
</tr>
<tr>
<td>1980-1989</td>
<td>14,426</td>
<td>12.3%</td>
<td>8.8%</td>
</tr>
<tr>
<td>1970-1979</td>
<td>17,944</td>
<td>15.3%</td>
<td>14.5%</td>
</tr>
<tr>
<td>1960-1969</td>
<td>8,858</td>
<td>7.5%</td>
<td>11.8%</td>
</tr>
<tr>
<td>1950-1959</td>
<td>9,608</td>
<td>8.2%</td>
<td>12.7%</td>
</tr>
<tr>
<td>1940-1949</td>
<td>3,879</td>
<td>3.3%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Prior to 1940</td>
<td>10,555</td>
<td>9.0%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Median Year Built</td>
<td>1985</td>
<td></td>
<td>1968</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey
1-Year Estimates
Table 4.12
MCHENRY COUNTY, ILLINOIS, AND U.S.
HOUSING UNITS AND OCCUPANCY: 2015

<table>
<thead>
<tr>
<th>Indicator</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Total Housing Units</td>
<td>116,270</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Occupied</td>
<td>111,124</td>
<td>95.6%</td>
<td>90.2%</td>
</tr>
<tr>
<td>Vacant</td>
<td>6,242</td>
<td>5.4%</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

Vacancy Rate (percent)

<table>
<thead>
<tr>
<th>Type</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeowner</td>
<td>0.8%</td>
<td>2.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Renter</td>
<td>6.3%</td>
<td>6.2%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Table 4.13
MCHENRY COUNTY, ILLINOIS, AND U.S.

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent¹</td>
<td></td>
</tr>
<tr>
<td>Owner-Occupied</td>
<td>87,056</td>
<td>78.3%</td>
<td>65.3%</td>
</tr>
<tr>
<td>2015</td>
<td>90,930</td>
<td>84.1%</td>
<td>69.2%</td>
</tr>
<tr>
<td>2010</td>
<td>74,391</td>
<td>83.2%</td>
<td>67.3%</td>
</tr>
<tr>
<td>2000</td>
<td>50,289</td>
<td>79.9%</td>
<td>64.2%</td>
</tr>
<tr>
<td>1990</td>
<td>24,068</td>
<td>21.7%</td>
<td>34.7%</td>
</tr>
</tbody>
</table>

| Renter-Occupied | 2012 | 15,079 | 16.8% | 32.7% | 33.8% |
|                 | 2010 | 17,176 | 15.9% | 30.8% | 33.4% |
|                 | 2000 | 12,651 | 20.1% | 35.8% | 35.8% |

¹Percent of occupied units.
Table 4.14
MCHENRY COUNTY, ILLINOIS, AND U.S.
SELECTED MONTHLY HOUSING COSTS FOR OWNERS AND RENTERS: 2015

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Owner Units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner-Occupied Units</td>
<td>87,056</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Housing units with a mortgage</td>
<td>65,823</td>
<td>75.6%</td>
<td>64.3%</td>
</tr>
<tr>
<td>Owner costs 30%+ of HH income</td>
<td>18,984</td>
<td>28.8%</td>
<td>29.1%</td>
</tr>
<tr>
<td>Median owner costs</td>
<td>$1,709</td>
<td></td>
<td>$1,588</td>
</tr>
<tr>
<td>Housing units without a mortgage</td>
<td>21,026</td>
<td>24.2%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Nonmortgage owner costs 30%+ of HH income</td>
<td>3,240</td>
<td>15.4%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Median nonmortgage owner costs</td>
<td>$743</td>
<td></td>
<td>$589</td>
</tr>
<tr>
<td>Renter Units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renter-Occupied Units</td>
<td>23,426</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Paying cash rent</td>
<td>22,784</td>
<td>97.3%</td>
<td>95.7%</td>
</tr>
<tr>
<td>Paying no cash rent</td>
<td>642</td>
<td>2.7%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Median rent</td>
<td>$1,136</td>
<td></td>
<td>$936</td>
</tr>
<tr>
<td>Gross rent 30% or more of HH income</td>
<td>10,230</td>
<td>43.7%</td>
<td>45.6%</td>
</tr>
<tr>
<td>Gross rent of $1000 or more</td>
<td>16,127</td>
<td>68.8%</td>
<td>41.1%</td>
</tr>
</tbody>
</table>

Source:  U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Table 4.15
MCHENRY COUNTY, ILLINOIS, AND U.S.
VEHICLES AVAILABLE: 2015

<table>
<thead>
<tr>
<th>Vehicles</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Occupied Housing Units</td>
<td>111,124</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Vehicles Available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>4,125</td>
<td>3.7%</td>
<td>10.8%</td>
</tr>
<tr>
<td>1</td>
<td>27,823</td>
<td>25.0%</td>
<td>35.4%</td>
</tr>
<tr>
<td>2</td>
<td>47,626</td>
<td>42.9%</td>
<td>36.1%</td>
</tr>
<tr>
<td>3 or more</td>
<td>31,550</td>
<td>28.4%</td>
<td>17.7%</td>
</tr>
</tbody>
</table>

Source:  U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
### Table 4.16
MCHENRY COUNTY, ILLINOIS, AND U.S.
**NO VEHICLE AVAILABLE BY AGE OF HOUSEHOLDER: 2014**

<table>
<thead>
<tr>
<th>Age of Householder (years)</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>15 - 34</td>
<td>320</td>
<td>2.0%</td>
<td>13.7%</td>
</tr>
<tr>
<td>35 - 64</td>
<td>1,366</td>
<td>1.9%</td>
<td>7.9%</td>
</tr>
<tr>
<td>65 or older</td>
<td>1,725</td>
<td>8.4%</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

1Each age group percent calculated using total households with householder in the age group as denominator.
2Margin of error >50% for McHenry County estimate.

Source: U.S. Census Bureau, 2010-2014 American Community Survey
5-Year Estimates

### Table 4.17
MCHENRY COUNTY, ILLINOIS, AND U.S.
**MEDIAN HOME VALUE: 2015**

<table>
<thead>
<tr>
<th>Area</th>
<th>Median Home Value¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>McHenry County</td>
<td>$205,300</td>
</tr>
<tr>
<td>Illinois</td>
<td>$180,300</td>
</tr>
<tr>
<td>U.S.</td>
<td>$194,500</td>
</tr>
</tbody>
</table>

¹Self-report of owner-occupied units.

Source: U.S. Census Bureau, 2015
American Community Survey
1-Year Estimates
Married couple no children at home: 34%
Married couple with children at home: 26%
Single parent, female: 5%
Single-parent, male: 2%
Nonfamily: 27%
Other: 6%

Figure 4.1
McHenry County Households by Type: 2015

Figure 4.2
Figure 4.3
McHenry County, Illinois, and U.S.
Household Type For Children <18:  2015

![Bar chart showing percent distribution of household types for children under 18 in McHenry County, Illinois, and the United States in 2015.]

- Married Couple: 78.7% (McHenry County), 66.8% (Illinois), 35.8% (United States)
- Single Mother: 16.1% (McHenry County), 7.4% (Illinois), 7.9% (United States)
- Single Father: 4.3% (McHenry County), 25.3% (Illinois), 25.6% (United States)
- Nonfamily: 0.9% (McHenry County), 0.6% (Illinois), 0.7% (United States)

Figure 4.4
McHenry County
Marital Status of Persons Age 15+:  2015

![Pie chart showing marital status of persons aged 15 and older in McHenry County in 2015.]

- Married: 57%
- Never Married: 28%
- Widowed: 5%
- Divorced: 9%
- Separated: 1%

Counties
Figure 4.5

Percent of Occupied Units

- McHenry Co.: 78.3%
- Illinois: 65.3%
- U.S.: 66.6%

Figure 4.6

Median Housing Costs

- Owner w/ mortgage: $1,709, $1,588, $1,477
- Owner w/o mortgage: $1,477, $589, $468
- Renter: $1,136, $936, $959
Figure 4.7
McHenry County, Illinois, and U.S.
Owner Households Spending 30%+ of Income For Housing: 2015

Percent Spending 30%+ Income on Housing

Owner Household Income

McHenry Co.  Illinois  U.S.
Figure 4.8
McHenry County, Illinois, and U.S.
Renter Households Spending 30%+ of Income For Housing: 2015

Figure 4.9
McHenry County and Illinois
Median Sales Price of Homes: 2005-2013
Chapter 5
INCOME AND POVERTY

- McHenry County’s 2015 median household income at $80,125 stands above Illinois ($59,588) and U.S. ($55,775). From 2009 to 2015, the county’s median household income rose by 3.6%, lower than the state increase of 7.9% and 8.4% for the nation.

- McHenry County families, defined as households containing two or more persons related by blood, marriage, or adoption, report a far higher median income ($91,043) than nonfamily households ($50,086) which includes persons living alone. The county’s 2015 per capita income was $35,163. The county’s incomes for all household types stand well above Illinois and the U.S.

- Families with children claim the highest 2015 median income at $96,164 more than twice the level for females living alone at $39,216.

- Local households headed by 45-64 year olds earned the most, an annual amount of $94,737, followed by ages 25-44 at $80,300. The county’s youngest and oldest households report much lower incomes. Households headed by persons under 25 earned $49,891 per year, while the median household income for 65+ was $51,625.

- Non-Hispanic white households report a 2015 median income of $81,176, well above the amount for black households at $64,762 and Hispanic households at $67,009.

- One in five (20.2%) households earn in the $100,000-$149,999 range. One in ten (10.7%) local households earned less than $25,000 per year, while 16.5% received incomes of $150,000 or more.

- McHenry County’s 2014 per capita personal income (PCPI) at $46,720 equates to 101.5% of the U.S. PCPI. From 2008-2011 the county’s PCPI as a percent of the U.S. PCPI dropped below 100% after holding above 100% from 1990 to 2007.

- From 2000 to 2014, McHenry County’s per capita personal income rose 37.2%, less than the increases seen for Illinois (+43.3%) and U.S. (+51.9%).

- Based on 2015 Census estimates, 6.9% of the county’s population lives at or below poverty, far below the state (14.3%) and nation (15.5%). One in eleven (8.9%) McHenry County children under 18 live at or below poverty, half of Illinois (20.1%) and U.S. (21.7%).

- Nearly one-third (29.9%) of McHenry County’s single female-headed families with children at home live in poverty, less than Illinois (38.8%) and U.S. (39.2%). Poverty for married-couple families with children at home is only 6.9%, the same as the state but below the nation (7.7%) and for seniors age 65 and older only 3.4%, below Illinois (4.7%) and the country as a whole (5.1%)

- In McHenry County, one-fifth (19.0%) of Hispanic and black residents (21.9%) live at or below the poverty line, nearly four times the level for white, non-Hispanic residents (5.9%). The county’s Hispanic poverty level is similar to the state and nation, but poverty among black and white, non-Hispanic residents is considerably below.
Known as the ratio of income to poverty, those living in extreme poverty (under 50% of the poverty threshold) are 3.5% of the county’s population. An additional 5.8% live between 50%-99% of poverty. Residents at 100%-199% poverty are considered “struggling” or near poor and make up 11.0% of McHenry County’s population. Altogether, 61,704 persons in the county or one in five (20.2%) are poor or near poor, much lower than Illinois (30.2%) and U.S. (33.0%).

Among McHenry County school districts, school-age low income based on 2013 ISBE data estimates is highest in Harvard Community Unit 50 (63.5%), followed by Harrison 36 (62.5%)
### Table 5.1

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$80,125</td>
<td>$59,588</td>
<td>$55,775</td>
</tr>
<tr>
<td>2009</td>
<td>$77,314</td>
<td>$55,222</td>
<td>$51,425</td>
</tr>
<tr>
<td>1999</td>
<td>$64,826</td>
<td>$46,590</td>
<td>$41,994</td>
</tr>
<tr>
<td>1989</td>
<td>$43,471</td>
<td>$32,252</td>
<td>$30,056</td>
</tr>
</tbody>
</table>

Percent Change 2009-2015: +3.6% +7.9% +8.4%
Percent Change 1999-2015: +17.9% +18.3% +22.3%
Percent Change 1989-1999: +49.1% +44.5% +39.7%


### Table 5.2
**MCHEMRY COUNTY, ILLINOIS, AND U.S. MEDIAN INCOME BY HOUSEHOLD TYPE: 2015**

<table>
<thead>
<tr>
<th>Household Type</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Median</td>
<td>$80,125</td>
<td>$59,588</td>
<td>$55,775</td>
</tr>
<tr>
<td>Family median</td>
<td>$91,043</td>
<td>$73,884</td>
<td>$68,260</td>
</tr>
<tr>
<td>With own child &lt;18</td>
<td>$96,164</td>
<td>$70,406</td>
<td>$64,701</td>
</tr>
<tr>
<td>Female householder, no husband present</td>
<td>$45,764</td>
<td>$35,113</td>
<td>$33,342</td>
</tr>
<tr>
<td>Nonfamily median</td>
<td>$50,086</td>
<td>$35,818</td>
<td>$33,617</td>
</tr>
<tr>
<td>Female living alone</td>
<td>$39,216</td>
<td>$28,007</td>
<td>$26,081</td>
</tr>
<tr>
<td>Male living alone</td>
<td>$50,100</td>
<td>$36,602</td>
<td>$33,807</td>
</tr>
<tr>
<td>Per Capita</td>
<td>$35,163</td>
<td>$31,867</td>
<td>$29,979</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
### Table 5.3
MCHENRY COUNTY, ILLINOIS, AND U.S.
MEDIAN HOUSEHOLD INCOME BY AGE AND RACE/ETHNICITY: 2015

<table>
<thead>
<tr>
<th>Householder</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$80,125</td>
<td>$59,588</td>
<td>$55,775</td>
</tr>
<tr>
<td>Age Group (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 25</td>
<td>$49,891</td>
<td>$27,101</td>
<td>$28,411</td>
</tr>
<tr>
<td>25 - 44</td>
<td>$80,300</td>
<td>$64,062</td>
<td>$60,810</td>
</tr>
<tr>
<td>45 - 64</td>
<td>$94,737</td>
<td>$72,912</td>
<td>$67,224</td>
</tr>
<tr>
<td>65 or older</td>
<td>$51,625</td>
<td>$40,865</td>
<td>$40,971</td>
</tr>
<tr>
<td>Race/Ethnic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>$81,176</td>
<td>$66,237</td>
<td>$61,394</td>
</tr>
<tr>
<td>Black</td>
<td>$64,762</td>
<td>$33,950</td>
<td>$36,544</td>
</tr>
<tr>
<td>Hispanic</td>
<td>$67,009</td>
<td>$49,122</td>
<td>$44,782</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

### Table 5.4
MCHENRY COUNTY, ILLINOIS, AND U.S.
HOUSEHOLD INCOME 2015

<table>
<thead>
<tr>
<th>Income</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Total Households</td>
<td>111,124</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Income and Benefit Amounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>3,379</td>
<td>3.0%</td>
<td>6.8%</td>
</tr>
<tr>
<td>$10,000 to $14,999</td>
<td>2,737</td>
<td>2.5%</td>
<td>4.3%</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>5,781</td>
<td>5.2%</td>
<td>9.8%</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>6,684</td>
<td>6.0%</td>
<td>9.1%</td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>12,395</td>
<td>11.2%</td>
<td>12.6%</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>21,885</td>
<td>19.7%</td>
<td>17.5%</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>17,551</td>
<td>15.8%</td>
<td>12.7%</td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td>22,411</td>
<td>20.2%</td>
<td>14.7%</td>
</tr>
<tr>
<td>$150,000 to $199,999</td>
<td>10,230</td>
<td>9.2%</td>
<td>6.1%</td>
</tr>
<tr>
<td>$200,000 or more</td>
<td>8,071</td>
<td>7.3%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Median household income</td>
<td>$80,125</td>
<td>$59,588</td>
<td>$55,775</td>
</tr>
<tr>
<td>Mean household income</td>
<td>$95,756</td>
<td>$82,699</td>
<td>$78,378</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
Table 5.5
MCHENRY COUNTY, ILLINOIS, AND U.S.
PER CAPITA PERSONAL INCOME*: 1990-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
<th>McHenry County PCPI as Percent of U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$46,720</td>
<td>$47,643</td>
<td>$46,049</td>
<td>101.5%</td>
</tr>
<tr>
<td>2013</td>
<td>$45,242</td>
<td>$46,477</td>
<td>$44,838</td>
<td>101.8%</td>
</tr>
<tr>
<td>2012</td>
<td>$43,802</td>
<td>$45,832</td>
<td>$43,735</td>
<td>100.0%</td>
</tr>
<tr>
<td>2011</td>
<td>$41,110</td>
<td>$44,106</td>
<td>$42,298</td>
<td>97.2%</td>
</tr>
<tr>
<td>2010</td>
<td>$39,067</td>
<td>$42,072</td>
<td>$40,163</td>
<td>97.3%</td>
</tr>
<tr>
<td>2009</td>
<td>$39,233</td>
<td>$41,544</td>
<td>$39,357</td>
<td>99.7%</td>
</tr>
<tr>
<td>2008</td>
<td>$40,784</td>
<td>$43,338</td>
<td>$40,873</td>
<td>99.8%</td>
</tr>
<tr>
<td>2007</td>
<td>$40,567</td>
<td>$42,271</td>
<td>$39,804</td>
<td>101.9%</td>
</tr>
<tr>
<td>2006</td>
<td>$39,980</td>
<td>$40,194</td>
<td>$38,127</td>
<td>104.9%</td>
</tr>
<tr>
<td>2005</td>
<td>$37,715</td>
<td>$37,702</td>
<td>$35,888</td>
<td>105.1%</td>
</tr>
<tr>
<td>2004</td>
<td>$36,285</td>
<td>$36,184</td>
<td>$34,300</td>
<td>105.8%</td>
</tr>
<tr>
<td>2003</td>
<td>$35,344</td>
<td>$34,726</td>
<td>$32,676</td>
<td>108.2%</td>
</tr>
<tr>
<td>2002</td>
<td>$34,903</td>
<td>$34,129</td>
<td>$31,798</td>
<td>109.8%</td>
</tr>
<tr>
<td>2001</td>
<td>$34,865</td>
<td>$33,762</td>
<td>$31,524</td>
<td>110.6%</td>
</tr>
<tr>
<td>2000</td>
<td>$34,049</td>
<td>$32,645</td>
<td>$30,319</td>
<td>112.3%</td>
</tr>
<tr>
<td>1999</td>
<td>$31,328</td>
<td>$30,619</td>
<td>$28,333</td>
<td>110.6%</td>
</tr>
<tr>
<td>1998</td>
<td>$29,865</td>
<td>$29,746</td>
<td>$27,258</td>
<td>109.6%</td>
</tr>
<tr>
<td>1997</td>
<td>$29,013</td>
<td>$28,130</td>
<td>$25,654</td>
<td>113.1%</td>
</tr>
<tr>
<td>1996</td>
<td>$27,593</td>
<td>$26,806</td>
<td>$24,442</td>
<td>112.9%</td>
</tr>
<tr>
<td>1995</td>
<td>$26,432</td>
<td>$25,382</td>
<td>$23,262</td>
<td>113.6%</td>
</tr>
<tr>
<td>1990</td>
<td>$21,999</td>
<td>$20,835</td>
<td>$19,354</td>
<td>113.7%</td>
</tr>
</tbody>
</table>

Percent Change

<table>
<thead>
<tr>
<th></th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2014</td>
<td>+37.2%</td>
<td>+43.3%</td>
<td>+51.9%</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>1990-2014</td>
<td>+112.4%</td>
<td>+128.7%</td>
<td>+137.9%</td>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>

*Per capita personal income includes earnings and other income sources such as dividends, interest, rent, and government payments including Social Security, disability, Medicare, Medicaid, unemployment, and veterans benefits.

Source: U.S. Department of Commerce, Bureau of Economic Analysis, BEARFACTS
Table 5.6
MCHENRY COUNTY, ILLINOIS, AND U.S.

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Persons</td>
<td>20,905</td>
<td>6.9%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Children 0 - 17</td>
<td>6,769</td>
<td>8.9%</td>
<td>20.1%</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Persons</td>
<td>22,381</td>
<td>7.3%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Children 0 - 17</td>
<td>8,008</td>
<td>9.6%</td>
<td>19.4%</td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Persons</td>
<td>13,825</td>
<td>4.5%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Children 0 - 17</td>
<td>4,680</td>
<td>5.6%</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2000 and 1990 Censuses and 2015 Small Area Income and Poverty Estimates

Table 5.7
MCHENRY COUNTY, ILLINOIS, AND U.S.
POVERTY FOR SELECTED GROUPS: 2015

<table>
<thead>
<tr>
<th>Group</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McHenry County</td>
</tr>
<tr>
<td>Persons</td>
<td>9.2%</td>
</tr>
<tr>
<td>Families</td>
<td>6.5%</td>
</tr>
<tr>
<td>Married-couple families</td>
<td>4.4%</td>
</tr>
<tr>
<td>With children &lt;18</td>
<td>6.9%</td>
</tr>
<tr>
<td>Female-headed household</td>
<td>19.1%</td>
</tr>
<tr>
<td>With children &lt;18</td>
<td>29.9%</td>
</tr>
<tr>
<td>Householder 65 or older</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Table 5.8
MCHENRY COUNTY, ILLINOIS, AND U.S.
POVERTY BY RACE/ETHNICITY: 2014

<table>
<thead>
<tr>
<th>Race</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McHenry County</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>5.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>4.0%</td>
</tr>
<tr>
<td>Black</td>
<td>21.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates
### Table 5.9
**MCHENRY COUNTY, ILLINOIS, AND U.S RATIO OF INCOME TO POVERTY: 2015**

<table>
<thead>
<tr>
<th>Ratio of Income to Poverty Line</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population for whom poverty status is determined</td>
<td>305,404</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Under .50</td>
<td>10,588</td>
<td>3.5%</td>
<td>6.2%</td>
</tr>
<tr>
<td>.50 to .99</td>
<td>17,531</td>
<td>5.8%</td>
<td>7.3%</td>
</tr>
<tr>
<td>1.00 to 1.49</td>
<td>14,218</td>
<td>4.7%</td>
<td>8.5%</td>
</tr>
<tr>
<td>1.50 to 1.99</td>
<td>19,367</td>
<td>6.3%</td>
<td>8.2%</td>
</tr>
<tr>
<td>2.00 and over</td>
<td>243,700</td>
<td>79.8%</td>
<td>69.8%</td>
</tr>
</tbody>
</table>

Note: Under 50% of poverty is considered "extreme poverty," 50-99% "poverty," 100-199% "struggling."

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
Table 5.10  
MCHENRY COUNTY SCHOOL DISTRICTS  
CHILDREN IN POVERTY AND LOW-INCOME: 2013

<table>
<thead>
<tr>
<th>School District</th>
<th>2013 ISBE Data Students Low-Income(^1) Percent(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Within McHenry County</td>
<td>27.5%</td>
</tr>
<tr>
<td>Alden-Hebron 19</td>
<td>37.1%</td>
</tr>
<tr>
<td>Cary Community Consolidated 26</td>
<td>24.7%</td>
</tr>
<tr>
<td>Community High School District 155</td>
<td>19.7%</td>
</tr>
<tr>
<td>Crystal Lake Community Consolidated 47</td>
<td>31.4%</td>
</tr>
<tr>
<td>Fox River Grove Consolidated 3</td>
<td>18.3%</td>
</tr>
<tr>
<td>Harrison 36</td>
<td>62.5%</td>
</tr>
<tr>
<td>Harvard Community Unit 50</td>
<td>63.5%</td>
</tr>
<tr>
<td>Huntley Consolidated 158</td>
<td>16.7%</td>
</tr>
<tr>
<td>Johnsburg Community Unit 12</td>
<td>29.8%</td>
</tr>
<tr>
<td>Marengo Community High 154</td>
<td>35.3%</td>
</tr>
<tr>
<td>Marengo-Union Elementary Consolidated 165</td>
<td>56.8%</td>
</tr>
<tr>
<td>McHenry Community Consolidated 15</td>
<td>45.6%</td>
</tr>
<tr>
<td>McHenry Community High 156</td>
<td>32.6%</td>
</tr>
<tr>
<td>Nippersink 2</td>
<td>23.2%</td>
</tr>
<tr>
<td>Prairie Grove Community 46</td>
<td>22.3%</td>
</tr>
<tr>
<td>Richmond-Burton Community High 157</td>
<td>12.0%</td>
</tr>
<tr>
<td>Riley Community Consolidated 18</td>
<td>29.0%</td>
</tr>
<tr>
<td>Woodstock Community Unit 200</td>
<td>47.7%</td>
</tr>
</tbody>
</table>

\(^1\)Defined as students who are eligible to receive free or reduced lunch, from families receiving public aid, live in institutions for neglected or delinquent children or are supported in foster homes with public funds.  
\(^2\)Percent based on all students in the District.  
Figure 5.1
McHenry County, Illinois, and U.S.

Figure 5.2
McHenry County
Median Income by Household Type: 2015
Figure 5.3
McHenry County
Median Household Income by Age and Race/Ethnicity: 2015
Figure 5.6
McHenry County

Figure 5.7
McHenry County
Poverty by Selected Groups: 2015
Figure 5.8
McHenry County, Illinois, and U.S.
Poverty by Race/Ethnicity: 2015

White, NH  Asian, NH  Black, NH  Hispanic

Percent in Poverty

McHenry Co.  Illinois  United States
Chapter 6
EDUCATION AND EMPLOYMENT

○ Among McHenry County adults ages 25 years and older, more than nine in ten (93.4%) have completed high school, exceeding the state (88.6%) and nation (87.1%). The proportion of local adults who have obtained a four-year college degree at 32.8% is slightly lower than Illinois (32.9%) and higher than the U.S. (30.6%).

○ One in ten (11.0%) adults in McHenry County has a graduate or professional degree, lower than the state (12.7%) and nation (11.6).

○ In terms of highest educational attainment level, about a quarter (27.9%) of the county’s adults 25+ have only a high school diploma, while 6.6% have less education. One-quarter (23.1%) have attended some college but received no degree, and 9.7% hold an associate degree.

○ Over the past two decades, McHenry County has witnessed a rise in the percent of adults with a high school education, rising from 84.5% in 1990 to 93.4% in 2015, an increase also experienced at the state and national levels.

○ McHenry County also achieved progress in the adult 25+ population obtaining a Bachelor’s degree rising from 21.0% in 1990 to 32.8% in 2015, similar to the improvement in Illinois and slightly better than the nation’s improvement. Graduate degree completion in the county rose from 6.4% in 1990 to 11.0% in 2015, similar to the state and nation.

○ One-third (32.3%) of Hispanic adults in McHenry County do not have a high school diploma, far above white, non-Hispanic (3.7%) levels.

○ Six in ten (60.6%) McHenry County children under age 6 have all parents in the labor force as do 71.6% of children 6-17. The level for parents of under 6 is below the state (67.7%) and nation (65.1%). For children 6-17 a larger proportion (71.6%) have both parents in the labor force, roughly equivalent to the state (71.8%) and nation (70.3%)

○ Labor force participation fell in McHenry County from 2010-2015 from 73.3% to 70.6%. Labor force participation remains higher than the state (65.2%) and the nation (63.1%).

○ Labor force participation among McHenry County seniors ages 65 and older hit 18.5% in 2015, higher than both Illinois (17.4%) and U.S. (17.3%). The county’s 2015 level was higher than 1990’s 16.7%.

○ Based on Illinois Department of Employment Security (IDES) Local Employment Dynamics data, McHenry County’s four top industry types in 2015 were manufacturing, retail trade, and education and health care/social assistance. This data represents employees who work in McHenry County and not individuals who reside in the county and commute outside of it for work.
Compared to 15 years earlier, the county’s biggest proportional loss in terms of number of employees has taken place in utilities (-92.2%), mining/quarrying/oil and gas extraction (-42.9%), real estate/rental/leasing (-35.5%), and manufacturing (-33.6%). The biggest gains occurred for management of companies/enterprises (+584.4%), administrative/support/waste management/remediation services (+131.1%), and health care/social assistance (+62.9%).

Among the top five McHenry County industries in 2015, only manufacturing lost jobs between 2000 and 2015 (-19.4%), with gains in the other four: retail trade (+5.1%), educational services (+12.5%), health care and social assistance (+20.5%), and accommodation and food services (+16.8%).

Slightly less than one in five (18.7%) employees who live in McHenry County works in education/ health/social services, the largest industry group and a category that combines two groups in the IDES data. Manufacturing follows at 15.3%, while retail trade accounts for 12.4%. Manufacturing claims the biggest excess over U.S. (6.4%).

The most common occupation is management/business/ science/and arts at 37.7% of the population. Sales and office work is second at 26.7%, both similar to the state levels of 37.5% and 23.7% respectively.

The largest number of McHenry County males work in management/business/financial (16,170) and females in administrative support (20,410). As a ratio, males are most dominant in construction (9,939 males:210 females), installation/maintenance/repair (7,227:500), and protective service (2,439:535). Females dominate in administrative support (20,410 females:5,800 males), healthcare practitioner (3,415:990), and service worker except protective (11,229:5,785).

By race/ethnicity and gender, management/business/financial accounts for 19.3% of white, non-Hispanic male employees in McHenry County, their number one occupational group, while leading among white, non-Hispanic females is administrative support (27.9%).

Among black men, sales is the number one occupational group (21.8%) and black females most often are service workers (18.4%). For both Hispanic men (19.7%) and women (22.8%), production operative is the leading occupational group.

Centegra Health System tops the list of McHenry County employers with 3,650 employees followed by District 158 School District with 1,500 employees followed by McHenry County government (1,400) and Follett Library Resources, Inc. (1,378). Follett Software ranks fifth but did not report the number of employees. Others with more than 600 employees include Catalent Pharma Solutions (830), Mercy Health System (732), and Brown Printing (650).

McHenry County unemployment in 2015 stood at 5.3%, a seven-year low. Unemployment was highest in 2010 at 10.0%. The county’s unemployment rate was consistently similar to or below state and national levels until 2009. Since then, McHenry County’s unemployment rate has been above the nation, but below Illinois until this year.
Just over half (51.1%) of McHenry County workers are employed in jobs based within the county. The most common county for workers who commute out of the county is Cook accounting for one in five (21.0%) followed by Lake County (13.1%), Kane County (7.1%), and Du Page County (3.9%).

McHenry County workers travel, on average, 35.6 minutes to get to work, longer than Illinois at 28.8 and the national 26.4 average. Nearly one in five (21.3%) McHenry County commuters travel more than an hour to work.

Most (89.0%) workers in the county use a car, truck, or van to commute, the majority of whom drive alone. Of the remainder 3.5% of the county uses public transportation and 0.9% walk to work while 5.9% work at home.
Table 6.1  
MCHENRY COUNTY, ILLINOIS, AND U.S.  
EDUCATIONAL ATTAINMENT: 2015

<table>
<thead>
<tr>
<th>Highest Educational Level</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 25 Years and Older</td>
<td>205,031</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Less than 9th grade</td>
<td>6,115</td>
<td>3.0%</td>
<td>5.3%</td>
</tr>
<tr>
<td>9th to 12th grade, no diploma</td>
<td>7,389</td>
<td>3.6%</td>
<td>6.2%</td>
</tr>
<tr>
<td>High school graduate, includes equivalency</td>
<td>57,205</td>
<td>27.9%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>47,288</td>
<td>23.1%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Associate degree</td>
<td>19,880</td>
<td>9.7%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>44,588</td>
<td>21.7%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>22,566</td>
<td>11.0%</td>
<td>12.7%</td>
</tr>
<tr>
<td>High school graduate or higher</td>
<td>191,527</td>
<td>93.4%</td>
<td>88.6%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher</td>
<td>67,154</td>
<td>32.8%</td>
<td>32.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Table 6.2  
MCHENRY COUNTY, ILLINOIS, AND U.S.  

<table>
<thead>
<tr>
<th>Attainment</th>
<th>Percent of Population Ages 25+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McHenry County</td>
</tr>
<tr>
<td>High School Graduate</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>93.4%</td>
</tr>
<tr>
<td>2000</td>
<td>89.2%</td>
</tr>
<tr>
<td>1990</td>
<td>84.5%</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>32.8%</td>
</tr>
<tr>
<td>2000</td>
<td>27.7%</td>
</tr>
<tr>
<td>1990</td>
<td>21.0%</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>11.0%</td>
</tr>
<tr>
<td>2000</td>
<td>8.2%</td>
</tr>
<tr>
<td>1990</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, decennial Censuses and 2015 American Community Survey 1-Year Estimates
Table 6.3
MCHENRY COUNTY
EDUCATIONAL ATTAINMENT1 BY RACE/ETHNICITY: 2015

<table>
<thead>
<tr>
<th>Highest Educational Level</th>
<th>White, Non-Hispanic</th>
<th>Hispanic2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>6,421</td>
<td>3.7%</td>
</tr>
<tr>
<td>High school graduate, includes equivalency</td>
<td>48,484</td>
<td>27.7%</td>
</tr>
<tr>
<td>Some college or Associate degree</td>
<td>60,583</td>
<td>34.6%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher</td>
<td>59,675</td>
<td>34.1%</td>
</tr>
</tbody>
</table>

1Population 25 years and older.
2Hispanic can be of any race.

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Table 6.4
MCHENRY COUNTY, ILLINOIS, AND U.S.
LABOR FORCE PARTICIPATION

<table>
<thead>
<tr>
<th>Gender</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>All Persons Ages 16+ in Labor Force</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>170,603</td>
<td>70.6%</td>
<td>65.2%</td>
</tr>
<tr>
<td>2010</td>
<td>172,976</td>
<td>73.3%</td>
<td>66.3%</td>
</tr>
<tr>
<td>2000</td>
<td>140,203</td>
<td>74.0%</td>
<td>65.4%</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>92,937</td>
<td>78.0%</td>
<td>70.6%</td>
</tr>
<tr>
<td>2010</td>
<td>94,080</td>
<td>80.5%</td>
<td>71.8%</td>
</tr>
<tr>
<td>2000</td>
<td>77,981</td>
<td>83.1%</td>
<td>72.2%</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>77,666</td>
<td>63.4%</td>
<td>60.1%</td>
</tr>
<tr>
<td>2010</td>
<td>78,896</td>
<td>66.3%</td>
<td>61.0%</td>
</tr>
<tr>
<td>2000</td>
<td>62,222</td>
<td>65.1%</td>
<td>59.0%</td>
</tr>
<tr>
<td>Children Presence/Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>McHenry County</td>
<td>Illinois Percent</td>
<td>U.S. Percent</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>All Parents in Labor Force: 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 6</td>
<td>12,158</td>
<td>60.6%</td>
<td>67.7%</td>
</tr>
<tr>
<td>6 - 17</td>
<td>38,007</td>
<td>71.6%</td>
<td>71.8%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, decennial Censuses and 2010 and 2015 American Community Survey 1-Year Estimates
# Table 6.5


<table>
<thead>
<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>McHenry County</td>
<td>18.5%</td>
<td>16.8%</td>
<td>16.7%</td>
<td>+1.8</td>
</tr>
<tr>
<td>Illinois</td>
<td>17.4%</td>
<td>13.9%</td>
<td>12.9%</td>
<td>+4.5</td>
</tr>
<tr>
<td>U.S.</td>
<td>17.3%</td>
<td>13.3%</td>
<td>12.1%</td>
<td>+5.2</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, decennial Censuses and 2015 American Community Survey 1-Year Estimates

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# Table 6.6

**MCHENRY COUNTY EMPLOYMENT BY INDUSTRY: 2000, 2005, AND 2015**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>99,199</td>
<td>97,486</td>
<td>+1.8%</td>
<td>89,012</td>
<td>+11.4%</td>
</tr>
<tr>
<td>Agriculture</td>
<td>1036</td>
<td>710</td>
<td>+45.9%</td>
<td>618</td>
<td>+67.6%</td>
</tr>
<tr>
<td>Mining, quarrying, oil/gas extraction</td>
<td>56</td>
<td>111</td>
<td>-49.5%</td>
<td>98</td>
<td>-42.9%</td>
</tr>
<tr>
<td>Utilities</td>
<td>111</td>
<td>1,451</td>
<td>-92.4%</td>
<td>1,416</td>
<td>-92.2%</td>
</tr>
<tr>
<td>Construction</td>
<td>7,362</td>
<td>9,782</td>
<td>-24.7%</td>
<td>8,579</td>
<td>-14.2%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>15,005</td>
<td>18,612</td>
<td>-19.4%</td>
<td>22,601</td>
<td>-33.6%</td>
</tr>
<tr>
<td>Wholesale trade</td>
<td>5,340</td>
<td>5,031</td>
<td>+6.1%</td>
<td>4,518</td>
<td>+18.2%</td>
</tr>
<tr>
<td>Retail trade</td>
<td>12,259</td>
<td>11,664</td>
<td>+5.1%</td>
<td>10,608</td>
<td>+15.6%</td>
</tr>
<tr>
<td>Transportation and warehousing</td>
<td>1,680</td>
<td>1,778</td>
<td>-5.5%</td>
<td>1,949</td>
<td>-13.8%</td>
</tr>
<tr>
<td>Information</td>
<td>942</td>
<td>1,456</td>
<td>-35.3%</td>
<td>1,396</td>
<td>-32.5%</td>
</tr>
<tr>
<td>Finance and insurance</td>
<td>2,051</td>
<td>2,233</td>
<td>-8.2%</td>
<td>1,749</td>
<td>+17.3%</td>
</tr>
<tr>
<td>Real estate, rental and leasing</td>
<td>562</td>
<td>868</td>
<td>-35.3%</td>
<td>871</td>
<td>-35.5%</td>
</tr>
<tr>
<td>Professional, scientific, technical</td>
<td>3,635</td>
<td>3,696</td>
<td>-1.7%</td>
<td>3,156</td>
<td>+15.2%</td>
</tr>
<tr>
<td>Management comp/enterprises</td>
<td>616</td>
<td>543</td>
<td>+13.4%</td>
<td>90</td>
<td>+584.4%</td>
</tr>
<tr>
<td>Admin, support, waste mgmt.</td>
<td>7,505</td>
<td>5,468</td>
<td>+37.3%</td>
<td>3,248</td>
<td>+131.1%</td>
</tr>
<tr>
<td>Education</td>
<td>11,019</td>
<td>9,797</td>
<td>+12.5%</td>
<td>8,174</td>
<td>+34.8%</td>
</tr>
<tr>
<td>Health care, social assistance</td>
<td>10,421</td>
<td>8,648</td>
<td>+20.5%</td>
<td>6,399</td>
<td>+62.9%</td>
</tr>
<tr>
<td>Arts, entertainment, recreation</td>
<td>2,180</td>
<td>2,206</td>
<td>-1.2%</td>
<td>1,927</td>
<td>+13.1%</td>
</tr>
<tr>
<td>Accommodation, food</td>
<td>7,508</td>
<td>6,427</td>
<td>+16.8%</td>
<td>5,749</td>
<td>+30.6%</td>
</tr>
<tr>
<td>Other services (except public admin.)</td>
<td>3,285</td>
<td>3,258</td>
<td>+0.8%</td>
<td>2,790</td>
<td>+17.7%</td>
</tr>
<tr>
<td>Public administration</td>
<td>3,626</td>
<td>3,747</td>
<td>-3.2%</td>
<td>3,077</td>
<td>+17.8%</td>
</tr>
</tbody>
</table>

Note: Data from fourth quarter of each year.
Source: Illinois Department of Employment Security, Local Employment Dynamics
Table 6.7
MCHENRY COUNTY, ILLINOIS, AND U.S.
OCCUPATION, INDUSTRY, AND CLASS OF WORKER: 2015

<table>
<thead>
<tr>
<th>Occupation/Industry/Class of Worker</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civilian Employed Population 16 Years and Older</td>
<td>163,454</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management, business, science, arts</td>
<td>61,571</td>
<td>37.7%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Sales and office</td>
<td>43,654</td>
<td>26.7%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Production, transportation, material moving</td>
<td>19,883</td>
<td>12.2%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Service</td>
<td>25,679</td>
<td>15.7%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Natural resources, construction, maintenance</td>
<td>12,667</td>
<td>7.7%</td>
<td>7.4%</td>
</tr>
<tr>
<td><strong>Industry</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education, health care, social assistance</td>
<td>30,525</td>
<td>18.7%</td>
<td>22.7%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>25,028</td>
<td>15.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Retail trade</td>
<td>20,279</td>
<td>12.4%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Professional, scientific, management, administrative</td>
<td>17,433</td>
<td>10.7%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Arts, entertainment, recreation, accom., food services</td>
<td>15,375</td>
<td>9.4%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Finance, insurance, real estate, rental and leasing</td>
<td>12,394</td>
<td>7.6%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Construction</td>
<td>11,661</td>
<td>7.1%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Transportation, warehousing, utilities</td>
<td>7,659</td>
<td>4.7%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Other services (except public administration)</td>
<td>7,531</td>
<td>4.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Wholesale trade</td>
<td>6,772</td>
<td>4.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Public administration</td>
<td>4,003</td>
<td>2.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Information</td>
<td>3,681</td>
<td>2.3%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Agriculture, forestry, fishing, hunting, mining</td>
<td>1,113</td>
<td>0.7%</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Class of Worker</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private wage and salary workers</td>
<td>91374</td>
<td>79.9%</td>
<td>76.2%</td>
</tr>
<tr>
<td>Government workers</td>
<td>10345</td>
<td>9.0%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Self-employed workers</td>
<td>5128</td>
<td>4.5%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
Table 6.8
MCHENRY COUNTY
NUMBER EXPERIENCED LABOR FORCE BY OCCUPATION, GENDER, AND RACE/ETHNIC GROUP: 2010

<table>
<thead>
<tr>
<th>Occupational Group</th>
<th>Total Population</th>
<th>White</th>
<th>Black</th>
<th>Other Races</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Management, business, financial</td>
<td>25,150</td>
<td>16,170</td>
<td>8,980</td>
<td>15,065</td>
<td>8,360</td>
</tr>
<tr>
<td>Science, engineering, computer</td>
<td>8,250</td>
<td>6,560</td>
<td>1,690</td>
<td>5,840</td>
<td>1,350</td>
</tr>
<tr>
<td>Healthcare practitioner</td>
<td>4,405</td>
<td>990</td>
<td>3,415</td>
<td>665</td>
<td>2,910</td>
</tr>
<tr>
<td>Other professional</td>
<td>17,014</td>
<td>6,005</td>
<td>11,009</td>
<td>5,455</td>
<td>10,315</td>
</tr>
<tr>
<td>Technicians</td>
<td>4,429</td>
<td>2,115</td>
<td>2,314</td>
<td>1,780</td>
<td>2,195</td>
</tr>
<tr>
<td>Sales</td>
<td>22,170</td>
<td>12,400</td>
<td>9,770</td>
<td>11,440</td>
<td>8,745</td>
</tr>
<tr>
<td>Administrative support</td>
<td>26,210</td>
<td>5,800</td>
<td>20,410</td>
<td>4,840</td>
<td>18,570</td>
</tr>
<tr>
<td>Construction, extractive craft</td>
<td>10,149</td>
<td>9,939</td>
<td>210</td>
<td>8,765</td>
<td>200</td>
</tr>
<tr>
<td>Installation, maintenance, repair</td>
<td>7,727</td>
<td>7,227</td>
<td>500</td>
<td>6,455</td>
<td>410</td>
</tr>
<tr>
<td>Production operative</td>
<td>8,930</td>
<td>5,800</td>
<td>3,130</td>
<td>3,710</td>
<td>1,510</td>
</tr>
<tr>
<td>Transportation, material moving</td>
<td>6,270</td>
<td>4,995</td>
<td>1,275</td>
<td>4,370</td>
<td>840</td>
</tr>
<tr>
<td>Laborers, helpers</td>
<td>5,774</td>
<td>4,734</td>
<td>1,040</td>
<td>2,815</td>
<td>825</td>
</tr>
<tr>
<td>Protective service</td>
<td>2,974</td>
<td>2,439</td>
<td>535</td>
<td>2,280</td>
<td>445</td>
</tr>
<tr>
<td>Service workers except protective</td>
<td>17,014</td>
<td>5,785</td>
<td>11,229</td>
<td>4,120</td>
<td>9,325</td>
</tr>
<tr>
<td>Other occupations</td>
<td>1,338</td>
<td>584</td>
<td>754</td>
<td>455</td>
<td>495</td>
</tr>
</tbody>
</table>

1Race groups of white, black, and other are non-Hispanic.
<table>
<thead>
<tr>
<th>Occupational Group</th>
<th>Total Population</th>
<th>White</th>
<th>Black</th>
<th>Other Races</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Management, business, financial</td>
<td>15.0%</td>
<td>17.7%</td>
<td>11.8%</td>
<td>19.3%</td>
<td>12.6%</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td>15.6%</td>
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<td>15.2%</td>
<td>7.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.4%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Science, engineering, computer</td>
<td>4.9%</td>
<td>7.2%</td>
<td>2.2%</td>
<td>10.6%</td>
<td>2.0%</td>
</tr>
<tr>
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<td>14.8%</td>
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<td></td>
<td></td>
<td></td>
<td>2.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Healthcare practitioner</td>
<td>2.6%</td>
<td>1.1%</td>
<td>4.5%</td>
<td>3.1%</td>
<td>7.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.3%</td>
<td>13.1%</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>0.2%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Other professional</td>
<td>10.1%</td>
<td>6.6%</td>
<td>14.4%</td>
<td>7.0%</td>
<td>15.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.1%</td>
<td>10.6%</td>
</tr>
<tr>
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<td>6.9%</td>
<td>10.2%</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>3.4%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Technicians</td>
<td>2.6%</td>
<td>2.3%</td>
<td>3.0%</td>
<td>2.3%</td>
<td>3.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
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<td></td>
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<td></td>
<td>8.3%</td>
<td>2.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Sales</td>
<td>13.2%</td>
<td>13.5%</td>
<td>12.8%</td>
<td>14.7%</td>
<td>13.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>7.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12.1%</td>
<td>10.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.5%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Administrative support</td>
<td>15.6%</td>
<td>6.3%</td>
<td>26.8%</td>
<td>6.2%</td>
<td>27.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>14.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.8%</td>
<td>21.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.7%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Construction, extractive craft</td>
<td>6.0%</td>
<td>10.9%</td>
<td>0.3%</td>
<td>11.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.8%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Installation, maintenance, repair</td>
<td>4.6%</td>
<td>7.9%</td>
<td>0.7%</td>
<td>8.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Production operative</td>
<td>5.3%</td>
<td>6.3%</td>
<td>4.1%</td>
<td>4.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19.7%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Transportation, material moving</td>
<td>3.7%</td>
<td>5.5%</td>
<td>1.7%</td>
<td>5.6%</td>
<td>1.3%</td>
</tr>
<tr>
<td>operative</td>
<td></td>
<td></td>
<td></td>
<td>7.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.7%</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Laborers, helpers</td>
<td>3.4%</td>
<td>5.2%</td>
<td>1.4%</td>
<td>3.6%</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.1%</td>
<td>7.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.9%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Protective service</td>
<td>1.8%</td>
<td>2.7%</td>
<td>0.7%</td>
<td>2.9%</td>
<td>0.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.1%</td>
<td>3.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.7%</td>
<td>1.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.8%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Service workers except protective</td>
<td>10.1%</td>
<td>6.3%</td>
<td>14.7%</td>
<td>5.3%</td>
<td>14.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.8%</td>
<td>18.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.0%</td>
<td>19.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.7%</td>
<td>19.7%</td>
</tr>
<tr>
<td>Other occupations</td>
<td>0.8%</td>
<td>0.6%</td>
<td>1.0%</td>
<td>0.6%</td>
<td>0.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.7%</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.1%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

1Race groups of white, black, and other are non-Hispanic.

Note: This table is read vertically by column.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Employer</th>
<th>Business/Service</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Centegra Health System</td>
<td>Healthcare/hospital</td>
<td>3,650</td>
</tr>
<tr>
<td>2</td>
<td>District 158</td>
<td>School District, pre-K through 12</td>
<td>1,500</td>
</tr>
<tr>
<td>3</td>
<td>McHenry County</td>
<td>County government</td>
<td>1,400</td>
</tr>
<tr>
<td>4</td>
<td>Follett Library Resources, Inc.</td>
<td>Wholesale library and classroom books</td>
<td>1,378</td>
</tr>
<tr>
<td>5</td>
<td>Follett Software Co.</td>
<td>Education, software, solutions</td>
<td>---¹</td>
</tr>
<tr>
<td>6</td>
<td>Catalent Pharma Solutions</td>
<td>Blow-fill-seal, sterile manufacturing, packaging services</td>
<td>830</td>
</tr>
<tr>
<td>7</td>
<td>Mercy Health System</td>
<td>Integrated health care delivery system</td>
<td>732</td>
</tr>
<tr>
<td>8</td>
<td>Snap-On Tools Co.</td>
<td>Distribution, customer service, repair centers</td>
<td>590</td>
</tr>
<tr>
<td>9</td>
<td>Sage Products, Inc.</td>
<td>Manufacturer of interventional patient hygiene products</td>
<td>583</td>
</tr>
<tr>
<td>10</td>
<td>Medela</td>
<td>Healthcare/breast pumps</td>
<td>540</td>
</tr>
<tr>
<td>11</td>
<td>McHenry County College</td>
<td>Educational institution</td>
<td>500</td>
</tr>
<tr>
<td>12</td>
<td>Knaack Manufacturing Co.</td>
<td>Manufacturer of jobsite, truck, and van tool storage equipment</td>
<td>500</td>
</tr>
<tr>
<td>13</td>
<td>InTren</td>
<td>Underground and overhead utility contractor</td>
<td>490</td>
</tr>
<tr>
<td>14</td>
<td>Aptar Group, Inc.</td>
<td>Designer and manufacturer of consumer dispensing systems</td>
<td>475</td>
</tr>
<tr>
<td>15</td>
<td>Wells Manufacturing Co.</td>
<td>Manufacturer of continuous cast iron bar</td>
<td>290</td>
</tr>
</tbody>
</table>

¹Number not given.
Source: McHenry County Economic Development Corporation, accessed on 7-7-16 at www.mchenrycountyedc.com/business-information/employers.html
Table 6.11
MCHENRY COUNTY, ILLINOIS, AND U.S.
ANNUAL AVERAGE EMPLOYMENT AND UNEMPLOYMENT: 1990-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Labor Force</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Percent Unemployed</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>165,699</td>
<td>156,929</td>
<td>8,711</td>
<td>5.3%</td>
<td>5.9%</td>
<td>5.3%</td>
</tr>
<tr>
<td>2014</td>
<td>165,637</td>
<td>154,781</td>
<td>10,856</td>
<td>6.6%</td>
<td>7.1%</td>
<td>6.2%</td>
</tr>
<tr>
<td>2013</td>
<td>175,380</td>
<td>160,894</td>
<td>14,486</td>
<td>8.3%</td>
<td>9.2%</td>
<td>7.4%</td>
</tr>
<tr>
<td>2012</td>
<td>176,716</td>
<td>161,900</td>
<td>14,816</td>
<td>8.4%</td>
<td>8.9%</td>
<td>8.1%</td>
</tr>
<tr>
<td>2011</td>
<td>174,823</td>
<td>158,436</td>
<td>16,387</td>
<td>9.4%</td>
<td>9.7%</td>
<td>8.9%</td>
</tr>
<tr>
<td>2010</td>
<td>176,056</td>
<td>158,512</td>
<td>17,544</td>
<td>10.0%</td>
<td>10.5%</td>
<td>9.6%</td>
</tr>
<tr>
<td>2009</td>
<td>179,505</td>
<td>162,160</td>
<td>17,345</td>
<td>9.7%</td>
<td>10.0%</td>
<td>9.3%</td>
</tr>
<tr>
<td>2008</td>
<td>181,068</td>
<td>170,535</td>
<td>10,533</td>
<td>5.8%</td>
<td>6.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>2007</td>
<td>179,298</td>
<td>171,538</td>
<td>7,760</td>
<td>4.3%</td>
<td>5.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>2006</td>
<td>173,808</td>
<td>167,272</td>
<td>6,536</td>
<td>3.8%</td>
<td>4.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td>2005</td>
<td>166,951</td>
<td>158,437</td>
<td>8,514</td>
<td>5.1%</td>
<td>5.8%</td>
<td>5.1%</td>
</tr>
<tr>
<td>2004</td>
<td>163,596</td>
<td>155,033</td>
<td>8,563</td>
<td>5.2%</td>
<td>6.2%</td>
<td>5.5%</td>
</tr>
<tr>
<td>2003</td>
<td>160,033</td>
<td>150,600</td>
<td>9,433</td>
<td>5.9%</td>
<td>6.7%</td>
<td>6.0%</td>
</tr>
<tr>
<td>2002</td>
<td>156,134</td>
<td>147,426</td>
<td>8,708</td>
<td>5.6%</td>
<td>6.5%</td>
<td>5.8%</td>
</tr>
<tr>
<td>2001</td>
<td>155,137</td>
<td>147,904</td>
<td>7,233</td>
<td>4.7%</td>
<td>5.4%</td>
<td>4.7%</td>
</tr>
<tr>
<td>2000</td>
<td>151,359</td>
<td>145,929</td>
<td>5,430</td>
<td>3.6%</td>
<td>4.5%</td>
<td>4.0%</td>
</tr>
<tr>
<td>1999</td>
<td>140,673</td>
<td>135,748</td>
<td>4,925</td>
<td>3.5%</td>
<td>4.5%</td>
<td>4.2%</td>
</tr>
<tr>
<td>1998</td>
<td>135,571</td>
<td>130,629</td>
<td>4,942</td>
<td>3.6%</td>
<td>4.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>1997</td>
<td>132,883</td>
<td>127,815</td>
<td>5,068</td>
<td>3.8%</td>
<td>4.8%</td>
<td>4.9%</td>
</tr>
<tr>
<td>1996</td>
<td>131,681</td>
<td>126,226</td>
<td>5,455</td>
<td>4.1%</td>
<td>5.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>1995</td>
<td>127,168</td>
<td>121,958</td>
<td>5,210</td>
<td>4.1%</td>
<td>5.2%</td>
<td>5.6%</td>
</tr>
<tr>
<td>1994</td>
<td>120,112</td>
<td>114,203</td>
<td>5,909</td>
<td>4.9%</td>
<td>5.8%</td>
<td>6.1%</td>
</tr>
<tr>
<td>1993</td>
<td>115,345</td>
<td>107,857</td>
<td>7,488</td>
<td>6.5%</td>
<td>7.4%</td>
<td>6.9%</td>
</tr>
<tr>
<td>1992</td>
<td>110,524</td>
<td>102,571</td>
<td>7,953</td>
<td>7.2%</td>
<td>7.8%</td>
<td>7.5%</td>
</tr>
<tr>
<td>1991</td>
<td>105,852</td>
<td>98,612</td>
<td>7,240</td>
<td>6.8%</td>
<td>7.3%</td>
<td>6.8%</td>
</tr>
<tr>
<td>1990</td>
<td>102,572</td>
<td>97,057</td>
<td>5,515</td>
<td>5.4%</td>
<td>6.3%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Note: Not seasonally adjusted.
Source: Illinois Department of Employment Security,
Local Area Unemployment Statistics (LAUS)
Table 6.12
MCHENRY COUNTY WORKERS
COMMUTING PATTERNS: 2013

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Workers</td>
<td></td>
<td>150,887</td>
<td>100.0%</td>
</tr>
<tr>
<td>Counties With &gt;100 Workers Living in McHenry County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McHenry County</td>
<td>Illinois</td>
<td>77,111</td>
<td>51.1%</td>
</tr>
<tr>
<td>Cook County</td>
<td>Illinois</td>
<td>31,697</td>
<td>21.0%</td>
</tr>
<tr>
<td>Lake County</td>
<td>Illinois</td>
<td>19,805</td>
<td>13.1%</td>
</tr>
<tr>
<td>Kane County</td>
<td>Illinois</td>
<td>10,733</td>
<td>7.1%</td>
</tr>
<tr>
<td>DuPage County</td>
<td>Illinois</td>
<td>5,826</td>
<td>3.9%</td>
</tr>
<tr>
<td>Walworth County</td>
<td>Wisconsin</td>
<td>952</td>
<td>0.6%</td>
</tr>
<tr>
<td>Winnebago County</td>
<td>Illinois</td>
<td>940</td>
<td>0.6%</td>
</tr>
<tr>
<td>Kenosha County</td>
<td>Wisconsin</td>
<td>695</td>
<td>0.5%</td>
</tr>
<tr>
<td>Boone County</td>
<td>Illinois</td>
<td>406</td>
<td>0.3%</td>
</tr>
<tr>
<td>Will County</td>
<td>Illinois</td>
<td>322</td>
<td>0.2%</td>
</tr>
<tr>
<td>DeKalb County</td>
<td>Illinois</td>
<td>311</td>
<td>0.2%</td>
</tr>
<tr>
<td>Milwaukee County</td>
<td>Wisconsin</td>
<td>162</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Note: These data based on five-year estimates gathered through the American Community Survey. Five-year data represent 8-10% of households. Individual counties are shown with at least 0.1% of workers and margin of error not more than estimate (number).

Source: U.S. Census Bureau, Residence County to Workplace County Flows by Residence Geography: 2009-2013
Table 6.13
MCHERY COUNTY, ILLINOIS, AND U.S.
COMMUTING TIME AND METHOD: 2015

<table>
<thead>
<tr>
<th>Travel to Work Method</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers 16 Years and Older</td>
<td>160,401</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Workers 16+ who commute to work</td>
<td>150,927</td>
<td>94.1%</td>
<td>95.6%</td>
</tr>
<tr>
<td>Car, truck, or van; drove alone</td>
<td>132,986</td>
<td>82.9%</td>
<td>73.6%</td>
</tr>
<tr>
<td>Car, truck, or van; carpooled</td>
<td>9,787</td>
<td>6.1%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Public transportation (excluding taxicab)</td>
<td>5,570</td>
<td>3.5%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Walked to work</td>
<td>1,366</td>
<td>0.9%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Other means of commuting</td>
<td>1,218</td>
<td>0.8%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Worked at home</td>
<td>9,474</td>
<td>5.9%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Travel Time to Work<sup>1</sup>

<table>
<thead>
<tr>
<th>Time Range</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30 minutes</td>
<td>70,938</td>
<td>47.0%</td>
<td>56.0%</td>
</tr>
<tr>
<td>30 - 59 minutes</td>
<td>47,821</td>
<td>31.7%</td>
<td>32.1%</td>
</tr>
<tr>
<td>60 - 89 minutes</td>
<td>21,941</td>
<td>14.5%</td>
<td>8.8%</td>
</tr>
<tr>
<td>90+ minutes</td>
<td>10,227</td>
<td>6.8%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Mean travel time to work (minutes) | 35.6           | 28.8            | 26.4         |

<sup>1</sup>For workers who did not work at home.

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
Figure 6.1
McHenry County, Illinois, and U.S.
Highest Educational Level: 2015

<table>
<thead>
<tr>
<th>Education Level</th>
<th>McHenry Co.</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>3.7%</td>
<td>5.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>High school degree</td>
<td>27.7%</td>
<td>25.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>34.6%</td>
<td>34.1%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Associate degree</td>
<td>18.4%</td>
<td>15.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>11.0%</td>
<td>10.0%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>3.7%</td>
<td>5.0%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

Figure 6.2
McHenry County
Highest Educational Level by Race/Ethnicity: 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>White, NH</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>3.7%</td>
<td>32.3%</td>
</tr>
<tr>
<td>High school graduate</td>
<td>27.7%</td>
<td>38.3%</td>
</tr>
<tr>
<td>Some college or Associate degree</td>
<td>34.6%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Bachelor's degree or higher</td>
<td>11.0%</td>
<td>34.1%</td>
</tr>
</tbody>
</table>
Figure 6.3
McHenry County, Illinois, and U.S.
All Parents in Labor Force: 2015

Figure 6.4
McHenry County, Illinois, and U.S.
### Figure 6.5
McHenry County
Change in Employment For Top 5 Industries: 2000 to 2015

<table>
<thead>
<tr>
<th>Industry</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturing</td>
<td>-33.6%</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>15.6%</td>
</tr>
<tr>
<td>Educational Services</td>
<td>34.8%</td>
</tr>
<tr>
<td>Health Care and Social Services</td>
<td>62.9%</td>
</tr>
<tr>
<td>Accommodation And Food Services</td>
<td>30.6%</td>
</tr>
</tbody>
</table>

### Figure 6.6
McHenry County, Illinois and U.S.
Worker Industries: 2015

<table>
<thead>
<tr>
<th>Industry</th>
<th>Percent Employed Ages 16+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educ, Health, Soc. Asst.</td>
<td>25.0%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>20.0%</td>
</tr>
<tr>
<td>Retail trade</td>
<td>15.0%</td>
</tr>
<tr>
<td>Profess. Sci., Mgmt., Admin.</td>
<td>10.0%</td>
</tr>
<tr>
<td>Arts. Ent., Rec., Accomp., Food Serv</td>
<td>5.0%</td>
</tr>
<tr>
<td>Finance, Insur., Real Estate</td>
<td>5.0%</td>
</tr>
<tr>
<td>Construction</td>
<td>5.0%</td>
</tr>
<tr>
<td>Transp., Warehouse, Util.</td>
<td>5.0%</td>
</tr>
<tr>
<td>Other services</td>
<td>5.0%</td>
</tr>
<tr>
<td>Wholesale trade</td>
<td>5.0%</td>
</tr>
<tr>
<td>Public admin</td>
<td>5.0%</td>
</tr>
<tr>
<td>Information</td>
<td>5.0%</td>
</tr>
<tr>
<td>Ag., Forestry, Fish, Hunt, Min.</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
Figure 6.7
McHenry County, Illinois, and U.S.
Unemployment: 1990-2015

Figure 6.8
McHenry County, Illinois, and U.S.
Travel Time to Work: 2015
Figure 6.9
McHenry County, Illinois, and U.S.
Mean Travel Time to Work: 2015

Commute Time (Minutes)

- United States: 26.4 minutes
- Illinois: 28.8 minutes
- McHenry Co.: 35.6 minutes
Chapter 7
CRIME AND SAFETY

- McHenry County reported 3,365 crimes in 2015, a rate of 1,095.1 per 100,000 population, half the state rate of 2,300.2.

- The vast majority of crimes (91.1%) are property-related and most of those are theft which accounted for 67.0% of total crimes in the county in 2015.

- Violent crimes numbered 298 in 2015, a rate of 97.1 per 100,000, far below the state at 372.7. Property crimes numbered 3,067, a rate of 998.0, closer to the state rate of 2,227.0 than violent crimes but still half the state rate.

- Comparing rates for specific crimes, McHenry County’s rates are far lower than the state for all eight index crimes.

- Drug arrests in McHenry County totaled 1,850 in 2015, down from the previous year.

- The 2015 drug arrest rate in McHenry County stood at 602.1 per 100,000 population, a 77.8% rate increase since 1998.

- Four in ten (43.6%) drug arrests were for drug paraphernalia, followed by cannabis (36.3%), controlled substances (19.0%), and hypodermic syringe needle (7.6%).

- McHenry County arrest rates peaked in 2013 for cannabis, 2013 for drug paraphernalia, 2010 hypodermic syringe, and 2005 was the peak for controlled substances arrests.

- During 2015, 1,705 children were reported as abused in McHenry County, a rate of 20.3 per 1,000 children ages 0-17, below the state at 29.9. The county’s highest number of reported child abuse within the past decade occurred in 2008.

- Of the year 2015 reported cases, cases affecting 608 children (35.6% of reported) were indicated, a rate of 7.2, again below the state at 9.7.

- There were a total of 4,857 vehicles crashes in McHenry county roads in 2014 similar to the previous five years. Before 2009 crash reporting thresholds were different so cannot be directly compared. Number of persons injured in 2014 (1,303) was the lowest since 2000, when recordkeeping began.

- Eighteen persons were killed in 2014 McHenry County motor vehicle crashes, comparable to previous three years: 2013 (16), 2012 (22), 2011 (14).
### Table 7.1

**MCHENRY COUNTY AND ILLINOIS**

**NUMBER AND RATE OF CRIME BY TYPE OFFENSE: 2015**

<table>
<thead>
<tr>
<th>Offense</th>
<th>McHenry County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate Per 100,000</td>
</tr>
<tr>
<td>Total</td>
<td>3,365</td>
<td>1,095.1</td>
</tr>
<tr>
<td>Violent</td>
<td>298</td>
<td>97.1</td>
</tr>
<tr>
<td>Criminal homicide</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>Forcible rape</td>
<td>70</td>
<td>22.8</td>
</tr>
<tr>
<td>Robbery</td>
<td>18</td>
<td>5.9</td>
</tr>
<tr>
<td>Aggravated assault/battery</td>
<td>208</td>
<td>67.7</td>
</tr>
<tr>
<td>Property</td>
<td>3,067</td>
<td>998.0</td>
</tr>
<tr>
<td>Burglary</td>
<td>366</td>
<td>119.1</td>
</tr>
<tr>
<td>Theft</td>
<td>2,627</td>
<td>854.9</td>
</tr>
<tr>
<td>Motor vehicle theft</td>
<td>53</td>
<td>17.2</td>
</tr>
<tr>
<td>Arson</td>
<td>21</td>
<td>6.8</td>
</tr>
</tbody>
</table>

**Note:**

1) Violent crimes are crimes against persons and include criminal homicide, forcible rape, robbery, aggravated assault/battery; property crimes are burglary, theft, motor vehicle theft, arson.

2) Due to changes in crime reporting implemented in 2010, these data should not be compared to earlier years.

**Source:** Illinois State Police, Illinois Uniform Crime Reports
<table>
<thead>
<tr>
<th>Year</th>
<th>Total Drug Arrests</th>
<th>Cannabis</th>
<th>Controlled Substances</th>
<th>Hypodermic Syringe Needle</th>
<th>Drug Paraphernalia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Rate</td>
<td>No.</td>
<td>Rate</td>
<td>No.</td>
</tr>
<tr>
<td>2015</td>
<td>1,850</td>
<td>602.1</td>
<td>672</td>
<td>218.6</td>
<td>351</td>
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<tr>
<td>2014</td>
<td>2,072</td>
<td>674.0</td>
<td>804</td>
<td>261.5</td>
<td>348</td>
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<tr>
<td>2013</td>
<td>2,134</td>
<td>694.2</td>
<td>835</td>
<td>340.0</td>
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<tr>
<td>2012</td>
<td>1,797</td>
<td>583.2</td>
<td>725</td>
<td>275</td>
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<tr>
<td>2011</td>
<td>1,427</td>
<td>461.9</td>
<td>525</td>
<td>169.9</td>
<td>288</td>
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<tr>
<td>2010</td>
<td>1,549</td>
<td>501.7</td>
<td>610</td>
<td>197.6</td>
<td>248</td>
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<tr>
<td>2009</td>
<td>1,394</td>
<td>437.5</td>
<td>529</td>
<td>166.0</td>
<td>265</td>
</tr>
<tr>
<td>2008</td>
<td>1,275</td>
<td>403.6</td>
<td>503</td>
<td>159.2</td>
<td>200</td>
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<tr>
<td>2007</td>
<td>1,252</td>
<td>400.8</td>
<td>521</td>
<td>166.8</td>
<td>232</td>
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<td>2006</td>
<td>1,363</td>
<td>448.4</td>
<td>507</td>
<td>166.8</td>
<td>316</td>
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<tr>
<td>2005</td>
<td>1,518</td>
<td>512.2</td>
<td>573</td>
<td>193.3</td>
<td>393</td>
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<tr>
<td>2004</td>
<td>1,149</td>
<td>401.6</td>
<td>470</td>
<td>164.3</td>
<td>233</td>
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<tr>
<td>2003</td>
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<td>420.1</td>
<td>470</td>
<td>169.4</td>
<td>229</td>
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<tr>
<td>2002</td>
<td>987</td>
<td>379.5</td>
<td>409</td>
<td>157.3</td>
<td>170</td>
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<tr>
<td>2001</td>
<td>967</td>
<td>381.8</td>
<td>347</td>
<td>131.9</td>
<td>161</td>
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<tr>
<td>2000</td>
<td>843</td>
<td>324.1</td>
<td>355</td>
<td>136.5</td>
<td>161</td>
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<tr>
<td>1999</td>
<td>903</td>
<td>365.9</td>
<td>422</td>
<td>171.0</td>
<td>130</td>
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<tr>
<td>1998</td>
<td>817</td>
<td>338.6</td>
<td>399</td>
<td>165.4</td>
<td>104</td>
</tr>
</tbody>
</table>

% Change 1998-2015:
- Total Drug Arrests: 126.4%
- Cannabis: 77.8%
- Controlled Substances: 68.4%
- Hypodermic Syringe Needle: 32.2%
- Drug Paraphernalia: 237.5%

1Rate per 100,000 population.

Source: Illinois State Police, Illinois Uniform Crime Reports
Table 7.3
MCHENRY COUNTY AND ILLINOIS
CHILD ABUSE/NEGLECT REPORTED AND INDICATED CASES: 2000-2015

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Reported McHenry County</th>
<th>Reported Illinois Rate</th>
<th>Indicated McHenry County</th>
<th>Indicated Illinois Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number Children &lt;18 (Unduplicated)</td>
<td>Rate&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Number Children &lt;18 (Unduplicated)</td>
<td>Rate&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>2015</td>
<td>1,705</td>
<td>20.3</td>
<td>29.9</td>
<td>608</td>
</tr>
<tr>
<td>2014</td>
<td>1,663</td>
<td>21.6</td>
<td>29.0</td>
<td>427</td>
</tr>
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<td>2013</td>
<td>1,670</td>
<td>21.7</td>
<td>28.8</td>
<td>541</td>
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<tr>
<td>2012</td>
<td>1,735</td>
<td>22.5</td>
<td>28.3</td>
<td>502</td>
</tr>
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<td>573</td>
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<td>2010</td>
<td>1,900</td>
<td>24.7</td>
<td>29.6</td>
<td>504</td>
</tr>
<tr>
<td>2009</td>
<td>1,824</td>
<td>21.2</td>
<td>30.1</td>
<td>518</td>
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<tr>
<td>2008</td>
<td>1,984</td>
<td>22.9</td>
<td>30.2</td>
<td>652</td>
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<tr>
<td>2007</td>
<td>1,881</td>
<td>21.6</td>
<td>30.1</td>
<td>573</td>
</tr>
<tr>
<td>2006</td>
<td>1,853</td>
<td>21.3</td>
<td>29.8</td>
<td>620</td>
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<tr>
<td>2005</td>
<td>1,659</td>
<td>19.2</td>
<td>30.0</td>
<td>506</td>
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<tr>
<td>2004</td>
<td>1,649</td>
<td>19.4</td>
<td>28.3</td>
<td>485</td>
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<td>2003</td>
<td>1,431</td>
<td>17.1</td>
<td>26.4</td>
<td>474</td>
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<td>2002</td>
<td>1,309</td>
<td>15.9</td>
<td>26.2</td>
<td>327</td>
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<tr>
<td>2001</td>
<td>1,416</td>
<td>17.6</td>
<td>26.4</td>
<td>403</td>
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<tr>
<td>2000</td>
<td>1,389</td>
<td>17.7</td>
<td>27.6</td>
<td>498</td>
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</tbody>
</table>

<sup>1</sup>Indicated means that sufficient credible evidence has been found to support an abuse/neglect claim.

<sup>2</sup>In a given year, a child may have more than one reported and indicated case, however, this column shows affected children, not total reports.

<sup>3</sup>Rate per 1,000 population under age 18.

Source: Illinois Department of Children and Family Services Annual Reports
<table>
<thead>
<tr>
<th>Year</th>
<th>Crashes</th>
<th>Persons Killed</th>
<th>Persons Injured</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4,857</td>
<td>18</td>
<td>1,303</td>
</tr>
<tr>
<td>2013</td>
<td>4,833</td>
<td>16</td>
<td>1,695</td>
</tr>
<tr>
<td>2012</td>
<td>4,715</td>
<td>22</td>
<td>1,665</td>
</tr>
<tr>
<td>2011</td>
<td>4,783</td>
<td>14</td>
<td>1,625</td>
</tr>
<tr>
<td>2010</td>
<td>4,768</td>
<td>15</td>
<td>1,671</td>
</tr>
<tr>
<td>2009(^1)</td>
<td>5,150</td>
<td>15</td>
<td>1,687</td>
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<tr>
<td>2008</td>
<td>7,163</td>
<td>18</td>
<td>1,937</td>
</tr>
<tr>
<td>2007</td>
<td>7,266</td>
<td>30</td>
<td>2,129</td>
</tr>
<tr>
<td>2006</td>
<td>7,222</td>
<td>32</td>
<td>2,190</td>
</tr>
<tr>
<td>2005</td>
<td>7,217</td>
<td>30</td>
<td>2,212</td>
</tr>
<tr>
<td>2004</td>
<td>7,449</td>
<td>28</td>
<td>2,373</td>
</tr>
<tr>
<td>2003</td>
<td>7,495</td>
<td>40</td>
<td>2,566</td>
</tr>
<tr>
<td>2002</td>
<td>7,144</td>
<td>36</td>
<td>2,419</td>
</tr>
<tr>
<td>2001</td>
<td>6,883</td>
<td>27</td>
<td>2,374</td>
</tr>
<tr>
<td>2000</td>
<td>7,201</td>
<td>31</td>
<td>2,552</td>
</tr>
</tbody>
</table>

\(^1\)Change in crash reporting threshold effective January 1, 2009.

Note: These data include crashes by place of occurrence on all public roadways. Prior to 2000, the data reflected only crashes which took place on state-maintained roads, i.e., interstates, U.S. and state highways.

Source: Illinois Department of Transportation, Illinois Crash Facts and Statistics
Figure 7.1
McHenry County and Illinois
Crime Rate: 2015

Rate (per 100,000 Population)

McHenry County  Illinois

Figure 7.2
McHenry County and Illinois
Crime Rate by Violent Offense Type: 2015

Rate Per 100,000 Population

Assault/battery  Forcible rape  Robbery  Criminal Homicide
Figure 7.3
McHenry County and Illinois
Crime Rate by Property Offense Type: 2015

Figure 7.4
McHenry County
Drug Arrest Rate: 1998-2015
Figure 7.5
McHenry County
Specific Drug Arrest Rate: 1998-2015

Figure 7.6
McHenry County and Illinois
Child Abuse/Neglect Reported and Indicated Rates: 2000-2015
Chapter 8
BIRTHS

○ McHenry County reported 3,266 births in 2014. The county’s birth rate of 10.6 births per 1,000 population is lower than any year previous to 2011. The birth rate is below the state (12.4) and U.S. (12.6) as has been true for the previous nine years.

Table (Figure)

○ McHenry County’s 2014 fertility at 55.7 births per 1,000 females ages 15-44 is much lower than the 77.2 of fourteen years earlier. Fertility rates have held steady for the past several years. The county’s 2014 and 2010 fertility rates were below the state and nation which was not the case in 1990 and 2000.

○ Most (95.3%) McHenry County newborns are white, with Asian babies making up 3.1%. Hispanic births (any race) represent 19.4% of the county’s births.

○ Over one-third (34.5%) of McHenry County 2014 births were born to women ages 30-34 with slightly fewer (29.6%) born to women ages 25-29, the two largest proportions. Mothers ages 35 years and older gave birth to nearly one in five (18.4%) of the county’s babies, higher than the state (17.1%) and nation (15.8%). Only 17.3% of McHenry County births were to women ages 24 and younger, far below Illinois (25.6%) and U.S. (28.4%).

○ The median age of McHenry mothers at 30.4 years old is older than mothers statewide (29.7) and nationally (30.0).

○ The highest fertility rate for McHenry County in 2012 is in the 25-29 age group at 131.7 per 1,000 females and in the 30-34 age group at 128.3 per 1,000 females. McHenry County exhibits lower 2014 fertility for ages under 25 and 40-44 than the U.S. Higher fertility in the county than the U.S. marks ages 25-39.

○ Compared to 2000, the county’s 2014 fertility rates dropped for all except females ages 35-39.

○ For the years 2010-2014, Hispanic fertility (75.6) is almost 50% higher than for white, non-Hispanics (53.7). Hispanic fertility peaks for ages 25-29 but is highest in the 30-34 age group for white, non-Hispanics at 127.8. The fertility rate for Hispanics ages 15-19 (39.1) is substantially higher than that of non-Hispanic whites (7.9) in the same age group.

○ One-hundred and twenty-five babies were born to McHenry County teens (females under age of 20) in 2014, representing 3.6% of births. The county’s teen birth proportion continues to be well below the state (6.1%) and nation (6.3%).

○ Just under half (47.2%) of McHenry County teen births were to Hispanic mothers in 2014, with 50.4% to white, non-Hispanic mothers.
Low weight babies, weighing less than five and a half pounds (2,500 grams), accounted for one in fifteen (6.4%) McHenry County births in 2014, below state (8.3%) and national (8.0%) levels.

Preterm births, defined as newborns delivered before 37 completed weeks of gestation, represented 10.8% of 2014 births in McHenry County, lower than Illinois (11.8%) and U.S. (11.3%).

Nearly three in ten (29.2%) McHenry County 2014 births were to unmarried mothers. This proportion has exceeded 20% since 2004 and is more than five times the 5.6% reported in 1980. The county’s percent of babies born to unmarried mothers has always remained far below the state (40.1%) and nation (40.2%).

Receiving first trimester prenatal care in 2014 were 85.1% of McHenry County births, above Illinois (77.8%).

Only 4.9% of McHenry County births in 2014 were delivered by women who used tobacco while pregnant, a record low, and below the state (6.7%). Since 1990, tobacco use among pregnant women in the county has dropped by two-thirds.

Common pregnancy-related risk factors among McHenry County residents who gave birth in 2014 included diabetes (5.7%), pregnancy-associated hypertension (3.7%), and chronic hypertension (1.2%).

In 2014, McHenry County Hispanic women (7.9%) who gave birth more often suffered from diabetes than white, non-Hispanic women (3.9%). Alternately, white, non-Hispanic women more often experienced pregnancy-associated hypertension (3.1%) than Hispanic women (1.9%).

Nearly one-third (29.9%) of McHenry County births in 2014 were delivered by Cesarean section, slightly below the state (31.2%) and nation (32.2%).

Of the county’s 2014 births, 36.5% represented the mother’s first birth, 36.3% a second, and 27.1% a third or more.

In 2014, multiple births accounted for 4.2% of McHenry County births, slightly higher than Illinois (4.0%) and U.S. (3.5%).

One in eleven (9.0%) 2014 McHenry County births was born to a mother who had not completed high school, lower than Illinois (12.9%) and U.S. (14.4%).

In McHenry County in 2014, more Hispanic (47.2%) than white, non-Hispanic (29.2%) women who gave birth were unmarried and twelve times as many Hispanic (35.1%) than white, non-Hispanic (2.8%) women who gave birth did not graduate from high school.

More births to Hispanic (9.3%) than white, non-Hispanic (2.7%) mothers in 2014 were teenagers.

Tobacco use during pregnancy was much higher in 2014 among the county’s white, non-Hispanic (5.8%) than Hispanic (1.6%) women.
○ In 2014, first semester prenatal care reached 84.9% for white, non-Hispanic mothers in McHenry County, higher than 76.4% for Hispanic mothers. (8.10)

○ Cesarean delivery was nearly equal between white, non-Hispanic (29.6%) and Hispanic (29.7%) county mothers who gave birth in 2014. (8.17)

○ In 2014, 392 abortions took place among McHenry County women for a rate of 120.0 per 1,000 births, far below Illinois (242.6). (8.18)

○ McHenry County reported 15 infant deaths in 2013, substantially lower than the 26 infant deaths in 1980. The county’s 2013 infant death rate (4.7) fell well below the state (6.0) and nation (6.0). (8.19)

○ The county’s 2011-2013 infant death rate of 3.6 per 1,000 live births is lower than the state (6.4) and U.S. (6.0). (8.20)

○ For McHenry County in 2007-2013, the Hispanic infant death rate (6.5) is higher than white, non-Hispanic (3.6). (8.21)
<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County Number</th>
<th>McHenry County Rate</th>
<th>Illinois Rate</th>
<th>U.S. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>3,266</td>
<td>10.6</td>
<td>12.3</td>
<td>12.5</td>
</tr>
<tr>
<td>2013</td>
<td>3,164</td>
<td>10.3</td>
<td>12.2</td>
<td>12.4</td>
</tr>
<tr>
<td>2012</td>
<td>3,248</td>
<td>10.5</td>
<td>12.4</td>
<td>12.6</td>
</tr>
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<td>3,363</td>
<td>10.9</td>
<td>12.5</td>
<td>12.7</td>
</tr>
<tr>
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<td>12.9</td>
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</tr>
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<td>2009</td>
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<td>14.1</td>
<td>14.3</td>
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<td>14.5</td>
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<tr>
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<td>14.9</td>
<td>14.3</td>
</tr>
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<td>15.4</td>
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</tr>
<tr>
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<td>16.2</td>
</tr>
<tr>
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<td>3,365</td>
<td>18.4</td>
<td>17.1</td>
<td>16.7</td>
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<td>16.6</td>
<td>16.7</td>
<td>16.4</td>
</tr>
<tr>
<td>1988</td>
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<td>2,716</td>
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</tr>
<tr>
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<td>2,552</td>
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</tr>
<tr>
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<td>15.8</td>
<td>15.8</td>
</tr>
<tr>
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<td>15.6</td>
</tr>
<tr>
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<td>15.7</td>
<td>15.6</td>
</tr>
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<tr>
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</tr>
<tr>
<td>1980</td>
<td>2,435</td>
<td>16.4</td>
<td>16.6</td>
<td>15.9</td>
</tr>
</tbody>
</table>

*Births per 1,000 population.

Table 8.2
MCHENRY COUNTY, ILLINOIS, AND U.S.

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois Rate¹</th>
<th>U.S. Rate¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Births</td>
<td>Females Ages 15-44</td>
<td>Rate¹</td>
</tr>
<tr>
<td>2014</td>
<td>3,266</td>
<td>58,279</td>
<td>55.7</td>
</tr>
<tr>
<td>2010</td>
<td>3,432</td>
<td>59,925</td>
<td>57.3</td>
</tr>
<tr>
<td>2000</td>
<td>4,056</td>
<td>58,052</td>
<td>69.9</td>
</tr>
<tr>
<td>1990</td>
<td>3,365</td>
<td>43,586</td>
<td>77.2</td>
</tr>
</tbody>
</table>

¹Fertility rate is number of births per 1,000 women of childbearing age defined as 15-44 years.
<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Race</th>
<th></th>
<th></th>
<th>Hispanic&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>3,266</td>
<td>3,113</td>
<td>95.3%</td>
<td>101</td>
<td>3.1%</td>
</tr>
<tr>
<td>2013</td>
<td>3,164</td>
<td>3,025</td>
<td>95.6%</td>
<td>91</td>
<td>2.9%</td>
</tr>
<tr>
<td>2012</td>
<td>3,248</td>
<td>3,089</td>
<td>95.1%</td>
<td>99</td>
<td>3.0%</td>
</tr>
<tr>
<td>2011</td>
<td>3,363</td>
<td>3,218</td>
<td>95.7%</td>
<td>103</td>
<td>3.1%</td>
</tr>
<tr>
<td>2010</td>
<td>3,432</td>
<td>3,234</td>
<td>94.2%</td>
<td>142</td>
<td>4.1%</td>
</tr>
<tr>
<td>2009</td>
<td>3,723</td>
<td>3,518</td>
<td>94.5%</td>
<td>142</td>
<td>3.8%</td>
</tr>
<tr>
<td>2008</td>
<td>3,822</td>
<td>3,638</td>
<td>95.2%</td>
<td>138</td>
<td>3.6%</td>
</tr>
<tr>
<td>2007</td>
<td>4,120</td>
<td>3,919</td>
<td>95.1%</td>
<td>152</td>
<td>3.7%</td>
</tr>
<tr>
<td>2006</td>
<td>4,231</td>
<td>4,020</td>
<td>95.0%</td>
<td>170</td>
<td>4.0%</td>
</tr>
<tr>
<td>2005</td>
<td>4,239</td>
<td>4,040</td>
<td>95.3%</td>
<td>155</td>
<td>3.7%</td>
</tr>
<tr>
<td>2004</td>
<td>4,378</td>
<td>4,169</td>
<td>95.2%</td>
<td>171</td>
<td>3.9%</td>
</tr>
<tr>
<td>2003</td>
<td>4,156</td>
<td>3,977</td>
<td>95.7%</td>
<td>147</td>
<td>3.5%</td>
</tr>
<tr>
<td>2002</td>
<td>4,221</td>
<td>4,082</td>
<td>96.7%</td>
<td>106</td>
<td>2.5%</td>
</tr>
<tr>
<td>2001</td>
<td>4,144</td>
<td>4,002</td>
<td>96.6%</td>
<td>108</td>
<td>2.6%</td>
</tr>
<tr>
<td>2000</td>
<td>4,062</td>
<td>3,944</td>
<td>97.1%</td>
<td>79</td>
<td>1.9%</td>
</tr>
<tr>
<td>1999</td>
<td>4,017</td>
<td>3,912</td>
<td>97.4%</td>
<td>79</td>
<td>2.0%</td>
</tr>
<tr>
<td>1998</td>
<td>3,826</td>
<td>3,744</td>
<td>97.9%</td>
<td>52</td>
<td>1.4%</td>
</tr>
<tr>
<td>1997</td>
<td>3,839</td>
<td>3,769</td>
<td>98.2%</td>
<td>49</td>
<td>1.3%</td>
</tr>
<tr>
<td>1996</td>
<td>3,893</td>
<td>3,825</td>
<td>98.3%</td>
<td>41</td>
<td>1.1%</td>
</tr>
<tr>
<td>1995</td>
<td>3,827</td>
<td>3,761</td>
<td>98.3%</td>
<td>41</td>
<td>1.1%</td>
</tr>
<tr>
<td>1990</td>
<td>3,365</td>
<td>3,341</td>
<td>99.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1985</td>
<td>2,512</td>
<td>2,490</td>
<td>99.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1980</td>
<td>2,435</td>
<td>2,419</td>
<td>99.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup>Hispanic may be of any race.

Note: Data broken out by Asian and Other Race not available for 1980-1990.

### Table 8.4
**MCHENY COUNTY, ILLINOIS, AND U.S. BIRTHS BY AGE OF MOTHER: 2014**

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>3,266</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>&lt;15</td>
<td>***</td>
<td>***</td>
<td>0.1%</td>
</tr>
<tr>
<td>15 - 19</td>
<td>125</td>
<td>3.8%</td>
<td>6.0%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>442</td>
<td>13.5%</td>
<td>19.5%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>967</td>
<td>29.6%</td>
<td>27.2%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>1,128</td>
<td>34.5%</td>
<td>29.8%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>509</td>
<td>15.6%</td>
<td>14.2%</td>
</tr>
<tr>
<td>40 - 44</td>
<td>91</td>
<td>2.8%</td>
<td>2.9%</td>
</tr>
<tr>
<td>45+</td>
<td>***</td>
<td>***</td>
<td>0.2%</td>
</tr>
<tr>
<td>Median Age of Mother (years)</td>
<td>30.4</td>
<td>29.7</td>
<td>30.0</td>
</tr>
</tbody>
</table>

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database

### Table 8.5

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>2014</th>
<th>2000</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McHenry County</td>
<td>U.S.</td>
<td>McHenry County</td>
</tr>
<tr>
<td></td>
<td>Births</td>
<td>Rate</td>
<td>Rate</td>
</tr>
<tr>
<td>Total</td>
<td>3,266</td>
<td>57.1</td>
<td>63.0</td>
</tr>
<tr>
<td>15 - 19</td>
<td>125</td>
<td>11.3</td>
<td>24.2</td>
</tr>
<tr>
<td>20 - 24</td>
<td>442</td>
<td>48.5</td>
<td>80.0</td>
</tr>
<tr>
<td>25 - 29</td>
<td>967</td>
<td>131.7</td>
<td>105.8</td>
</tr>
<tr>
<td>30 - 34</td>
<td>1,128</td>
<td>128.3</td>
<td>100.9</td>
</tr>
<tr>
<td>35 - 39</td>
<td>509</td>
<td>53.3</td>
<td>51.0</td>
</tr>
<tr>
<td>40 - 44</td>
<td>91</td>
<td>8.1</td>
<td>10.6</td>
</tr>
</tbody>
</table>

1Births per 1,000 females in specified age group.  
2Total rate is births per 1,000 females age 15-44. Total number includes babies born to women under 15 and 45 years and older (n=4, 2014).  
## Table 8.6
**MCHEMRY COUNTY**
**AGE-SPECIFIC FERTILITY BY WHITE, NON-HISPANIC AND HISPANIC: 2010-2014**

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>White, Non-Hispanic</th>
<th>Hispanic&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Total&lt;sup&gt;3&lt;/sup&gt;</td>
<td>12,465</td>
<td>53.7</td>
</tr>
<tr>
<td>15 - 19</td>
<td>357</td>
<td>7.9</td>
</tr>
<tr>
<td>20 - 24</td>
<td>1,521</td>
<td>47.4</td>
</tr>
<tr>
<td>25 - 29</td>
<td>3,767</td>
<td>124.4</td>
</tr>
<tr>
<td>30 - 34</td>
<td>4,455</td>
<td>127.8</td>
</tr>
<tr>
<td>35 - 44</td>
<td>940</td>
<td>10.4</td>
</tr>
<tr>
<td>45 - 54</td>
<td>18</td>
<td>0.2</td>
</tr>
</tbody>
</table>

<sup>1</sup>Hispanic may be of any race.
<sup>2</sup>Births per 1,000 females in specified age group. Rates calculated using 2014 American Community Survey 5-Year estimates for each age and race/ethnic group multiplied by 5.
<sup>3</sup>Total rate is births to females age 15-44 per 1,000 females age 15-44 in ethnic group.

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>125</td>
<td>3.6%</td>
<td>6.1%</td>
</tr>
<tr>
<td>2013</td>
<td>105</td>
<td>3.1%</td>
<td>6.8%</td>
</tr>
<tr>
<td>2012</td>
<td>151</td>
<td>4.6%</td>
<td>7.7%</td>
</tr>
<tr>
<td>2011</td>
<td>150</td>
<td>4.5%</td>
<td>8.2%</td>
</tr>
<tr>
<td>2010</td>
<td>163</td>
<td>4.7%</td>
<td>9.1%</td>
</tr>
<tr>
<td>2009</td>
<td>227</td>
<td>6.1%</td>
<td>9.6%</td>
</tr>
<tr>
<td>2008</td>
<td>191</td>
<td>5.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>2007</td>
<td>237</td>
<td>5.8%</td>
<td>10.1%</td>
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<td>2006</td>
<td>223</td>
<td>5.3%</td>
<td>10.0%</td>
</tr>
<tr>
<td>2005</td>
<td>232</td>
<td>5.5%</td>
<td>9.7%</td>
</tr>
<tr>
<td>2004</td>
<td>236</td>
<td>5.4%</td>
<td>9.9%</td>
</tr>
<tr>
<td>2003</td>
<td>213</td>
<td>5.1%</td>
<td>9.7%</td>
</tr>
<tr>
<td>2002</td>
<td>219</td>
<td>5.2%</td>
<td>10.3%</td>
</tr>
<tr>
<td>2001</td>
<td>228</td>
<td>5.5%</td>
<td>10.9%</td>
</tr>
<tr>
<td>2000</td>
<td>241</td>
<td>5.9%</td>
<td>11.4%</td>
</tr>
<tr>
<td>1999</td>
<td>225</td>
<td>5.6%</td>
<td>12.0%</td>
</tr>
<tr>
<td>1998</td>
<td>191</td>
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<td>12.4%</td>
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</tr>
<tr>
<td>1996</td>
<td>215</td>
<td>5.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>1995</td>
<td>202</td>
<td>5.3%</td>
<td>13.0%</td>
</tr>
<tr>
<td>1990</td>
<td>175</td>
<td>5.2%</td>
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</tr>
<tr>
<td>1985</td>
<td>169</td>
<td>6.7%</td>
<td>12.5%</td>
</tr>
<tr>
<td>1980</td>
<td>195</td>
<td>8.0%</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

1Births to women ages 19 years and younger.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>White, Non-Hispanic</th>
<th>Hispanic²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>2014</td>
<td>125</td>
<td>63</td>
<td>50.4%</td>
</tr>
<tr>
<td>2013</td>
<td>105</td>
<td>52</td>
<td>49.5%</td>
</tr>
<tr>
<td>2012</td>
<td>152</td>
<td>68</td>
<td>44.7%</td>
</tr>
<tr>
<td>2011</td>
<td>151</td>
<td>73</td>
<td>48.3%</td>
</tr>
<tr>
<td>2010</td>
<td>163</td>
<td>101</td>
<td>62.0%</td>
</tr>
<tr>
<td>2009</td>
<td>227</td>
<td>115</td>
<td>50.7%</td>
</tr>
<tr>
<td>2008</td>
<td>191</td>
<td>99</td>
<td>51.8%</td>
</tr>
<tr>
<td>2007</td>
<td>237</td>
<td>109</td>
<td>46.0%</td>
</tr>
<tr>
<td>2006</td>
<td>223</td>
<td>108</td>
<td>48.4%</td>
</tr>
<tr>
<td>2005</td>
<td>232</td>
<td>116</td>
<td>50.0%</td>
</tr>
<tr>
<td>2004</td>
<td>236</td>
<td>122</td>
<td>51.7%</td>
</tr>
<tr>
<td>2003</td>
<td>213</td>
<td>104</td>
<td>48.8%</td>
</tr>
<tr>
<td>2002</td>
<td>219</td>
<td>109</td>
<td>49.8%</td>
</tr>
<tr>
<td>2001</td>
<td>228</td>
<td>121</td>
<td>53.1%</td>
</tr>
<tr>
<td>2000</td>
<td>241</td>
<td>125</td>
<td>51.9%</td>
</tr>
<tr>
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<td>139</td>
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<td>1998</td>
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<td>131</td>
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<td>165</td>
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</tr>
<tr>
<td>1995</td>
<td>202</td>
<td>153</td>
<td>75.7%</td>
</tr>
</tbody>
</table>

¹Births to women ages 19 years and younger.
²Hispanic may be of any race.

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
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<td>245</td>
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<tr>
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<td>241</td>
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<td>1985</td>
<td>122</td>
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<td>7.1%</td>
</tr>
<tr>
<td>1980</td>
<td>125</td>
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<td>7.4%</td>
</tr>
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</table>

1 Weight at birth of less than 5 lbs., 8 oz. (2,500 grams).

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<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
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<td>Percent</td>
<td>Percent</td>
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<td>11.8%</td>
</tr>
<tr>
<td>2013</td>
<td>323</td>
<td>10.2%</td>
<td>11.7%</td>
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<tr>
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<td>407</td>
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<td>431</td>
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<td>12.1%</td>
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<tr>
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<td>426</td>
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<td>12.4%</td>
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<tr>
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<td>478</td>
<td>12.5%</td>
<td>12.7%</td>
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<tr>
<td>2007</td>
<td>466</td>
<td>11.3%</td>
<td>13.0%</td>
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<tr>
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<td>514</td>
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<td>13.3%</td>
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<tr>
<td>2005</td>
<td>486</td>
<td>11.5%</td>
<td>13.1%</td>
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<td>543</td>
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<td>13.0%</td>
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<td>2003</td>
<td>522</td>
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<td>12.8%</td>
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<tr>
<td>2002</td>
<td>524</td>
<td>12.4%</td>
<td>12.5%</td>
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<tr>
<td>2001</td>
<td>457</td>
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<td>12.5%</td>
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<tr>
<td>2000</td>
<td>377</td>
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<td>12.1%</td>
</tr>
<tr>
<td>1999</td>
<td>450</td>
<td>11.2%</td>
<td>12.3%</td>
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<tr>
<td>1998</td>
<td>372</td>
<td>9.7%</td>
<td>12.1%</td>
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<tr>
<td>1997</td>
<td>384</td>
<td>10.0%</td>
<td>12.1%</td>
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<tr>
<td>1996</td>
<td>371</td>
<td>9.5%</td>
<td>11.6%</td>
</tr>
<tr>
<td>1995</td>
<td>317</td>
<td>8.3%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Births born prior to 37 completed weeks of gestation.  
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
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<th>Illinois</th>
<th>U.S.</th>
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</thead>
<tbody>
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<td>Percent</td>
<td>Percent</td>
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<tr>
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<td>955</td>
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<td>40.1%</td>
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<td>2013</td>
<td>893</td>
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<td>2012</td>
<td>955</td>
<td>29.4%</td>
<td>40.4%</td>
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<td>2011</td>
<td>919</td>
<td>27.3%</td>
<td>40.0%</td>
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<td>924</td>
<td>26.9%</td>
<td>40.5%</td>
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<td>1,048</td>
<td>28.1%</td>
<td>40.8%</td>
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<td>1,026</td>
<td>26.8%</td>
<td>40.7%</td>
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<tr>
<td>2007</td>
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<td>924</td>
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<td>2004</td>
<td>910</td>
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<td>35.3%</td>
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<td>778</td>
<td>18.5%</td>
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<td>2001</td>
<td>704</td>
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<td>34.5%</td>
</tr>
<tr>
<td>2000</td>
<td>679</td>
<td>16.7%</td>
<td>34.5%</td>
</tr>
<tr>
<td>1999</td>
<td>679</td>
<td>16.9%</td>
<td>34.1%</td>
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<td>1998</td>
<td>521</td>
<td>13.6%</td>
<td>34.1%</td>
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<td>1995</td>
<td>489</td>
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<td>33.8%</td>
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<tr>
<td>1985</td>
<td>237</td>
<td>9.4%</td>
<td>25.7%</td>
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<tr>
<td>1980</td>
<td>137</td>
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Table 8.12
MCHENRY COUNTY AND ILLINOIS
PRENATAL CARE BEGUN FIRST TRIMESTER: 2010-2014

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<td>Number</td>
<td>Percent</td>
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<tr>
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<td>2,779</td>
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<td>2,736</td>
<td>86.5%</td>
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<tr>
<td>2012</td>
<td>2,646</td>
<td>81.5%</td>
</tr>
<tr>
<td>2011</td>
<td>2,529</td>
<td>75.2%</td>
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<tr>
<td>2010</td>
<td>2,698</td>
<td>78.6%</td>
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Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database for 2010-2014
<table>
<thead>
<tr>
<th>Year</th>
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<th>Illinois</th>
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<td></td>
<td>Number</td>
<td>Percent</td>
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<tr>
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<td>159</td>
<td>4.9%</td>
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<tr>
<td>2012</td>
<td>165</td>
<td>5.1%</td>
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<tr>
<td>2011</td>
<td>194</td>
<td>5.8%</td>
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<td>207</td>
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<td>8.9%</td>
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<td>522</td>
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<tr>
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<td>569</td>
<td>16.9%</td>
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Table 8.14  
MCHENRY COUNTY, ILLINOIS, AND U.S.  
SELECTED MATERNAL RISK FACTORS: 2014

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<th>Maternal Characteristic</th>
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<th>U.S.</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
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<tr>
<td>All Births</td>
<td>3,266</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>187</td>
<td>5.7%</td>
<td>6.9%</td>
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<tr>
<td>Pregnancy-associated Hypertension</td>
<td>121</td>
<td>3.7%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Chronic Hypertension</td>
<td>39</td>
<td>1.2%</td>
<td>1.6%</td>
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</table>

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database

Table 8.15  
MCHENRY COUNTY  
SELECTED MATERNAL RISK FACTORS  
BY WHITE, NON-HISPANIC AND HISPANIC: 2014

<table>
<thead>
<tr>
<th>Maternal Characteristic</th>
<th>White, Non-Hispanic</th>
<th>Hispanic¹</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>All Births</td>
<td>3,266</td>
<td>100.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>126</td>
<td>3.9%</td>
</tr>
<tr>
<td>Pregnancy-associated Hypertension</td>
<td>102</td>
<td>3.1%</td>
</tr>
<tr>
<td>Chronic Hypertension</td>
<td>33</td>
<td>1.0%</td>
</tr>
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</table>

¹Hispanic may be of any race.  
*** Suppressed for confidentially reasons.  
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 8.16
MCHENRY COUNTY, ILLINOIS, AND U.S.
SELECTED BIRTH AND DELIVERY CHARACTERISTICS: 2014

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
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<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>All Births</td>
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<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal delivery</td>
<td>2,288</td>
<td>70.1%</td>
<td>68.7%</td>
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<tr>
<td>Cesarean section</td>
<td>978</td>
<td>29.9%</td>
<td>31.2%</td>
</tr>
<tr>
<td>Birth Order</td>
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<td></td>
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<tr>
<td>First birth</td>
<td>1,191</td>
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<td>38.5%</td>
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<tr>
<td>Second birth</td>
<td>1,187</td>
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<td>32.1%</td>
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<tr>
<td>Third+ birth</td>
<td>885</td>
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<td>29.4%</td>
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<td></td>
<td></td>
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<tr>
<td>Single birth</td>
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<td>96.0%</td>
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<td>138</td>
<td>4.2%</td>
<td>4.0%</td>
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<tr>
<td>Mother Not High School Graduate</td>
<td>295</td>
<td>9.0%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

Source: National Center for Health Statistics, Division of Vital Statistics,
CDC WONDER Online Database
<table>
<thead>
<tr>
<th></th>
<th>McHenry County</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>White, Non-Hispanic</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>All Births</td>
<td>3,266</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mother unmarried</td>
<td>955</td>
<td>29.2%</td>
</tr>
<tr>
<td>Mother not high school graduate</td>
<td>295</td>
<td>9.0%</td>
</tr>
<tr>
<td>Mother teen</td>
<td>129</td>
<td>3.9%</td>
</tr>
<tr>
<td>Mother smoked during pregnancy</td>
<td>159</td>
<td>4.7%</td>
</tr>
<tr>
<td>Cesarean delivery</td>
<td>978</td>
<td>29.9%</td>
</tr>
<tr>
<td>Received first trimester prenatal care²</td>
<td>2,698</td>
<td>82.6%</td>
</tr>
<tr>
<td>Low birth weight³</td>
<td>209</td>
<td>6.4%</td>
</tr>
<tr>
<td>Preterm birth⁴</td>
<td>352</td>
<td>10.8%</td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td></td>
</tr>
<tr>
<td>All Births</td>
<td>3,164</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mother unmarried</td>
<td>893</td>
<td>28.2%</td>
</tr>
<tr>
<td>Mother not high school graduate</td>
<td>304</td>
<td>9.6%</td>
</tr>
<tr>
<td>Mother teen</td>
<td>105</td>
<td>3.3%</td>
</tr>
<tr>
<td>Mother smoked during pregnancy</td>
<td>159</td>
<td>5.0%</td>
</tr>
<tr>
<td>Cesarean delivery</td>
<td>1,025</td>
<td>32.4%</td>
</tr>
<tr>
<td>Received first trimester prenatal care²</td>
<td>2,529</td>
<td>79.9%</td>
</tr>
<tr>
<td>Low birth weight³</td>
<td>200</td>
<td>6.3%</td>
</tr>
<tr>
<td>Preterm birth⁴</td>
<td>323</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

¹Hispanic may be of any race.
²Prenatal care began during 1st, 2nd, or 3rd month of pregnancy.
³Weight at birth of less than 5 lbs., 8 oz. (2,500 grams).
⁴Births prior to 37 weeks gestation.

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
<table>
<thead>
<tr>
<th>Year</th>
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<th>Rate Per 1,000 Births</th>
<th>Illinois Rate Per 1,000 Births</th>
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<tr>
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<td>120.0</td>
<td>242.6</td>
</tr>
<tr>
<td>2013</td>
<td>444</td>
<td>140.3</td>
<td>259.7</td>
</tr>
<tr>
<td>2012</td>
<td>486</td>
<td>149.6</td>
<td>271.4</td>
</tr>
<tr>
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<td>261.2</td>
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</table>

Source: Illinois Department of Public Health for numbers of abortions 1995-2014; National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database for total births 1995-2014 used to compute rates
## Table 8.19
**MCHENRY COUNTY, ILLINOIS, AND U.S. NUMBER OF INFANT DEATHS AND RATES\(^1\): 1980-2013**

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois Rate</th>
<th>U.S. Rate</th>
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<tbody>
<tr>
<td></td>
<td>Infant Deaths</td>
<td>Infant Death Rate</td>
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<tr>
<td>1990</td>
<td>22</td>
<td>6.5</td>
<td>10.7</td>
</tr>
<tr>
<td>1985</td>
<td>23</td>
<td>9.2</td>
<td>11.6</td>
</tr>
<tr>
<td>1980</td>
<td>26</td>
<td>10.7</td>
<td>14.7</td>
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</tbody>
</table>

\(^1\)Infant deaths per 1,000 births.

Table 8.20
MCHENRY COUNTY, ILLINOIS, AND U.S.
AVERAGE ANNUAL INFANT DEATH RATES1: 1995-2013

<table>
<thead>
<tr>
<th>Years</th>
<th>Rate Per 1,000 Births</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McHenry County</td>
</tr>
<tr>
<td>2011 - 2013</td>
<td>3.6</td>
</tr>
<tr>
<td>2007 - 2010</td>
<td>4.8</td>
</tr>
<tr>
<td>2003 - 2006</td>
<td>4.7</td>
</tr>
<tr>
<td>1999 - 2002</td>
<td>4.5</td>
</tr>
<tr>
<td>1995 - 1998</td>
<td>5.0</td>
</tr>
<tr>
<td>Percent Change</td>
<td>-28.0%</td>
</tr>
</tbody>
</table>

1Rate per 1,000 births.

Table 8.21
MCHENRY COUNTY
AVERAGE ANNUAL INFANT DEATH RATES1
BY WHITE, NON-HISPANIC AND HISPANIC: 2007-2013

<table>
<thead>
<tr>
<th>Years</th>
<th>White, Non-Hispanic</th>
<th>Hispanic2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate</td>
</tr>
<tr>
<td>2007 - 2013</td>
<td>67</td>
<td>3.6</td>
</tr>
</tbody>
</table>

1Rate per 1,000 births.
2Hispanic may be of any race.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database

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Figure 8.1
McHenry County
Births: 2000-2014

Figure 8.2
McHenry County, Illinois, and U.S.
Birth Rate: 2000-2014
Figure 8.3
McHenry County, Illinois, and U.S.
Fertility Rate: 1990, 2000, 2010 and 2014

Figure 8.4
McHenry County and U.S.
Age-Specific Fertility: 2014
Figure 8.5
McHenry County
Age-Specific Fertility by White, Non-Hispanic and Hispanic: 2010-2014

Births per 100,000 Women in Age Group

Figure 8.6
McHenry County, Illinois, and U.S.
Teen Births: 1995-2014

Percent of Births to Women <20
Figure 8.7
McHenry County, Illinois, and U.S.
Percent of Teen Births by White, Non-Hispanic and Hispanic: 1995-2015

Figure 8.8
McHenry County, Illinois, and U.S.
Percent Infants Low Birthweight: 1995-2014
Figure 8.9
McHenry County, Illinois, and U.S.
Births to Unmarried Mothers: 1995-2014

Figure 8.10
McHenry County and U.S.
Tobacco Use During Pregnancy: 1995-2014
Figure 8.11
McHenry County
Selected Birth Characteristics by White, Non-Hispanic and Hispanic: 2014

Figure 8.12
McHenry County, Illinois, and U.S
Infant Death Rate: 1995 - 2013
McHenry County recorded 2,031 deaths in 2014, the highest number ever for the county, producing a rate of 6.6 deaths per 1,000 population. Over the past twenty-four years, the county’s death rate has remained below both the state and nation.

McHenry County’s 2010 age-adjusted death rate at 7.0 deaths per 1,000 population falls slightly below Illinois (7.3) and U.S. (7.2).

Compared to the nation, McHenry County reported lower 2010 death rates for all age groups except 85 years and older. The rate for the 1-14 age group was not calculated due to a low number of deaths (n=4, McHenry County).

Over the past fourteen years, the number of county resident deaths due to stroke has dropped by more than 35%. However, the number of cancer deaths in 2013 exceeded 500 for the fourth time in the past fourteen years and the 114 deaths from accidents was the highest in the 2002-2014 period.

The county’s top two killers, based on 2012-2014 deaths, are cancer and heart disease followed by chronic lower respiratory diseases, accidents, and strokes.

Based on 2012-2014 data, McHenry County death rates matched or fell below the U.S. for 12 of the 13 top causes, with Parkinson’s disease being the sole exception. In relation to Illinois, county death rates were lower except for accidents, suicide, and chronic liver disease.

Based on 2012-2014 data, cancer death in McHenry County is most often due to cancer of the lung/bronchus which accounts for more than one-quarter (27.1%) of all cancer deaths, followed by cancer of colon/rectum/anus (8.0%), breast (8.0%), and pancreas (5.9%).

Accidental deaths in the county during 2014 total 114, the highest on record, for a rate of 37.1 per 100,000 population, above Illinois (36.1) but below the U.S. (42.7).

More than one-third (34.9%) of the county’s accidental deaths for 2012-2014 are related to poisoning/exposure to noxious substances, while motor vehicle crashes caused 28.0%, and falls 21.4%. McHenry’s rate for poisoning deaths (11.6 per 100,000) is equal to the state the state (11.6) and below the nation (12.4).

For the 16-year period 1999-2014, motor vehicle traffic (35.4%) led as the injury mechanism in accidental deaths, followed by poisoning (26.7%) and fall (16.8%).

The county death rate in 2014 for drug and alcohol induced causes at 18.9 per 100,000 population has lowered since the record high rate of 22.7 per 100,000 population in 2012, the highest in the period 1999-2010 but still twice the rate in 1999 (9.8). The county’s current rate is below the state (20.4) and nation (25.2).
Among drug and alcohol induced deaths in the county during 2011-2014, 67.7% were drug induced and 32.3% were alcohol induced, an increase in the percent of deaths due to drugs compared to 2007-2010.  

Using age-adjusted rates that eliminate the differences due to age, in the 2012-2014 data of the county’s top ten causes of death chronic lower respiratory disease, accidents, diabetes, and suicide all were higher in McHenry County than the state. Compared to the nation cancer, chronic lower respiratory diseases, and nephritis all occurred at higher rates.

McHenry County males display higher 2010-2014 age-adjusted death rates than females for eight of the ten leading causes (except stroke and Alzheimer’s disease). Men are four times more likely than women to die from suicide.

One-quarter (26.2%) of McHenry County 2010-2014 deaths occurred to persons under age 65, similar to the nation’s premature mortality at 26.9%. Four causes claim a disproportionate share of early death: congenital malformations (94.6%) suicide (89.2%), accidents (71.1%), and chronic liver disease/cirrhosis (66.0%). More cancer deaths occur before age 65 (32.0%) than heart disease (19.8%). Larger proportions of county residents die before age 65 due to cancer, suicide, accidents, and congenital malformations than across the nation.

One measure looks at years of life lost before age 75 compared to the population. For McHenry County, 4,800 years were lost per 100,000 population under 75, a lower rate than the state at 6,300 and U.S. 6,600. These figures are based on 2011-2013 mortality data.

Comparing 2011 death rates by Hispanic origin shows a wide gap with the county’s non-Hispanic age-adjusted rate (719.5 per 100,000) much higher than Hispanic (299.5). A similar disparity exists state and nationwide.

Non-Hispanics in McHenry County, like the U.S., have higher age-adjusted death rates due to heart disease and cancer than Hispanics (2010-2014 data).

Among Hispanics in McHenry County, 55.5% of deaths occur under age 65 compared to 25.4% among non-Hispanics, based on 2010-2014 mortality data.

Based on data for 2005-2014, deaths to McHenry County’s youngest age group, ages 0-14, are mostly due to perinatal conditions or congenital malformations. Accidents rank first for ages 15-44 followed by cancer. For ages 45-64 and 65-74, cancer is the number one death cause, then heart disease. The top two causes are reversed for the oldest age group of 75+ with heart disease first and cancer second.

In 2002-2004, heart disease accounted for 25.9% of McHenry County deaths, dropping to one in five (21.4%) in 2012-2014. Cancer accounted for more than one-quarter (26.4%) of deaths in 2002-2004, similar to 25.8% in 2012-2014.
Cancer, the leading cause of death, chronic lower respiratory disease, the third highest, and accidents, the fourth highest all show a higher crude death rate among the county’s population in 2012-2014 over compared to 2002-2004. Heart disease, the second highest cause of death, and stroke, the fifth highest, both show a decrease over the same time period.

In 2012, 1.61 births occurred for every death in McHenry County, a record low birth:death index. In 1990, there were 2.90 births for each death in the county, the highest in the years examined.

In 2014, 38 local residents died by suicide, a rate of 12.4 per 100,000 population, above Illinois (10.9) but below the U.S. (13.4)

Firearms were the mechanism for 37.1% of the county’s suicide deaths since 1999. An additional 29.0% are attributed to suffocation, while 23.7% were poisoning.

During 1999-2014, McHenry County’s highest suicide death rates by age occur among ages 45-54 and 55-64, both with levels above Illinois. The rate for 45-54 year olds is below the national rate, but for 55-64 year olds the rate is above.

In 2014, 39 McHenry County residents died from a drug overdose, a rate of 12.7 per 100,000, below both Illinois (13.5) and U.S. (14.0). Between 2003 and 2012 the rate of drug overdoses more than doubles from 5.7 to 14.8 per 100,000 persons.

Among age groups, the county’s drug overdose death rate during the period 1999-20104is highest for ages 25-34 at 18.7 per 100,000 persons.
<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County Deaths</th>
<th>McHenry Rate</th>
<th>Illinois Rate</th>
<th>U.S. Rate</th>
</tr>
</thead>
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<td>2014</td>
<td>2,031</td>
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<td>8.2</td>
<td>8.2</td>
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<tr>
<td>2013</td>
<td>1,933</td>
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<td>8.0</td>
<td>8.2</td>
</tr>
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<td>2012</td>
<td>1,977</td>
<td>6.4</td>
<td>8.0</td>
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<tr>
<td>2011</td>
<td>1,901</td>
<td>6.1</td>
<td>7.9</td>
<td>8.1</td>
</tr>
<tr>
<td>2010</td>
<td>1,870</td>
<td>6.1</td>
<td>7.8</td>
<td>8.0</td>
</tr>
<tr>
<td>2009</td>
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<td>5.6</td>
<td>7.8</td>
<td>7.9</td>
</tr>
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<td>2008</td>
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<td>6.1</td>
<td>8.1</td>
<td>8.1</td>
</tr>
<tr>
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<td>2006</td>
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<td>6.0</td>
<td>8.1</td>
<td>8.1</td>
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<td>5.8</td>
<td>8.2</td>
<td>8.3</td>
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<tr>
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<td>1990</td>
<td>1,160</td>
<td>6.3</td>
<td>9.0</td>
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</tbody>
</table>

Deaths per 1,000 population.

### Table 9.2
**McHenry County, Illinois, and U.S. Age-Adjusted Death Rate**: 2014

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<th>Area</th>
<th>Crude Rate</th>
<th>Age-Adjusted Rate</th>
</tr>
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<tr>
<td>McHenry County</td>
<td>6.6</td>
<td>7.0</td>
</tr>
<tr>
<td>Illinois</td>
<td>8.2</td>
<td>7.3</td>
</tr>
<tr>
<td>U.S.</td>
<td>8.2</td>
<td>7.2</td>
</tr>
</tbody>
</table>

1Per 1,000 population adjusted to 2000 U.S. Standard Population.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database

### Table 9.3
**McHenry County and U.S. Deaths and Death Rates by Age Group**: 2014

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>McHenry County</th>
<th>U.S. Rate</th>
</tr>
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<tbody>
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<td></td>
<td>Number</td>
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</tr>
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<td>&lt;1</td>
<td>14</td>
<td>443.7&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>1-14</td>
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<td>***</td>
</tr>
<tr>
<td>15 - 24</td>
<td>25</td>
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<tr>
<td>25 - 34</td>
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<td>93.5</td>
</tr>
<tr>
<td>35 – 44</td>
<td>52</td>
<td>126.4</td>
</tr>
<tr>
<td>45 – 54</td>
<td>136</td>
<td>263.6</td>
</tr>
<tr>
<td>55 – 64</td>
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<td>670.3</td>
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<tr>
<td>65 – 74</td>
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<tr>
<td>75 – 84</td>
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</tr>
<tr>
<td>85+</td>
<td>691</td>
<td>16,578.7</td>
</tr>
</tbody>
</table>

1Per 100,000 population.
2Rate unreliable since numerator is <20.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.4  
MCHENRY COUNTY DEATHS BY CAUSE: 2002-2014

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All Deaths</td>
<td>2,031</td>
<td>1,933</td>
<td>1,977</td>
<td>1,901</td>
<td>1,870</td>
<td>1,713</td>
<td>1,867</td>
<td>1,820</td>
<td>1,794</td>
<td>1,709</td>
<td>1,662</td>
<td>1,706</td>
<td>1,625</td>
</tr>
<tr>
<td>Septicemia</td>
<td>26</td>
<td>23</td>
<td>21</td>
<td>23</td>
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<td>17</td>
<td>24</td>
<td>29</td>
<td>27</td>
<td>19</td>
<td>19</td>
<td>28</td>
<td>31</td>
</tr>
<tr>
<td>Cancer (malignant neoplasms)</td>
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<td>510</td>
<td>530</td>
<td>492</td>
<td>507</td>
<td>472</td>
<td>465</td>
<td>493</td>
<td>501</td>
<td>428</td>
<td>441</td>
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<td>429</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>69</td>
<td>61</td>
<td>38</td>
<td>43</td>
<td>42</td>
<td>52</td>
<td>59</td>
<td>40</td>
<td>47</td>
<td>49</td>
<td>50</td>
<td>49</td>
<td>43</td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td>30</td>
<td>23</td>
<td>23</td>
<td>35</td>
<td>27</td>
<td>23</td>
<td>14</td>
<td>18</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>46</td>
<td>51</td>
<td>47</td>
<td>58</td>
<td>48</td>
<td>51</td>
<td>65</td>
<td>66</td>
<td>54</td>
<td>50</td>
<td>57</td>
<td>54</td>
<td>44</td>
</tr>
<tr>
<td>Heart disease</td>
<td>433</td>
<td>410</td>
<td>433</td>
<td>396</td>
<td>411</td>
<td>355</td>
<td>449</td>
<td>418</td>
<td>439</td>
<td>444</td>
<td>413</td>
<td>451</td>
<td>427</td>
</tr>
<tr>
<td>Stroke (cerebrovascular diseases)</td>
<td>99</td>
<td>74</td>
<td>97</td>
<td>87</td>
<td>77</td>
<td>86</td>
<td>109</td>
<td>110</td>
<td>93</td>
<td>99</td>
<td>95</td>
<td>119</td>
<td>109</td>
</tr>
<tr>
<td>Pneumonia &amp; influenza</td>
<td>39</td>
<td>50</td>
<td>32</td>
<td>34</td>
<td>27</td>
<td>41</td>
<td>37</td>
<td>31</td>
<td>29</td>
<td>36</td>
<td>26</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases(^2)</td>
<td>140</td>
<td>130</td>
<td>122</td>
<td>142</td>
<td>95</td>
<td>118</td>
<td>96</td>
<td>94</td>
<td>77</td>
<td>91</td>
<td>83</td>
<td>74</td>
<td>76</td>
</tr>
<tr>
<td>Chronic liver disease &amp; cirrhosis</td>
<td>32</td>
<td>29</td>
<td>35</td>
<td>30</td>
<td>27</td>
<td>23</td>
<td>32</td>
<td>26</td>
<td>18</td>
<td>16</td>
<td>18</td>
<td>24</td>
<td>14</td>
</tr>
<tr>
<td>Nephritis, nephrotic syndrome, &amp; nephrosis</td>
<td>43</td>
<td>43</td>
<td>48</td>
<td>46</td>
<td>41</td>
<td>27</td>
<td>27</td>
<td>43</td>
<td>33</td>
<td>20</td>
<td>33</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>114</td>
<td>87</td>
<td>103</td>
<td>87</td>
<td>87</td>
<td>87</td>
<td>83</td>
<td>92</td>
<td>82</td>
<td>87</td>
<td>85</td>
<td>72</td>
<td>74</td>
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<tr>
<td>Suicide</td>
<td>38</td>
<td>36</td>
<td>41</td>
<td>30</td>
<td>41</td>
<td>36</td>
<td>24</td>
<td>31</td>
<td>24</td>
<td>25</td>
<td>22</td>
<td>14</td>
<td>18</td>
</tr>
</tbody>
</table>

\(^1\)Numbers suppressed when <10 cases.  
\(^2\)Previously known as chronic obstructive pulmonary disease (COPD).  
Note: Beginning in 1999, deaths are coded using ICD-10, therefore, prior death data not shown.  
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.5
MCHENRY COUNTY, ILLINOIS, AND U.S.
DEATHS BY CAUSE: 2012-2014

<table>
<thead>
<tr>
<th>Cause</th>
<th>McHenry County</th>
<th>Illinois Rate</th>
<th>U.S. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate¹</td>
<td></td>
</tr>
<tr>
<td>All Causes</td>
<td>5,941</td>
<td>643.8</td>
<td>805.2</td>
</tr>
<tr>
<td>Cancer (malignant neoplasms)</td>
<td>1,534</td>
<td>166.2</td>
<td>190.4</td>
</tr>
<tr>
<td>Heart disease</td>
<td>1,276</td>
<td>138.3</td>
<td>192.9</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases²</td>
<td>392</td>
<td>42.5</td>
<td>42.6</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>304</td>
<td>32.9</td>
<td>35.3</td>
</tr>
<tr>
<td>Stroke (cerebrovascular diseases)</td>
<td>270</td>
<td>29.3</td>
<td>41.7</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>168</td>
<td>18.2</td>
<td>21.3</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>144</td>
<td>15.6</td>
<td>23.4</td>
</tr>
<tr>
<td>Nephritis, nephrotic syndrome, &amp; nephrosis</td>
<td>134</td>
<td>14.5</td>
<td>19.0</td>
</tr>
<tr>
<td>Pneumonia &amp; influenza</td>
<td>121</td>
<td>13.1</td>
<td>18.8</td>
</tr>
<tr>
<td>Suicide</td>
<td>115</td>
<td>12.5</td>
<td>10.4</td>
</tr>
<tr>
<td>Chronic liver disease &amp; cirrhosis</td>
<td>96</td>
<td>10.4</td>
<td>9.8</td>
</tr>
<tr>
<td>Parkinson's disease</td>
<td>76</td>
<td>8.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Septicemia</td>
<td>70</td>
<td>7.6</td>
<td>13.5</td>
</tr>
</tbody>
</table>

¹Average annual rates are expressed per 100,000 population. Not age-adjusted.
²Previously known as chronic obstructive pulmonary disease (COPD).
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.6
MCHENRY COUNTY, ILLINOIS, AND U.S.
DEATHS DUE TO LEADING TYPES OF CANCER: 2012-2014

<table>
<thead>
<tr>
<th>Type of Cancer (Malignant Neoplasms)</th>
<th>McHenry County</th>
<th>Illinois Rate Per 100,000</th>
<th>Percent of All Cancers</th>
<th>U.S. Rate Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate Per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Types</td>
<td>1,534</td>
<td>166.2</td>
<td>100.0%</td>
<td>190.4</td>
</tr>
<tr>
<td>Lung and bronchus</td>
<td>415</td>
<td>45.0</td>
<td>27.1%</td>
<td>51.4</td>
</tr>
<tr>
<td>Colon, rectum, anus</td>
<td>123</td>
<td>13.3</td>
<td>8.0%</td>
<td>17.3</td>
</tr>
<tr>
<td>Breast</td>
<td>123</td>
<td>13.3</td>
<td>8.0%</td>
<td>13.9</td>
</tr>
<tr>
<td>Pancreas</td>
<td>91</td>
<td>9.9</td>
<td>5.9%</td>
<td>12.2</td>
</tr>
<tr>
<td>Leukemia</td>
<td>77</td>
<td>8.3</td>
<td>5.0%</td>
<td>7.8</td>
</tr>
<tr>
<td>Prostate</td>
<td>76</td>
<td>8.2</td>
<td>5.0%</td>
<td>8.8</td>
</tr>
<tr>
<td>Liver</td>
<td>57</td>
<td>6.2</td>
<td>3.7%</td>
<td>7.0</td>
</tr>
<tr>
<td>Non-Hodgkin’s lymphoma</td>
<td>49</td>
<td>5.3</td>
<td>3.2%</td>
<td>6.3</td>
</tr>
<tr>
<td>Ovary</td>
<td>54</td>
<td>5.9</td>
<td>3.5%</td>
<td>4.6</td>
</tr>
<tr>
<td>Kidney, renal pelvis</td>
<td>44</td>
<td>4.8</td>
<td>2.9%</td>
<td>4.7</td>
</tr>
<tr>
<td>Esophagus</td>
<td>42</td>
<td>4.6</td>
<td>2.7%</td>
<td>5.0</td>
</tr>
<tr>
<td>Bladder</td>
<td>39</td>
<td>4.2</td>
<td>2.5%</td>
<td>4.8</td>
</tr>
<tr>
<td>Brain, central nervous system</td>
<td>38</td>
<td>4.1</td>
<td>2.5%</td>
<td>4.6</td>
</tr>
<tr>
<td>Skin</td>
<td>29</td>
<td>3.1</td>
<td>1.9%</td>
<td>2.8</td>
</tr>
<tr>
<td>Stomach</td>
<td>20</td>
<td>2.2</td>
<td>1.3%</td>
<td>3.8</td>
</tr>
<tr>
<td>Lip, oral cavity, pharynx</td>
<td>13</td>
<td>***</td>
<td>0.8%</td>
<td>2.9</td>
</tr>
</tbody>
</table>

1Not age-adjusted.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
### Table 9.7

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County Accidental Deaths</th>
<th>Rate Per 100,000</th>
<th>Illinois Rate Per 100,000</th>
<th>U.S. Rate Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>114</td>
<td>37.1</td>
<td>36.1</td>
<td>42.7</td>
</tr>
<tr>
<td>2013</td>
<td>87</td>
<td>28.3</td>
<td>35.0</td>
<td>41.3</td>
</tr>
<tr>
<td>2012</td>
<td>103</td>
<td>33.4</td>
<td>34.9</td>
<td>40.7</td>
</tr>
<tr>
<td>2011</td>
<td>87</td>
<td>28.2</td>
<td>32.4</td>
<td>40.6</td>
</tr>
<tr>
<td>2010</td>
<td>87</td>
<td>28.2</td>
<td>31.2</td>
<td>39.1</td>
</tr>
<tr>
<td>2009</td>
<td>87</td>
<td>28.2</td>
<td>31.0</td>
<td>38.5</td>
</tr>
<tr>
<td>2008</td>
<td>83</td>
<td>27.0</td>
<td>33.1</td>
<td>40.1</td>
</tr>
<tr>
<td>2007</td>
<td>92</td>
<td>30.2</td>
<td>34.4</td>
<td>41.1</td>
</tr>
<tr>
<td>2006</td>
<td>82</td>
<td>27.3</td>
<td>35.2</td>
<td>40.8</td>
</tr>
<tr>
<td>2005</td>
<td>87</td>
<td>29.6</td>
<td>33.2</td>
<td>39.9</td>
</tr>
<tr>
<td>2004</td>
<td>85</td>
<td>29.5</td>
<td>32.8</td>
<td>38.3</td>
</tr>
<tr>
<td>2003</td>
<td>72</td>
<td>25.6</td>
<td>31.4</td>
<td>37.7</td>
</tr>
<tr>
<td>2002</td>
<td>74</td>
<td>27.0</td>
<td>33.7</td>
<td>37.1</td>
</tr>
<tr>
<td>2001</td>
<td>75</td>
<td>28.0</td>
<td>32.6</td>
<td>35.6</td>
</tr>
<tr>
<td>2000</td>
<td>82</td>
<td>31.5</td>
<td>32.5</td>
<td>34.8</td>
</tr>
<tr>
<td>1999</td>
<td>76</td>
<td>29.8</td>
<td>33.4</td>
<td>35.1</td>
</tr>
</tbody>
</table>

¹Not age-adjusted.

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database

### Table 9.8
MCHENRY COUNTY, ILLINOIS, AND U.S. ACCIDENTAL DEATHS BY TYPE OF ACCIDENT: 2012-2014

<table>
<thead>
<tr>
<th>Type of Accident</th>
<th>McHenry County</th>
<th>Illinois Rate Per 100,000</th>
<th>U.S. Rate Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Types</td>
<td>304</td>
<td>32.9</td>
<td>35.3</td>
</tr>
<tr>
<td>Poisoning and exposure to noxious substances</td>
<td>107</td>
<td>11.6</td>
<td>11.6</td>
</tr>
<tr>
<td>Motor vehicle</td>
<td>85</td>
<td>9.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Falls</td>
<td>65</td>
<td>7.0</td>
<td>7.7</td>
</tr>
<tr>
<td>Other type</td>
<td>47</td>
<td>5.1</td>
<td>7.8</td>
</tr>
</tbody>
</table>

¹Not age-adjusted.

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.9  
MCHENRY COUNTY  
ACCIDENTAL DEATHS BY INJURY MECHANISM: 1999-2014

<table>
<thead>
<tr>
<th>Injury Mechanism</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Accidental Deaths</td>
<td>1373</td>
<td>100.0%</td>
</tr>
<tr>
<td>Motor vehicle traffic</td>
<td>486</td>
<td>35.4%</td>
</tr>
<tr>
<td>Poisoning</td>
<td>367</td>
<td>26.7%</td>
</tr>
<tr>
<td>Fall</td>
<td>231</td>
<td>16.8%</td>
</tr>
<tr>
<td>Suffocation</td>
<td>58</td>
<td>4.2%</td>
</tr>
<tr>
<td>Unspecified injury</td>
<td>56</td>
<td>4.1%</td>
</tr>
<tr>
<td>Drowning</td>
<td>27</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other land transport</td>
<td>27</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other transport</td>
<td>22</td>
<td>1.6%</td>
</tr>
<tr>
<td>Fire/flame</td>
<td>18</td>
<td>1.3%</td>
</tr>
<tr>
<td>Other pedestrian</td>
<td>15</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other specified</td>
<td>21</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>McHenry County Rate Per 100,000</th>
<th>Illinois Rate Per 100,000</th>
<th>U.S. Rate Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>58</td>
<td>18.9</td>
<td>20.4</td>
<td>25.2</td>
</tr>
<tr>
<td>2013</td>
<td>49</td>
<td>15.9</td>
<td>18.8</td>
<td>23.9</td>
</tr>
<tr>
<td>2012</td>
<td>70</td>
<td>22.7</td>
<td>19.0</td>
<td>22.8</td>
</tr>
<tr>
<td>2011</td>
<td>49</td>
<td>15.9</td>
<td>17.4</td>
<td>22.5</td>
</tr>
<tr>
<td>2010</td>
<td>62</td>
<td>20.1</td>
<td>15.9</td>
<td>21.4</td>
</tr>
<tr>
<td>2009</td>
<td>53</td>
<td>17.2</td>
<td>17.0</td>
<td>20.8</td>
</tr>
<tr>
<td>2008</td>
<td>52</td>
<td>16.9</td>
<td>16.6</td>
<td>20.7</td>
</tr>
<tr>
<td>2007</td>
<td>39</td>
<td>12.8</td>
<td>14.7</td>
<td>20.4</td>
</tr>
<tr>
<td>2006</td>
<td>31</td>
<td>10.3</td>
<td>16.1</td>
<td>20.3</td>
</tr>
<tr>
<td>2005</td>
<td>32</td>
<td>10.9</td>
<td>13.6</td>
<td>18.7</td>
</tr>
<tr>
<td>2004</td>
<td>27</td>
<td>9.4</td>
<td>13.3</td>
<td>17.7</td>
</tr>
<tr>
<td>2003</td>
<td>28</td>
<td>9.9</td>
<td>11.5</td>
<td>17.0</td>
</tr>
<tr>
<td>2002</td>
<td>28</td>
<td>10.2</td>
<td>12.9</td>
<td>16.1</td>
</tr>
<tr>
<td>2001</td>
<td>21</td>
<td>7.8</td>
<td>12.5</td>
<td>14.7</td>
</tr>
<tr>
<td>2000</td>
<td>25</td>
<td>9.6</td>
<td>11.9</td>
<td>14.0</td>
</tr>
<tr>
<td>1999</td>
<td>25</td>
<td>9.8</td>
<td>12.3</td>
<td>13.8</td>
</tr>
</tbody>
</table>

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
### Table 9.11
**McHenry County**

**Distribution of Drug Versus Alcohol Induced Deaths: 1999-2014**

<table>
<thead>
<tr>
<th>Years</th>
<th>All Drug and Alcohol Induced Deaths</th>
<th>Drug Induced</th>
<th>Alcohol Induced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>2011-2014</td>
<td>226</td>
<td>153</td>
<td>67.7%</td>
</tr>
<tr>
<td>2007-2010</td>
<td>206</td>
<td>132</td>
<td>64.1%</td>
</tr>
<tr>
<td>2003-2006</td>
<td>118</td>
<td>83</td>
<td>70.3%</td>
</tr>
<tr>
<td>1999-2002</td>
<td>99</td>
<td>67</td>
<td>67.7%</td>
</tr>
</tbody>
</table>

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database

### About Drug and Alcohol Induced Deaths:

Drug induced deaths include all deaths for which drugs are the underlying cause including deaths attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use. A drug includes illicit or street drugs as well as prescription and over-the-counter drugs. The majority of these deaths are due to unintentional drug poisoning.

Alcohol induced deaths include deaths from dependent and independent use of alcohol including accidental poisoning by alcohol. They exclude unintentional injuries, homicides, and other causes indirectly related to alcohol use.

### Table 9.12
**McHenry County, Illinois, and U.S.**

**Age-Adjusted Death Rates for Ten Leading Causes: 2012-2014**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Rate Per 100,000 Population¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="#">Cause Details</a></td>
<td>McHenry County</td>
</tr>
<tr>
<td>Cancer (malignant neoplasms)</td>
<td>172.0</td>
</tr>
<tr>
<td>Heart disease</td>
<td>154.6</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases²</td>
<td>49.6</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>35.1</td>
</tr>
<tr>
<td>Stroke (cerebrovascular diseases)</td>
<td>34.7</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>19.4</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>18.9</td>
</tr>
<tr>
<td>Nephritis, nephrotic syndrome, &amp; nephrosis</td>
<td>16.5</td>
</tr>
<tr>
<td>Pneumonia &amp; influenza</td>
<td>15.2</td>
</tr>
<tr>
<td>Suicide</td>
<td>11.6</td>
</tr>
</tbody>
</table>

²Previously known as chronic obstructive pulmonary disease (COPD).

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.13
MCHENRY COUNTY
SELECTED DEATH CAUSES BY GENDER: 2010-2014

<table>
<thead>
<tr>
<th>Cause</th>
<th>Female</th>
<th>Male</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Crude Rate¹</td>
<td>Age-Adjusted Rate¹</td>
<td>Number</td>
</tr>
<tr>
<td>All Causes</td>
<td>4,921</td>
<td>636.9</td>
<td>628.7</td>
<td>4,791</td>
</tr>
<tr>
<td>Heart disease</td>
<td>978</td>
<td>126.6</td>
<td>124.1</td>
<td>1,105</td>
</tr>
<tr>
<td>Cancer (malignant neoplasms)</td>
<td>1,270</td>
<td>164.4</td>
<td>158.8</td>
<td>1,263</td>
</tr>
<tr>
<td>Stroke (cerebrovascular diseases)</td>
<td>280</td>
<td>36.2</td>
<td>36.0</td>
<td>154</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases²</td>
<td>360</td>
<td>46.6</td>
<td>48.8</td>
<td>269</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>173</td>
<td>22.4</td>
<td>22.8</td>
<td>305</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>180</td>
<td>23.3</td>
<td>22.8</td>
<td>70</td>
</tr>
<tr>
<td>Pneumonia &amp; influenza</td>
<td>97</td>
<td>12.6</td>
<td>12.8</td>
<td>85</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>121</td>
<td>15.7</td>
<td>15.5</td>
<td>132</td>
</tr>
<tr>
<td>Nephritis, nephrotic syndrome, &amp; nephrosis</td>
<td>83</td>
<td>11.1</td>
<td>11.1</td>
<td>135</td>
</tr>
<tr>
<td>Suicide</td>
<td>39</td>
<td>5.0</td>
<td>4.5</td>
<td>147</td>
</tr>
</tbody>
</table>

¹Rates are expressed per 100,000 population. Age-adjusted rates adjusted to 2000 U.S. Standard Population.
²Previously known as chronic obstructive pulmonary disease (COPD).
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database

Table 9.14
MCHENRY COUNTY AND U.S.
DEATHS BEFORE 65 FOR SELECTED CAUSES: 2010-2014

<table>
<thead>
<tr>
<th>Cause</th>
<th>McHenry County</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Deaths</td>
<td>Before 65</td>
<td>Percent &lt;65</td>
<td>U.S. Percent &lt;65</td>
</tr>
<tr>
<td>All Causes</td>
<td>9,712</td>
<td>2,546</td>
<td>26.2%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Cancer (malignant neoplasms)</td>
<td>2,533</td>
<td>810</td>
<td>32.0%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>2,083</td>
<td>412</td>
<td>19.8%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>478</td>
<td>340</td>
<td>71.1%</td>
<td>65.2%</td>
</tr>
<tr>
<td>Suicide</td>
<td>186</td>
<td>166</td>
<td>89.2%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Chronic liver disease</td>
<td>153</td>
<td>101</td>
<td>66.0%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>253</td>
<td>69</td>
<td>27.3%</td>
<td>28.9%</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases¹</td>
<td>629</td>
<td>64</td>
<td>10.2%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Stroke (cerebrovascular diseases)</td>
<td>434</td>
<td>51</td>
<td>11.8%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Congenital malformations</td>
<td>37</td>
<td>35</td>
<td>94.6%</td>
<td>88.6%</td>
</tr>
</tbody>
</table>

¹Previously known as chronic obstructive pulmonary disease (COPD).
Note: Deaths due to perinatal conditions and congenital anomalies are not included.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.15
MCHENRY COUNTY, ILLINOIS, AND U.S. YEARS LIFE LOST 2011-2013

<table>
<thead>
<tr>
<th>Area</th>
<th>Rate Per Population &lt;75¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>McHenry County</td>
<td>4,800</td>
</tr>
<tr>
<td>Illinois</td>
<td>6,300</td>
</tr>
<tr>
<td>U.S.</td>
<td>6,600</td>
</tr>
</tbody>
</table>

¹Sum of life years lost among persons dying before age 75 divided by population under 75 per 100,000.
Rate is age-adjusted to 2000 U.S. Standard Population.

Table 9.16
MCHENRY COUNTY, ILLINOIS, AND U.S. CRUDE AND AGE-ADJUSTED DEATH RATES¹ BY HISPANIC ORIGIN: 2014

<table>
<thead>
<tr>
<th>Area</th>
<th>Total Crude</th>
<th>Total Age-Adjusted</th>
<th>Hispanic Crude</th>
<th>Hispanic Age-Adjusted</th>
<th>Non-Hispanic Crude</th>
<th>Non-Hispanic Age-Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>McHenry County</td>
<td>661.0</td>
<td>703.6</td>
<td>136.4</td>
<td>299.5</td>
<td>735.2</td>
<td>719.5</td>
</tr>
<tr>
<td>Illinois</td>
<td>817.5</td>
<td>726.0</td>
<td>217.9</td>
<td>444.3</td>
<td>934.3</td>
<td>746.5</td>
</tr>
<tr>
<td>U.S.</td>
<td>823.7</td>
<td>724.6</td>
<td>305.8</td>
<td>523.3</td>
<td>929.3</td>
<td>743.5</td>
</tr>
</tbody>
</table>

¹Rates per 100,000 population. Age-adjusted rates to 2000 U.S. Standard Population.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database

Table 9.17
MCHENRY COUNTY AND U.S. AGE-ADJUSTED DEATH RATES¹ FOR TWO LEADING CAUSES OF DEATH BY HISPANIC ORIGIN: 2010-2014

<table>
<thead>
<tr>
<th>Cause</th>
<th>McHenry County</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hispanic</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Cancer</td>
<td>33.8</td>
<td>182.0</td>
</tr>
<tr>
<td>Heart disease</td>
<td>21.8</td>
<td>150.5</td>
</tr>
</tbody>
</table>

¹Death rates per 100,000 population adjusted using 2000 U.S. Standard Population.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.18
MCHEMRY COUNTY
DEATHS BEFORE AGE 65 BY HISPANIC ORIGIN: 2010-2014

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Total Deaths</th>
<th>Deaths &lt;65</th>
<th>Percent of Deaths &lt;65</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Deaths</td>
<td>9,712</td>
<td>2,546</td>
<td>26.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>254</td>
<td>141</td>
<td>55.5%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>9,456</td>
<td>2,404</td>
<td>25.4%</td>
</tr>
</tbody>
</table>

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
<th>Percent in Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 14 Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Perinatal conditions</td>
<td>84</td>
<td>36.1%</td>
</tr>
<tr>
<td>2. Congenital malformations</td>
<td>51</td>
<td>21.9%</td>
</tr>
<tr>
<td>3. Accidents (unintentional injuries)</td>
<td>22</td>
<td>9.4%</td>
</tr>
<tr>
<td>15 - 44 Years (1,025)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Accidents (unintentional injuries)</td>
<td>397</td>
<td>38.7%</td>
</tr>
<tr>
<td>2. Cancer</td>
<td>156</td>
<td>15.2%</td>
</tr>
<tr>
<td>3. Suicide</td>
<td>134</td>
<td>13.1%</td>
</tr>
<tr>
<td>4. Heart disease</td>
<td>93</td>
<td>9.1%</td>
</tr>
<tr>
<td>5. Chronic liver disease and cirrhosis</td>
<td>25</td>
<td>2.4%</td>
</tr>
<tr>
<td>45 - 64 Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Cancer</td>
<td>1,411</td>
<td>38.6%</td>
</tr>
<tr>
<td>2. Heart disease</td>
<td>726</td>
<td>19.9%</td>
</tr>
<tr>
<td>3. Accidents (unintentional injuries)</td>
<td>233</td>
<td>6.4%</td>
</tr>
<tr>
<td>4. Suicide</td>
<td>158</td>
<td>4.3%</td>
</tr>
<tr>
<td>5. Chronic liver disease and cirrhosis</td>
<td>146</td>
<td>4.0%</td>
</tr>
<tr>
<td>65 - 74 Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Cancer</td>
<td>1,297</td>
<td>40.3%</td>
</tr>
<tr>
<td>2. Heart disease</td>
<td>604</td>
<td>18.8%</td>
</tr>
<tr>
<td>3. Chronic lower respiratory diseases</td>
<td>220</td>
<td>6.8%</td>
</tr>
<tr>
<td>4. Stroke (cerebrovascular diseases)</td>
<td>134</td>
<td>4.2%</td>
</tr>
<tr>
<td>5. Diabetes</td>
<td>112</td>
<td>3.5%</td>
</tr>
<tr>
<td>75+ Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Heart disease</td>
<td>2,760</td>
<td>26.3%</td>
</tr>
<tr>
<td>2. Cancer</td>
<td>2,012</td>
<td>19.2%</td>
</tr>
<tr>
<td>3. Chronic lower respiratory diseases</td>
<td>776</td>
<td>7.4%</td>
</tr>
<tr>
<td>4. Stroke</td>
<td>683</td>
<td>6.5%</td>
</tr>
<tr>
<td>5. Alzheimer’s disease</td>
<td>504</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

1Previously known as chronic obstructive pulmonary disease (COPD).
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.20  
MCHERNY COUNTY  

<table>
<thead>
<tr>
<th>Cause</th>
<th>2012-2014</th>
<th></th>
<th>2002-2004</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>All Causes</td>
<td>5,949</td>
<td>100.0%</td>
<td>4,993</td>
<td>100.0%</td>
</tr>
<tr>
<td>Cancer (malignant neoplasms)</td>
<td>1,534</td>
<td>25.8%</td>
<td>1,316</td>
<td>26.4%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>1,276</td>
<td>21.4%</td>
<td>1,291</td>
<td>25.9%</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases(^1)</td>
<td>392</td>
<td>6.6%</td>
<td>233</td>
<td>4.7%</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>304</td>
<td>5.1%</td>
<td>231</td>
<td>4.6%</td>
</tr>
<tr>
<td>Stroke (cerebrovascular diseases)</td>
<td>270</td>
<td>4.5%</td>
<td>323</td>
<td>6.5%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>168</td>
<td>2.8%</td>
<td>142</td>
<td>2.8%</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>144</td>
<td>2.4%</td>
<td>155</td>
<td>3.1%</td>
</tr>
<tr>
<td>Nephritis, nephrotic syndrome, &amp; nephrosis</td>
<td>134</td>
<td>2.3%</td>
<td>98</td>
<td>2.0%</td>
</tr>
<tr>
<td>Pneumonia &amp; influenza</td>
<td>121</td>
<td>2.0%</td>
<td>87</td>
<td>1.7%</td>
</tr>
<tr>
<td>Suicide</td>
<td>115</td>
<td>1.9%</td>
<td>54</td>
<td>1.1%</td>
</tr>
<tr>
<td>Chronic liver disease &amp; cirrhosis</td>
<td>96</td>
<td>1.6%</td>
<td>56</td>
<td>1.1%</td>
</tr>
<tr>
<td>Hypertension &amp; hypertensive renal</td>
<td>80</td>
<td>1.3%</td>
<td>55</td>
<td>1.1%</td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td>76</td>
<td>1.3%</td>
<td>48</td>
<td>1.0%</td>
</tr>
<tr>
<td>Septicemia</td>
<td>70</td>
<td>1.2%</td>
<td>78</td>
<td>1.6%</td>
</tr>
<tr>
<td>In situ neoplasms</td>
<td>47</td>
<td>0.8%</td>
<td>31</td>
<td>0.6%</td>
</tr>
<tr>
<td>All other causes</td>
<td>1,112</td>
<td>18.8%</td>
<td>795</td>
<td>15.9%</td>
</tr>
</tbody>
</table>

\(^1\) Previously known as chronic obstructive pulmonary disease (COPD).
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
<table>
<thead>
<tr>
<th>Cause</th>
<th>Average Annual Rate Per 100,000&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012-2014</td>
</tr>
<tr>
<td>All Causes</td>
<td>643.8</td>
</tr>
<tr>
<td>Cancer (malignant neoplasms)</td>
<td>166.2</td>
</tr>
<tr>
<td>Heart disease</td>
<td>138.3</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases&lt;sup&gt;1&lt;/sup&gt;</td>
<td>42.5</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>32.9</td>
</tr>
<tr>
<td>Stroke (cerebrovascular diseases)</td>
<td>29.3</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>18.2</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>15.6</td>
</tr>
<tr>
<td>Nephritis, nephrotic syndrome, &amp; nephrosis</td>
<td>14.5</td>
</tr>
<tr>
<td>Pneumonia &amp; influenza</td>
<td>13.1</td>
</tr>
<tr>
<td>Suicide</td>
<td>12.5</td>
</tr>
<tr>
<td>Chronic liver disease &amp; cirrhosis</td>
<td>10.4</td>
</tr>
<tr>
<td>Hypertension &amp; hypertensive renal</td>
<td>8.7</td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td>8.2</td>
</tr>
</tbody>
</table>

<sup>1</sup>Not age-adjusted.

<sup>2</sup>Previously known as chronic obstructive pulmonary disease (COPD).

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.22
MCHENRY COUNTY
BIRTH:DEATH INDEX: 1980-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Births</th>
<th>Deaths</th>
<th>Birth:Death Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>3,266</td>
<td>2,031</td>
<td>1.61</td>
</tr>
<tr>
<td>2013</td>
<td>3,164</td>
<td>1,933</td>
<td>1.64</td>
</tr>
<tr>
<td>2012</td>
<td>3,248</td>
<td>1,977</td>
<td>1.64</td>
</tr>
<tr>
<td>2011</td>
<td>3,363</td>
<td>1,901</td>
<td>1.77</td>
</tr>
<tr>
<td>2010</td>
<td>3,432</td>
<td>1,870</td>
<td>1.84</td>
</tr>
<tr>
<td>2009</td>
<td>3,723</td>
<td>1,713</td>
<td>2.17</td>
</tr>
<tr>
<td>2008</td>
<td>3,822</td>
<td>1,867</td>
<td>2.05</td>
</tr>
<tr>
<td>2007</td>
<td>4,120</td>
<td>1,820</td>
<td>2.26</td>
</tr>
<tr>
<td>2006</td>
<td>4,231</td>
<td>1,794</td>
<td>2.36</td>
</tr>
<tr>
<td>2005</td>
<td>4,239</td>
<td>1,709</td>
<td>2.48</td>
</tr>
<tr>
<td>2004</td>
<td>4,378</td>
<td>1,662</td>
<td>2.63</td>
</tr>
<tr>
<td>2003</td>
<td>4,156</td>
<td>1,706</td>
<td>2.44</td>
</tr>
<tr>
<td>2002</td>
<td>4,200</td>
<td>1,625</td>
<td>2.58</td>
</tr>
<tr>
<td>2001</td>
<td>4,125</td>
<td>1,507</td>
<td>2.74</td>
</tr>
<tr>
<td>2000</td>
<td>4,056</td>
<td>1,521</td>
<td>2.67</td>
</tr>
<tr>
<td>1999</td>
<td>4,016</td>
<td>1,548</td>
<td>2.59</td>
</tr>
<tr>
<td>1998</td>
<td>3,822</td>
<td>1,485</td>
<td>2.57</td>
</tr>
<tr>
<td>1997</td>
<td>3,836</td>
<td>1,440</td>
<td>2.66</td>
</tr>
<tr>
<td>1996</td>
<td>3,894</td>
<td>1,445</td>
<td>2.69</td>
</tr>
<tr>
<td>1995</td>
<td>3,824</td>
<td>1,382</td>
<td>2.77</td>
</tr>
<tr>
<td>1994</td>
<td>3,684</td>
<td>1,370</td>
<td>2.69</td>
</tr>
<tr>
<td>1993</td>
<td>3,453</td>
<td>1,337</td>
<td>2.58</td>
</tr>
<tr>
<td>1992</td>
<td>3,385</td>
<td>1,237</td>
<td>2.74</td>
</tr>
<tr>
<td>1991</td>
<td>3,246</td>
<td>1,305</td>
<td>2.49</td>
</tr>
<tr>
<td>1990</td>
<td>3,365</td>
<td>1,160</td>
<td>2.90</td>
</tr>
<tr>
<td>1985</td>
<td>2,512</td>
<td>1,137</td>
<td>2.21</td>
</tr>
<tr>
<td>1980</td>
<td>2,435</td>
<td>1,035</td>
<td>2.35</td>
</tr>
</tbody>
</table>

Table 9.23
MCHENRY COUNTY, ILLINOIS, AND U.S.
SUICIDE DEATHS: 1995-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number Suicides</td>
<td>Rate Per 100,000</td>
<td>Rate Per 100,000</td>
</tr>
<tr>
<td>2014</td>
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<td>12.4</td>
<td>10.9</td>
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<td>2013</td>
<td>36</td>
<td>11.7</td>
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<td>41</td>
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<td>9.2</td>
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<td>36</td>
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<td>1998</td>
<td>26</td>
<td>10.5</td>
<td>8.4</td>
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<td>1996</td>
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<tr>
<td>1995</td>
<td>19</td>
<td>8.3</td>
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</table>

Note: CDC considers rates based on fewer than 20 deaths unreliable.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database

Table 9.24
MCHENRY COUNTY
SUICIDE DEATHS BY INJURY MECHANISM: 1999-2014

<table>
<thead>
<tr>
<th>Injury Mechanism</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Suicide Deaths</td>
<td>434</td>
<td>100.0%</td>
</tr>
<tr>
<td>Firearm</td>
<td>161</td>
<td>37.1%</td>
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<tr>
<td>Suffocation</td>
<td>126</td>
<td>29.0%</td>
</tr>
<tr>
<td>Poisoning</td>
<td>103</td>
<td>23.7%</td>
</tr>
<tr>
<td>Cut/Pierce</td>
<td>10</td>
<td>2.3%</td>
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<tr>
<td>Other</td>
<td>13</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.25
MCHEMRY COUNTY, ILLINOIS, AND U.S.
SUICIDE DEATHS BY AGE GROUP: 1999-2014

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>McHenry County</th>
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<th>Illinois</th>
<th></th>
<th>U.S.</th>
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<tbody>
<tr>
<td></td>
<td>Number Deaths</td>
<td>Rate Per 100,000</td>
<td>Rate Per 100,000</td>
<td>Rate Per 100,000</td>
<td></td>
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<tr>
<td>All Ages¹</td>
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<td>9.3</td>
<td>9.0</td>
<td>11.7</td>
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<tr>
<td>15 - 24</td>
<td>51</td>
<td>8.7</td>
<td>8.4</td>
<td>10.3</td>
<td></td>
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<tr>
<td>25 – 34</td>
<td>55</td>
<td>9.8</td>
<td>10.4</td>
<td>13.4</td>
<td></td>
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<tr>
<td>35 – 44</td>
<td>86</td>
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<td>12.2</td>
<td>15.5</td>
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<tr>
<td>45 – 54</td>
<td>122</td>
<td>16.5</td>
<td>13.7</td>
<td>17.6</td>
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<tr>
<td>55 - 64</td>
<td>76</td>
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<td>65 - 74</td>
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<tr>
<td>75 - 84</td>
<td>12</td>
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<td>12.3</td>
<td>16.7</td>
<td></td>
</tr>
</tbody>
</table>

¹For McHenry County, includes five suicide deaths to persons in age groups not shown here. CDC suppresses data for fewer than 10 deaths per age group.

Note: CDC considers rates based on fewer than 20 deaths unreliable.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Table 9.26
MCHENRY COUNTY, ILLINOIS, AND U.S. DRUG OVERDOSE DEATHS1: 1999-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois Rate2</th>
<th>U.S. Rate2</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Number Rate2</td>
<td>Number Rate2</td>
<td>Number Rate2</td>
</tr>
<tr>
<td>2014</td>
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<tr>
<td>2013</td>
<td>35 11.4</td>
<td>12.5</td>
<td>14.7</td>
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<tr>
<td>2012</td>
<td>46 14.9</td>
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<td>11.3</td>
<td>14.0</td>
</tr>
<tr>
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<td>10.0</td>
<td>12.4</td>
</tr>
<tr>
<td>2009</td>
<td>39 12.7</td>
<td>10.8</td>
<td>12.1</td>
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<td>2008</td>
<td>29 9.4</td>
<td>10.6</td>
<td>12.0</td>
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<td>2007</td>
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<td>6.7</td>
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<td>2002</td>
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<td>7.9</td>
<td>8.2</td>
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<td>16 6.0</td>
<td>7.1</td>
<td>6.8</td>
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<td>18 6.9</td>
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</tr>
<tr>
<td>1999</td>
<td>14 5.5</td>
<td>6.7</td>
<td>6.0</td>
</tr>
</tbody>
</table>

1Includes ICD-10 codes X40-X44, X60-X64, X85, and Y10-Y14.
2Rate per 100,000 population. Not age-adjusted.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database

Table 9.27
MCHENRY COUNTY, ILLINOIS, AND U.S. DRUG OVERDOSE DEATHS1 BY SELECTED AGE GROUPS: 1999-2014

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>McHenry County</th>
<th>Illinois Rate2</th>
<th>U.S. Rate2</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Number Rate2</td>
<td>Number Rate2</td>
<td>Number Rate2</td>
</tr>
<tr>
<td>Total</td>
<td>435 9.3</td>
<td>9.9</td>
<td>11.6</td>
</tr>
<tr>
<td>15 - 24</td>
<td>71 12.1</td>
<td>14.8</td>
<td>7.2</td>
</tr>
<tr>
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<td>105 18.7</td>
<td>18.9</td>
<td>16.1</td>
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<td>35 - 44</td>
<td>105 13.4</td>
<td>19.1</td>
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</tr>
<tr>
<td>55 - 64</td>
<td>29 6.1</td>
<td>3.4</td>
<td>13.2</td>
</tr>
</tbody>
</table>

1Includes ICD-10 codes X40-X44, X60-X64, X85, and Y10-Y14.
2Rate per 100,000 population. Not age-adjusted.
Source: National Center for Health Statistics, Division of Vital Statistics, CDC WONDER Online Database
Figure 9.3
McHenry County
Deaths by Cause: 2012-2014

- Cancer: 26%
- Heart disease: 21%
- Chronic lower resp.: 7%
- Accidents: 5%
- Stroke: 5%
- Diabetes: 3%
- Alzheimer’s: 2%
- Septicemia: 2%
- Parkinson’s: 1%
- Chronic liver disease: 2%
- Suicider: 2%
- Pneumo. & flu: 2%
- Nephritis: 2%
- Other: 21%
- Parkinson’s: 1%
Figure 9.4
McHenry County
Cancer Deaths by Type: 2012-2014

- Lung and bronchus: 27%
- Colon, rectum, anus: 8%
- Breast: 8%
- Pancreas: 6%
- Leukemia: 5%
- Prostate: 5%
- Liver: 4%
- Non-Hodgkin's lymphoma: 3%
- Ovary: 3%
- Other: 31%

Figure 9.5
McHenry County
Accidental Deaths by Type of Accident: 2010-2012

- Poisoning and exposure to noxious substances: 35%
- Motor vehicle: 28%
- Falls: 21%
- Other type: 16%
Figure 9.6
McHenry County, Illinois, and U.S.
Drug and Alcohol Induced Deaths: 1999-2014

Drug and Alcohol Deaths per 100,000 Population

Figure 9.7
McHenry County
Drug and Alcohol Induced Deaths by Type: 2011-2014

- Drug Induced: 32%
- Alcohol Induced: 68%
Figure 9.8
McHenry County, Illinois, and U.S.
Age-Adjusted Death Rates For Top Seven Causes: 2012-2014

Deaths per 100,000 Population

Figure 9.9
McHenry County, Illinois, and U.S.
Age-Adjusted Death Rates by Hispanic Origin: 2014

Age Adjusted Deaths per 100,000 Population
Figure 9.10
McHenry County
Percent of Deaths Before Age 65 by Hispanic Origin: 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55.5%</td>
<td>25.4%</td>
</tr>
</tbody>
</table>

Percent Deaths Before Age 65
Figure 9.13
McHenry County, Illinois, and U.S.
Drug Overdose Death Rate: 1999-2014

Deaths per 100,000 Population

Figure 9.14
McHenry County
Drug Overdose Death Rates by Age Group: 1999-2014
Chapter 10
HEALTH STATUS AND BEHAVIORS

- McHenry County's 2009-2013 age-adjusted cancer incidence rate at 476.6 per 100,000 population is close to the state (475.0). When comparing men and women however women have a higher age-adjusted cancer rate at 449.3 compared to the state's rate of 437.6. Men in McHenry have a lower rate than the state of 517.4 per 100,000 compared to the state’s rate of 531.6.

- Several cancer sites are statistically lower in McHenry County than statewide: Stomach, Liver, and Breast cancer both invasive and in Situ are lower than the state. Urinary Bladder (includes in situ) and Prostate were both higher in McHenry County than the state.

- In the five-year period 2009-2013 for both genders combined, lung/bronchus cancer occurs at the highest age-adjusted rate of 65.3 per 100,000 population with 924 cases. Because they are gender-specific, two other cancers produce higher rates: invasive breast (1,175 cases, 138.2 per 100,000 females) and prostate (895 cases, 119.1 per 100,000 males).

- McHenry County has witnessed a large rise in chlamydia over the past years with 631 cases reported in 2015 (204.4 per 100,000), record highs for number and rate, though the county’s rate was still far below Illinois (542.5). Gonorrhea has also been increasing, though at a slower rate. In 2015, 55 cases of gonorrhea were reported for a rate of 17.8 per 100,000, well below Illinois (133.5), but the most cases on record.

- In McHenry County, two AIDS cases were diagnosed in 2015 for a cumulative total of 66 living cases. Human immunodeficiency virus (HIV) disease had 9 reported cases and 60 living. The 2008-2015 rates for AIDS at 1.1 per 100,000 and HIV at 2.6 fall far below state rates.

- Hepatitis C led among the county’s non-Sexually Transmitted Infections (reportable communicable diseases in 2015 accounting for 101 cases, followed by Pertussis (72), salmonella (67), and tick-borne Lyme (34).

- Past month alcohol use for McHenry County 8th, 10th, and 12th graders in 2016 stood at 18%, 22%, and 43%, respectively. Tobacco use is similar at 18% 8th, 21% 10th, and 34% of 12th graders.

- In 2016 nearly one in four (24%) McHenry County 12th graders, along with one in eight (12%) 10th graders reported using marijuana in the past month as well as 6% of 8th graders.

- For the most part, past year use rates of other illegal drugs among McHenry County students in 2016 are low, though cocaine/crack use stood at 3% for 12th graders and 6% of seniors used hallucinogens/psychedelics.
Inhalant use in the past month for 2016 is more common among McHenry County junior high/middle school students (4% for 8th grade) than older students (1% 10th and 12th).

For 2016, past month prescription drug use that was not prescribed is similar across all grade levels, with 4% of 8th graders, 3% of 10th graders, and 4% of 12th graders surveyed.

For 2016, one in four (23%) high school seniors reported binge drinking (5+ drinks in a row) in the past two weeks, far more than for 10th graders (9%) and 8th graders (8%).

Based on 2016 data, the county’s middle school/junior high students report more bullying through calling names (41% of 8th students) than high school students (28% 10th, 20% 12th).

Bullying via hitting, punching, kicking is reported by 23% of 8th graders in the county, but fewer 10th (15%) and 12th (11%) graders for 2016. The county’s level is higher than the state which is 15% for 8th graders, 9% for 10th, and 7% for 12th graders.

One in four (27%) 8th graders in the county report bullying by another student through spreading rumors on the Internet or by text message during 2016, higher than for 10th (21%), 6th (22%), and 12th (17%) graders.

One-quarter of county 8th (23%) graders say another student threatened to hurt them, above levels for 10th (15%) and 12th (11%) graders.

Younger students are also more likely to report bullying or harassment because of their appearance or a disability (47% 8th, 25% 10th, 16% 12th).

County youth in a dating relationship during 2016 report dating aggression at similar levels to the state for partner slapped/kicked/punched/hit (4% 8th, 4% 10th, 5% 12th) and partner tried to control (12% 10th, 14% 12th).

For 2016, one-third (32%) of county 8th graders report being in a physical fight in the past year, dropping to 16% for 10th graders and 18% for 14th graders. County fighting levels for all grades are below the state.

Similar proportions of county youth report carrying a weapon at school over the past year (17% 8th, 10% 10th, 11% 12th).

One in fourteen (7%) 12th graders report selling illegal drugs in the past year, higher than 10th graders (4%), and 8th graders (3%).

One in eight (13%) county seniors report being drunk or high at school in the past year, above levels for both 10th (6%) and 8th (5%), based on 2016 data.

Nearly one-quarter (22%) of county 12th graders report past year driving after using marijuana or another illegal drug and 10% report driving after drinking alcohol, based on 2016 data. Rates fall for 10th graders 7% after drugs, 4% after drinking.
Nearly one in five (18%) McHenry County 10th graders and 15% of 12th graders said they had seriously considered attempting suicide in the past year. One in three (35%) 8th graders felt so sad or hopeless almost every day for two weeks or more that they stopped doing usual activities, slightly higher than levels for 10th (33%) and 12th (31%) graders.

Based on national prevalence rates in *National Survey on Drug Use and Health: 2010*, 28,714 McHenry County residents ages 12 years and older have used illicit drugs in the past month. Most use marijuana, an estimated 23,596 local persons, while 9,950 use illicit drugs other than marijuana, with non-medical use of psychotherapeutic medications being the leading category of drug use.

Among legal substances, alcohol is most often used followed by tobacco. An estimated 146,979 McHenry County residents have consumed alcohol in the past month and 18,479 are heavy alcohol users. An estimated 67,976 county residents have used tobacco products in the past 30 days. These county figures are based on national prevalence rates.

Illicit drug use varies by race, with blacks more likely to have used these in the past month (13.0% among ages 12+) versus whites (10.3%) and Hispanics (9.2%), according to national proportions. Past month alcohol use is highest for whites (57.0%), followed by blacks (43.8%), Hispanics (42.4%), and Asians (39.7%).

Gender differences also exist related to drug and alcohol use with males much more likely to have used an illegal drug (12.5% of ages 12+) than females (7.9%) and to have used alcohol (males 56.2%, females 47.4%) according to national proportions.

During 2012, DUI arrests in McHenry County totaled 782 for a rate of per 361.1 100,000 population ages 16+, a rate slightly above Illinois. The number of arrests represents a drop from 2010.

Based on Substance Abuse and Mental Health Services Administration (SAMHSA) 2015 national prevalence rates, nearly one in five (18.6%) or an estimated 41,773 McHenry County residents 18 years and older have been affected by a mental illness in the past year. Serious mental illness affected nearly one in 20 (4.1%, 9,208 adults), while mental illness co-occurring with substance abuse affected 3.6% (8,085). Males are more likely to suffer from mental illness than females as are individuals living below the poverty level compared to persons 200% or more above poverty.

One in thirteen (7.9%) local residents ages five and older report a disability, below the state (10.6%) and nation (12.3%). Among ages 5-17 with 3.2% reporting a disability, cognitive difficulty is most common (2.4%). One in fifteen (6.6%) ages 18-64 report a disability, most frequently ambulatory (2.9%), while three in ten (30.3%) among 65+ are disabled in some way, most often in ambulation (19.4%).

In 2016, reported disability among county residents is slightly higher for males (9.6%) than females (8.9%). Non-Hispanic whites report a higher rate of disability at 10.2% compared to Asian (2.9%) and Hispanic (5.5%)
The majority (57.7%) of McHenry county residents rate their own health as excellent or very good. For mental health almost one quarter (22.8%) of residents said they had 1-7 days when their mental health was not good in the past month, and 13.7% said they had 8-30 days. In terms of physical health a similar proportion (29.3%) reported 1-7 days when physical health was not good in the past month and 11.8% said they had 8-30 days.

Almost one fifth (19.6%) of McHenry county residents reported their activities were limited by an impairment.

The most common reported condition was arthritis with 27.1% of the people polled reporting the condition. Asthma (11.0%) and diabetes (8.3%) were also common.

Only slightly more than one in three (37.2%) of McHenry County residents reported being underweight or normal, with the remainder self-reporting being overweight (36.3%) or obese (26.5%).

One in five (20.5%) of McHenry county residents reported behavior that put them at risk for binge drinking and 13.4% are current smokers.

McHenry County has a high rate of cancer screenings with 93.8% of women age 40 and over reporting that they've had a mammogram. Only 51.5% of men age 40 and over have had a PSA test. Similarly 62.3% of adults age 50 and over have had a colon/sigmoidoscopy and 33.2% have had a blood stool test.

Approximately one twentieth (5.7%) of McHenry County Kindergartners have dental sealants, while three times as many (14.2%) have untreated dental carries. Less than one percent (0.9%) need urgent dental treatment.

Almost one half (42.9%) of second graders have dental sealents, a much higher proportion. A similar amount have untreated dental caries (16.1% and need urgent treatment (0.3%)
**Table 10.1**
Mchenry County and illinois
Average Annual Cancer Incidence All Sites: 2009-2013

<table>
<thead>
<tr>
<th>Area</th>
<th>Total</th>
<th>Gender</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>McHenry County</td>
<td>476.6</td>
<td>517.4</td>
<td>449.3</td>
<td></td>
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<tr>
<td>Illinois</td>
<td>475.0</td>
<td>531.6</td>
<td>437.6</td>
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**Table 10.2**
Mchenry County
Cancer Incidence Rates That Vary Significantly From State: 2009-2013

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Age-Adjusted Rate Per 100,000</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>McHenry County</td>
</tr>
<tr>
<td>Stomach</td>
<td>5.6</td>
</tr>
<tr>
<td>Liver</td>
<td>4.6</td>
</tr>
<tr>
<td>Urinary Bladder (includes in situ)</td>
<td>24.7</td>
</tr>
<tr>
<td>Prostate</td>
<td>119.1</td>
</tr>
<tr>
<td>Testis</td>
<td>7.9</td>
</tr>
<tr>
<td>Breast (Invasive)</td>
<td>5.2</td>
</tr>
<tr>
<td>Breast in situ (female)</td>
<td>26.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>McHenry County Total</th>
<th>Illinois Total</th>
<th>McHenry County Male</th>
<th>Illinois Male</th>
<th>McHenry County Female</th>
<th>Illinois Female</th>
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<tbody>
<tr>
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<td>Number</td>
<td>Rate</td>
<td>Number</td>
<td>Rate</td>
<td>Number</td>
<td>Rate</td>
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<td>All sites</td>
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<td>475.0</td>
<td>517.4</td>
<td>3,567</td>
<td>449.3</td>
</tr>
<tr>
<td>Oral cavity and pharynx</td>
<td>162</td>
<td>10.0</td>
<td>11.8</td>
<td>6.3</td>
<td>116</td>
<td>1.9</td>
</tr>
<tr>
<td>Esophagus</td>
<td>58</td>
<td>3.9</td>
<td>5.1</td>
<td>8.9</td>
<td>42</td>
<td>16.0</td>
</tr>
<tr>
<td>Stomach</td>
<td>82</td>
<td>5.6</td>
<td>7.2</td>
<td>10.2</td>
<td>52</td>
<td>30.0</td>
</tr>
<tr>
<td>Colon and rectum</td>
<td>632</td>
<td>43.6</td>
<td>50.5</td>
<td>53.4</td>
<td>333</td>
<td>299</td>
</tr>
<tr>
<td>Liver</td>
<td>73</td>
<td>4.6</td>
<td>7.1</td>
<td>9.7</td>
<td>52</td>
<td>21.0</td>
</tr>
<tr>
<td>Pancreas</td>
<td>201</td>
<td>13.7</td>
<td>16.3</td>
<td>15.0</td>
<td>114</td>
<td>87</td>
</tr>
<tr>
<td>Lung and bronchus</td>
<td>924</td>
<td>65.3</td>
<td>70.1</td>
<td>81.0</td>
<td>449</td>
<td>475</td>
</tr>
<tr>
<td>Bones and joints</td>
<td>10</td>
<td>0.6</td>
<td>0.9</td>
<td>1.0</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Melanoma of the skin</td>
<td>304</td>
<td>19.9</td>
<td>24.8</td>
<td>22.6</td>
<td>176</td>
<td>128</td>
</tr>
<tr>
<td>Breast - invasive only</td>
<td>1,180</td>
<td>73.0</td>
<td>0.7</td>
<td>1.3</td>
<td>5</td>
<td>1,175</td>
</tr>
<tr>
<td>Cervix</td>
<td>42</td>
<td>5.2</td>
<td>4.0</td>
<td>5.1</td>
<td>25</td>
<td>28.2</td>
</tr>
<tr>
<td>Corpus and uterus, NOS</td>
<td>254</td>
<td>28.2</td>
<td>28.9</td>
<td>28.9</td>
<td>117</td>
<td>14.0</td>
</tr>
<tr>
<td>Ovary</td>
<td>117</td>
<td>14.0</td>
<td>11.9</td>
<td>11.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>895</td>
<td>119.1</td>
<td>128.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testis</td>
<td>57</td>
<td>7.9</td>
<td>5.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary bladder (incl in situ)</td>
<td>348</td>
<td>24.7</td>
<td>21.3</td>
<td>18.6</td>
<td>273</td>
<td>75</td>
</tr>
<tr>
<td>Kidney and renal pelvis</td>
<td>284</td>
<td>18.6</td>
<td>17.0</td>
<td>18.6</td>
<td>186</td>
<td>75</td>
</tr>
<tr>
<td>Brain and nervous system</td>
<td>118</td>
<td>7.7</td>
<td>6.2</td>
<td>6.2</td>
<td>66</td>
<td>52</td>
</tr>
<tr>
<td>Hodgkin's disease</td>
<td>42</td>
<td>2.9</td>
<td>2.7</td>
<td>2.7</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>Non-Hodgkin's lymphomas</td>
<td>298</td>
<td>19.6</td>
<td>19.0</td>
<td>19.0</td>
<td>167</td>
<td>131</td>
</tr>
<tr>
<td>Myeloma</td>
<td>82</td>
<td>5.7</td>
<td>6.0</td>
<td>6.0</td>
<td>51</td>
<td>31</td>
</tr>
<tr>
<td>Leukemias</td>
<td>166</td>
<td>11.8</td>
<td>13.1</td>
<td>13.1</td>
<td>98</td>
<td>68</td>
</tr>
<tr>
<td>All other sites</td>
<td>887</td>
<td>60.7</td>
<td>55.3</td>
<td>55.3</td>
<td>396</td>
<td>491</td>
</tr>
<tr>
<td>Breast in situ (not in total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>237</td>
<td>26.8</td>
</tr>
</tbody>
</table>

1Per 100,000 population.
### Table 10.4

**MCHENRY COUNTY AND ILLINOIS**  
**SEXUALLY TRANSMITTED DISEASES**  
**NUMBER AND RATE\(^1\) OF CHLAMYDIA AND GONORRHEA: 1990-2015**

<table>
<thead>
<tr>
<th>Year</th>
<th>Chlamydia</th>
<th></th>
<th></th>
<th></th>
<th>Gonorrhea</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McHenry County</td>
<td>IL Except Chicago</td>
<td>Illinois Rate</td>
<td>Number</td>
<td>Rate</td>
<td>McHenry County</td>
<td>IL Except Chicago</td>
<td>Illinois Rate</td>
</tr>
<tr>
<td>2015</td>
<td>631</td>
<td>204.4</td>
<td>400.5</td>
<td>542.5</td>
<td>55</td>
<td>17.8</td>
<td>82.3</td>
<td>133.5</td>
</tr>
<tr>
<td>2014</td>
<td>555</td>
<td>179.8</td>
<td>386.9</td>
<td>518.6</td>
<td>40</td>
<td>13.0</td>
<td>75.6</td>
<td>124.5</td>
</tr>
<tr>
<td>2013</td>
<td>590</td>
<td>191.1</td>
<td>383.2</td>
<td>497.2</td>
<td>32</td>
<td>10.4</td>
<td>79.6</td>
<td>128.3</td>
</tr>
<tr>
<td>2012</td>
<td>484</td>
<td>156.8</td>
<td>357.3</td>
<td>490.4</td>
<td>39</td>
<td>12.6</td>
<td>83.2</td>
<td>141.5</td>
</tr>
<tr>
<td>2011</td>
<td>452</td>
<td>146.4</td>
<td>334.3</td>
<td>470.4</td>
<td>33</td>
<td>10.7</td>
<td>82.7</td>
<td>132.8</td>
</tr>
<tr>
<td>2010</td>
<td>394</td>
<td>127.6</td>
<td>318.5</td>
<td>439.5</td>
<td>29</td>
<td>9.4</td>
<td>77.8</td>
<td>123.0</td>
</tr>
<tr>
<td>2009</td>
<td>338</td>
<td>130.0</td>
<td>350.3</td>
<td>487.5</td>
<td>35</td>
<td>13.5</td>
<td>92.9</td>
<td>160.7</td>
</tr>
<tr>
<td>2008</td>
<td>317</td>
<td>121.9</td>
<td>349.8</td>
<td>446.6</td>
<td>25</td>
<td>9.6</td>
<td>105.5</td>
<td>166.5</td>
</tr>
<tr>
<td>2007</td>
<td>358</td>
<td>137.7</td>
<td>349.6</td>
<td>446.6</td>
<td>46</td>
<td>17.7</td>
<td>120.0</td>
<td>167.6</td>
</tr>
<tr>
<td>2006</td>
<td>290</td>
<td>111.5</td>
<td>314.4</td>
<td>431.5</td>
<td>46</td>
<td>17.7</td>
<td>108.1</td>
<td>162.5</td>
</tr>
<tr>
<td>2005</td>
<td>219</td>
<td>84.2</td>
<td>290.9</td>
<td>407.1</td>
<td>34</td>
<td>13.1</td>
<td>106.4</td>
<td>161.2</td>
</tr>
<tr>
<td>2004</td>
<td>193</td>
<td>74.2</td>
<td>268.6</td>
<td>379.9</td>
<td>42</td>
<td>16.1</td>
<td>101.5</td>
<td>165.8</td>
</tr>
<tr>
<td>2003</td>
<td>192</td>
<td>73.8</td>
<td>260.7</td>
<td>388.9</td>
<td>50</td>
<td>19.2</td>
<td>100.7</td>
<td>175.7</td>
</tr>
<tr>
<td>2002</td>
<td>178</td>
<td>68.4</td>
<td>243.1</td>
<td>387.3</td>
<td>28</td>
<td>10.8</td>
<td>106.0</td>
<td>193.5</td>
</tr>
<tr>
<td>2001</td>
<td>148</td>
<td>56.9</td>
<td>221.0</td>
<td>352.0</td>
<td>24</td>
<td>9.2</td>
<td>101.8</td>
<td>193.4</td>
</tr>
<tr>
<td>2000</td>
<td>156</td>
<td>60.0</td>
<td>213.4</td>
<td>324.9</td>
<td>19</td>
<td>7.3</td>
<td>104.4</td>
<td>199.8</td>
</tr>
<tr>
<td>1999</td>
<td>119</td>
<td>64.9</td>
<td>211.5</td>
<td>318.5</td>
<td>16</td>
<td>8.7</td>
<td>103.7</td>
<td>211.2</td>
</tr>
<tr>
<td>1998</td>
<td>92</td>
<td>50.2</td>
<td>183.2</td>
<td>287.5</td>
<td>25</td>
<td>13.6</td>
<td>96.6</td>
<td>196.8</td>
</tr>
<tr>
<td>1997</td>
<td>79</td>
<td>43.1</td>
<td>162.1</td>
<td>255.3</td>
<td>9</td>
<td>4.9</td>
<td>83.4</td>
<td>170.8</td>
</tr>
<tr>
<td>1996</td>
<td>52</td>
<td>28.4</td>
<td>144.4</td>
<td>230.8</td>
<td>7</td>
<td>3.8</td>
<td>81.1</td>
<td>169.1</td>
</tr>
<tr>
<td>1995</td>
<td>41</td>
<td>22.4</td>
<td>149.8</td>
<td>216.3</td>
<td>14</td>
<td>7.6</td>
<td>105.9</td>
<td>179.5</td>
</tr>
<tr>
<td>1994</td>
<td>55</td>
<td>30.0</td>
<td>146.0</td>
<td>204.1</td>
<td>13</td>
<td>7.1</td>
<td>112.2</td>
<td>214.4</td>
</tr>
<tr>
<td>1993</td>
<td>62</td>
<td>33.8</td>
<td>155.3</td>
<td>215.2</td>
<td>15</td>
<td>8.2</td>
<td>107.5</td>
<td>232.6</td>
</tr>
<tr>
<td>1992</td>
<td>51</td>
<td>27.8</td>
<td>152.8</td>
<td>220.9</td>
<td>9</td>
<td>4.9</td>
<td>125.1</td>
<td>256.1</td>
</tr>
<tr>
<td>1991</td>
<td>58</td>
<td>31.7</td>
<td>154.5</td>
<td>202.1</td>
<td>7</td>
<td>3.8</td>
<td>141.3</td>
<td>295.9</td>
</tr>
<tr>
<td>1990</td>
<td>43</td>
<td>23.5</td>
<td>156.3</td>
<td>211.2</td>
<td>13</td>
<td>7.1</td>
<td>159.6</td>
<td>334.1</td>
</tr>
</tbody>
</table>

\(^1\)Cases per 100,000 population.  
Note: Rates for 2010-2012 computed using U.S. Census population counts (2010) and estimates (2011-2012).  
### Table 10.5
**MCHENRY COUNTY AND ILLINOIS AIDS AND HIV CASES: 2015**

<table>
<thead>
<tr>
<th>Cases</th>
<th>McHenry County</th>
<th>Illinois Downstate</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AIDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosed in 2015</td>
<td>2</td>
<td>94</td>
<td>526</td>
</tr>
<tr>
<td>Diagnosed since 2008</td>
<td>25</td>
<td>1,165</td>
<td>7,391</td>
</tr>
<tr>
<td>Living¹</td>
<td>66</td>
<td>2,814</td>
<td>19,226</td>
</tr>
<tr>
<td>AIDS diagnosis rate per 100,000 (2008-2015)</td>
<td>1.1</td>
<td>3.4</td>
<td>7.6</td>
</tr>
<tr>
<td><strong>HIV (Non-AIDS)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosed in 2015</td>
<td>9</td>
<td>185</td>
<td>1,189</td>
</tr>
<tr>
<td>Diagnosed since 2008</td>
<td>60</td>
<td>2,143</td>
<td>13,404</td>
</tr>
<tr>
<td>Living¹</td>
<td>60</td>
<td>2,803</td>
<td>17,945</td>
</tr>
<tr>
<td>HIV diagnosis rate per 100,000 (2008-2015)</td>
<td>2.6</td>
<td>6.3</td>
<td>13.7</td>
</tr>
</tbody>
</table>

¹As of 12/31/2015.

### Table 10.6
**MCHENRY COUNTY SELECTED REPORTABLE COMMUNICABLE DISEASES¹: 2010-2015**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>12</td>
<td>27</td>
<td>38</td>
<td>43</td>
<td>38</td>
<td>75</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>E. Coli 0157:H7</td>
<td>10</td>
<td>9</td>
<td>7</td>
<td>10</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Ehrlichiosis – tick-borne</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>16</td>
<td>10</td>
<td>7</td>
<td>17</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>101</td>
<td>63</td>
<td>55</td>
<td>55</td>
<td>72</td>
<td>69</td>
</tr>
<tr>
<td>Lyme – tick-borne</td>
<td>34</td>
<td>36</td>
<td>37</td>
<td>39</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
<td>72</td>
<td>57</td>
<td>76</td>
<td>299</td>
<td>165</td>
<td>9</td>
</tr>
<tr>
<td>RMSF – tick-borne</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salmonella</td>
<td>67</td>
<td>44</td>
<td>40</td>
<td>47</td>
<td>34</td>
<td>36</td>
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<tr>
<td>Syphilis</td>
<td>7</td>
<td>8</td>
<td>3</td>
<td>5</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>West Nile fever</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>West Nile meningitis</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
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</tr>
</tbody>
</table>

¹Except sexually transmitted diseases and HIV/AIDS.
Source: McHenry County Health Department Annual Reports
About the Illinois Youth Survey for McHenry County and Illinois

- Participation in Illinois Youth Survey (IYS) is voluntary. In 2016, 13 out of 33 eligible schools participated. No private school participated. Schools are listed below.
- Statewide sixth grade levels were not released because the Chicago Public Schools Research Review Board did not permit sixth graders to be surveyed in their district. Chicago is an important segment of the state’s random sample.

### Participating Schools in McHenry County by School District

<table>
<thead>
<tr>
<th>CHSD 155</th>
<th>Harvard CUSD 50</th>
<th>McHenry CHSD 156</th>
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<tbody>
<tr>
<td>Cary-Grove Comm. HS</td>
<td>Harvard HS</td>
<td>McHenry East HS</td>
</tr>
<tr>
<td>Crystal Lake Central HS</td>
<td>Harvard Jr. High School</td>
<td>McHenry HS–West Campus</td>
</tr>
<tr>
<td>Crystal Lake South HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prairie Ridge HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cons SD 158</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Huntley HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHSD 154</td>
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</tr>
<tr>
<td>Marengo HS</td>
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<tr>
<td>CHSD 156</td>
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</tr>
<tr>
<td>McHenry East HS</td>
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<tr>
<td>McHenry HS–West Campus</td>
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<td></td>
</tr>
<tr>
<td>Cary-Grove Comm. HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crystal Lake Central HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crystal Lake South HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prairie Ridge HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Huntley HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marengo CHSD 154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marengo HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Johnsburg CUSD 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodstock CUSD 200</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance/ Grade Level</th>
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<th>Illinois</th>
</tr>
</thead>
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<tr>
<td></td>
<td>2016</td>
<td>2014</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6th</td>
<td>--</td>
<td>7%</td>
</tr>
<tr>
<td>8th</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>10th</td>
<td>22%</td>
<td>28%</td>
</tr>
<tr>
<td>12th</td>
<td>43%</td>
<td>44%</td>
</tr>
<tr>
<td>Any Tobacco Product (including E-cigarettes in 2016)</td>
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<td></td>
</tr>
<tr>
<td>6th</td>
<td>--</td>
<td>3%</td>
</tr>
<tr>
<td>8th</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>10th</td>
<td>21%</td>
<td>12%</td>
</tr>
<tr>
<td>12th</td>
<td>34%</td>
<td>21%</td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6th</td>
<td>--</td>
<td>1%</td>
</tr>
<tr>
<td>8th</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>10th</td>
<td>12%</td>
<td>17%</td>
</tr>
<tr>
<td>12th</td>
<td>24%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Source: Illinois Youth Survey, Center for Prevention Research and Development at University of Illinois
Table 10.8
MCHENRY COUNTY AND ILLINOIS
YOUTH USE OF SELECTED SUBSTANCES BY GRADE LEVEL: 2016

<table>
<thead>
<tr>
<th>Substance/Grade Level</th>
<th>Percent Use Past Year</th>
<th>McHenry County 2016</th>
<th>Illinois 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine/crack</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt;</td>
<td>1%</td>
<td>2.0%</td>
<td></td>
</tr>
<tr>
<td>10&lt;sup&gt;th&lt;/sup&gt;</td>
<td>1%</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>3%</td>
<td>8.8%</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens, Psychedelics (LSD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt;</td>
<td>0%</td>
<td>0.6%</td>
<td></td>
</tr>
<tr>
<td>10&lt;sup&gt;th&lt;/sup&gt;</td>
<td>3%</td>
<td>2.8%</td>
<td></td>
</tr>
<tr>
<td>12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>6%</td>
<td>4.9%</td>
<td></td>
</tr>
<tr>
<td>Percent Reporting Use During Past Month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>---</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt;</td>
<td>4%</td>
<td>2.6%</td>
<td></td>
</tr>
<tr>
<td>10&lt;sup&gt;th&lt;/sup&gt;</td>
<td>1%</td>
<td>1.5%</td>
<td></td>
</tr>
<tr>
<td>12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>1%</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs not prescribed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt;</td>
<td>4%</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>10&lt;sup&gt;th&lt;/sup&gt;</td>
<td>3%</td>
<td>3.4%</td>
<td></td>
</tr>
<tr>
<td>12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>4%</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>Percent Reporting Use During Past Two Weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binge Drinking (5+ drinks in a row)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>---</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt;</td>
<td>8%</td>
<td>5.5%</td>
<td></td>
</tr>
<tr>
<td>10&lt;sup&gt;th&lt;/sup&gt;</td>
<td>9%</td>
<td>11.0%</td>
<td></td>
</tr>
<tr>
<td>12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>23%</td>
<td>25.5%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Illinois Youth Survey, Center for Prevention Research and Development at University of Illinois
Table 10.9

MCHENRY COUNTY AND ILLINOIS
BULLYING AND DATING BEHAVIORS BY GRADE LEVEL: 2016

<table>
<thead>
<tr>
<th>Past Year Behavior</th>
<th>McHenry County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8th</td>
<td>10th</td>
</tr>
<tr>
<td>Another student has bullied you by…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calling you names</td>
<td>41%</td>
<td>28%</td>
</tr>
<tr>
<td>Hitting, punching, kicking or pushing you</td>
<td>23%</td>
<td>15%</td>
</tr>
<tr>
<td>Spreading rumors about you on Internet or by text message</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>Threatened to hurt you</td>
<td>23%</td>
<td>15%</td>
</tr>
<tr>
<td>Have been bullied or harassed because of your appearance or a disability</td>
<td>47%</td>
<td>25%</td>
</tr>
<tr>
<td>Someone in a dating relationship has…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slapped, kicked, punched, hit or threatened you</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Put you down or tried to control you</td>
<td>---</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: Illinois Youth Survey, Center for Prevention Research and Development at University of Illinois
### Table 10.10
**MCHenry County and Illinois Youth Delinquent and Risky Behaviors by Grade Level: 2016**

<table>
<thead>
<tr>
<th>Past Year Behavior</th>
<th>McHenry County 2016</th>
<th>Illinois 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8th</td>
<td>10th</td>
</tr>
<tr>
<td>Been in a physical fight</td>
<td>32%</td>
<td>16%</td>
</tr>
<tr>
<td>Carried weapon</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Sold illegal drugs</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Been drunk or high at school</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Drove when had been drinking</td>
<td>---</td>
<td>4%</td>
</tr>
<tr>
<td>Drove when had been using marijuana or other illegal drug</td>
<td>---</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: Illinois Youth Survey, Center for Prevention Research and Development at University of Illinois

### Table 10.11
**MCHenry County and Illinois Youth Mental Health by Grade Level: 2016**

<table>
<thead>
<tr>
<th>Past Year Behavior</th>
<th>McHenry County 2016</th>
<th>Illinois 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8th</td>
<td>10th</td>
</tr>
<tr>
<td>Seriously considered attempting suicide</td>
<td>---</td>
<td>18%</td>
</tr>
<tr>
<td>Felt so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities</td>
<td>35%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Source: Illinois Youth Survey, Center for Prevention Research and Development at University of Illinois
### Table 10.12
**MCHEMRY COUNTY**
SYNTHETIC ESTIMATES OF PERSONS WITH PAST MONTH SUBSTANCE USE
BY TYPE OF SUBSTANCE: 2015

<table>
<thead>
<tr>
<th>Substance</th>
<th>Ages 12+</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Number</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any illicit drug</td>
<td>10.1%</td>
<td>28,714</td>
</tr>
<tr>
<td>Any illicit drug except marijuana</td>
<td>3.5%</td>
<td>9,950</td>
</tr>
<tr>
<td>Marijuana</td>
<td>8.3%</td>
<td>23,596</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.7%</td>
<td>1,990</td>
</tr>
<tr>
<td>Crack</td>
<td>0.1%</td>
<td>284</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.5%</td>
<td>1,421</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>0.1%</td>
<td>284</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.2%</td>
<td>569</td>
</tr>
<tr>
<td>Psychotherapeutics¹</td>
<td>2.4%</td>
<td>6,823</td>
</tr>
<tr>
<td>Pain relievers</td>
<td>1.4%</td>
<td>3,980</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>0.7%</td>
<td>1,990</td>
</tr>
<tr>
<td>Stimulants</td>
<td>0.6%</td>
<td>1,706</td>
</tr>
<tr>
<td>Sedatives</td>
<td>0.2%</td>
<td>569</td>
</tr>
<tr>
<td>Legal Substances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Products</td>
<td>23.9%</td>
<td>67,946</td>
</tr>
<tr>
<td>Alcohol</td>
<td>51.7%</td>
<td>146,979</td>
</tr>
<tr>
<td>Binge alcohol use²</td>
<td>24.9%</td>
<td>70,789</td>
</tr>
<tr>
<td>Heavy alcohol use³</td>
<td>6.5%</td>
<td>18,479</td>
</tr>
</tbody>
</table>

¹Non-medical use of prescription type psychotherapeutics includes pain relievers, tranquilizers, stimulants, sedatives; does not include over-the-counter medications.

²Binge Alcohol Use is defined as drinking 5+ drinks on the same occasion on at least one day in past month.

³Heavy Alcohol Use is drinking 5+ drinks on same occasion on each of 5 or more days in past month. All heavy alcohol users are also binge alcohol users.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health: 2015. Local estimates derived from 2010 McHenry County population (for ages 12+) applied to national proportions.
Table 10.13
MCHENRY COUNTY
SYNTHETIC ESTIMATES OF PERSONS WITH PAST MONTH SUBSTANCE USE
BY RACE/ETHNICITY:  2015

<table>
<thead>
<tr>
<th>Substance</th>
<th>White, Non-Hispanic</th>
<th>Black, Non-Hispanic</th>
<th>Asian, Non-Hispanic</th>
<th>Hispanic¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>No.</td>
<td>Rate</td>
<td>Rate</td>
</tr>
<tr>
<td>Any illicit drug</td>
<td>10.3%</td>
<td>23,316</td>
<td>13.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>8.4%</td>
<td>19,015</td>
<td>10.7%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>25.9%</td>
<td>58,629</td>
<td>26.0%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>57.0%</td>
<td>129,029</td>
<td>43.8%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Binge alcohol use²</td>
<td>26.0%</td>
<td>58,855</td>
<td>23.4%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Heavy alcohol use³</td>
<td>7.6%</td>
<td>17,204</td>
<td>4.8%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

¹Hispanic can be of any race.
²Binge Alcohol Use is drinking 5+ drinks on the same occasion on at least one day in past month.
³Heavy Alcohol Use is drinking 5+ drinks on same occasion on each of 5 or more days in past month. All heavy alcohol users are also binge alcohol users.

Note: Race/ethnicity percents are based on persons ages 12+.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health: 2015. Local estimates derived from 2015 McHenry County population by race/ethnicity applied to national proportions.
Table 10.14
MCHEMRY COUNTY
SYNTHETIC ESTIMATES OF PERSONS WITH PAST MONTH SUBSTANCE USE
BY GENDER: 2015

<table>
<thead>
<tr>
<th>Substance</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>No.</td>
</tr>
<tr>
<td>Any illicit drug</td>
<td>12.5%</td>
<td>17,448</td>
</tr>
<tr>
<td>Marijuana</td>
<td>10.6%</td>
<td>14,796</td>
</tr>
<tr>
<td>Tobacco</td>
<td>21.8%</td>
<td>30,430</td>
</tr>
<tr>
<td>Alcohol</td>
<td>56.2%</td>
<td>78,448</td>
</tr>
<tr>
<td>Binge alcohol use¹</td>
<td>29.6%</td>
<td>41,318</td>
</tr>
<tr>
<td>Heavy alcohol use²</td>
<td>8.9%</td>
<td>12,423</td>
</tr>
</tbody>
</table>

¹Binge Alcohol Use is defined as drinking 5+ drinks on the same occasion on at least one day in past month.
²Heavy Alcohol Use is drinking 5+ drinks on same occasion on each of 5 or more days in past month. All heavy alcohol users are also binge alcohol users.

Note: Gender percents are based on persons ages 12+.
Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health: 2015.
Local estimates derived from 2015 McHenry County population by gender applied to national proportions

Table 10.15
MCHEMRY COUNTY AND ILLINOIS
DRIVING UNDER THE INFLUENCE (DUI) ARRESTS: 2010-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>McHenry County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate¹</td>
</tr>
<tr>
<td>2014</td>
<td>782</td>
<td>361.1</td>
</tr>
<tr>
<td>2013</td>
<td>859</td>
<td>363.3</td>
</tr>
<tr>
<td>2012</td>
<td>892</td>
<td>374.9</td>
</tr>
<tr>
<td>2011</td>
<td>942</td>
<td>398.6</td>
</tr>
<tr>
<td>2010</td>
<td>1,004</td>
<td>427.4</td>
</tr>
</tbody>
</table>

¹Number of arrests per 100,000 population aged 16+ using Census estimates.
Source: Rates computed using data from Illinois Secretary of State, Illinois DUI Fact Books
<table>
<thead>
<tr>
<th>Group</th>
<th>Any Mental Illness</th>
<th>Co-occurring Substance Abuse Disorder With Any Mental Illness</th>
<th>Serious Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate¹</td>
<td>Number</td>
<td>Rate¹</td>
</tr>
<tr>
<td>Total Population 18+</td>
<td>17.9%</td>
<td>41,512</td>
<td>3.3%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>14.3%</td>
<td>16,351</td>
<td>2.9%</td>
</tr>
<tr>
<td>Female</td>
<td>21.8%</td>
<td>25,630</td>
<td>3.8%</td>
</tr>
<tr>
<td>Race/Ethnicity²</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, NH</td>
<td>19.3%</td>
<td>37,821</td>
<td>3.5%</td>
</tr>
<tr>
<td>Black, NH</td>
<td>15.4%</td>
<td></td>
<td>2.9%</td>
</tr>
<tr>
<td>Asian, NH</td>
<td>12.0%</td>
<td></td>
<td>1.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.5%</td>
<td>3,524</td>
<td>3.1%</td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 25</td>
<td>21.7%</td>
<td>6,808</td>
<td>3.9%</td>
</tr>
<tr>
<td>26 – 49</td>
<td>17.2%</td>
<td>16,284</td>
<td>1.5%</td>
</tr>
<tr>
<td>65 and older</td>
<td>10.6%</td>
<td>2,603</td>
<td>***</td>
</tr>
<tr>
<td>Poverty Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 100% poverty</td>
<td>24.4%</td>
<td>10,129</td>
<td>5.2%</td>
</tr>
<tr>
<td>100-199% poverty</td>
<td>19.7%</td>
<td>8,178</td>
<td>3.2%</td>
</tr>
<tr>
<td>200% of poverty and above</td>
<td>15.8%</td>
<td>6,559</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

¹Rate per 100 (also known as percent) for persons 18 years and older.
²White, black, and Asian are non-Hispanic.
Source: Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health: Mental Health Findings 2015. Local estimates derived from McHenry County 2015 American Community Survey 1-year estimates. Estimates (poverty) for age 18+ applied to national proportions.
Table 10.17
MCHENRY COUNTY, ILLINOIS, AND U.S. DISABILITY BY TYPE AND AGE GROUP: 2014

<table>
<thead>
<tr>
<th>Age Group/Disability Type</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Estimate</td>
<td>Percent</td>
<td>McHenry County</td>
</tr>
<tr>
<td>Total Civilian Noninstitutionalized Population</td>
<td>306,629</td>
<td>24,343</td>
<td>7.9%</td>
</tr>
<tr>
<td>Population under 5 years</td>
<td>18,211</td>
<td>111</td>
<td>0.6%</td>
</tr>
<tr>
<td>With any disability</td>
<td>111</td>
<td>0.6%</td>
<td>0.8%</td>
</tr>
<tr>
<td>With a hearing difficulty</td>
<td>84</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>With a vision difficulty</td>
<td>82</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Population 5 to 17 years</td>
<td>61,988</td>
<td>1,978</td>
<td>3.2%</td>
</tr>
<tr>
<td>With any disability</td>
<td>1,978</td>
<td>3.2%</td>
<td>4.3%</td>
</tr>
<tr>
<td>With a cognitive difficulty</td>
<td>1,477</td>
<td>2.4%</td>
<td>3.1%</td>
</tr>
<tr>
<td>With an ambulatory difficulty</td>
<td>336</td>
<td>0.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>With a self-care difficulty</td>
<td>495</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Population 18 to 64 years</td>
<td>193,026</td>
<td>12,134</td>
<td>6.6%</td>
</tr>
<tr>
<td>With any disability</td>
<td>12,134</td>
<td>6.6%</td>
<td>8.4%</td>
</tr>
<tr>
<td>With a hearing difficulty</td>
<td>2,960</td>
<td>1.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>With a vision difficulty</td>
<td>1,669</td>
<td>0.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>With a cognitive difficulty</td>
<td>4,214</td>
<td>2.2%</td>
<td>3.3%</td>
</tr>
<tr>
<td>With an ambulatory difficulty</td>
<td>5,630</td>
<td>2.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>With a self-care difficulty</td>
<td>1,669</td>
<td>0.9%</td>
<td>1.6%</td>
</tr>
<tr>
<td>With an independent living difficulty</td>
<td>3,692</td>
<td>1.9%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Population 65 years and older</td>
<td>33,404</td>
<td>10,120</td>
<td>30.3%</td>
</tr>
<tr>
<td>With any disability</td>
<td>10,120</td>
<td>30.3%</td>
<td>35.2%</td>
</tr>
<tr>
<td>With a hearing difficulty</td>
<td>4,418</td>
<td>13.2%</td>
<td>13.4%</td>
</tr>
<tr>
<td>With a vision difficulty</td>
<td>1,580</td>
<td>4.7%</td>
<td>6.3%</td>
</tr>
<tr>
<td>With a cognitive difficulty</td>
<td>2,222</td>
<td>6.7%</td>
<td>8.2%</td>
</tr>
<tr>
<td>With an ambulatory difficulty</td>
<td>6,480</td>
<td>19.4%</td>
<td>23.3%</td>
</tr>
<tr>
<td>With a self-care difficulty</td>
<td>2,313</td>
<td>6.9%</td>
<td>8.2%</td>
</tr>
<tr>
<td>With an independent living difficulty</td>
<td>4,408</td>
<td>13.2%</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

1Persons may report more than one disability.
2County estimate for any disability has margin of error >50%.
3County estimates of all disability types except cognitive, self-care, and ambulatory in this age group have margins of error ≥ 50% so are not shown.
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates
Table 10.18
MCHENRY COUNTY, ILLINOIS, AND U.S.
DISABILITY BY GENDER AND RACE/ETHNICITY: 2015

<table>
<thead>
<tr>
<th>Demographic Group</th>
<th>McHenry County</th>
<th>Illinois Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Estimate</td>
<td>Percent</td>
</tr>
<tr>
<td>Total Civilian Noninstitutionalized Population</td>
<td>306,194</td>
<td>26,268</td>
<td>9.2%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>152,427</td>
<td>14,624</td>
<td>9.6%</td>
</tr>
<tr>
<td>Female</td>
<td>153,767</td>
<td>13,644</td>
<td>8.9%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>250,340</td>
<td>25,543</td>
<td>10.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>9,166</td>
<td>269</td>
<td>2.9%</td>
</tr>
<tr>
<td>Hispanic or Latino (any race)</td>
<td>38,550</td>
<td>2,105</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Asian includes persons of Hispanic and non-Hispanic origin within that race group.
Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimate

The 2010-2014 Behavioral Risk Factor Survey results (Round 5) are the latest data currently released by Illinois Department of Public Health.

Table 10.19
MCHENRY COUNTY AND ILLINOIS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percent of Population 18+</th>
<th>McHenry County</th>
<th>Illinois 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2014</td>
<td>2008</td>
</tr>
<tr>
<td>Rating of General Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent/very good</td>
<td></td>
<td>57.7%</td>
<td>60.4%</td>
</tr>
<tr>
<td>Good/fair</td>
<td></td>
<td>41.5%</td>
<td>36.9%</td>
</tr>
<tr>
<td>Poor</td>
<td></td>
<td>0.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Days Mental Health Not Good Within Past Month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 - 7 days</td>
<td></td>
<td>22.8%</td>
<td>29.3%</td>
</tr>
<tr>
<td>8 - 30 days</td>
<td></td>
<td>13.7%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Days Physical Health Not Good Within Past Month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 - 7 days</td>
<td></td>
<td>29.3%</td>
<td>21.1%</td>
</tr>
<tr>
<td>8 - 30 days</td>
<td></td>
<td>11.8%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Activities Limited by Impairment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td>19.6%</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

For rating of general health, different categories in 1997 and activities limited by impairment not asked in 1997.
Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey
Table 10.20
MCHENRY COUNTY AND ILLINOIS
PREVALENCE OF SELECTED CONDITIONS: 2014

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent of Population Age 18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>McHenry County</td>
<td>Illinois</td>
</tr>
<tr>
<td></td>
<td>Collar Co.</td>
</tr>
<tr>
<td>Arthritis</td>
<td>27.1%</td>
</tr>
<tr>
<td>Asthma</td>
<td>11.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

1Self reported existence of conditions which were diagnosed by respondent’s health professional.
2Illinois numbers reflect 2014 data for arthritis and high cholesterol.
Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey

Table 10.21
MCHENRY COUNTY AND ILLINOIS
SELF-REPORTED HEALTH BEHAVIORS: 2014

<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th>Percent of Population 18+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McHenry County</td>
</tr>
<tr>
<td></td>
<td>Collar Co.</td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
</tr>
<tr>
<td>Underweight/normal</td>
<td>37.2%</td>
</tr>
<tr>
<td>Overweight</td>
<td>36.3%</td>
</tr>
<tr>
<td>Obese</td>
<td>26.5%</td>
</tr>
<tr>
<td>Drinking</td>
<td></td>
</tr>
<tr>
<td>At risk for acute/binge drinking¹</td>
<td>20.5%</td>
</tr>
<tr>
<td>Smoking Status</td>
<td></td>
</tr>
<tr>
<td>Current smoker</td>
<td>13.4%</td>
</tr>
<tr>
<td>Former smoker</td>
<td>28.1%</td>
</tr>
<tr>
<td>Non-smoker</td>
<td>58.6%</td>
</tr>
</tbody>
</table>

¹Consumed five (men) / four (women) or more drinks on at least one occasion within past month.
Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McHenry County</td>
</tr>
<tr>
<td>Women</td>
<td></td>
</tr>
<tr>
<td>Ever had a mammogram, ages 40+</td>
<td>93.8%</td>
</tr>
<tr>
<td>Within past year, ages 40+</td>
<td>56.3%</td>
</tr>
<tr>
<td>Ever had a pap smear</td>
<td>94.2%</td>
</tr>
<tr>
<td>Within past year</td>
<td>70.2%</td>
</tr>
<tr>
<td>Men, Ages 40+</td>
<td></td>
</tr>
<tr>
<td>Ever had PSA test</td>
<td>51.5%</td>
</tr>
<tr>
<td>All Adults, Ages 50+</td>
<td></td>
</tr>
<tr>
<td>Ever had colon/sigmoidoscopy</td>
<td>62.3%</td>
</tr>
<tr>
<td>Ever had blood stool test</td>
<td>33.2%</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey
Table 10.23
MCHENRY COUNTY
SCHOOL-BASED DENTAL CHARACTERISTICS

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>With dental sealants</td>
<td>5.7%</td>
</tr>
<tr>
<td>With untreated dental caries</td>
<td>14.2%</td>
</tr>
<tr>
<td>Needs urgent treatment</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Note: Percents based on number of students compliant with dental exam.

Table 10.24
MCHENRY COUNTY
SCHOOL-BASED DENTAL CHARACTERISTICS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>With dental sealants</td>
<td>42.9%</td>
<td>42.2%</td>
<td>39.8%</td>
<td>37.0%</td>
<td>36.9%</td>
<td>35.3%</td>
</tr>
<tr>
<td>With untreated dental caries</td>
<td>16.1%</td>
<td>17.5%</td>
<td>18.8%</td>
<td>16.8%</td>
<td>16.4%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Needs urgent treatment</td>
<td>0.3%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>1.2%</td>
<td>1.3%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Note: Percents based on number of students compliant with dental exam.
Figure 10.3
McHenry County
Students Past Month Substance Use by Grade Level: 2016

Figure 10.4
McHenry County
Students Past Year Substance Use by Grade Level: 2016
Figure 10.5
McHenry County
Binge Drinking (5+ Drinks) in Past Two Weeks by Grade Level: 2016

- 8th grade
- 10th grade
- 12th grade

Percent Past Two Weeks Use

Binge Drinking (5+ drinks in a row)

- 8th grade: 8%
- 10th grade: 9%
- 12th grade: 23%

Figure 10.6
McHenry County
Students Experienced Bullying Behaviors in Past Year by Grade Level: 2016

- Called Names
- Hit/Punched/kicked
- Rumors on internet/text message
- Threatened
- Bullied due to appearance

Percent Experienced Past Year

- 8th grade
- 10th grade
- 12th grade

- Called Names: 41%, 28%, 20%
- Hit/Punched/kicked: 23%, 15%, 11%
- Rumors on internet/text message: 27%, 21%, 17%
- Threatened: 23%, 15%, 11%
- Bullied due to appearance: 47%, 25%, 16%
Figure 10.7
McHenry County
Students Delinquent and Risky Behaviors in Past Year by Grade Level: 2016

Figure 10.8
McHenry County
Students Mental Health by Grade Level: 2016
Figure 10.9
McHenry County and Illinois
Driving Under the Influence Arrest Rate: 2010-2014

Arrest per 100,000 Population age 16+

2010 2011 2012 2013 2014

427.4

McHenry Co. Illinois
Figure 10.12
McHenry County, Collar Counties, and Illinois
Prevalence of Selected Conditions 2014

Figure 10.13
McHenry County, Collar Counties, and Illinois
Obesity/Overweight Status
Chapter 11
HEALTH RESOURCES AND UTILIZATION

○ Roughly one in eleven (8.7%) McHenry County residents under age 65 lacks health insurance coverage. Uninsured levels are higher for persons with lower incomes in that more than one-fifth with incomes up to twice the poverty level (21.1%) and at 138% of poverty (22.1%) report having no health insurance. Local uninsured levels are higher than the state for low-income residents.

○ For McHenry County adults ages 18-64, 7.1% lack health insurance rising to 28.3% for persons at up to 200% poverty and 31.0% for persons up to 138% of poverty. The levels for persons with low income are considerably higher than the state.

○ In 2015, Medicaid enrollees numbered 49,938 in McHenry County, a record high that represents 16.2% of the population. This is over 10,000 more people than 2012 and 30,000 more than 2006, an increase of 169.7%.

○ Hospital discharge rates appear to be lower for McHenry County residents than the state. McHenry County hospital discharge rates are lower than Illinois for both genders and for all ages except ages 65+ where the county rate is higher than the state.

○ The county’s female hospitalization rate (1,118.6) is higher than male (859.7) and hospitalization rate increases with age with residents 65+ having the highest rate (2,856.7).

○ Normal newborn was the top reason for local residents’ hospitalization in 2016. Placing second was psychoses (a generalized mental health category) followed by another birth-related diagnosis, uncomplicated vaginal delivery. Fourth most common diagnosis was major joint replacement/reattachment of lower extremity (hip or knee replacement), fifth digestive disorders, and sixth Cesarean section. These data reflect county residents’ hospitalizations regardless of where hospitalization took place, but only includes facilities in Illinois.

○ McHenry County shows higher-than-state rates for just 10 of the top 30 diagnoses. The widest excess between county residents and state occurs for Rehabilitation w/ CC/MCC.

○ Compared to 2009, fewer hospitalizations of county residents occurred in 2016 for birth-related diagnoses of normal newborn, neonate with significant problems, vaginal delivery, and Cesarean. Fewer hospitalizations also took place for digestive disorders and alcohol/drug abuse or dependence. The reverse was true with more hospitalizations in 2016 than 2009 for hip/knee replacement, cellulitis and psychoses.
Excluding birth-related or gender-specific diagnoses, McHenry County males and females had the same top two reasons for hospitalization – psychoses and hip/knee replacement. Alcohol/drug abuse or dependence came in third for males but for females digestive disorders stood at third. The fourth place diagnosis for both males and females was septicemia. Kidney and urinary tract infection rounds out the top five for females but does not fall anywhere on the list of the top 30 for males whose fifth place diagnosis was digestive disorders.

Besides being born, McHenry County children ages 0-4 were most often hospitalized in 2013 for pneumonia, bronchitis & asthma, ear infections, and seizures.

The most common hospitalization reasons for ages 5-17 were psychoses, depressive neuroses, diabetes, seizures, and pneumonia.

Three of the five leading hospitalization reasons for ages 18-44 were birth diagnoses: vaginal delivery (simple) and Cesarean section (uncomplicated and complicated). Besides those, psychoses and alcohol/drug abuse or dependence were most common.

Middle-aged persons ages 45-64 were most likely hospitalized for hip/knee replacement, psychoses, digestive disorders, alcohol/drug abuse or dependence, and cellulitis.

Among McHenry County residents ages 65-74, hip/knee replacement, septicemia, digestive disorders, chronic obstructive pulmonary disease, and psychoses were the top five hospitalization reasons. Among the oldest age group, ages 75+, hip/knee replacement, heart failure and shock (with major complications complications), septicemia, heart failure and shock (with comorbid conditions), and pneumonia led among diagnoses.

There were 802 residents of Long Term Care facilities in McHenry County in 2014. The most common primary diagnosis was circulatory system (20.0%) followed by Alzheimer’s disease (14.2%) and Developmental disability (11.3%).

Among 2014 patients in the county’s long-term care facilities, two-thirds (67.4%) were female and more than four in ten (45.0%) ages 85 years and older. Slightly under half (48.5%) used Medicaid as their primary payment source, followed by private pay (23.3%) and Medicare (20.0%).
<table>
<thead>
<tr>
<th>Age Group</th>
<th>McHenry County</th>
<th>Illinois</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>All income levels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age &lt;65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>244,915</td>
<td>91.3%</td>
<td>88.8%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>23,404</td>
<td>8.7%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Income ≤ 200% poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>41,325</td>
<td>78.9%</td>
<td>80.3%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>11,061</td>
<td>21.1%</td>
<td>19.7%</td>
</tr>
<tr>
<td>Income ≤ 138% poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>24,959</td>
<td>77.9%</td>
<td>80.2%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>7,081</td>
<td>22.1%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Age 18 - 64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All income levels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>275,336</td>
<td>92.9%</td>
<td>86.9%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>21,178</td>
<td>7.1%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Income ≤ 200% poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>35,662</td>
<td>71.7%</td>
<td>72.8%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>14,068</td>
<td>28.3%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Income ≤ 138% poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>20,878</td>
<td>69.0%</td>
<td>72.5%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>9,396</td>
<td>31.0%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Age 40 - 64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All income levels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>104,229</td>
<td>91.4%</td>
<td>88.7%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>9,804</td>
<td>8.6%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Income ≤ 200% poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>12,311</td>
<td>72.9%</td>
<td>74.0%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>4,576</td>
<td>27.1%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Income ≤ 138% poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>7,197</td>
<td>70.9%</td>
<td>72.9%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>2,960</td>
<td>29.1%</td>
<td>27.1%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, Small Area Health Insurance Estimates
<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>All</th>
<th>Percent of Population</th>
<th>Children &lt;18</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enrollees</td>
<td></td>
<td>Enrollees</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>49,938</td>
<td>16.2%</td>
<td>24,600</td>
<td>32.7%</td>
</tr>
<tr>
<td>2014</td>
<td>43,627</td>
<td>14.2%</td>
<td>23,139</td>
<td>28.9%</td>
</tr>
<tr>
<td>2013</td>
<td>40,841</td>
<td>13.2%</td>
<td>25,000</td>
<td>30.5%</td>
</tr>
<tr>
<td>2012</td>
<td>39,353</td>
<td>12.8%</td>
<td>25,715</td>
<td>31.9%</td>
</tr>
<tr>
<td>2011</td>
<td>37,545</td>
<td>12.2%</td>
<td>24,459</td>
<td>29.7%</td>
</tr>
<tr>
<td>2010</td>
<td>34,103</td>
<td>11.0%</td>
<td>22,316</td>
<td>26.5%</td>
</tr>
<tr>
<td>2009</td>
<td>30,313</td>
<td>9.8%</td>
<td>19,946</td>
<td>23.9%</td>
</tr>
<tr>
<td>2008</td>
<td>25,401</td>
<td>8.3%</td>
<td>16,699</td>
<td>19.8%</td>
</tr>
<tr>
<td>2007</td>
<td>22,363</td>
<td>7.3%</td>
<td>14,447</td>
<td>17.0%</td>
</tr>
<tr>
<td>2006</td>
<td>18,518</td>
<td>6.2%</td>
<td>11,429</td>
<td>13.6%</td>
</tr>
<tr>
<td>Change 2006-2015</td>
<td>169.7%</td>
<td>261.3%</td>
<td>115.2%</td>
<td>240.4%</td>
</tr>
</tbody>
</table>

1Enrollment as of last day of fiscal year for most years. Does not include persons receiving partial benefits such as Illinois Healthy Women.

Note: Percents based on intercensal estimates and decennial population.

Source: Illinois Department of Healthcare and Family Services
Explaination for Hospitalization Tables

Hospital data shown on Table 11.3-11.8 reflect hospital inpatient discharges of McHenry County residents regardless of hospital used. Data include only Illinois hospitals. 2016 data is from July 1st, 2015 through June 30, 2016.

### Tables 11.3
**MCHENRY COUNTY, ILLINOIS, AND U.S. RESIDENT HOSPITAL DISCHARGE RATES: 2016**

<table>
<thead>
<tr>
<th>Age/Gender</th>
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¹Excludes newborns.
²Rate per 10,000 population. Computed using 2015 county/state population estimates by age and gender.

Source: Illinois Hospital Association, COMPdata
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<th>Rank</th>
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<td>Pulmonary edema &amp; respiratory failure</td>
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<tr>
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</table>

**Note:** MCC or CC = (Major) complications or comorbid conditions; w = with, w/o = without.

**Source:** Illinois Hospital Association, COMPdata
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<tr>
<th>MSDRG</th>
<th>Description</th>
<th>McHenry County</th>
<th>Illinois</th>
<th></th>
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</thead>
<tbody>
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<td>Number Discharges</td>
<td>Rate Per 10,000</td>
<td>Rate Per 10,000</td>
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<td>Psychoses</td>
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<td>Heart failure &amp; shock w MCC</td>
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<td>13.7</td>
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<td>10.5</td>
<td>8.6</td>
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<td>8.6</td>
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<td>Pulmonary edema &amp; respiratory failure</td>
<td>239</td>
<td>7.8</td>
<td>8.9</td>
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<td>10.8</td>
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<tr>
<td>065</td>
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<td>7.2</td>
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1Computed using 2015 county/state population estimates.
Note: MCC or CC = (Major) complications or comorbid conditions; w = with, w/o = without.
Source: Illinois Hospital Association, COMPdata
# Table 11.6
MCHENRY COUNTY RESIDENTS
TOP TEN HOSPITAL DIAGNOSES IN 2016 COMPARED TO 2009

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<th>Diagnosis</th>
<th>Number of Discharges</th>
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<tr>
<td>Rehabilitation w CC/MCC</td>
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<td>313</td>
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<tr>
<td>Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC</td>
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<td>529</td>
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<td>Cellulitis w/o MCC</td>
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<td>412</td>
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<td>Neonate w other significant problems</td>
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Note: MCC or CC = (Major) complications or comorbid conditions; w = with, w/o = without.
Source: Illinois Hospital Association, COMPdata
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<td>9</td>
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<tr>
<td>12</td>
<td>Cellulitis w/o MCC</td>
<td>194</td>
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<td>13</td>
<td>Chronic obstructive pulmonary disease w/ MCC</td>
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<td>Pulmonary edema &amp; respiratory failure</td>
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<td>G.I hemorrhage w/ CC</td>
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<td>Discharges</td>
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<td>1</td>
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<tr>
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<td>Major joint replacement or reattachment of lower extremity w/o MCC</td>
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<tr>
<td>3</td>
<td>Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC</td>
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<tr>
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<td>Esophagitis, gastroenteritis &amp; misc digestive disorders w/o MCC</td>
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<td>6</td>
<td>Cellulitis w/o MCC</td>
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<td>9</td>
<td>Simple pneumonia &amp; pleurisy w/ MCC</td>
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<td>10</td>
<td>Rehabilitation w/ CC/MCC</td>
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<td>Heart failure &amp; shock w/ CC</td>
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<td>12</td>
<td>Simple pneumonia &amp; pleurisy w/ CC</td>
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<td>Chronic obstructive pulmonary disease w/ MCC</td>
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<tr>
<td>14</td>
<td>Cardiac arrhythmia &amp; conduction disorders w/o CC/MCC</td>
<td>132</td>
</tr>
<tr>
<td>14</td>
<td>Cardiac arrhythmia &amp; conduction disorders w/ CC</td>
<td>121</td>
</tr>
<tr>
<td>16</td>
<td>Spinal fusion except cervical w/o MCC</td>
<td>115</td>
</tr>
<tr>
<td>17</td>
<td>Renal failure w/ MCC</td>
<td>114</td>
</tr>
<tr>
<td>18</td>
<td>Renal failure w/ CC</td>
<td>112</td>
</tr>
<tr>
<td>18</td>
<td>Intracranial hemorrhage or cerebral infarction w/ CC or TPA in 24 hrs</td>
<td>108</td>
</tr>
<tr>
<td>20</td>
<td>Degenerative nervous system disorders w/o mCC</td>
<td>107</td>
</tr>
<tr>
<td>20</td>
<td>Circulatory disorders except AMI, w/ card cath w/o MCC</td>
<td>106</td>
</tr>
<tr>
<td>22</td>
<td>Pulmonary Edema &amp; respiratory failure</td>
<td>100</td>
</tr>
<tr>
<td>23</td>
<td>Major small &amp; large bowel procedures w/ CC</td>
<td>98</td>
</tr>
<tr>
<td>24</td>
<td>Misc disorders of nutrition, metabolism, fluids/electrolytes w/o MCC</td>
<td>95</td>
</tr>
<tr>
<td>25</td>
<td>Seizures w/o MCC</td>
<td>93</td>
</tr>
<tr>
<td>25</td>
<td>Simple pneumonia &amp; pleurisy w/ CC/MCC</td>
<td>90</td>
</tr>
<tr>
<td>25</td>
<td>G.I hemorrhage w/ CC</td>
<td>90</td>
</tr>
<tr>
<td>28</td>
<td>Depressive neuroses</td>
<td>87</td>
</tr>
<tr>
<td>29</td>
<td>Chemotherapy w/o acute leukemia as secondary diagnosis w/ CC</td>
<td>85</td>
</tr>
<tr>
<td>30</td>
<td>Infectious &amp; parasitic diseases W/ O.R procedure w/ MCC</td>
<td>80</td>
</tr>
</tbody>
</table>

1Excludes newborns.

Note:  MCC or CC = (Major) complications or comorbid conditions; w = with, w/o = without.

Source: Illinois Hospital Association, COMPdata
Table 11.8
MCHENRY COUNTY RESIDENTS
TOP HOSPITALIZATION REASONS BY AGE GROUP: 2016

<table>
<thead>
<tr>
<th>Ages 0 - 4</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal newborn</td>
<td>2,284</td>
</tr>
<tr>
<td>Neonate w other significant problems</td>
<td>501</td>
</tr>
<tr>
<td>Full term neonate w major problems</td>
<td>171</td>
</tr>
<tr>
<td>Prematurity w/o major problems</td>
<td>126</td>
</tr>
<tr>
<td>Extreme immaturity or respiratory distress syndrome, neonate</td>
<td>81</td>
</tr>
<tr>
<td>Prematurity w major problems</td>
<td>58</td>
</tr>
<tr>
<td>Neonates, died or transferred to another acute care facility</td>
<td>48</td>
</tr>
<tr>
<td>Simple pneumonia &amp; pleurisy w/o CC/MCC</td>
<td>40</td>
</tr>
<tr>
<td>Bronchitis &amp; asthma w/o CC/MCC</td>
<td>39</td>
</tr>
<tr>
<td>Bronchitis &amp; asthma w/ CC/MCC</td>
<td>35</td>
</tr>
<tr>
<td>Otitis media &amp; URI w/o MCC</td>
<td>20</td>
</tr>
<tr>
<td>Seizures w/o MCC</td>
<td>19</td>
</tr>
<tr>
<td>Simple pneumonia &amp; pleurisy w/ CC</td>
<td>16</td>
</tr>
<tr>
<td>Misc disorders of nutrition, metabolism, fluids/electrolytes w/o MCC</td>
<td>15</td>
</tr>
<tr>
<td>Kidney &amp; urinary tract infections w/o MCC</td>
<td>14</td>
</tr>
<tr>
<td>Esophagitis, gastroent &amp; misc digest disorders w/o MCC</td>
<td>10</td>
</tr>
<tr>
<td>Chemo w/ acute leukemia as SDX w/o CC/mCC</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 5 - 17</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoses</td>
<td>393</td>
</tr>
<tr>
<td>Depressive neuroses</td>
<td>45</td>
</tr>
<tr>
<td>Diabetes w/o CC/MCC</td>
<td>38</td>
</tr>
<tr>
<td>Seizures w/o MCC</td>
<td>35</td>
</tr>
<tr>
<td>Simple pneumonia &amp; pleurisy w/ CC/MCC</td>
<td>20</td>
</tr>
<tr>
<td>Simple pneumonia &amp; pleurisy w/o CC/MCC</td>
<td>20</td>
</tr>
<tr>
<td>Appendectomy w/o complicated principal diagnosis w/o CC/MCC</td>
<td>19</td>
</tr>
<tr>
<td>Poisoning &amp; toxic effects of drugs w/o MCC</td>
<td>17</td>
</tr>
<tr>
<td>Esophagitis, gastroent &amp; misc digest disorders w/o MCC</td>
<td>16</td>
</tr>
<tr>
<td>Bronchitis &amp; asthma w/o CC/mCC</td>
<td>14</td>
</tr>
<tr>
<td>Vaginal delivery w/o complicating diagnoses</td>
<td>14</td>
</tr>
<tr>
<td>Appendectomy w complicated principal diagnosis w/o CC/MCC</td>
<td>13</td>
</tr>
<tr>
<td>Cellulitis w/o MCC</td>
<td>12</td>
</tr>
<tr>
<td>Chemotherapy w/o acute leukemia as secondary diagnosis w/ CC</td>
<td>12</td>
</tr>
<tr>
<td>Kidney &amp; urinary tract infections w/o MCC</td>
<td>11</td>
</tr>
</tbody>
</table>
Table 11.8 (cont’d.)
MCHENRY COUNTY RESIDENTS
TOP HOSPITALIZATION REASONS BY AGE GROUP: 2013

<table>
<thead>
<tr>
<th>Age 18 - 44</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal delivery w/o complicating diagnoses</td>
<td>1,908</td>
</tr>
<tr>
<td>Psychoses</td>
<td>973</td>
</tr>
<tr>
<td>Cesarean section w/o CC/MCC</td>
<td>625</td>
</tr>
<tr>
<td>Cesarean section w CC/MCC</td>
<td>306</td>
</tr>
<tr>
<td>Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC</td>
<td>282</td>
</tr>
<tr>
<td>Vaginal delivery w complicating diagnoses</td>
<td>228</td>
</tr>
<tr>
<td>Esophagitis, gastroenteritis &amp; misc digestive disorders w/o MCC</td>
<td>151</td>
</tr>
<tr>
<td>Cellulitis w/o MCC</td>
<td>87</td>
</tr>
<tr>
<td>Poisoning &amp; toxic effects of drugs w/o MCC</td>
<td>106</td>
</tr>
<tr>
<td>Disorders of pancreas except malignancy w/ CC</td>
<td>70</td>
</tr>
<tr>
<td>Other antepartum diagnoses w medical complications</td>
<td>70</td>
</tr>
<tr>
<td>O.R. procedures for obesity w/o CC/MCC</td>
<td>63</td>
</tr>
<tr>
<td>Seizures w/o MCC</td>
<td>59</td>
</tr>
<tr>
<td>Poisoning &amp; toxic effects of drugs w/ MCC</td>
<td>59</td>
</tr>
<tr>
<td>Uterine &amp; adnexa proc for non-malignancy w/o CC/MCC</td>
<td>50</td>
</tr>
<tr>
<td>Diabetes w/ CC</td>
<td>46</td>
</tr>
<tr>
<td>Laparoscopic cholecystectomy w/o C.D.E w/o CC/MCC</td>
<td>45</td>
</tr>
<tr>
<td>Vaginal delivery w/ sterilization &amp;/or D&amp;C</td>
<td>40</td>
</tr>
<tr>
<td>Headaches w/o MCC</td>
<td>38</td>
</tr>
<tr>
<td>Spinal fusion except cervical w/o MCC</td>
<td>38</td>
</tr>
<tr>
<td>Disorders of pancreas except malignancy w/o CC/CCC</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 45 - 64</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major joint replacement or reattachment of lower extremity w/o MCC</td>
<td>645</td>
</tr>
<tr>
<td>Psychoses</td>
<td>516</td>
</tr>
<tr>
<td>Esophagitis, gastroenteritis &amp; misc digestive disorders w/o MCC</td>
<td>235</td>
</tr>
<tr>
<td>Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC</td>
<td>204</td>
</tr>
<tr>
<td>Cellulitis w/o MCC</td>
<td>144</td>
</tr>
<tr>
<td>Percutaneous cardiovascular procedures w drug-eluting stent w/o MCC</td>
<td>140</td>
</tr>
<tr>
<td>Spinal fusion except cervical w/o</td>
<td>132</td>
</tr>
<tr>
<td>Cervical spine fusion w/o CC/MCC</td>
<td>107</td>
</tr>
<tr>
<td>Septicemia or severe sepsis w/o mechanical ventilation 96+ hours w MCC</td>
<td>102</td>
</tr>
<tr>
<td>Circulatory disorders except AMI, w/ Card cath w/o MCC</td>
<td>96</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease w/ MCC</td>
<td>90</td>
</tr>
<tr>
<td>Simple pneumonia &amp; pleurisy w/ CC</td>
<td>81</td>
</tr>
<tr>
<td>O.R procedures for obesity w/o CC/MCC</td>
<td>80</td>
</tr>
<tr>
<td>Cardiac arrhythmia &amp; conduction disorders w/ CC</td>
<td>76</td>
</tr>
<tr>
<td>Uterine &amp; adnexa proc for non-malignancy w/o CC/MCC</td>
<td>76</td>
</tr>
<tr>
<td>Major small &amp; large bowel procedures W CC</td>
<td>73</td>
</tr>
<tr>
<td>Cardiac arrhythmia &amp; conduction disorders w/o CC/MCC</td>
<td>72</td>
</tr>
</tbody>
</table>
Simple pneumonia & pleurisy w/ MCC | 71  
Pulmonary edema & respiratory failure | 68  
Rehabilitation w/ CC/MCC | 68

<table>
<thead>
<tr>
<th>Ages 65 - 74</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major joint replacement or reattachment of lower extremity w/o MCC</td>
<td>561</td>
</tr>
<tr>
<td>Septicemia or severe sepsis w/o MV &gt;96 hours w/ MCC</td>
<td>132</td>
</tr>
<tr>
<td>Esophagitis, gastroenteritis &amp; misc digest disorders w/o MCC</td>
<td>113</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease w/ MCC</td>
<td>101</td>
</tr>
<tr>
<td>Psychoses</td>
<td>89</td>
</tr>
<tr>
<td>Simple pneumonia &amp; pleurisy w/ MCC</td>
<td>82</td>
</tr>
<tr>
<td>Major joint/limb reattachment procedure of upper extremities</td>
<td>78</td>
</tr>
<tr>
<td>Perc cardiovascular proc w/ drug-eluting stent w/o MCC</td>
<td>77</td>
</tr>
<tr>
<td>Heart failure &amp; shock w/ MCC</td>
<td>77</td>
</tr>
<tr>
<td>Rehabilitation w/ CC/MCC</td>
<td>75</td>
</tr>
<tr>
<td>Cardiac arrhythmia &amp; conduction disorders w/o CC/MCC</td>
<td>73</td>
</tr>
<tr>
<td>Cellulitis w/o MCC</td>
<td>68</td>
</tr>
<tr>
<td>Intracranial hemorrhage or cerebral infarction w/ CC or TPA in 24 hrs</td>
<td>65</td>
</tr>
<tr>
<td>Degenerative nervous system disorders w/o MCC</td>
<td>64</td>
</tr>
<tr>
<td>Pulmonary edema &amp; respiratory failure</td>
<td>64</td>
</tr>
<tr>
<td>Heart failure &amp; shock w CC</td>
<td>63</td>
</tr>
<tr>
<td>Kidney &amp; urinary tract infections w/o MCC</td>
<td>60</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease w/ CC</td>
<td>58</td>
</tr>
<tr>
<td>Cardiac arrhythmia &amp; conduction disorders w/ CC</td>
<td>58</td>
</tr>
<tr>
<td>G.I. hemorrhage w/ CC</td>
<td>58</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 75+</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major joint replacement or reattachment of lower extremity w/o MCC</td>
<td>331</td>
</tr>
<tr>
<td>Heart failure &amp; shock w MCC</td>
<td>259</td>
</tr>
<tr>
<td>Septicemia or severe sepsis w/o mechanical ventilation 96+ hours w MCC</td>
<td>205</td>
</tr>
<tr>
<td>Heart failure &amp; shock w CC</td>
<td>184</td>
</tr>
<tr>
<td>Simple pneumonia &amp; pleurisy w CC</td>
<td>165</td>
</tr>
<tr>
<td>Rehabilitation w/ CC/MCC</td>
<td>157</td>
</tr>
<tr>
<td>Simple pneumonia &amp; pleurisy w CC</td>
<td>123</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease w MCC</td>
<td>122</td>
</tr>
<tr>
<td>Esophagitis, gastroenteritis &amp; misc digestive disorders w/o MCC</td>
<td>122</td>
</tr>
<tr>
<td>Kidney &amp; urinary tract infections w/o MCC</td>
<td>120</td>
</tr>
<tr>
<td>Renal failure w/ CC</td>
<td>107</td>
</tr>
<tr>
<td>Kidney &amp; urinary tract infections w/ MCC</td>
<td>105</td>
</tr>
<tr>
<td>Degenerative nervous system disorders w/o MCC</td>
<td>95</td>
</tr>
<tr>
<td>Pulmonary edema &amp; respiratory failure</td>
<td>94</td>
</tr>
<tr>
<td>Cellulitis w/o MCC</td>
<td>94</td>
</tr>
<tr>
<td>Diagnosis</td>
<td># Cases</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Renal failure w MCC</td>
<td>92</td>
</tr>
<tr>
<td>Intracranial hemorrhage or cerebral infarction w CC or TPA in 24 HRS</td>
<td>90</td>
</tr>
<tr>
<td>Cardiac arrhythmia &amp; conduction disorders w MCC</td>
<td>89</td>
</tr>
<tr>
<td>G.I. hemorrhage w CC</td>
<td>89</td>
</tr>
<tr>
<td>Cardiac arrhythmia &amp; conduction disorders w MCC</td>
<td>88</td>
</tr>
</tbody>
</table>

Note: Top 20 diagnoses or diagnoses with ≥ 10 cases per age group.

MCC or CC = (Major) complications or comorbid conditions; w = with, w/o = without.
Source: Illinois Hospital Association, COMPdata
### Table 11.9
**MCENTRY COUNTY**
**PRIMARY DIAGNOSIS OF LONG-TERM CARE RESIDENTS: 2014**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Residents</td>
<td>802</td>
<td>100.0%</td>
</tr>
<tr>
<td>Circulatory system</td>
<td>160</td>
<td>20.0%</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>114</td>
<td>14.2%</td>
</tr>
<tr>
<td>Developmental disability</td>
<td>91</td>
<td>11.3%</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>70</td>
<td>8.7%</td>
</tr>
<tr>
<td>Mental illness(^1)</td>
<td>65</td>
<td>8.1%</td>
</tr>
<tr>
<td>Other Medical</td>
<td>63</td>
<td>7.9%</td>
</tr>
<tr>
<td>Respiratory system</td>
<td>63</td>
<td>7.9%</td>
</tr>
<tr>
<td>Nervous system(^2)</td>
<td>62</td>
<td>7.7%</td>
</tr>
<tr>
<td>Endocrine/metabolic</td>
<td>36</td>
<td>4.5%</td>
</tr>
<tr>
<td>Genitourinary system</td>
<td>30</td>
<td>3.7%</td>
</tr>
<tr>
<td>Digestive system</td>
<td>20</td>
<td>2.5%</td>
</tr>
<tr>
<td>Injuries/poisoning</td>
<td>11</td>
<td>1.4%</td>
</tr>
<tr>
<td>Skin disorders</td>
<td>9</td>
<td>1.1%</td>
</tr>
<tr>
<td>Blood disorders</td>
<td>5</td>
<td>0.6%</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Non-medical</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

\(^1\)A total of 175 (21.8%) LTC residents are diagnosed as mentally ill (mental illness is not primary diagnosis for all).

\(^2\)Does not include Alzheimer’s disease.

Source: Illinois Department of Public Health, Long-Term Care Facility Planning Area Summary
### Table 11.10
**MCHEMRY COUNTY**
SELECTED CHARACTERISTICS OF LONG-TERM CARE RESIDENTS: 2014

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total</th>
<th>Percent</th>
<th>Nursing Care</th>
<th>Percent</th>
<th>ICF/DD</th>
<th>Percent</th>
<th>Shelter</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td></td>
<td>Number</td>
<td></td>
<td>Number</td>
<td></td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>All Residents</td>
<td>802</td>
<td>100.0%</td>
<td>668</td>
<td>100.0%</td>
<td>90</td>
<td>100.0%</td>
<td>44</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>270</td>
<td>32.6%</td>
<td>214</td>
<td>32.0%</td>
<td>48</td>
<td>53.3%</td>
<td>8</td>
<td>11.3%</td>
</tr>
<tr>
<td>Female</td>
<td>559</td>
<td>67.4%</td>
<td>454</td>
<td>68.0%</td>
<td>42</td>
<td>46.7%</td>
<td>36</td>
<td>88.7%</td>
</tr>
<tr>
<td><strong>Age Group (years)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;45</td>
<td>25</td>
<td>3.1%</td>
<td>4</td>
<td>0.6%</td>
<td>21</td>
<td>23.3%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>45 - 74</td>
<td>113</td>
<td>14.1%</td>
<td>60</td>
<td>9.0%</td>
<td>53</td>
<td>58.9%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>75 - 84</td>
<td>186</td>
<td>23.2%</td>
<td>175</td>
<td>26.2%</td>
<td>4</td>
<td>4.4%</td>
<td>7</td>
<td>15.9%</td>
</tr>
<tr>
<td>85+</td>
<td>361</td>
<td>45.0%</td>
<td>326</td>
<td>48.8%</td>
<td>2</td>
<td>2.2%</td>
<td>33</td>
<td>75.0%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>784</td>
<td>97.8%</td>
<td>656</td>
<td>98.2%</td>
<td>84</td>
<td>93.3%</td>
<td>44</td>
<td>100.0%</td>
</tr>
<tr>
<td>Black</td>
<td>8</td>
<td>1.0%</td>
<td>2</td>
<td>0.3%</td>
<td>6</td>
<td>6.7%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>3</td>
<td>0.4%</td>
<td>3</td>
<td>0.4%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
<td>0.9%</td>
<td>7</td>
<td>1.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hispanic (any race)(^1)</td>
<td>18</td>
<td>2.2%</td>
<td>13</td>
<td>1.9%</td>
<td>5</td>
<td>5.6%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Payment Source</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>160</td>
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<td>160</td>
<td>24.0%</td>
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<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>389</td>
<td>48.5%</td>
<td>302</td>
<td>45.2%</td>
<td>87</td>
<td>96.7%</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Other Public</td>
<td>44</td>
<td>5.5%</td>
<td>44</td>
<td>6.6%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Insurance</td>
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<td>2.1%</td>
<td>17</td>
<td>2.5%</td>
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<td>0.0%</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Private Pay</td>
<td>187</td>
<td>23.3%</td>
<td>145</td>
<td>21.7%</td>
<td>3</td>
<td>3.3%</td>
<td>39</td>
<td>88.6%</td>
</tr>
<tr>
<td>Charity Care</td>
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<td>0.6%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>5</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

\(^1\)Tabulated separate from race.

**Source:** Illinois Department of Public Health, Long-Term Care Facility Planning Area Summary
Figure 11.1  
McHenry County 
Uninsured by Age and Income Level: 2014

Figure 11.2  
McHenry County 
Medicaid Enrollment: 2006-2015
McHenry County
Resident Hospital Discharge Rates by Gender and Age Group: 2016

Figure 11.3

<table>
<thead>
<tr>
<th>Gender</th>
<th>0-17</th>
<th>18-44</th>
<th>45-64</th>
<th>65+</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>859.7</td>
<td>194.8</td>
<td>755.3</td>
<td>3,210.0</td>
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<tr>
<td>Female</td>
<td>118.6</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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