

MCHENRY COUNTY HEALTHY COMMUNITY STUDY 2017

SUMMARY *REPORT OF PRIORITIES AND KEY FINDINGS*



Working together for a
Healthier McHenry County

January 10, 2017

Prepared for
McHenry County Healthy Community Partnership

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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 Gallagher, 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:

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

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.

PRIORITIES

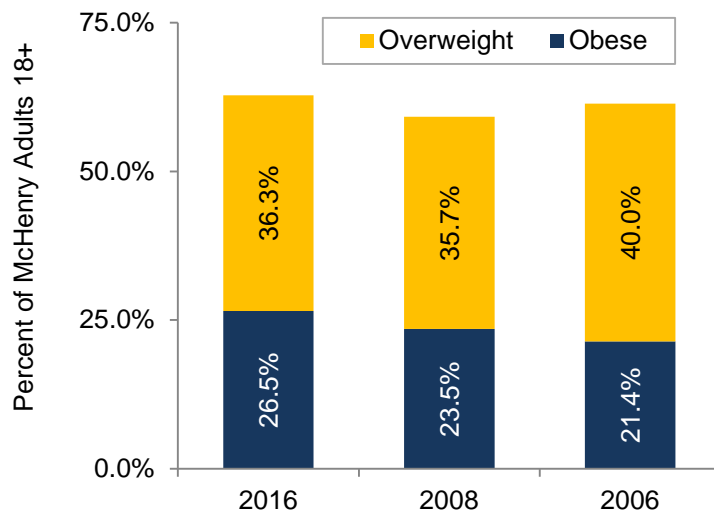
Eleven priorities were identified by the Healthy Community 2017 partners. Four priorities address physical health: obesity, cardiovascular disease risk factors, cancer, and diabetes. Three priorities relate to mental health and substance abuse: mental health and substance abuse service availability; 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.



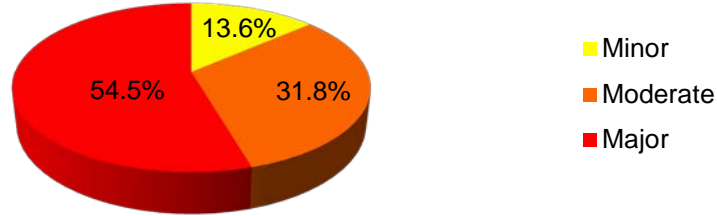
Community Survey

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.

Community Leaders' Perception of **Obesity** as Local Health Problem



Cardiovascular Disease and Risk Factors

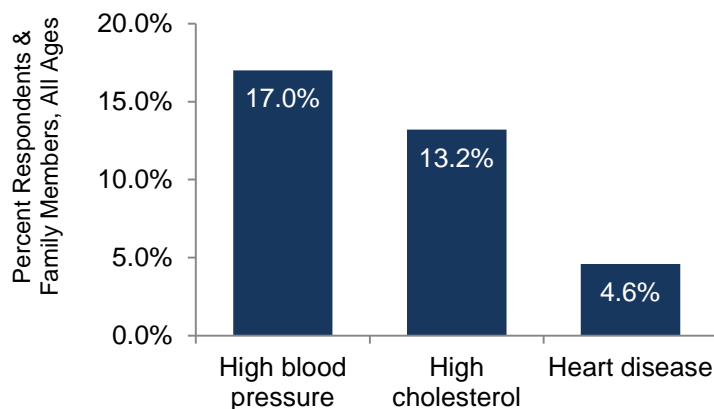
Community Analysis

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.

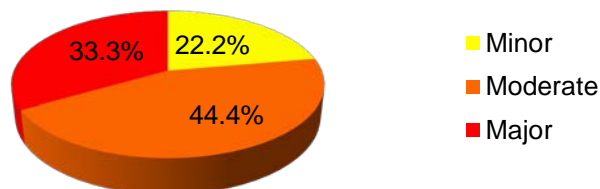


Focus Groups of Target Populations and Community Leaders

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



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%.

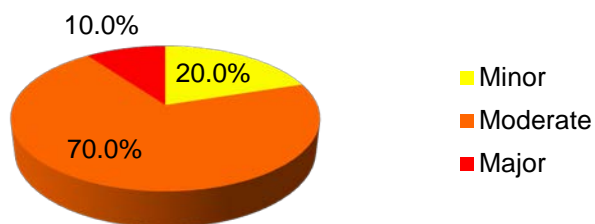
Almost one-third (32%) of McHenry County cancer deaths (2010-2014) occur to persons under the age of 65.

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%.

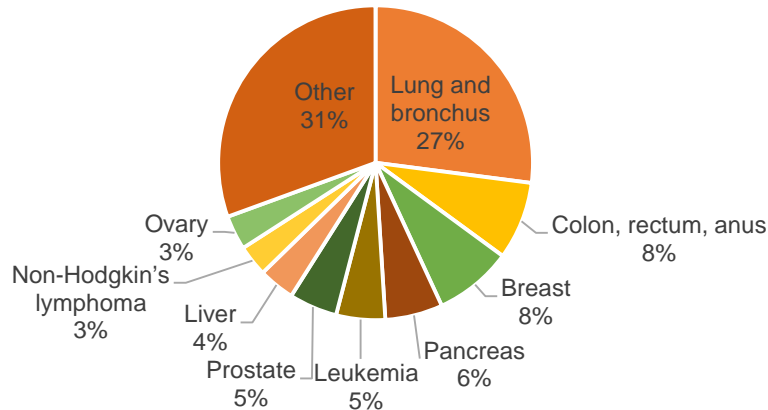
The cancer incidence rate of 476.6 cancer cases per 100,000 population resembles the state at 475.0. While males are more likely than females to get cancer (517.4 males, 449.3 females), they are less likely to die from cancer (202.0 males, 158.8 females). Incidence and death rates are age-adjusted.

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



McHenry County Cancer Deaths by Type: 2012-2014



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.

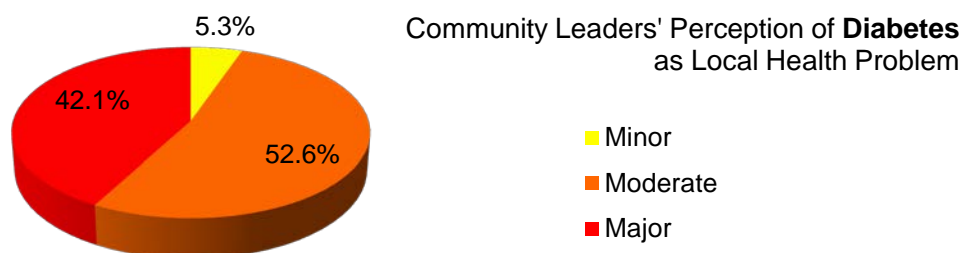
Community Survey

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

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.

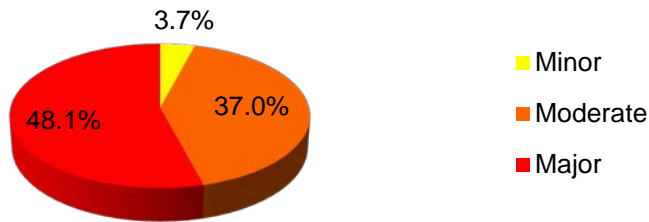
The focus group comprised of military veterans said that substance abuse counselors are needed for their population.

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.

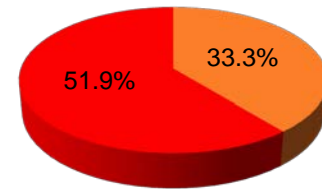
Substance abuse ranked first highest of four service types based on need/severity of problem in the views of community leaders, while mental health was second. Almost half consider the availability of each of these service types as a major health problem.

Community Leaders' Perception of Availability as Local Health Problem

Mental Health Services



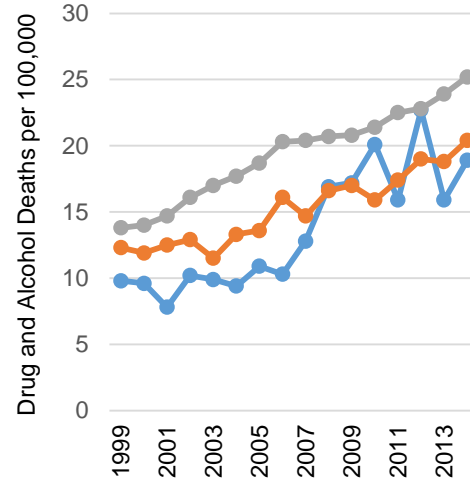
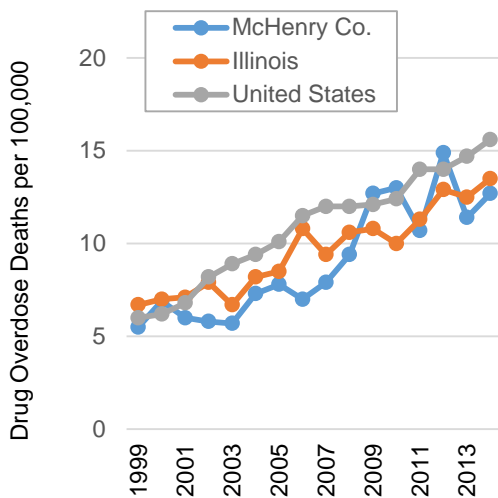
Substance Abuse Services



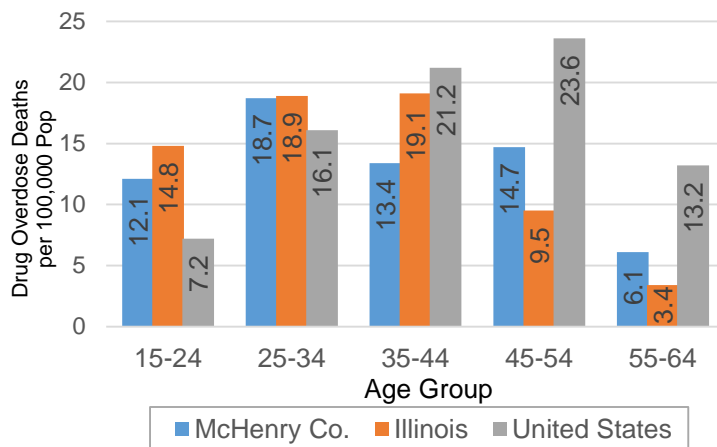
Alcohol, Drugs and Other Substance Use; Misuse of Prescription Medications/Opioids

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.

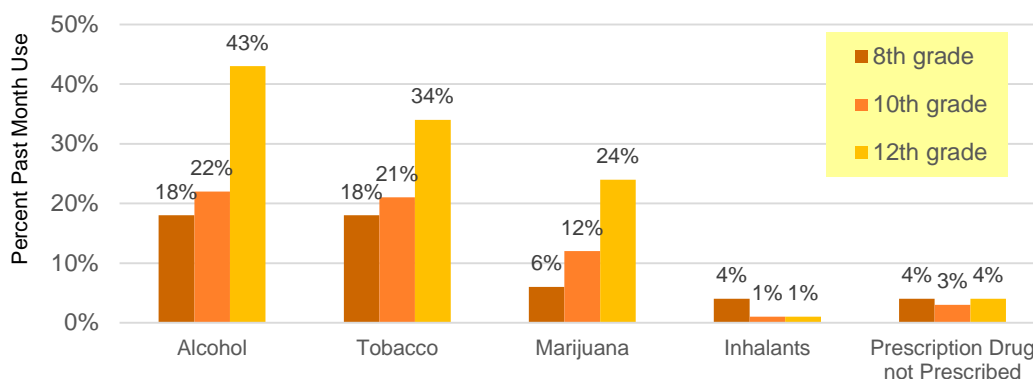


McHenry County resident deaths due to poisoning and exposure to noxious substances numbered 107 for the three-year period 2012-2014, a rate of 11.9 per 100,000 population, accounting for 34.9% of all accidental deaths.

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.

McHenry County Students Past Month Substance Use: 2016

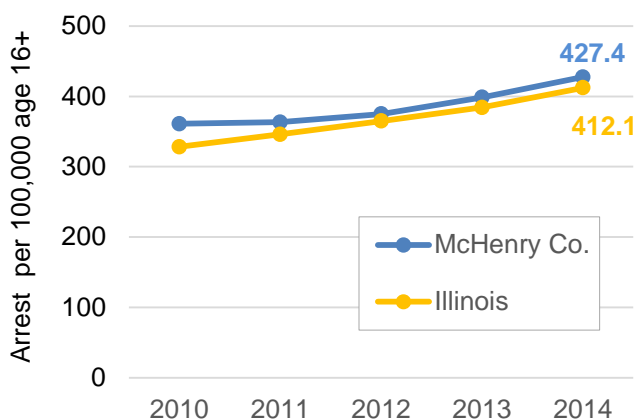


Behavioral Risk Factor Survey 2014 data indicate that one in five McHenry County adults ages 18 years and older are “at risk for acute/binge drinking,” defined as having had five (men)/four (women) or more drinks in a row during the past month.

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.



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.

COMMUNITY LEADERS RATINGS OF SEVERITY OF PROBLEM IN COUNTY

Health Condition	Percent Responses ¹			Mean ²	
	Minor	Moderate	Major	Score	Rank
Prescription misuse	0.0%	31.8%	68.2%	3.68	1
Drug abuse	0.0%	36.4%	63.6%	3.64	2
Alcohol abuse	4.8%	47.6%	47.6%	3.43	4
Tobacco abuse	22.7%	59.1%	18.2%	2.95	9

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,

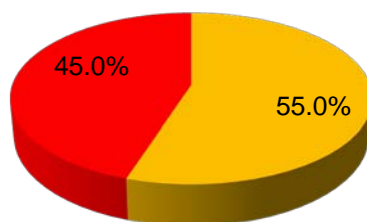
- 13.0% have been diagnosed with depression, an increase over 2014 at 11.9%
- 11.1% have been diagnosed with anxiety or panic disorders, increasing over 2014 at 9.6%
- 2.4% report PTSD (post-traumatic stress disorder).

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.

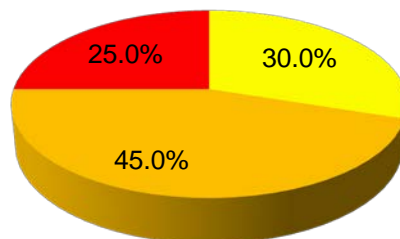
Depression



Community Leaders' Perception of Condition as Local Health Problem

- Minor
- Moderate
- Major

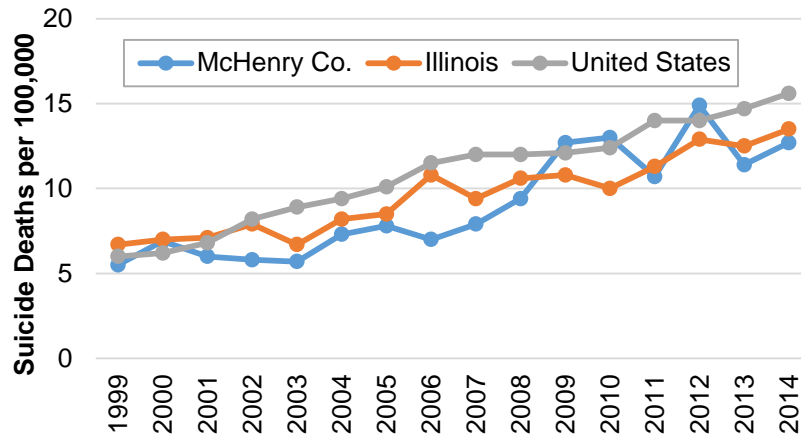
Anxiety



Suicide

Community Analysis

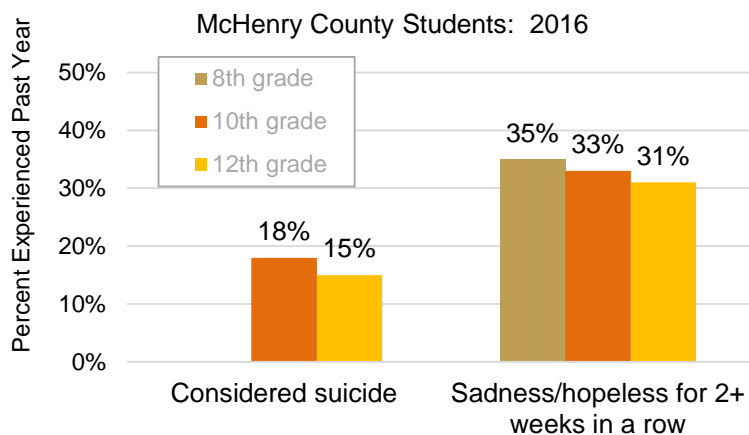
Showing an increase over the past several decades, the county has reported 30 or more suicides per year since 2009. In 2015, the number hit 40 and 2014 witnessed 35. The McHenry County rate has exceeded the state for most years since 2008.



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.

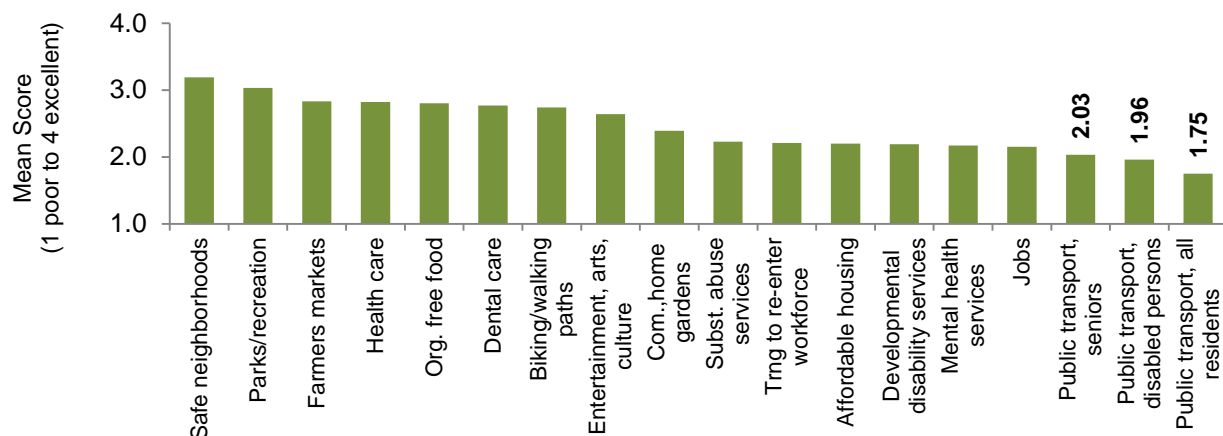
Another focus group topic addressed challenges to living a healthy lifestyle in McHenry County. Based on frequency of mention, lack of awareness about existing services placed third by both target populations and community leaders.

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.

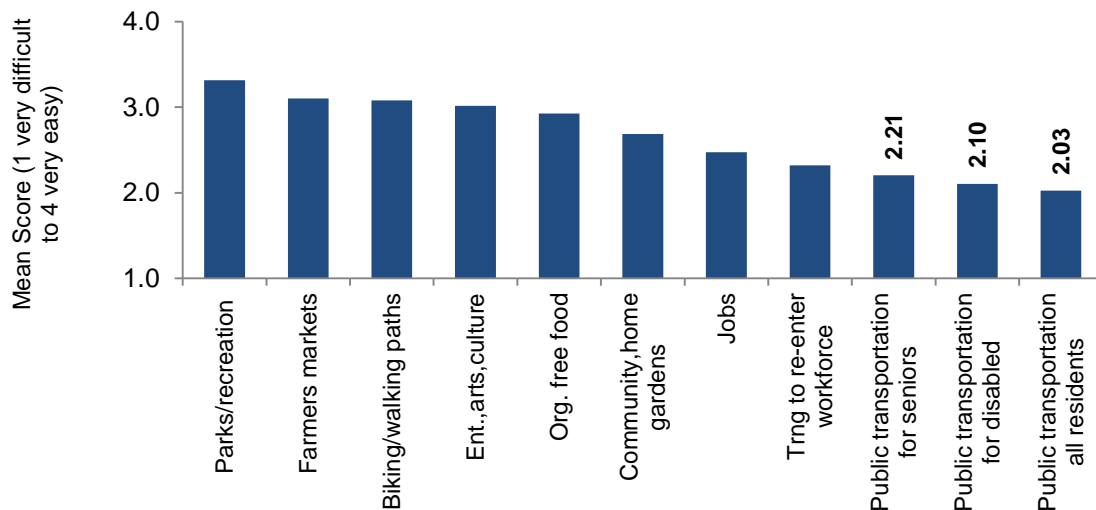
Public Transportation

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.”



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

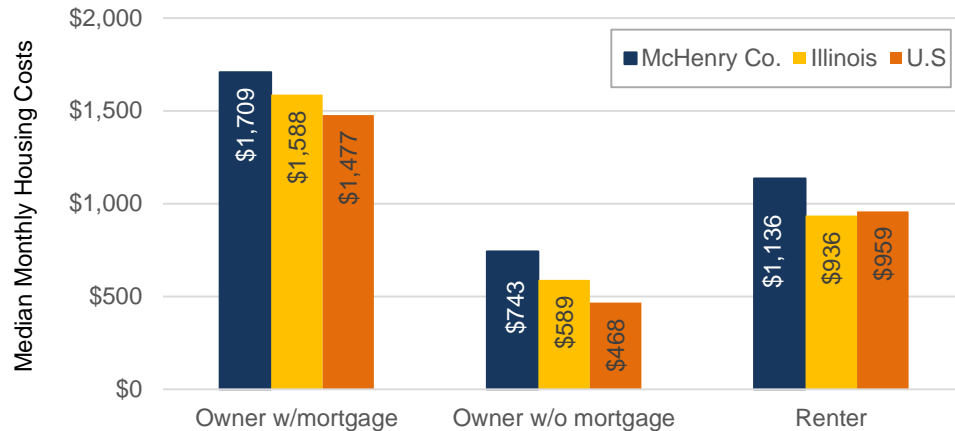
Target population focus group members said that one aspect of living in McHenry County that they do not like is the lack of public transportation. They said it is difficult to get around if you do not have a car or are able to drive.

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

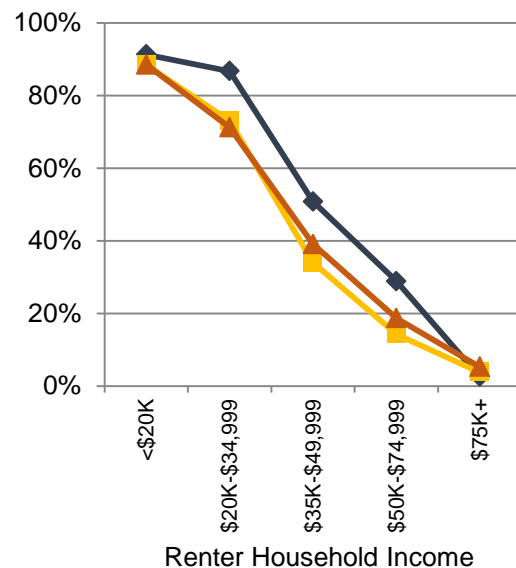
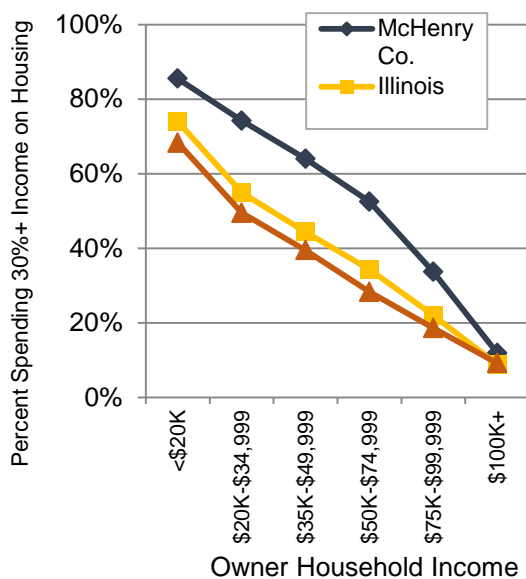
Community Analysis

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.

COMPARISON OF 2017 AND EARLIER HEALTHY COMMUNITY STUDIES

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.

AVAILABILITY OF COMMUNITY FEATURES

Availability of	Mean Score		Change 2014-2016	Mean	Change 2010-2016
	2016	2014		2010	
Safe neighborhoods	3.19	3.25	↓	---	
Parks/recreation services	3.03	3.02	↑	2.75	↑
Farmers markets	2.83	2.88	↓	---	
Health care services	2.82	2.90	↓	2.64	↑
Organizations that provide free food	2.80	2.89	↓	---	
Dental care services	2.77	2.79	↓	2.65	↑
Biking/walking paths	2.74	2.77	↓	---	
Substance abuse services	2.23	2.39	↓	---	
Training to re-enter the workforce	2.21	2.24	↓	---	
Mental health services	2.17	2.44	↓	2.11	↑
Jobs	2.15	2.02	↑	1.54	↑
Public transportation for seniors	2.03	2.05	↓	1.91	↑
Public transportation for disabled persons	1.96	1.98	↓	2.01	↓
Public transportation for all residents	1.75	1.70	↑	---	

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.

SEEKING CARE WHEN SICK OR NEED DOCTOR OR NURSE

Site	Percent Households ¹		Change 2014-2016
	2016	2014	
Doctor's office	87.2%	76.7%	↑
Immediate care center	41.7%	22.4%	↑
Hospital emergency department	20.7%	15.6%	↑
Grocery/drug store walk-in clinic	8.5%	---	
VA hospital/VA clinic	4.3%	4.7%	↓
Family Health Partnership Clinic	3.9%	3.8%	↑
McHenry Community Health Center	2.8%	2.4%	↑
Harvard Area Community Health Center	1.5%	3.0%	↓
Health Department	1.0%	1.5%	↓
Workplace clinic	1.0%	---	
Don't go anywhere when sick	4.5%	7.8% ²	↓

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.

SELF-REPORTED HEALTH STATUS OF RESPONDENTS

Response	Percent Respondents		
	2016	2014	2010
Excellent	12.4%	14.8%	21.4%
Very good	37.9%	34.9%	---
Good	37.3%	34.1%	58.4%
Fair	9.7%	12.1%	14.9%
Poor	1.6%	3.0%	2.2%

"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.

PREVALENCE OF PHYSICAL AND MENTAL HEALTH CONDITIONS

Disease/Condition	Percent ¹		Change 2014-2016
	2016	2014	
Physical Health			
Alzheimer's disease/dementia	0.9%	1.5%	↓
Blindness or serious vision problems	2.6%	2.0%	↑
Deafness or serious hearing problems	3.6%	3.6%	↔
Dental problems untreated	6.3%	6.7%	↓
Diabetes	7.3%	7.1%	↑
Digestive/stomach disorders	11.0%	7.4%	↑
Heart disease	4.6%	4.9%	↓
High blood pressure, hypertension	17.0%	17.8%	↓
High cholesterol	13.2%	15.1%	↓
Migraine headaches	6.8%	6.7%	↑
Obesity/overweight	15.3%	12.9%	↑
Respiratory illness	2.7%	4.7%	↓
Seizure disorders	1.0%	1.2%	↓
Skin disorders	4.3%	6.6%	↓
Mental/Behavioral and Developmental Health			
ADD/ADHD	7.9%	6.7%	↑
Alcohol or substance abuse	2.7%	2.8%	↓
Anorexia, bulimia or other serious eating disorder	1.0%	1.0%	↔
Anxiety or panic disorders	11.1%	9.6%	↑
Autism Spectrum Disorder	1.2%	1.7%	↓
Bipolar disorder	2.4%	3.5%	↓
Depression	13.0%	10.9%	↑
Developmental delay or disabilities	1.7%	2.8%	↓
Obsessive-compulsive disorder	1.6%	1.7%	↓
Phobias	0.4%	0.9%	↓
Schizophrenia	0.3%	0.3%	↔

¹Percents 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

Care for	Percent Respondents		Change 2014-2016
	2016	2014	
Adult 60 years and older	16.2%	15.2%	↑
Individual with disability or special need	12.1%	13.3%	↓
Children not one's own	4.6%	2.6%	↑

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

ABUSE EXPERIENCED BY HOUSEHOLD MEMBERS

Type of Abuse Experienced During Past 12 Months	Percent Households		Change 2014-2016
	2016	2014	
Emotional	8.1%	8.9%	↓
Physical	2.2%	2.2%	↔
Sexual	1.1%	0.6%	↑

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

FINANCIAL PROBLEMS DURING PAST TWELVE MONTHS

Financial Situation Experienced by Respondent or Household Member	Percent Households		Change 2014-2016
	2016	2014	
Lack money for basic needs	19.6%	23.9%	↓
No job for 90 days or more	9.4%	23.1%	↓
Involuntary job loss	7.9%	18.4%	↓
Needed legal help but could not afford	7.6%	13.4%	↓
Divorced, separated or widowed which affected finances ¹	6.3%	7.7%	↓
Identity theft by a stranger ²	4.6%	11.6%	↓
Foreclosure of home	2.9%	6.0%	↓
Filed for bankruptcy	1.7%	4.2%	↓
Financially abused by someone you know ³	1.4%	6.3%	↓

¹"Which affected finances" added in 2016.

²"By a stranger" added in 2016.

³"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.