

2010 MCHENRY COUNTY HEALTHY COMMUNITY STUDY

EXECUTIVE SUMMARY

Priorities and Report of Key Findings



Prepared for
McHenry County Healthy Community Partners

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INTRODUCTION AND METHODOLOGY

Purpose

The “health” of a community extends far beyond the traditional view focused on select health measures and availability of medical resources. Rather, a healthy community encompasses a broad range of community characteristics that define the ingredients of a healthy place to live. With this vision in mind, the McHenry County Healthy Communities Study had sought to understand and address the county’s most pressing needs, involving partners from diverse organizations. Nineteen (19) partners guided the process in 2010, almost doubling the number who were involved four years earlier.

Similar to the 2006 project, the 2010 McHenry County Healthy Community Study aims to improve the health of McHenry County residents. That begins with a thorough understanding of the county’s “health” as measured using four assessments, each from a different perspective including residents, populations in need of services, community leaders, and descriptors using secondary data sources. Through the assessments, knowledge is gained about the current health status of county residents, demographic trends, social and economic indicators, health behaviors, and utilization of health services. The assessments also attempt to understand the perceptions of community strengths and weaknesses as well as answer questions about the health and human services delivery system, unmet needs, gaps, and barriers to care.

McHenry County’s 2010 Healthy Community Study significantly expanded the reach and scope of the community needs assessment by drawing in additional partners and incorporating additional issues such as environment and employment to provide a more thorough understanding of the quality of life experienced by area residents.

Health Systems Research (HSR) of the University of Illinois College of Medicine at Rockford was contracted to conduct three components of the needs assessment, specifically the household survey, focus groups, and key informants, as well as prepare this summary report. The community analysis was completed by the McHenry County Department of Health with guidance and oversight provided by Health Systems Research.

Health Systems Research, which specializes in community needs assessments for health and human service organizations, has assisted the McHenry County Department of Health and other local organizations on numerous projects over the past decade. HSR also conducted the four components of the comprehensive needs assessment carried out for the 2006 McHenry County Healthy Community Study.

Steering committee members, their organizations, and other service providers will use this document to determine what should be done and implement strategies and actions.

Organization

The 2010 McHenry County Healthy Community Study was led and directed by representatives from 19 partner organizations who served as steering committee members. Those organizations and their representatives are:

Advocate Good Shepherd Hospital Julie Mayer	League of United Latin Amer. Citizens Maggie Rivera
Centegra Health System Hadley Streng & Rowena Wermes	McHenry County Mental Health Board Barbara Iehl
Crystal Lake Chamber of Commerce Maria Ortega	Pioneer Center Kemberly Dailey Johnson
Environmental Defenders Suzanne Johnson	Sherman Hospital Tina Link
1 st Congregational Church of Crystal Lake Kathryn Gooding	Senior Services Associates Inc. Meg LaMonica
Leadership Greater McHenry County Marcy Piekos & Dr. Frances Glosson	United Way of Greater McHenry County David Barber
McHenry County College Lena Kalemba	Woodstock Christian Life (Hearthstone) Rick Curtis
McHenry County Community Foundation John Small	Woodstock Community Unit School District 200 Laura Crain
McHenry County Conservation District Pete Merkel	Village of Prairie Grove Jeannine Smith
McHenry County Department of Health Joseph Gugle & Debra Quackenbush	

The Core Team includes Advocate Good Shepherd Hospital (Julie Mayer), Centegra Health System (Hadley Streng & Rowena Wermes), McHenry County Community Foundation (John Small), McHenry County Department of Health (Joseph Gugle & Debra Quackenbush), and United Way of Greater McHenry County (David Barber).

Methodology

The summary report is a composite of findings from the four assessments which are described below, along with a description of the priorities, comparison of 2006 and 2010 findings and a listing of community assets as mentioned in the assessments.

HOUSEHOLD SURVEY. Description of community issues and problems based on a random sample of McHenry County households. Surveys were sent to 8,000, one in thirteen households, proportional to zip codes within the county. Survey respondents numbered 1,128, a 14.1% return. Questions in the survey covered:

- Perceptions of community improvements needed and problems
- Community characteristics
- Land use
- Transportation
- Employment
- Financial concerns
- Perception of health
- Utilization of health and human services
- Prevalence of diseases and conditions
- Mental health issues
- Family and children situations including abuse.

FOCUS GROUPS. Discussions with small groups of persons who represent target populations likely to use or need health and human services. Discussion topics addressed positive and negative aspects of living in McHenry County, needed services, service gaps and barriers, and experiences with local agencies.

The eleven focus groups as identified by the Steering Committee reflect similar groups included in 2006. The 2010 focus groups were: at risk youth, homeless persons, Latino adults, low-income adults, parents of children/youth with mental illness, persons with a developmental disability, persons with mental illness, seniors, unemployed and dislocated workers, veterans, and young adults ages 18-24. Sessions were convened at a variety of sites. A total of 102 individuals took part in the focus groups.

KEY INFORMANTS. Interviews with 34 community leaders, agency directors, and other persons considered experts in their field based on professional expertise, knowledge of local human services system, or position of influence. As selected by the steering committee, many of the key informants or their predecessors at their organizations had been interviewed for the 2006 study. They are listed in the summary of the key informant assessment presented later in this report.

Interview questions focused on community assets, challenges, specific target groups in need of services, and perception of strengths and weaknesses of health and human services delivery. Key informants were interviewed by Leadership Greater McHenry County class members and alumni following a session that provided guidance on interviewing techniques and procedures given by Health Systems Research staff.

COMMUNITY ANALYSIS. Description of McHenry County using secondary sources of information that drew extensively on the U.S. Census Bureau's American Community Survey

2005-2009, decennial Censuses and annual estimates; the Illinois Department of Public Health for vital statistics and behavioral risk factors; Illinois Department of Employment Security for employment data; Illinois State Uniform Crime Reporting Program; and additional sources for other health, social, economic, and environmental indicators.

Priorities

Using information and analysis from all four assessments, priorities were identified based on their prominence as community needs. As part of the priority selection process, issues were weighted based on their magnitude defined by size and severity, significance to the community, and whether current activities were adequate and effective in addressing the problem.

The four primary priorities are:

- INFORMATION AND REFERRAL SYSTEM
- ACCESS TO DENTAL CARE FOR LOW-INCOME POPULATION
- ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
- OBESITY AND NUTRITION

Secondary priorities include:

- Cardiovascular Disease
- Diversity of Population/Lack of Integration
- Environment - Open Space and Groundwater Protection
- Lack of Public Transportation

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

PRIORITY ISSUES

PRIMARY PRIORITIES

INFORMATION AND REFERRAL SYSTEM

Introduction

Awareness of services is the first step in accessing and using them appropriately. Even when enough services are available and accessible, people need to know that those services exist in the first place. Awareness of services occurs on two levels, the consumer and provider. Individuals who are unaware of service options may confront a sense of helplessness, not knowing what to do or where to turn when needing care. Lack of awareness among providers can mean that patients are not referred to the appropriate resources.

Services must be known and promoted in a comprehensive, easy to access way in order for consumers to navigate and, when necessary, enroll in services offered through the local health and human services system. Providers must know about and be able to quickly find a guide of services to help their patients receive the most appropriate care.

Household Survey

When asked about availability of information to find services, 17.7% of survey respondents rated this characteristic as poor, 15.9% said they did not know, and 10.8% gave no answer, essentially an indication that they are not aware of this information either. Only one-quarter (23.3%) of respondents felt that availability of information was good or excellent (3.2%). Two groups, single parents and non-whites, rated availability of information to find services lower than all other groups with composite ratings falling below 2.0, the numeric equivalent of fair.

Focus Groups

Lack of awareness of available services emerged as a major barrier in the McHenry County health and human services system according to focus groups held in 2010, much as was the case in 2006. Groups commented on the lack of up-to-date information, adding that information about available services rarely informed them about eligibility so they would spend too much time pursuing services for which they were ineligible. Current pamphlets were felt to provide minimal information. Group members experienced what they regard as an inefficient referral process of being sent from one person to another in the pursuit of seeking care. Online searches were noted as a resource, but referral specialists available by phone in times of stress were proposed as the best way to address this barrier.

Need for a more effective information and referral system was also cited as one of the most prominent and frequently cited gaps in the local health and human services delivery system. Three-quarters (72.7%) of focus groups specifically emphasized the importance of greater public awareness of available services at every stage of the help-seeking process, especially in the initial steps. The focus groups stressed the need for increasing the information and referral network in the county. Focus group members usually learned about services in the midst of crisis and stress, indicating that they may have heard of an agency or program but knew nothing about available services or eligibility requirements. They added that services should be better

advertised and information should be available through a variety of sources such as brochures, websites, and referral lines with an ongoing mechanism to update this information.

Eight of eleven focus groups cited the lack of an accessible, up-to-date, centralized source of information about service availability as one of the three top weaknesses of the local delivery system. They commented that maintaining a centralized source of information is even more important because McHenry County is divided into many communities.

Among the suggested actions to be undertaken as a result of the 2010 McHenry County Healthy Community Study, the number one need is to increase the effectiveness of information and referral services in the county. This requires more community attention and focus. Though adequate services exist, many people are not aware of them which, when coupled with the lack of awareness by providers and caregivers, means that sources of assistance may not be accessed when they are most needed.

Key Informants

Key informants stated that the lack of awareness about available services is a foremost weakness in the health and human services system in McHenry County. Informants described the absence of a centralized database of service providers which county residents can access when they need help. Residents do not know whom to call for different types of help.

As the number one suggestion to improve the efficiency in the health and human services system, key informants proposed the development of a centralized information system that links McHenry County needs to available services. Residents must have a simple way to locate service providers who may be able to help them. Two informants mentioned a 211 information/referral line that they thought would be launched in 2011. This would greatly enhance the linkages between providers and persons in need.

ACCESS TO DENTAL CARE FOR LOW-INCOME POPULATION

Introduction

Oral health is integral to overall optimal health. Dental problems can be a contributing factor to many other major health problems. Lack of access to dental care poses major obstacles to achieving good oral health. Lack of regular and preventive care can mean an increase in dental caries and periodontal disease, sometimes producing serious enough tooth emergencies to force patients to seek care in the hospital emergency room.

Factors such as lack of insurance, cost of deductibles/co-payments, language, and availability of dentists can severely restrict access. Furthermore, the low-income population, many of whom have no dental insurance, cannot afford dental services. Those who rely on Medicaid find very few dentists accept this form of payment, and Medicaid only covers limited services such as extractions. Untreated and unresolved dental problems are common in this population.

Household Survey

More than one in four (27.6%) survey respondents rated the availability of dental services in McHenry County as fair or poor, while an additional quarter (22%) said they did not know or provided no answer. Population groups which gave the lowest ratings to dental care availability

include single parents, persons receiving some form of financial assistance, and respondents with no more than a high school education.

Almost two in three (63.4%) persons who said they needed dental care in the past year but did not receive that care cited the lack of dental insurance as the reason, while a quarter (26.7%) blamed the unaffordable cost of the deductible or copayment, and one-fifth (21.7%) have no regular dentist. One in nine (11.8%) gave their reason for not getting care as not finding a dentist who would accept Public Aid/Medicaid.

Untreated dental problems were experienced by 6.1% of all survey respondent household members in 2010, up from 5.6% reported in the 2006 study. Among persons ages 18 years and older, 7% or more persons report untreated dental problems. This condition was the third most common chronic condition among ages 18-29.

Focus Groups

Focus groups stated that access to dental care, especially for persons without dental insurance or those covered by Public Aid/Medicaid, is a significant community problem. Based on the remarks of four groups, access to affordable dental care is more difficult than medical care. The issue of affordable dental care emerged in the 2006 study and is repeated in 2010. According to focus group participants, care is too expensive for those without dental insurance so they forego routine exams, cleaning, and treatment. Treatment for those who lack insurance or personal resources generally is limited to extractions rather than fillings or crowns.

The lack of affordable dental services was singled out in 2010, though not in 2006, as a major gap in the local health and human services system because almost no dental providers provide care for the low income, unemployed, seniors, and persons without insurance.

Among suggested initiatives proposed to address community problems, focus groups named increasing access to care for Public Aid recipients, uninsured residents, and many seniors as one of the most important. Dental care was regarded as the most challenging access issue.

Key Informants

McHenry County residents with low incomes, especially the working poor, deal with needs across a wide spectrum. Many work in low-wage occupations, sometimes holding down several jobs, but their minimal income disqualifies them from accessing needed services. Finding affordable dental care for these individuals and their families can be a daunting task.

Another target population, overlapping with the low income and working poor, are the unemployed and underemployed, many of whom are victims of the recent economic downturn in the county and nation. Besides needing a job or better paying job, residents in this group need access to affordable dental care.

Community Analysis

Based on the findings of the 2007 Behavioral Risk Factor Survey, about one-quarter (26.5%) of McHenry County adults have no health insurance. One in eight (12.5%) have not seen a dentist in the past two years, a level that has remained fairly constant since 2002.

ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Introduction

Mental health services are recognized as an essential component of the health care continuum, yet receive far fewer resources than many medical ailments. While many adults and children suffer from mental health problems, too often these problems go unrecognized or inadequately treated. Besides access issues, a stigma is still commonly attached to mental illness resulting in a reluctance to seek and get help. Inadequate preventive services, delayed identification of problems, and fragmented services are causing undue suffering for many adults, children, and their families in our communities. Laid on top of mental health concerns is the added burden of substance abuse for some individuals. Not only are most communities under resourced when dealing with mental health and substance abuse, federal and state funding shortfalls are causing deep cuts in many services.

Household Survey

One in ten (9.6%) survey respondents selected mental health care as a needed community improvement in 2010, a sharp rise from 2006 at 6.8%. When examined by subgroups, higher proportions of persons receiving financial assistance (20.2%), single parents (14.5%), and respondents with some college (13.1%) identified mental health care as a needed improvement.

Asked about issues requiring community attention, alcohol/substance abuse ranked eighth highest and mental health services/education ranked tenth out of 26 total issues, as identified by 16.6% and 12.6% of respondents, respectively. The groups which more often designated these community issues are, for alcohol/substance abuse, persons with some college (22%), single parents (18.8%), and married couple households with children at home (18.5%) and for mental health services/education, persons receiving some form of financial assistance (23.4%), associate degree holders (15.5%), and ages 45-64 (15%).

Rating community characteristics, survey respondents gave a low score of 2.11 on a four-point scale (1=poor to 4=excellent) to availability of mental health care services which essentially equates to fair. Among the 19 community characteristics, mental health services placed sixth lowest. The leading reason that kept persons from getting needed mental health care in the past year was lack of insurance as cited by 18.6% of those unable to receive care.

Among survey respondents and household members, 3.6% suffer from substance or alcohol abuse, with prevalence higher among ages 18-29 at 6.3% and 45-64 at 4.5%. Affecting 14.4% of survey respondents, depression was the most common mental health problem followed by anxiety at 12.3%. Among single parents, prevalence of both conditions is double (29% depression, 21.7% anxiety). Persons receiving financial assistance and having some college/no degree also experience higher than average rates of depression and anxiety. At 16.3%, young adults ages 18-29 also report higher anxiety than the population as a whole.

More than one in five (22.5%) survey respondents *thought* about seeking professional help for a personal or emotional problem in the past year, half (50.6%) of whom actually got help. One in eleven (9%) respondents reported ever thinking about or attempting suicide. At greatest risk for suicidal thoughts or attempts were single parents (16.7%), singles living alone (13.6%), persons with some college (13.4%), and rural residents (12%).

Asked about problems regarding children, 13% of respondents indicate that their household contains a child with attention deficit disorder (ADD), with or without hyperactivity (ADHD), 7.8% had a child with anxiety or extreme nervousness, 5.8% had a child with aggressive or violent behavior, 5.5% bullying, 4% had child experiencing extreme discomfort in social situations, 3.5% had a child with alcohol or drug use, and 3.2% with eating disorders/self image problems.

Focus Groups

Among the most significant gaps in health and human services in McHenry County, focus groups named services for mentally ill individuals. Decreased mental health funding from the state has meant a reduction in services, especially the availability of mental health and recovery specialists, peer support programs, and efforts to reduce the stigma of mental health. Wait times of one month to see a mental health professional creates a major gap in care. Other prominent gaps include the lack of dual diagnosis services for persons with both mental illness and developmental disabilities, the lack of local inpatient psychiatric beds, and the limited amount of mental health assistance offered through the school systems.

A top initiative proposed by focus groups to address the gaps in care delivered through McHenry County health and human services is the provision of local inpatient psychiatric and rehabilitation facilities to meet the needs of mentally ill and substance abusing individuals. Focus groups expressed concerns about transportation to facilities outside the county and less involvement of family members in inpatient and intensive outpatient treatment processes when services are not close by.

Key Informants

The fourth most frequently named target population needing community attention was mentally ill persons and substance abusers. Key informants stated that McHenry County residents with mental health or substance abuse issues need more local inpatient services and crisis care. Calls to the area's crisis line have grown in number and callers exhibit more acute symptoms, perhaps due in part to the economic decline which has taken a toll on the local residents' mental health.

According to key informants, no inpatient detox unit, no inpatient substance abuse program, no adolescent inpatient mental health program, and no crisis respite program exist within the county's borders. Those requiring inpatient care must get services outside of McHenry County or forego treatment altogether. Many of the mentally ill or substance abusers in crisis situations land in the hospital emergency room or end up in the hands of law enforcement. Another population experiencing extra long waits for mental health and substance abuse treatment are jail inmates. State funding cutbacks have resulted in fewer local outpatient mental health resources.

Residents with mental health and substance abuse problems are often reluctant to seek care due to the stigma associated with admitting their problem. Confusing insurance policies also hamper access. Lack of transportation to services is an additional barrier for McHenry County residents. Many who suffer with mental health or substance abuse problems fall into the low-income/working poor population without a car or other means of reliable transportation to keep appointments.

Youth with mental health and substance abuse problems need comprehensive services such as day programs and inpatient programs located in McHenry County. Some teenagers with

emotional problems have been failed by the schools and medical community and have nowhere to receive help. No services addressing eating disorders are available for youth in the county. Lack of positive role models and negative peer pressure are other barriers to youth accessing services.

Community Analysis

Using 2007 Behavioral Risk Factor Survey data, 13.7% of McHenry County adults experienced poor mental health extending a week or more of the past month. The 2007 county level surpasses previous years and the state as a whole.

Data reported by the U.S. Census Bureau in the 2005-2007 American Community Survey estimates show that 9,929 McHenry County residents ages 5 years and older suffer from a mental disability. Mental disabilities affect 2,474 children in the county, 4.6% of the population ages 5-15, and is the leading type of disability in this age group. Among ages 16-64, mental disability occurs in 2.5% of the population (5,119 persons) and 8.3% of the 65+ age group (2,336 persons). To be categorized as having a mental disability, Census respondents or household members indicate that they have trouble learning, remembering, or concentrating due to a physical, mental, or emotional condition lasting six months or more.

Among reasons for hospitalization of McHenry County residents, psychoses, which encompasses a range of psychiatric disorders including major depression and anxiety, is the leading non-birth related diagnosis, accounting for 1,737 discharges in 2009. Fourth highest is alcohol/drug abuse or dependence with 628 discharges.

National prevalence estimates applied to the local population suggest that 48,487 McHenry County adults suffer from some form of mental disorder, most commonly anxiety affecting 35,064 or major depression 13,402. National estimates of substance use suggest that 22,369 local residents ages 12 years and older have used an illicit drug, 71,984 tobacco, and 61,121 consumed five or more drinks on one occasion during the past month.

Among the county's youth, the 2008 Illinois Youth Survey data showed an increased use of "gateway drugs" of cigarettes, alcohol, and marijuana as grade level increases. Sharp rises occur between sixth and eighth grade as well as subsequent grades. More than half (54%) of high school seniors report alcohol consumption and one-quarter (24%) marijuana use in the past month.

McHenry County's DUI (Driving Under the Influence) arrest rate has consistently exceeded the state level over the past decade. In 2008, a total of 1,259 DUI arrests were made in McHenry County, a rate of 520.9 per 100,000 population ages 16 years and older compared to 479.9 Illinois.

Suicide has claimed the lives of about 27 McHenry County residents per year since 2004. The 2007 number reached 31, higher than any other time since 1996, also at 31. McHenry County's 2007 suicide death rate at 9.9 per 100,000 exceeds Illinois (8.6) but not the U.S. at 11.5. Rates are three times higher among males than females. Nine in ten (90.3%) of the county's 2007 suicide deaths occurred to persons under the age of 65.

The top three death causes for ages 25-44 (2003-2007 data) involve mental health and substance abuse, number one being motor vehicle accidents, an estimated half of which involve alcohol, number two accidental poisoning (overdose), and number three suicide.

OBESITY AND NUTRITION

Introduction

Body weight and diet are basic determinants of health status. Good nutrition exerts a major influence on children's growth and development. Among adults, a healthy diet and appropriate body weight lower the risk of chronic conditions such as hypertension, high cholesterol, and diabetes. In the past decade, obesity has become a top public health problem nationwide because of its increasing prevalence and relationship to leading causes of death such as heart disease, some cancers, and disability.

In the U.S., obesity is most common among middle-aged persons, black, and Hispanic women. The rise in obesity occurring in adolescents and children has alarmed public health officials and providers.

Household Survey

In the 2010 survey, 8.8% of respondents said that someone in their household was obese, rising from 7.5% reported in 2006. Among ages 30-64, 11.2% say they are obese, while the level is somewhat higher for ages 65+ at 13.6%.

Key Informants

While not identified as a top community problem, several key informants did address the issue of obesity. One commented on the value of good nutrition and healthy habits for low-income women who sometimes lack the resources and know-how to prepare nutritious meals and exercise enough. Another key informant brought up teenage obesity which he feels deserves a great deal more community attention.

Community Analysis

Based on height and weight measures collected at the time of the 2007 Behavioral Risk Factor Survey administration, one-quarter (23.5%) of McHenry County adults 18 years and older are obese, a significant rise over the level reported in 2002 at 18.5%. In 2007, an additional third (35.7%) of adults are overweight. That means six in ten (59.2%) McHenry County adults are considered overweight or obese.

Obesity is known to be a leading risk factor for diabetes. Diabetes accounted for 40 McHenry County deaths in 2007, a rate of 12.7 per 100,000 population. For the two-year period 2006-2007, 87 deaths were attributed to diabetes or 2.4% of all deaths in the county. One-third (32.5%) of McHenry County deaths due to diabetes in 2007 occurred to persons under the age of 65, far higher than the premature mortality rate due to all causes at 24.7%. Using 2003-2007 data, diabetes ranks seventh highest among leading death causes for McHenry County's white population and sixth for Hispanics. By age group, diabetes places fifth highest among death causes for ages 25-44, 45-64, and 65-74. Using self-reported data from the 2007 Behavioral Risk Factor Survey, 5.4% of the county's adult population are diabetic.

SECONDARY PRIORITIES

Cardiovascular Disease

Cardiovascular diseases, comprised of heart disease, stroke (cerebrovascular diseases), atherosclerosis, and aortic aneurysm/dissection, accounted for almost one-third (31.2%) of all McHenry County 2007 deaths. Using 2006-2007 data, heart disease and stroke represented the second and third leading death causes of county residents, respectively. Besides a major killer, cardiovascular diseases are leading causes of disability.

The risk of cardiovascular disease can be significantly affected by modifying lifestyle and behaviors, including high blood pressure (hypertension), cholesterol, smoking, obesity, and physical activity. Persons with high blood pressure are three to four times more likely to develop heart disease and seven times more likely to have a stroke as persons with normal blood pressure. Improvements in diet and exercise and cessation of smoking have been shown to significantly reduce the risk of cardiovascular disease.

Heart disease, the county's #2 killer, took 418 McHenry County lives in 2007, a rate of 132.8 per 100,000. The 2007 age-adjusted heart disease death rate at 169.1 per 100,000 exceeds the 1997 rate of 161.3, counter to the decreasing trend experienced at the national and state level. Stroke accounted for 110 deaths of local residents in 2007, producing an age-adjusted death rate of 45.5 per 100,000, above both the state (43.9) and U.S. (42.2). When examined by gender, McHenry County males exhibit a far higher age-adjusted heart disease death rate at 217.1 per 100,000 than females (153.0), while stroke rates are almost the same for both genders (44.8 males, 43.1 females). Heart disease and stroke deaths occur more commonly at older ages, with stroke the #1 death cause among ages 75 years and older (8.2% of deaths in this age group) and heart attack the third highest cause. For both 65-74 and 45-64 year olds, heart attack placed second highest among death causes.

Two major conditions which contribute to cardiovascular disease are high blood pressure and high cholesterol. Based on 2007 Behavioral Risk data, 31.2% of McHenry County adults report having high cholesterol, while 28.1% have been diagnosed with high blood pressure. Using national prevalence estimates applied to the local population, 57,888 adults in the county have high blood pressure and about half as many at 27,048 have heart disease.

Results of the 2010 household survey indicate that one-fifth (20%) of respondent households include someone diagnosed with high blood pressure, up from 16.1% in 2006 and 17.1% have high cholesterol, also above the 2006 level at 15%. In the 2010 survey, 5.9% report the presence of heart disease in the household, also exceeding 2006 at 5.3%. Among seniors ages 65+, prevalence of these conditions rises to 51.9% for high blood pressure, 41.5% high cholesterol, and 21.9% for heart disease. High blood pressure and high cholesterol top the chronic conditions for ages 30-64.

Public Transportation

In three assessments, a better public transportation system in McHenry County emerged as a prominent need. Many local residents lack access to a vehicle so they rely on other means to seek services, shop, and take care of daily tasks. Mobility between and within communities exerts a major impact on access to care.

When asked about potential community improvements (household survey), public transportation ranked fifth highest with one-third (32.2%) of respondents. Among population subgroups, far more 75 year olds, single persons living alone, and single parents expressed the need for better public transportation, indicated by 42% or more within each group.

When rating 19 community characteristics, the availability of transportation for the elderly and disabled ranked second lowest, with four subgroups producing mean scores below “fair” at 1.8 or lower - households receiving public assistance, single parents, associate degree holders, and persons residing in the southeast quadrant of the county.

Survey respondents were also asked to select their top three choices for spending transportation funds. One third (33.9%) chose the establishment of scheduled bus service among major McHenry County communities, with higher percentages at 40% or more, among ages 75+ (51.2%), financial assistance households (50%), single parents (44.9%), and non-whites (41.5%). For the two additional choices relating to public transportation, 28% wanted to establish new train stations and 24.7% felt that expanding the on-call PACE transit, Dial-a-Ride should be given priority.

Cited by almost all focus groups, the lack of adequate public transportation was considered a critical community problem. While service provided by Metra has met some transportation needs, focus group participants mentioned that the number of stops is limited and too few trains are scheduled. Using PACE is not always practical because calls for service must be made ahead of time, the vehicle often comes early and will not wait for customers who are not at the designated stop. Other forms of transportation such as cabs are too costly to use on a regular basis. Certain groups such as seniors, low income, and persons with disabilities are more affected than others by the inadequate network of public transit. Besides representing a major community problem, lack of public transportation serves as a major barrier to receiving services said focus group members in 2010 as well as four years earlier in 2006.

Much like describing the problem of inadequate public transportation, practically all focus groups wanted the community to develop an extensive and affordable public transportation system. This, they stated, would enhance access for many groups to needed services and programs. Effective public transportation was regarded by focus groups not as a personal convenience but essential to the health, well-being, and quality of life of McHenry County residents.

Key informants also discussed the importance of a reliable public transportation system to expand the employment and education opportunities for the county’s low-income population. They named the development of an affordable, accessible public transportation system as the number one challenge facing the county.

The limited nature of the existing public transport system prevents many residents from getting the services they need. The bus system, they explained, can be expensive, does not offer flexible hours, and covers a small geographic area. Few services are mobile so residents must travel to the agency’s location. Some seniors who need health care or social services no longer drive, while many low-income families do not own a car. Residents such as these often have trouble getting to and keeping appointments even when care is badly needed.

In the community analysis, 2005-2009 Census data show that only 2.9% of McHenry County workers use public transportation to commute to work, far below the state (5%) and national (8.8%) figures. An estimated 3,181 households lack their own vehicle, more than half of which are seniors.

Diversity of Population

Much like the nation, McHenry County has become far more diverse over the past few decades. Among the challenges associated with the growing diversity is the need to integrate the different groups into the community as a whole. According to the 2010 Census, white, non-Hispanics comprised 83.7% of the county's population, dropping from 89.6% in 2000. The county's second largest population group defined by race/ethnicity are Hispanics who make up 11.4% of the 2010 population, up substantially from 7.5% in 2000 and almost four times the 1990 percentage at 3.3%. From 2000 to 2010, the Hispanic population in McHenry County added 15,647 persons.

While accounting for only 1% of the 2010 population, blacks in McHenry County more than doubled their share of population (0.5%, 2000). Asians also saw a doubling of their number in the past decade, from 3,734 in 2000 (1.4%) to 7,712 in 2010, accounting for 2.5% of the population in the county.

Household survey results indicate that 5.6% of the county's adult population feels that discrimination based on race deserves more community attention. Three groups expressed this need more than other groups: non-whites (23.2%), persons with a graduate degree (8.7%), and ages 18-44 (8.1%). Along similar lines, 6.9% of all survey respondents indicated that tolerance of differences needs to be improved in the community with larger proportions of 65-74 year olds (9.9%), non-whites (9.8%), and graduate degree holders (9.2%) identifying this as a concern.

Focus groups and key informants acknowledged the growing size and influence of the minority populations, saying that McHenry County is becoming multicultural. They expressed concerns about the non-white population's lack of integration into the service mix and life of the community. Key informants named the Latino/Hispanic population as the number one target population needing more community attention. The language barrier poses major problems in accessing services. While health and human service organizations have added bilingual workers, key informants said that many more are needed. The continued scarcity of providers who are fluent in Spanish is a significant weakness in the health and human services delivery system, given the large number of Spanish-speaking residents in the county.

Three focus groups expressed concerns about the growing number of immigrants who are not integrated into the health and human service system, saying that differences in culture and language limit integration. They also said that persons with different language and customs often keep to themselves and rely on each other rather than joining the wider community. Through translators and the translation of materials into other languages, the county's providers have tried to link and integrate the immigrants into the service system, yet more needs to be done.

In the 2010 study, focus groups emphasized the language barrier in seeking care by the Hispanic population. In both 2006 and 2010, lack of enough bilingual agency staff was cited as a major service gap. Focus groups commended the progress made by state and local agencies in hiring additional bilingual staff and translators, yet the lack of bilingual mental health professionals remains a huge unmet need.

Environment – Open Space and Groundwater Protection

While growth and development in McHenry County slowed somewhat in the last half of the past decade, concerns about the impact of rapid population growth surfaced in regard to issues of maintaining open space and preserving the quality of groundwater.

Data from the U.S. Environmental Protection Agency presented in the community analysis show that 35 community water systems supply the county's residential areas and 34 additional systems serve the same population but not year round, such as schools. In addition, 288 transient non-community water systems exist that do not consistently serve the same people such as gas stations, convenience stores, rest stops in McHenry County.

Key informants named the existing open spaces and farmland as a major community asset in McHenry County. They also ranked the protection of the environment as one of the top five challenges facing the county. Their remarks about environmental protection focused on preserving the open spaces and water table. Maintaining the delicate balance between growth and the county's rural areas is vital once development begins again when the economy improves. Ground water preservation is a particular concern for residents who do not want the expansion of development to outpace the available water supply. Protecting farmland is also a foremost concern to many residents.

Key informants realize that numerous local groups are lobbying to protect the area's environment and applaud their efforts. They feel that the conservation organizations and park districts in the county receive strong support from McHenry County residents.

Similar to 2006, focus groups claim that growth and development is a leading community problem in 2010 and believe the air quality in the county has declined in recent years.

In the 2010 household survey, protection of natural resources placed fifth highest of 17 community improvements needed, cited by one-third (32.6%) of respondents. Four-fifths (80.3%) agree that preserving open space is as important as residential or commercial growth, while two-thirds (66.4%) agree that maintaining the present natural areas such as forests, prairies, and wetlands is more important than acquiring new ones. Just over half (56.2%) agree that government should require residents to use water conservation practices. In the same survey, respondents could offer open-ended comments. The volume of comments about the importance of maintaining the rural nature of McHenry County placed this issue among the top five.

POSITIVE ASPECTS OF LIVING IN MCHENRY COUNTY

The 2010 McHenry County Healthy Community Study encompassed four assessments focusing on identifying and understanding community needs. Despite the focus on needs, two assessments specifically asked participants to name attributes regarding life in McHenry County. For focus group members and key informants, the initial question for discussion asked, “What do you like about living in McHenry County?”

Blend of Small-Town and Suburban Characteristics

Echoed by a majority of key informants and focus groups, McHenry County offers a small-town environment. The semi-rural atmosphere combined with a suburban-like feel allows local residents to enjoy the qualities of small-town living along side amenities associated with suburban areas.

Several key informants spoke about the many farms located within the county’s borders. Focus group members portrayed local residents as friendly and genuine, lending cohesiveness to many neighborhoods. The close proximity to shopping, restaurants, and cultural activities is also desirable along with easy access to Chicago.

Public Safety

Focus group members said they generally feel safe in McHenry County. They appreciate the low crime rate. Many group members compared McHenry County to other communities where they have lived and believe the county to be much safer than their previous residences.

Crime data from the Illinois State Police as presented in the Community Analysis substantiate the perception of low crime rates relative to other areas. The county’s 2008 rate of 1,807.9 crimes per 100,000 population is about half the state rate of 3,550.7. Moreover, McHenry County’s number of 2008 crimes at 5,712 represents an eight-year low.

Health and Human Services Availability

Key informants believe that an abundance of social services exist in McHenry County. The social service agencies communicate well with each other and area businesses generally support the local agencies. People in area communities take care of each other and the volunteer base is large.

Focus groups also remarked on the number and variety of services for persons in need and agreed that access to services is far easier in McHenry County than Chicago and surrounding communities.

The hospital systems were singled out as a significant community asset because of the numerous services and excellent care they offer. Focus group members perceive these health care systems to be a growing resource over time.

Open Spaces and Outdoor Recreation

Open spaces and farmland contribute to the rural quality of many parts of McHenry County, offering a peacefulness that does not exist in surrounding counties. The current balance between land conservation and development has resulted in an abundance of outdoor recreational opportunities. The county contains numerous forest preserves, parks, and waterways. Three focus groups commented on the park districts and regard them as important contributors to the quality of life in the county. The Northern Illinois Special Recreation Association was recognized for its positive efforts to assist persons with disabilities.

Education

The majority of focus groups named the county's good schools as a positive aspect in living in McHenry County. Key informants agreed, saying they were impressed by the quality and innovation found in the primary and secondary schools. Also as a source of pride, focus group members spoke about the community college, describing McHenry County College as accessible with excellent career tracks, opportunities for advancement, and high quality instruction.

Variety of Community and Family-Friendly Activities

Focus groups consider McHenry County to be quite family-oriented and describe their communities as good places to raise children. The variety of community events and activities, coupled with the excellent schools, are reasons that families find the county a desirable place to live.

Rail Service

Four focus groups named the Metra rail service as a community asset. Cited as beneficial for both work and leisure activities, Metra service allows county residents to travel in and out of Chicago easily. Likewise, several key informants consider Metra transportation into the collar counties and Chicago as a most desirable feature of living in McHenry County.

COMPARISON OF 2010 AND 2006 HEALTHY COMMUNITY STUDIES

In 2006, McHenry County Department of Health along with nine community partners launched a comprehensive community health needs assessment comprised of four components:

- Household Survey of area residents
- Focus Groups of target populations who use or need services
- Key Informants who are community leaders, agency directors, or experts in their fields
- Community Analysis which includes a wide range of data from secondary sources.

Four years later, in 2010, the Healthy Community partners, having grown to 19, again conducted a community health needs study, repeating the four assessments. This section compares the findings of the two studies from 2010 and 2006. The 2010 project was broader in scope and encompassed more quality of life measures so that some topics covered in 2010 were not part of the 2006 study.

Comparisons from the three assessments - household survey, focus groups, and key informants - are described. Because the information in the community analysis already shows trends over time, coupled with the fact that most vital statistic and Census data involve a significant time lag, no comparison between the 2010 and 2006 Community Analyses is presented here.

Household Survey

Many questions included in the 2006 McHenry County Household Survey were repeated in 2010. Two questions about overall community needs and issues were asked. In one question, survey respondents were asked to select the five most needed community improvements from a list of 17 topics. Compared to four years earlier, more respondents in 2010 chose job availability, crime prevention, programs for the elderly, and mental health care. Areas named by a lower percentage of respondents (at least a three percentage point drop) in 2010 over 2006 include traffic flow, public transportation, entertainment/arts, health care, and tolerance of differences.

COMMUNITY IMPROVEMENTS NEEDED (arrows indicate direction of change)

Response	2010		2006 Pct.		Response	2010		2006 Pct.	
	No.	Pct.				No.	Pct.		
Job availability	519	46.8%	29.6%	↑	Entertainment, arts	270	24.3%	28.1%	↓
Traffic flow	465	41.9%	60.2%	↓	Affordable housing	259	23.4%	---	---
Biking/walking paths	412	37.2%	---	---	Programs for elderly	245	22.1%	17.8%	↑
Roads	366	33.0%	---	---	Parks, recreation	231	20.8%	22.4%	↓
Protection of natural resources	362	32.6%	---	---	Schools	208	18.8%	19.7%	↓
					Health care	204	18.4%	21.5%	↓
Public transportation	357	32.2%	37.0%	↓	Youth/teen behavior	158	14.2%	15.9%	↓
Businesses, stores	300	27.1%	29.7%	↓	Mental health care	106	9.6%	6.8%	↑
Crime prevention	283	25.5%	19.5%	↑	Tolerance of differences	77	6.9%	10.9%	↓

A similar survey question asked respondents to select the most important community issues requiring greater community attention. Two issues surpassed 2006 in terms of volume of response: gangs/delinquency/youth violence and crime prevention. Most issues saw a decline in respondents, most notably (with drops of at least three percentage points) affordable housing, services for caregivers, services for single parents, special education for children, special recreation programs for physically/mentally challenged adults and children, and bereavement counseling. In the 2006 survey, respondents could select as many issues as relevant, whereas 2010 respondents were limited to five choices which could explain why more issues saw drops in 2010. High health care costs topped the list of issues requiring community attention in both years, though the difference was very small, 49.1% in 2010 and 51.5% in 2006.

COMMUNITY ISSUES NEEDING GREATER ATTENTION (arrows indicate direction of change)

Response	2010		2006 Percent	
	Number	Percent		
High health care costs	545	49.1%	51.5%	↓
Gangs, delinquency, youth violence	413	37.2%	32.3%	↑
Crime prevention	346	31.2%	19.9%	↑
Affordable housing	284	25.6%	31.8%	↓
Services for caregivers	197	17.8%	24.2%	↓
Services for single parents	190	17.1%	21.0%	↓
Services for two parent working families	189	17.0%	17.4%	---
Alcohol/substance abuse	184	16.6%	19.4%	↓
Domestic violence	159	14.3%	15.3%	↓
Mental health services/education	140	12.6%	---	---
Special education for children	137	12.4%	16.2%	↓
Special recreation programs for physically/ mentally challenged adults	125	11.3%	14.9%	↓
School dropouts	124	11.2%	12.9%	↓
Child abuse	117	10.6%	13.4%	↓
Supported employment for handicapped	118	10.6%	12.7%	↓
Special recreation programs for physically/ mentally challenged children	113	10.2%	15.0%	↓
Literacy (Illiteracy in 2006)	112	10.1%	11.0%	↓
Services for grandparents raising grandchildren	96	8.7%	---	---
Teen pregnancy	89	8.0%	9.4%	↓
Crisis counseling	79	7.1%	8.4%	↓
Elder abuse	67	6.0%	---	---
Discrimination based on race	62	5.6%	---	---
Bereavement counseling	35	3.2%	8.5%	↓
Discrimination based on sexual orientation	29	2.6%	---	---
Social services for minorities	29	2.6%	---	---
Sexually transmitted diseases, AIDS	22	2.0%	---	---

Note: In the 2010 survey, respondents could select up to five choices, where in 2006 respondents could select all applicable areas.

Another survey question asked respondents to rate community characteristics on a four-point scale from 4=excellent to 1=poor. Of the 19 characteristics included in the 2010 survey, 12 were repeated from 2006. Of those twelve, seven received higher scores in 2010, while four scored lower, and one remained unchanged. Characteristics demonstrating the most improvement, with gains of 0.09 points or more on the four point scale, are availability of cultural activities and arts (+0.14), access to local government decision makers (+0.12), and quality of local park district and recreational services (+0.09). With smaller gains, improved scores also occurred for quality of local community or village services, cooperation among local governments, availability of services for disabled persons, and availability of transportation for the elderly and disabled. Declines, each no more than 0.09 points, took place for availability of preventative health care, availability of social services, availability of activities/services for senior citizens, and availability of activities/services for youth/teens.

RATINGS OF COMMUNITY CHARACTERISTICS ATTENTION
(arrows indicate direction of change)

Characteristic	2010	2006	
	Mean		
Quality of your local park district and recreational services	2.75	2.66	↑
Availability of dental care services	2.65	---	---
Availability of health care services	2.64	2.64	0
Availability of college education	2.61	---	---
Quality of local community or village services	2.56	2.52	↑
Availability of daycare for children under 5 years of age	2.45	---	---
Availability of preventative health care	2.45	2.51	↓
Availability of social services	2.40	2.48	↓
Access to local government decision makers	2.31	2.19	↑
Availability of day/after school/summer care for children 5+	2.30	---	---
Availability of activities/services for senior citizens	2.25	2.27	↓
Availability of cultural activities, arts	2.21	2.07	↑
Availability of information to find services	2.16	---	---
Availability of mental health care services	2.11	---	---
Availability of activities/services for youth/teens	2.06	2.15	↓
Cooperation among local governments	2.02	1.94	↑
Availability of services for disabled persons	2.01	1.96	↑
Availability of transportation for the elderly and disabled	1.91	1.85	↑
Availability of employment opportunities	1.54	---	---

Like 2006, transportation questions were part of the 2010 household survey which asked respondents to select three priority choices for spending transportation funds. In both years, far more respondents selected improving existing highways over any other choice, although the 2010 proportion at 61% fell below 2006 at 69.5%. Three of the remaining potential priorities were more often named in 2010: adding and improving pedestrian paths, sidewalks, and bike

paths; establishing new train stations, increasing frequency of service and commuter parking; and expanding a subsidized taxi or van voucher program. The two issues cited by a smaller proportion in 2010 than 2006 were building or extending a limited access highway through the county and improving car and van pooling to major work destinations.

TRANSPORTATION PRIORITIES (arrows indicate direction of change)

Response	2010		2006 Percent	
	Number	Percent		
Improving existing highways by widening and/or upgrading intersections.	676	61.0%	69.5%	↓
Adding and improving pedestrian paths, sidewalks and bike paths.	437	39.4%	37.1%	↑
Establishing scheduled bus service among major McHenry County communities.	376	33.9%	33.9%	0
Building or extending a limited access (possibly interstate) highway through the county.	356	32.1%	36.7%	↓
Establishing new train stations, increasing frequency of service and commuter parking.	310	28.0%	27.0%	↑
Expand on-call PACE transit, Dial-a-Ride	274	24.7%	24.2%	---
Creating more and improved "park and ride" sites for buses to Cook, Kane, Lake sites including Metra.	217	19.6%	19.7%	---
Expanding a subsidized taxi, van voucher program.	102	9.2%	6.8%	↑
Improving car and van pooling to major work destinations.	67	6.0%	7.8%	↓

As an important topic in the survey, respondents were asked about access to health care. In 2010, a smaller proportion at 5.8% said they did not have a regular doctor or clinic as compared to 2006 (7.6%). For those who have a regular provider, most go to a doctor's office or private clinic (82.3% 2010, 84.5% 2006), however, substantial changes took place for an immediate care center (4.1% 2010 vs. 2% 2006) and Family Health Partnership Clinic (2.8% 2010 vs. 2.3% 2006).

PERSON OR PLACE TO GO WHEN SICK OR NEED HEALTH ADVICE (arrows indicate direction of change)

Response	2010		2006 Percent	
	Number	Percent		
No, I do not have a regular doctor or clinic	64	5.8%	7.6%	↓
Yes, I usually go to				
A doctor's office or private clinic	913	82.3%	84.5%	↓
Family Health Partnership Clinic	31	2.8%	2.3%	↑
Hospital emergency department	6	0.5%	1.0%	↓
Health department	2	0.2%	0.1%	↑
Immediate care center	45	4.1%	2.0%	↑
VA hospital or clinic	10	0.9%	1.1%	↓

Comparing the 2010 and 2006 surveys also reveals changes in the uninsured population. Two of three (64.8%) respondents said that everyone in the household was covered by health insurance in 2010, a significant drop from 84.8% reported in 2006. Including respondents and household members, 3.8% of the 0-17 year olds were uninsured in 2010, lower than 2006 at 5.8%. The opposite is true for ages 18-29 with one in four (24.2%) uninsured in 2010, much higher than 2006 at 16.9%. Also higher in 2010 were the uninsured 30-64 year olds (8.8%) compared to 7.4% in 2006.

UNINSURED HOUSEHOLD MEMBERS (arrows indicate direction of change)

Response	2010		2006	
	Number	Percent	Percent	
Persons ages 0-17 not covered	24	3.8%	5.8%	↓
Persons ages 18-29 not covered	81	24.2%	16.9%	↑
Persons ages 30-64 not covered	123	8.8%	7.4%	↑
Persons ages 65+ not covered	4	0.9%	0.3%	↑
Everyone in household has coverage	719	64.8% ²	84.8% ¹	↓

¹Percent of respondents.

A large part of the 2010 and 2006 surveys dealt with the prevalence of diseases and health conditions. Increases, some slight and others large, took place for 15 of 22 conditions, most notably high blood pressure and high cholesterol which represent the two most common conditions, each accounting for gains exceeding two percentage points. Chronic sinus shows the most dramatic drop, from the number one condition in 2006 at 16.3% to sixth place in 2010 at 8.7%.

DISEASE OR CONDITION IN THE HOUSEHOLD (arrows indicate direction of change)

Disease/Condition	2010		2006	
	Number	Percent	Percent	
High blood pressure, hypertension	568	20.0%	16.1%	↑
High cholesterol	487	17.1%	15.0%	↑
Arthritis or rheumatism	380	13.4%	12.2%	↑
Chronic back pain or disc disorders	375	13.2%	11.4%	↑
Obesity	251	8.8%	7.5%	↑
Chronic sinus	248	8.7%	16.3%	↓
Asthma	248	8.7%	9.0%	↓
Digestive or stomach disorders	235	8.3%	6.7%	↑
Migraine headaches	217	7.6%	7.0%	↑
Cancer	194	6.8%	5.7%	↑
Deafness or other hearing problems	175	6.2%	5.7%	↑
Dental problems untreated	173	6.1%	5.4%	↑
Diabetes	172	6.1%	4.7%	↑
Heart disease	167	5.9%	5.3%	↑
Skin disorders	149	5.2%	5.8%	↓

DISEASE OR CONDITION IN THE HOUSEHOLD (cont'd.)

Disease/Condition	2010		2006 Percent	
	Number	Percent		
ADD or ADHD	121	4.3%	4.2%	↑
Respiratory illness (COPD, chronic bronchitis, or emphysema)	104	3.7%	2.8%	↑
Alcohol or substance abuse	101	3.6%	4.0%	↓
Blindness, serious vision problems	58	2.0%	2.0%	0
Developmental/delayed disabilities	45	1.6%	---	---
Alzheimer's disease	42	1.5%	0.6%	↑
Stroke	27	1.0%	1.4%	↓
Autism spectrum disorder	14	0.5%	0.7%	↓
Traumatic brain injury (TBI)	9	0.3%	0.3%	0

Abuse was another topic covered in the survey, with 5.7% of respondents in 2010 saying they have experienced some form of abuse in the past year. While higher than 2006 at 4.9%, the 2010 categories of abuse encompassed financial exploitation which was not listed in the previous survey, so results are not compared.

RESPONDENT ABUSE EXPERIENCE

Response	2010		2006 Percent
	Number	Percent	
Total	1,109	100.0%	100.0%
Yes	63	5.7%	4.9%
No	969	87.4%	94.1%
No answer	77	6.9%	1.0%

TYPE OF ABUSE EXPERIENCED

Response	2010		2006 Percent ¹
	Number	Percent ¹	
Emotionally abused (intimidated, coerced, isolated, threatened or degraded)	43	68.3%	95.0%
Financially exploited	30	47.6%	---
Physically abused (hit, slapped, kicked or physically hurt)	9	14.3%	17.5%
Sexually abused (forced to have sexual activity)	1	1.6%	12.5%

¹Percent of those indicating abuse.

One in nine (11.1%) respondents in 2010 are responsible for assisting another adult, increasing from 10.4% in 2006. Physical disability was the leading reason for care needed by 18-64 year old adults in 2010, whereas mental illness was the number one reason in 2006 for this age group. As reported in both 2010 and 2006 surveys, care giving was most often needed for ages 65+ due to the adult's older age.

RESPONSIBLE FOR ASSISTING ANOTHER ADULT

Response	2010		2006 Percent
	Number	Percent	
Yes	123	11.1%	10.4%
No	904	81.5%	89.0%

REASONS FOR NEEDING HELP¹

Response	2010				2006	
	18-64		65+		18-64	65+
	No.	Pct.	No.	Pct.	Pct.	Pct.
Older adult needing help	14	11.4%	72	58.5%	4.8%	63.1%
Developmentally disabled	9	7.3%	1	0.8%	7.1%	1.2%
Physically disabled	22	17.9%	10	8.1%	8.3%	9.5%
Mentally ill	6	4.9%	5	4.1%	11.9%	2.4%

¹Percent of those helping another adult (N=123 in 2010).

Focus Groups

In 2010, eleven focus groups were conducted to learn about the needs, views, and experiences of persons in target populations who use or likely need services. Fourteen focus groups had been held in 2006. The same focus group questions were used in 2010 and 2006. Fuller descriptions of topics presented in this section are covered in the summary of the focus group assessment included in a later section of this report.

In focus group discussions, participants were asked what they liked best about living in McHenry County. Four assets were named in both 2010 and 2006:

- Small-town atmosphere
- Public safety and low crime
- Good schools
- Availability of services for persons in need.

Assets mentioned in 2010, but not in 2006 include:

- Variety of community events
- Hospital systems
- Metra rail service
- Park districts and Northern Illinois Special Recreation Association
- Community college.

To learn about community problems, focus groups were asked about their perceptions of the negative aspects about living in McHenry County. The following problems were cited in both 2010 and 2006:

- Rapid growth and development
- Lack of public transportation
- Lack of decent paying jobs and increasing job losses
- Need for additional youth activities and programs

- Lack of affordable housing
- Health care access for Public Aid recipients and uninsured persons
- Access to affordable dental care.

Problems reported in 2010, but not 2006 include:

- Increased gang activity
- Home foreclosures with drop in home values and higher taxes
- Lack of coordination among food banks
- Growing number of immigrants not integrated into the health & human service system.

Problem reported in 2006 but far less in 2010:

- Lack of affordable child care. While 2010 focus groups did not wish to diminish the importance of affordable child care, they did suggest that the current economic climate and lower employment may have reduced the need for child care.

Focus groups discussed gaps in the McHenry County health and human service system and barriers to using services.

Gaps reported in 2010 and 2006:

- Bilingual agency staff
- Services for mentally ill individuals.

Gaps reported in 2010 but not in 2006:

- More effective information and referral system
- Accessible and affordable medical, dental, vision, and prescription services.

Barriers reported in 2010 and 2006:

- Lack of awareness of available services
- Eligibility requirements (too strict, burdensome process)
- Lack of transportation
- Too many services in Woodstock only.

Barriers reported in 2010 but not in 2006:

- Language barriers experienced by increasing number of immigrants
- Cost of services
- Decreased state funding.

Key Informants

Similar to the 2006 study, key informants were interviewed in 2010 to learn about community needs and problems, as well as the delivery of health and human services in McHenry County. Key informants are community leaders, agency directors, or other persons regarded as experts in their field. In both 2010 and 2006, the Leadership Greater McHenry County class conducted the interviews. Many of the interview questions were repeated in both studies, however not all. The broader scope of the 2010 study necessitated the addition of questions about growth and development, education, job development, and environment.

Target Populations

Many of the groups named as needing increased community attention were similar between the 2010 and 2006 interviews, though a few differences did emerge. Key informants in the 2010 interviews more often mentioned the unemployed and underemployed as needing community attention than did 2006 interviewees, likely as a result of the economic downturn impacting the area over the past several years. On the other hand, 2010 informants were less likely than those in 2006 to name children and youth, single parents, and victims of domestic violence as needing additional community attention. New to the list of top groups needing help in 2010 was developmentally disabled adults.

Health and Human Service Delivery System

Key informant discussions about McHenry County's health and human services delivery system were quite similar in both 2010 and 2006 including:

- Key strength – collaboration
- Major weakness – lack of awareness of services
- Scarcity of bilingual employees
- Limited public transportation
- The need to develop a centralized information system linking McHenry County resident needs with available services

Challenges Facing McHenry County

As compared to 2006, transportation issues in 2010 had less to do with congestion, traffic jams, and expanding roads to support growth and more to do with better maintenance of the existing infrastructure. Additionally, fewer concerns about the impact of growth and development on the county's resources were mentioned in 2010 given the dramatic reduction in growth since the 2006 interviews. Informants' worries about overcrowding in the schools and rising property taxes were less evident in 2010.

ASSESSMENT SUMMARIES

HOUSEHOLD SURVEY SUMMARY

Introduction, Methodology, & Respondent Characteristics

In 2010, the McHenry County Healthy Community Study partners contracted with Health Systems Research of the University of Illinois-Rockford to conduct a household survey.

The survey asked residents about community characteristics, needed improvements, availability of services, land use, transportation, employment, health care access, and health status.

Survey results are intended to complement three other Healthy Community assessments – focus groups, key informants, and community analysis.

Representatives from the Healthy Community partner organizations worked with Health System Research staff to develop an eight-page survey questionnaire that covered topics of concern and interest regarding community needs.

Where possible, questions from the 2006 survey were replicated so that comparisons could be made between the two surveys.

A message at the top of the English-language cover letter, written in Spanish, instructed persons who wished assistance or a copy of Spanish version of the survey to call the Latino Connection of the Crystal Lake Chamber of Commerce.

A random sample was drawn proportional to the population living in each McHenry County zip code.

In early May 2010, surveys were sent to 8,000 randomly selected residential addresses, approximately one in thirteen households throughout the county.

The survey packet included a cover letter listing partners that explained the survey's purpose and urging participation, and a postage-paid return envelope addressed to Health Systems Research.

No identifying marks were used on surveys or envelopes to assure respondents that their responses would be anonymous.

At the cut-off date of July 12, 2010, 1,128 surveys (14.1%) were returned of which 1,109 were usable for a response rate of 13.9%.

Comparing respondent characteristics to the county as described in the U.S. Census Bureau's 2006-2008 American Community Survey confirms that survey respondents are more commonly female, white, better educated, and older than McHenry County residents as a whole.

About one in twelve (8.7%) households receives some form of financial assistance for at least one person in the home.

In 7.7% of respondents' homes, a language besides English is spoken.

Community Needs

Respondents were asked to choose five of seventeen listed ways they would like to see their community improved to make it a healthier place to live.

Job availability was the #1 improvement chosen at 46.8%, followed by traffic flow (41.9%), biking/walking paths (37.2%), roads (33.0%), protection of natural resources (32.6%), and public transportation (32.2%).

One-quarter chose as improvements businesses/stores (27.1%), crime prevention (25.5%), entertainment/arts (24.3%), affordable housing (23.4%), and programs for the elderly (22.1%).

Fewer would like to see improvements in parks/recreation (20.8%), schools (18.8%), health care (18.4%), and youth/teen behavior (14.2%).

Less than 10% of respondents marked mental health care (9.6%) or tolerance of differences (6.9%) as needed improvements.

The leading concern for 14 of the 23 demographic groups was job availability.

Concern about traffic flow came in first for respondents with an associate or bachelor's degree, residents of the Southeast area, males, and respondents married with no children at home.

Both participants age 18-44 and those with a graduate degree ranked biking/walking paths first for needed community improvements.

Public transportation stood in the first spot for respondents age 75 and older and those who are single living alone.

The proportion naming job availability rose from 29.6% in 2006 up to 46.8% and first place in 2010.

The level of concern with traffic flow dropped from 60.2% in 2006 down to 41.9% and second place in 2010.

Another set of questions instructed respondents to choose up to five of the twenty-six issues which they feel need greater attention in the community to improve the health and quality of life.

Leading the list of issues needing greater community attention was high health care costs at 49.1%, followed by gangs/delinquency/youth violence (37.2%), crime prevention (31.2%), and affordable housing (25.6%).

Fewer respondents marked greater attention to services for caregivers (17.8%), services for single parents (17.1%), services for two parent working families (17.0%), alcohol/substance abuse (16.6%), domestic violence (14.3%), mental health services/education (12.6%), and special education for children (12.4%).

Further down on the list of needing greater attention were special recreation programs for physically/mentally challenged adults (11.3%), school dropouts (11.2%), child abuse (10.6%), supported employment for the handicapped (10.6%), special recreation programs for physically/mentally challenged children (10.2%), and literacy (10.1%).

Issues receiving less than 10% support for greater attention included services for grandparents raising grandchildren (8.7%), teen pregnancy (8.0%), crisis counseling (7.1%), elder abuse (6.0%), discrimination based on race (5.6%), bereavement counseling (3.2%), discrimination based on sexual orientation (2.6%), social services for minorities (2.6%), and sexually transmitted diseases (2.0%).

Single parents were the most concerned of the demographic groups about crisis counseling, services for grandparents raising grandchildren, services for single parents, and special recreation programs for physically/mentally challenged children.

Non-whites led in selecting domestic violence, discrimination based on race, social services for minorities, and teen pregnancy.

Singles living alone are most concerned of all groups about bereavement counseling, crime prevention, elder abuse, and special recreation programs for physically/mentally challenged adults.

Literacy and school dropouts were issues noted most often by rural residents.

Affordable housing was ranked highest by Crystal Lake residents.

Community Characteristics

A list of 19 characteristics of healthy communities was presented to participants who were asked to rate each as excellent, good, fair, or poor, or answer with don't know/does not apply.

Leading the list of topics with the highest mean score was quality of the local park district and recreational services at 2.75 (on a scale of 1-4 with 4=Excellent and 1=Poor), followed by availability of dental care services (2.65), availability of health care services (2.64), availability of college education (2.61), and quality of the local community or village services (2.56).

Community characteristics falling in the good to fair range are availability of daycare for children under five (2.45), availability of preventative health care (2.45), availability of social services (2.40), access to local government decision makers (2.31), and availability of day/after school/summer care for children 5+ (2.30).

Lower mean ratings were seen for availability of activities/services for senior citizens (2.25), availability of cultural activities/arts (2.21), availability of information to find services (2.16), availability of mental health care services (2.11), availability of activities/services for youth/teens (2.06), cooperation among local governments (2.02), and availability of services for disabled persons (2.01).

The lowest mean ratings were recorded for availability of transportation for the elderly and disabled (1.91) and availability of employment opportunities (1.54).

Participants with a bachelor's or graduate degree rated all but two of the characteristics higher than respondents without a four-year college degree.

Among types of households, single parents' mean ratings were lowest for all topics except daycare for children under five and day/after school/summer care for children 5+.

For all community characteristics, respondents receiving financial assistance displayed a much lower mean rating than their counterparts who have not utilized financial assistance.

Rising appreciably from 2006 to 2010 were quality of local park district and recreational services, access to local government decision makers, availability of cultural activities/arts, and cooperation among local governments.

Ratings decreased from 2006 to 2010 for availability of social services and availability of activities/services for youth/teens.

One-third (38.1%) of participants wrote in detail about the ways that the characteristics they rated as fair or poor could be improved to make them excellent or good.

Fifty-seven respondents described needing more jobs in the area, while 53 suggested that the community needs a comprehensive list of service providers compiled in a format which can be distributed to local residents.

Comments about expanding recreation opportunities by improving their park district or adding their area to an existing park district were made by 34 participants, while 32 respondents said that the area needs better local public transportation, and 31 described the need for more cultural activities in the area.

Land Use

Eight in ten (80.3%) respondents agree that preserving open space is as important as residential or commercial growth. The strongest support was seen among single parents (87.0%), seniors age 75 and older (86.8%), and respondents receiving financial assistance (85.1%).

Two-thirds (66.4%) of participants agree that maintaining our present natural areas such as forests, prairies, or wetlands is more important than acquiring new ones. Most agreeable are respondents receiving financial assistance (75.5%), seniors age 65-74 (73.8%), and those with a high school degree or less (73.3%).

Over half (56.2%) agree that government should require residents to use water conservation practices. The topic was most popular among Southeast area residents (65.2%), single parents (63.8%), and those earning a graduate degree (63.8%).

One-third of respondents voiced agreement that they are pleased with the way that land has been developed in McHenry County (35.5%). Most satisfied are respondents with a bachelor's degree (42.7%), residents of Crystal Lake (42.1%), and those married with children at home (41.0%).

Believing landowners should be allowed to use their land however they want are 33.0% of respondents. The highest support is among participants with a high school degree or less (46.2%), respondents receiving financial assistance (42.6%), and residents of rural areas (41.7%).

Just under one-third (31.1%) are willing to pay higher taxes to preserve wetlands and other environmentally sensitive areas. The highest willingness is among participants with a graduate (45.9%) or bachelor's (39.7%) degree and residents of Crystal Lake (37.8%).

Agreement increased between 2006 (21.8%) and 2010 (35.5%) for being pleased with the way that land has been developed in McHenry County.

Agreement decreased between 2006 (42.0%) and 2010 (31.1%) for being willing to pay higher taxes to preserve wetlands and other environmentally sensitive areas.

Transportation

Nine ideas for spending McHenry County transportation funds were listed with instructions to choose which respondents believe should be the three highest priorities.

Six in ten (61.0%) would like to improve existing highways by widening and/or upgrading intersections. The highest support was seen among males, respondents age 65-74, and those married with children.

Adding and improving pedestrian paths, sidewalks, and bike paths gained support from 39.4%. The popularity is greater for females than males and increases with more education.

One-third support establishing scheduled bus service among major McHenry County communities (33.9%). Interest increases with age and is high among unmarried and less educated survey participants.

Building or extending a limited access (possibly interstate) highway through the county gained support from 32.1% of respondents. Most supportive were males, respondents married with children, central area residents, and those age 18-44.

One-quarter chose as priorities establishing new train stations, increasing frequency of service, and commuter parking (28.0%) or expanding on-call PACE transit, Dial-a-Ride (24.7%).

One in ten (19.6%) support creating more and improved "park and ride" sites for buses to Cook, Kane, and Lake Counties including Metra.

Respondents voiced minimal support for expanding a subsidized taxi, van voucher program (9.2%) or improving car and van pooling to major work destinations (6.0%).

Levels of support decreased between 2006 and 2010 for both improving existing highways by widening and/or upgrading intersections (69.5% to 61.0%) and for building or extending a limited access highway through the county (36.7% to 32.1%).

Health Care Availability

Respondents were asked whether there is a particular person or place where they usually go when they are sick or need advice about health.

More than nine in ten (91.4%) do have somewhere to go when they are sick or need help, though 5.8% do not.

Top groups with no regular doctor include single respondents living alone (12.4%), single parents (12.1%), persons receiving financial assistance (11.1%), age 18-44 (9.2%), and respondents with only some college education (8.6%).

A doctor's office or private clinic is the location of choice for 82.3% of respondents. Far fewer usually go to an immediate care center (4.1%), the Family Health Partnership Clinic (2.8%), VA hospital or clinic (0.9%), hospital emergency department (0.5%), or health department (0.2%).

Use of an immediate care center doubled from 2.0% in 2006 to 4.1% in 2010.

More than one in seven participants (14.5%) reported being unable to receive needed medical, dental, or mental health care for themselves or a family member in the past year.

Respondents receiving financial assistance are the most likely - at 40.4% - to report being unable to access needed care, followed by single parents (27.7%), participants with a high school degree or less (23.8%) or some college (21.6%), central residents (20.4%), and non-whites (20.3%).

Nearly half (45.3%) of survey participants with difficulty accessing medical care cited lack of insurance as a reason contributing to their family's situation, while fewer marked lack of prescription coverage (31.7%), and deductible or co-pay unaffordable (28.0%).

For the topic of dental care, lack of insurance also led among the listed reasons at 63.4%. An unaffordable deductible or co-pay came in second at 26.7% and in third was having no regular provider (21.7%).

The main reason that has kept respondents or their family members from accessing mental health care was also lack of insurance, but at a lower level - 18.6% - than for medical and dental care. Less than 10% noted an unaffordable deductible or co-pay (9.3%) or no regular provider (8.7%).

Nearly one in twelve (8.2%) household members is not covered by any type of health insurance, a slight rise since the 7.1% seen in 2006.

The uninsured level among 18-29 year old household members is extremely high at 24.2%. A significant rise in uninsured 18-29 year olds took place since 2006 when the level was 16.9%.

Physical Health Status

Asked to rate their general health as excellent, good, fair, poor, the majority (58.4%) said that their health was good. More than one in five (21.4%) rated their health as excellent, while fewer described their health as fair (14.9%) and only a handful (2.2%) said that they are experiencing poor health.

The percentage rating their health as excellent decreases with age falling from 34.4% for 18-44 year olds down to only 7.0% for seniors age 75 and older.

Respondents with a bachelor's or graduate degree were more than twice as likely as less educated respondents to describe their health as excellent, while females responded more positively than males and whites reported a greater percentage of excellent ratings than non-whites.

Describing their health as poor at the highest level - 5.6% - are respondents who receive financial assistance.

The leading disease or condition in the survey population was high blood pressure/hypertension which has affected 20.0% of respondents and their household members, followed by high cholesterol at 17.1% and arthritis or rheumatism affecting 13.4%.

Others in the top ten include chronic back pain or disc disorders (13.2%), obesity (8.8%), chronic sinus (8.7%), asthma (8.7%), digestive or stomach disorders (8.3%), migraine headaches (7.6%), and cancer (6.8%).

In the middle of the list were deafness or other hearing problems (6.2%), dental problems untreated (6.1%), diabetes (6.1%), heart disease (5.9%), skin disorders (5.2%), ADD or ADHD (4.3%), respiratory illness (3.7%), alcohol or substance abuse (3.6%), and blindness/serious vision problems (2.0%).

Less than 2% of household members have ever been affected by developmental/delayed disabilities (1.6%), Alzheimer's disease (1.5%), stroke (1.0%), autism spectrum disorder (0.5%), or traumatic brain injury (0.3%).

High blood pressure/hypertension was the top condition at 20.0%, up from 16.1% reported in the 2006 survey.

In the youngest age group, age 0-17 years, asthma is the most common (14.1%) followed by ADD/ADHD (9.2%), chronic sinus (5.2%), developmental/delayed disabilities (4.0%), and skin disorders (3.0%).

Leading among persons 18-29 is ADD/ADHD at 9.9% affected, followed by migraine headaches (8.4%), dental problems untreated (7.8%), chronic back pain or disc disorders (7.8%), and asthma (7.8%).

Ranking first for middle-aged adults, age 30-64, is high blood pressure/hypertension (21.2%), while high cholesterol placed second at 19.3%, followed by chronic back pain or disc disorders (16.0%), obesity (11.2%), and arthritis or rheumatism (11.2%).

High blood pressure/hypertension also placed first for seniors age 65 and older at 51.9%. More than four in ten seniors have been affected by arthritis or rheumatism (44.5%) or high cholesterol (41.5%). Rounding out the top five for seniors are chronic back pain or disc disorders (25.7%) and heart disease (21.1%).

For 15 of the 24 diseases or conditions, the percentage suffering from the ailment increases dramatically with age.

Mental Health Status

The greatest diagnosed mental health problem for the survey population has been depression, affecting 14.4% of respondents, followed closely by anxiety at 12.3%. Far fewer have been diagnosed with panic disorder (2.1%), bipolar disorder (1.4%), obsessive-compulsive disorder (0.8%), or phobia (0.1%). None of the respondents indicated a schizophrenia diagnosis.

Depression levels are highest for the following: single parent (29.0%), financial assistance (23.4%), some college (19.1%), single living alone (18.7%), and female (18.0%).

Anxiety levels are highest for the following: single parent (21.7%), some college (16.7%), age 18-44 (16.3%), financial assistance (16.0%), and Crystal Lake (15.5%).

More than one in five (22.5%) respondents said that they had thought about seeking professional help for a personal or emotional problem. Of those who thought about seeking help, 50.6% actually sought help for their problem.

In the 2006 survey, a slightly higher percentage (26.9%) said that they had thought about seeking help, though a similar percentage at 49.1% said they actually sought help for their problem.

Females are much more likely than males to have thoughts of seeking help but much less likely than males to obtain needed help. The situation is similar for respondents receiving financial assistance who are also more likely than those not receiving assistance to think about needing help but less often accessing professional help.

About one in eleven (9.0%) respondents reported ever thinking about or attempting suicide.

At the greatest risk for suicidal thoughts or attempts are single parents (16.7%), singles living alone (13.6%), persons with some college (13.4%), and rural area residents (12.0%).

Of those who said they had thought about or attempted suicide, 82.0% described only thinking about it and 9.0% have made an actual suicide attempt.

Family Issues

The leading problem with children was attention deficit disorder (13.0%), followed by learning disabilities (11.8%), anxiety/nervousness (7.8%), speech/language problems (7.2%), aggressive/violent behavior (5.8%), bedwetting (5.5%), and bullying (5.5%).

Affecting fewer children are extreme discomfort in social situations (4.0%), major temper tantrums (3.8%), alcohol/drug use (3.5%), serious parent and child conflict (3.5%), and eating disorder/self image (3.2%).

A handful of respondents indicated difficulty with their child(ren) in the areas of tobacco use (2.0%), serious school-related problems (1.4%), running away from home (1.2%), self mutilation (0.9%), and sexual orientation (0.3%).

About one in seventeen (5.7%) has been physically, emotionally, financially, or sexually abused by someone in the past year.

Reports of abuse were highest for single parents where nearly one in five (19.4%) have been abused by someone. Other groups disproportionately affected by abuse include financial assistance (13.5%), non-whites (9.2%), and some college (9.4%).

More than two-thirds (68.3%) of those who had been abused were emotionally abused, just under half (47.6%) were financially exploited, while far fewer had been physically abused (14.3%) or sexually abused (1.6%).

One in ten (11.1%) are responsible for another adult who needs assistance daily or regularly with activities of daily living.

Two age groups, 45-64 and 75+, are most often finding themselves in a caregiving situation, while twice as many residents of rural and central areas are serving as caregivers than residents of other areas of the county, and those receiving financial assistance are caregivers to another adult at a much higher level than those not receiving assistance.

The number one group needing help is older adults age 65+ (58.5%), followed by physically disabled persons age 18-64 (17.9%) and adults age 18-64 (11.4%).

The percentage helping both adults and the physically disabled in the 18-64 age range has increased since 2006, though the proportion of area residents aiding mentally ill adults age 18-64 dropped in half between 2006 and 2010.

Most adults needing help live with the respondent (43.9%), slightly fewer live on their own (39.8%), and 11.4% live in a group residence or home. In 2006, a higher percentage (16.7%) lived in a group residence or home and fewer (35.7%) were living with respondents.

Employment & Financial Problems

Asked whether their primary work location was inside or outside of McHenry County, similar numbers work in McHenry County (31.3%), work outside of McHenry County (30.7%), or do not currently work (32.6%).

Nearly half (48.8%) of respondents age 18-44 worked outside McHenry County, while the percentage is lower at 38.2% for respondents age 45-64.

Eight in ten participants age 65-74 (79.6%) and age 75+ (85.3%) do not currently work.

More than two-thirds (68.4%) of respondents feel secure in their job.

Believing that they need further education or education to improve or advance in their job are 31.4% of survey participants.

More than one in six (17.2%) think they need retraining to find a new job.

Nearly half (45.7%) of workers would ride the train to work if the stations were convenient and accessible.

Just over one-third (36.2%) would ride a bus to work if stops were convenient and accessible.

Three in ten (31.4%) would ride their bike to work if there was a connecting path to their employer and 30.6% believe they are driving too far to their job.

More than one-quarter (27.8%) work at multiple job sites.

Nearly one-quarter (23.9%) of survey households have lacked money for basic needs in the past year, while slightly fewer have had someone without a job for 30 days or more (21.6%) or someone who experienced an involuntary job loss (20.2%).

One in ten (9.5%) respondents reported that their household needed legal help but could not afford it and 6.8% said someone in their household had been a victim of identity theft.

Smaller numbers of household members became divorced, separated, or widowed (4.7%), filed bankruptcy (3.2%), or experienced a home foreclosure (2.9%).

In 2006, 12.1% each experienced an involuntary job loss or had no job for 30 days or more, but in 2010 these percentages rose to 20.2% and 21.6%, respectively.

Though the numbers are small, bankruptcy filings doubled from 1.6% in 2006 up to 3.2% in 2010.

Lacking money for basic needs at the highest levels are households with respondents who are receiving financial assistance (48.9%), single parents (43.5%), those with a high school degree or less (41.2%), non-whites (32.9%), or single living alone (32.0%).

Respondents receiving financial assistance also led the percentage in a household affected by no job for 30 days or more at 41.5%. Closer to one-quarter of the following groups had someone in their home affected: non-white (29.3%), age 45-64 (27.2%), central area (26.7%), and married with children at home (26.3%).

The proportion experiencing an involuntary job loss was led again by respondents receiving financial assistance. The 40.4% affected was much higher than for the remaining top five which include age 45-64 (25.1%), married with children at home (24.5%), central area (24.4%), and high school degree or less (23.5%).

Open Ended Comments

More than one in five (20.1%) survey participants commented about survey issues or other aspects of their experience living in McHenry County.

Comments were dominated by pleas to decrease property taxes (28), followed by the need for good paying jobs in McHenry County (19), ways in which McHenry County schools need to be improved (17), and needing help but not qualifying for services (13).

Respondents also want to keep the rural character of the county (12) and complained that there is too much traffic (11).

Local residents want governments to spend tax dollars wisely (10), while also not wanting any of their tax dollars spent to help illegal immigrants (10).

FOCUS GROUP SUMMARY

Introduction

Focus groups are small groups of individuals formed to discuss a topic of common interest. In this case, the views and experiences of McHenry County residents regarding service needs. For this assessment, eleven focus groups were formed from target populations in order to gain knowledge of their views and experiences of services in McHenry County. These focus groups afford an opportunity to hear the views of certain groups, especially at-risk individuals, who might not otherwise be heard from in other aspects of this study.

Methodology

Focus groups were organized for target populations identified by the Study Partners and Health Systems Research, with a focus on persons likely to use or be in need of services. Area agencies and organizations helped identify individuals who would be willing to participate in the focus groups. Individuals were contacted directly for participation by a representative of the convening organization. These groups were similar in the 2006 study.

For the 2010 study, eleven focus groups were identified – at risk youth age 16 and older, homeless persons, Latino adults, low-income individuals, parents of children and youth with mental illness, persons with a developmental disability, persons with mental illness, seniors, unemployed and dislocated workers, veterans, and young adults age 18-25. A total of 102 individuals took part in the eleven groups.

During the focus groups or interviews, participants were led through a discussion of the following questions:

- 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 a service or contacted an agency in the last year? If so, was the service easy to use? Was the staff helpful and respectful? Did they help you?
- What are the major health and human needs/problems that the community faces today?
- Based on your knowledge or experiences, how well do you think the McHenry County health and human services delivery system works? What are the strengths? What are the weaknesses? What gaps in services (other than already discussed) exist? Do you see any duplication of services?
- What would you say are the major barriers that keep people from using services?
- Is there anything else you would like to tell us?

Community Assets

Assets Reported in Both the 2006 and 2010 Studies

Small-Town Atmosphere -- Seven of the eleven 2010 focus groups cited the quiet, semi-rural, small-town atmosphere found in the county. Many group members appreciated the open spaces and rolling hills; others mentioned the parks and lakes. One participant described

McHenry County as the “Mayberry of today.” In both the 2006 and 2010 studies, residents also noted they are able to take advantage of services and attractions in Chicago. People in the county were described as “friendly, good, and caring.”

Public Safety and Low Crime – Over half of the 2010 focus groups named public safety as an asset in McHenry County, believing that the area enjoys a low crime rate and is generally safe. These responses parallel the 2006 study in which six focus groups reported similar perceptions. In 2010, many group members compared McHenry County with other communities in which they had lived and felt the county was significantly safer than where they had resided previously.

Good Schools – The majority of the focus groups in both 2006 and 2010 once expressed positive remarks about the schools in the county. Many participants spoke of their pride in the schools’ quality and innovation. In 2010, participants in several focus groups qualified their perceptions, noting that the schools needed to demonstrate more equal treatment for minorities by providing more college-oriented guidance not just vocational alternatives. Participants also said the schools should offer more mental health services.

Services for Persons in Need – In both 2006 and 2010, at least four focus groups commented that McHenry County offers an abundance of services for people in need and agreed that human services are much easier to access in McHenry County than in Chicago and other communities. As one participant said, “People receive more attention and better service in McHenry County.” In the 2010 study, group members also noted a greater variety of services available in the county in comparison to other communities.

Additional Assets Reported in the 2010 Study

Variety of Community Events and Activities – Half of the focus groups cited the variety of community events and activities available in the county throughout the year including festivals and fairs. Many events and activities are family-oriented. The senior group noted the senior fair currently going on at McHenry County College as one example of the ongoing activities available to them and other citizens. Participants added, however, that the cost to attend some activities are limiting who can participate.

Hospital Systems – Five focus groups cited the hospital systems in the county as significant assets, commenting on the numerous services offered by the health systems and the excellent care they had received. They appreciate having these facilities close to where they live, and perceive the hospital systems as a growing resource over time. Group members also hope that the hospital systems will add other services.

Metra Rail Service – At least four focus groups mentioned the Metra rail service as a McHenry County asset. Participants spoke very positively about the Metra allowing county residents to travel easily in and out of Chicago. Participants viewing Metra as an asset hoped more stops are added in the county and more trains scheduled.

Park Districts and the Northern Illinois Special Recreation Association – Three focus groups commented that the park districts are definitely an asset and add significantly to residents’ enjoyment. The Northern Illinois Special Recreation Association (NISRA), in particular, was very helpful for persons with disabilities. Group members appreciate the natural beauty of the parks and the activities provided by the parks and NISRA.

Community College – Three focus groups mentioned having an excellent community college as a community asset. Participants noted that the college was accessible, offered excellent career tracks and opportunities for advancement, and provided high quality teaching. Focus group participants also commented that many resources are available on campus and many exciting and worthwhile activities are held at the college.

Community Problems and Issues

Problems and Issues Reported in Both the 2006 and 2010 Studies

Rapid Growth and Development – Over half of the 2010 focus groups are concerned about the rapid growth and development in McHenry County, more so than in 2006. Participants voiced this concern even though several focus group members were pleased that a major housing development had stalled in the midst of economic slowdown. Focus groups named congestion, noise, and gridlock as problems stemming from rapid growth and development and are worried that McHenry County could become overcrowded and resemble the suburban sprawl of communities closer to Chicago.

Lack of Public Transportation – Named by almost every focus group, the lack of a good public transportation system jeopardizes access to services in McHenry County. While Metra has met some transportation needs, focus groups noted that few stops and trains serve the county. PACE is limited, as the service requires residents to call ahead, be at a stop early, and will not wait. Other forms of transportation, such as cabs, are too costly to use on a regular basis. Certain groups such as seniors, low income, and persons with disabilities are more adversely affected by the poor state of public transportation, which is not merely a convenience, but essential for many people to travel to jobs, medical appointments, human service agencies, as well as grocery and other stores.

Lack of Decent Paying Jobs With Increasing Job Losses – Focus groups believe that the lack of decent paying jobs is more significant in 2010 than 2006 due to job losses occurring for an increased number of county residents. Layoffs are taking place, and jobs are shifting to other facilities in the United States or overseas. The slowdown in construction has reduced the number of better paying jobs. Most available jobs continue to be service sector low-paying positions without benefits. Jobs that do not provide health insurance limit access to health care. Better online job search and tracking systems are needed to secure jobs in the current environment.

Need for Additional Youth Activities and Programs – Even though the county has more activities for youth than previously, focus groups noted the need for an even greater number of activities and programs for youth as the slow economy limited the number of jobs available for youth. Focus groups also emphasized the affordability of those activities. More and more activities are viewed as too costly for youth to participate.

Lack of Affordable Housing – Comments in 2006 focused on the expense of housing and Section 8 housing wait times and voucher availability. Group members in 2010 concurred, adding that while prices may be declining, housing is not necessarily more affordable because people have lost jobs and stricter lending requirements are in place for home loans. Focus group participants reported receiving what they consider limited assistance from the McHenry County Housing Authority, with long waits in lines and unreturned phone calls.

Health Care Access for Public Aid Recipients and Uninsured – Health care access is a significant problem for these populations which rely heavily on the Family Health Partnership Clinic. Focus group members say services are very good but the wait for an appointment can be over a month. They also describe continuing problems in obtaining prescriptions and vision services. Persons with Medical Cards say they cannot find medical specialists to accept them as patients. Veterans experience a lack of spousal and family insurance coverage if they are laid off or unemployed.

Access to Affordable Dental Care – Access to dental care, especially for persons without dental insurance or those receiving Public Aid, was described as a significant problem in both 2006 and 2010. Focus group members say without insurance, dental care is too expensive so they forego necessary exams, cleaning, and treatment. Treatment for those without insurance or personal resources is mostly extractions rather than fillings and crowns. At least four of the focus groups in 2010 claim that access to affordable dental care is more difficult than access to affordable medical care.

Problems and Issues Reported Less Often in 2010 Than 2006

Lack of Affordable Child Care – Finding affordable child care was reported less often in 2010 than 2006. Focus groups did not want to intimate that having affordable child care was not needed or important, but suggested that fewer people being employed has reduced the need for child care in the current economic environment. Focus groups also expressed concern about the decreases in funding for Head Start and Early Head Start.

Additional Problems and Issues Reported in the 2010 Study

Increased Gang Activity – At least four focus groups cited increased gang activity as a community problem. They described the gangs primarily as groups of teenagers who are involved in hurtful or damaging activities such as bullying, vandalism, or other negative behaviors. While the county had some gang activity in the past, focus group members firmly believe that this kind of activity has increased, even though few specifics were offered during the discussion. This development definitely concerned them.

Home Foreclosures With Drop in Home Values and Higher Taxes – Home foreclosures, the drop in home values, and increases in property taxes were identified as an issue by at least four focus groups. Group members shared situations in which they knew of someone who had gone through the foreclosure process.

Lack of Coordination Among Food Banks – The 2010 focus groups described the lack of coordination among food banks in the county as a problem, even if they did not receive food from those organizations. Groups expressed the view that in slow economic times, pantries and food banks needed to be even more efficient in gathering and distributing food. They said that pantries and food banks should find ways to share their lists of clients so that people are not receiving more food than they are entitled to. Focus groups said that some pantries and food banks are better organized than others, and by working together all the pantries and food banks could become more organized and efficient.

Growing Number of Immigrants Not Integrated Into the Health and Human Service System – At least three focus groups discussed the growing number of immigrants in the county are not being integrated into the health and human service system. Differences in culture and language account for much of the lack in integration. They said that persons with a different language

and culture often keep to themselves and rely on their own group, thus not integrating themselves into the wider community. Through translating materials into other languages and translators, the county has tried to link and integrate immigrants into the service system. Group members said that more progress is needed.

Other Problems and Issues – Certain focus groups offered other problems including the lack of services for persons with disabilities over the age of 22, decreasing air quality in the county, lack of a Level I emergency room requiring serious cases to be airlifted out of the county, inequities in the court system based on income levels, and jail inmates experiencing long waits for mental health and substance abuse treatment.

Health and Human Service Gaps, Barriers, and Experiences with Agencies

Gaps Reported in Both the 2006 and 2010 Studies

Bilingual Agency Staff – Similar to the 2006 study, at least three focus groups in 2010 commented on the need for bilingual agency staff based on observations about the growing immigrant population in the county. Progress has been made by state and local agencies in hiring more bilingual staff and translators, but the lack of bilingual therapists and mental health counselors is an example of a continuing gap.

Services for Mentally Ill Individuals – Focus groups of persons with mental illness and parents of children with mental illness, in addition to several other focus groups, named gaps in services to mentally ill individuals. Similar to the 2006 study, services for those over the age of 18 with emotional or developmental problems are lacking. Decreased mental health state funding was singled out as leading to fewer services for the mentally ill, especially mental health and recovery specialists, peer support programs, and efforts focused on the reduction of stigma. The focus groups pointed out that a waiting time of at least a month to see a mental health professional creates a significant gap in services. Other major gaps identified by the groups were the lack of dual diagnosis services for persons with mental illness and developmental disabilities, the absence of local psychiatric beds for adults, no local inpatient psychiatric services for children or adolescents, and the lack of mental health assistance in the educational system.

Additional Gaps Reported in the 2010 Study

More Effective Information and Referral System – At least eight of the 11 focus groups emphasized the need for greater public awareness of resources at every level of seeking services, especially in the initial stages. These focus groups stressed the need for increasing the effectiveness of the information and referral services in the county. Participants usually learned about services in the midst of crisis or stress, indicating that they may have heard of an agency or program, but did not know anything about the services available or eligibility requirements. Participants usually added that services need to be publicized and that information should be available through a variety of sources, e.g., brochures, information, and referral lines with persons available to guide them, and websites, with an ongoing mechanism to update this information.

Accessible and Affordable Medical, Dental, Vision, and Prescription Services – While many focus groups named the county's hospital systems as community assets, at least nine groups also noted a major gap in the accessibility and affordability of medical, dental, vision, and

prescription services for significant segments of the population, including low income, unemployed, and seniors. Focus groups rated medical care offered at the Family Health Partnership Clinic very highly, but remarked on the long waits for those services due to the clinic's limited funding and resources. The lack of affordable dental services was singled out as a major gap with almost no providers for low income, unemployed, seniors, and those without insurance.

Gaps noted by single focus groups include comprehensive local rehabilitation facilities for the prevention and treatment of substance abuse; lack of dialysis services; medical testing done for veterans at local hospitals rather than Veterans Administration facilities that are far away; 24-hour immediate care services, not just 24-hour emergency room services; supportive housing for persons with developmental disabilities; medical advocates to coordinate care among medical specialists; and more efficient disability claim process for veterans.

Experiences with Agencies

Focus groups reported that, in general, staffs of the health and human service agencies in McHenry County are experienced, helpful, and effective. The major difficulties encountered by focus group participants involve getting appointments, eligibility, and the amount of paperwork needed to qualify for various programs.

Services Reported by Focus Groups as Receiving the Most Extensive Use:

- Crisis Line (Family Service and Youth Service Bureau)
- Family Health Partnership Clinic
- Family Service and Community Mental Health Center of McHenry County
- Food Pantries (FISH, Community Food Pantry, and others)
- Hospitals and emergency rooms
- McHenry County College
- McHenry County Department of Health (WIC and Immunization Programs)
- McHenry County Park Districts
- PACE Bus Service/Dial-a-Ride
- State of Illinois, Department of Healthcare and Family Services
- Youth Service Bureau

Overall focus group participants reported positive experiences with agencies and were complimentary of programs and services. Many focus groups contained individuals who either are or have been clients of the Department of Healthcare and Family Services (HFS). As in the 2006 study, 2010 participants did not report problems with programs at HFS, but many still complained about staff rudeness, what they perceived as staff incompetence, or being treated disrespectfully. Several focus groups reported less than satisfactory experiences at the McHenry County Housing Authority, especially phone calls not being returned, perhaps due to the unavailability of new public housing.

Barriers Reported in Both the 2006 and 2010 Studies

Lack of Awareness of Available Services – Lack of awareness of available services was cited not only as a gap, but also as a barrier to obtaining services. Focus group comments echoed earlier responses about the need for a more effective information and referral system. In addition, groups commented on the lack of up-to-date information on eligibility for services, so much time is spent exploring and pursuing services for which they were ineligible. Current information pamphlets provide minimal information. Group members remarked on what they

experienced as an inefficient referral process of being sent from one person to another in the process of seeking services. Online searches for services were noted as a resource, but referral specialists available by phone to help in times of stress were named as a major way in which this barrier could be removed.

Eligibility Requirements – Too-strict or excessive eligibility requirements keep people from obtaining human services, plus the eligibility process is burdensome and requires too much paperwork. Lack of medical insurance or a Medical Card is a barrier by significant numbers of participants. For group members with Medical Cards, specialists refusing to accept the Medical Card had become a major barrier. Persons with developmental disabilities commented on the eligibility barriers posed by the PUNS (Prioritization of Unmet Needs for Services) tool and process currently being used by the Illinois Department of Developmental Disabilities. Veterans noted the complicated disability claims process as an example of eligibility requirements being a barrier.

Lack of Transportation – This was also labeled as a gap and barrier to receiving services.

Too Many Services in Woodstock Only – Focus groups in 2010 indicated that the concentration of services in Woodstock is still a barrier, but progress has occurred in adding services in different areas of the county, such as senior services. Several focus groups did point out, however, that an office for temporary employment does not exist in major communities in the county, a new barrier affecting a substantial number of people.

Additional Barriers Reported in the 2010 Study

Language Barriers Experienced by Increasing Number of Immigrants – Focus groups cited the lack of bilingual agency staff prevents the expanding number of immigrants from obtaining services. Secondly, many but not all materials are being translated into Spanish and other languages. The English Language Program at the Illinois Migrant Council was mentioned as a program that works flexibly with people's schedules to increase their skills in English and remove barriers to services or employment.

Cost of Services – Even with Medical Cards and sliding fee scales, four focus group members reported that they and people they knew were struggling to pay for services and often would go without the services since they could not afford them. They also reported needing to make difficult choices between essentials such as food, medicine, and housing. Residents with Medical Cards, uninsured residents, and seniors were described as especially vulnerable, but focus group members noted that middle class residents were struggling, too.

Decreased State Funding – At least four focus groups noted decreases in state funding and delayed state payments to service providers as increasing the barriers to service as programs are cut or eliminated and waiting lists for services and appointments grow longer and longer. Decreased state funding also increases barriers to service due to tightened eligibility standards necessitated by reduced funding.

McHenry County System of Health and Human Services

Strengths as noted by most of the focus groups:

- Agencies appear to cooperate and work together
- Agency staff members are doing a good job with the resources available. Most agency staff members are respectful and helpful
- A good variety of services are available in the county.

Weaknesses as cited by eight or more focus groups:

- Lack of an easily accessible, up-to-date, centralized source of information about service availability
- Reduced resources and funding, primarily from the state, create delays in receiving medical, dental, vision, prescription, mental health, and developmental disability services
- Lack of an effective public transportation system to improve access to jobs, services, activities, and health care.

As a weakness of the system, the focus groups of persons with mental illness and parents of children with mental illness also expressed concern about the sustainability of the comprehensive mental health system for children established through the Family CARE grant to the McHenry County 708 Board.

Duplication of Services

- Food banks in the county do not always coordinate and cross-screen, leading to possible duplication in the provision of food.
- County residents duplicate their information when applying for services at different agencies.
- Several focus groups commented that duplication in the system is not necessarily bad given the lack of a public transportation system, especially if services are located in different parts of the county. Duplication might be necessary to adequately serve residents.

Suggested Actions and Initiatives

- Increase the effectiveness of information and referral services in McHenry County.
- Develop an extensive and affordable public transportation system.
- Increase access to affordable medical, dental, vision, and prescription services for Public Aid recipients, uninsured residents, and many senior citizens.
- Develop an increased number of decent paying jobs.
- Address the lack of affordable housing in the county.
- Increase coordination among food banks to ensure efficiency and prevent duplication.
- Provide local inpatient psychiatric and rehabilitation facilities to meet the needs of mentally ill and substance abusing individuals.
- Develop and implement a plan to reduce the language and cultural barriers that prevent immigrants in the county from getting health and human services.

KEY INFORMANT SUMMARY

Introduction

Key informant interviews sought information and perceptions from individuals considered to be experts based on their professional experience, knowledge of the local health and human services system, or who are in a position of influence within the community.

Methodology

Key informants were selected by the Study Partners. Where possible, key informant individuals or the organizations they represent were repeated from the 2006 study. Key informants and their affiliations are listed below.

Pam Althoff Illinois State Senator	Sandy Lewis McHenry County Mental Health Board
David Barber United Way of Greater McHenry County	Carol Louise Family Alliance
Kay Bates McHenry County Chamber of Commerce	Richard Mack Metra
Cort Carlson McHenry County Convention & Visitors Bureau	Carl Martens McHenry County Workforce Investment Board
Julie Biel Claussen Corporation for Affordable Homes of McHenry County (CAHMCOC)	Patrick McNulty and Andy Andresky McHenry County Department of Health
Michael Eesley Centegra Health System	Mary Miller McHenry County College Trustees
Pedro Enriquez Illinois Migrant Council	Keith Nygren McHenry County Sheriff's Department
Jane Farmer Turning Point	Jason Osborn McHenry County Department of Transportation
Dr. Bud Friend-Jones Faith Bridge-First Congregational Church of Crystal Lake	Sandy Oslance Algonquin/Lake in the Hills Chamber of Commerce
Suzanne Hoban Family Health Partnership Clinic	Maggie Rivera League of United Latin American Citizens (LULAC)
Mike Iwanicki Veterans Assistance	John Rung Northwest Herald
Catherine Jones McHenry County College-SHAH Center	Dennis Sandquist McHenry County Planning and Development

Patrick Kerin
McHenry County Pride

Elizabeth Kessler
McHenry County Conservation District

Cindy Sullivan
Options and Advocacy

Mike Tryon
Illinois State Representative

Dan Volkers
McHenry County Farm Bureau

Mary Lu Seidel
Corporation for Affordable Homes of McHenry
County (CAHMC0)

Astrid Larsen
McHenry County Crisis Line

Brian Shahinian
Northern Illinois Special Recreation Association
(NISRA)

Joe Small and Jo Williams
McHenry County Community Foundation

Joe Williams
Regional Office of Education

Participants in the Leadership Greater McHenry County (LGMC) class conducted the key informant interviews in pairs. One LGMC member served as the interviewer, while the second member took notes. The experience served as an opportunity for class members to learn about human services in the county, while providing a valuable service to the Healthy Community partnership. Health Systems Research trained the group in interviewing and reporting techniques. Following an introductory letter, the Leadership group members made appointments for interviews which each lasted about an hour. Interviews were held in December 2010 and January 2011.

The partnership also selected questions to guide the discussions with key informants. Topics of discussion were focused on a set of questions which included positive aspects of living in McHenry County, target populations in need of services, the health and human services system as a whole, and challenges for the future in the county, especially transportation needs and growth concerns. Those questions include:

- What are the major population groups that your organization serves and what services do you provide?
- What would you say are the best aspects of living in McHenry County?
- Overall, in McHenry County, which population groups would you say are in greatest need of increased community attention? For each population group named:
 - a) What are the major needs of this group?
 - b) What evidence do you see of their needs?
 - c) What are the barriers to services for this group?
 - d) What services are currently provided? What services need expansion or improvement in the way they are delivered?
- How well does the McHenry County health and human services delivery system work?
 - a) What are the strengths and weaknesses?
 - b) What gaps in services exist or what barriers keep people from using services already available?
 - c) What examples of duplication exist or ways that efficiency might be improved?
 - d) What would you say are the major barriers that keep people from using services already available?

- Aside from the topics that you have already discussed, what would you say are the three biggest challenges that McHenry County is facing? Do you have any thoughts about the following:
 - a) growth and development in McHenry County?
 - b) transportation needs in McHenry County?
 - c) education system in McHenry County
 - d) job development/retention?
 - e) environmental issues in McHenry County?
- In closing, is there anything else that you would like to tell us?

Leadership Greater McHenry County participants conducted interviews with key informants in these areas: human relations, advocacy, information and referral (5); business, employment, workforce (4); health (4); education (2); government/state representatives (2); housing (2); leisure and recreation (2); mental health (2); transportation (2); conservation/land use (2); human needs funding (2); media (1); agriculture (1); faith-based organizations (1); law enforcement (1); and seniors (1).

Best Aspects of McHenry County

Asked about the best aspects of living in McHenry County, key informants offered many examples of why they and others enjoy living in the area. Nearly all informants described positive features of McHenry County.

Rural-Suburban Living – A major theme apparent in the interviews was happiness with the small-town feel combined with a suburban and rural style of living offered in McHenry County. Residents are portrayed as good Midwestern people and generally friendly, contributing to cohesive neighborhoods. Many enjoy the open spaces and scenic landscapes but at the same time appreciate the close proximity to shopping, restaurants, and arts and culture. Easy access to Chicago adds to the urban opportunities available. This combination of rural-suburban living in close proximity to an urban area offers a good quality of life according to informants.

Family Friendly – Quality primary and secondary education was also noted by informants as one of the best aspects of McHenry County and relates to the characterization of area communities as great places to raise a family. Low crime is another positive characteristic described by key informants that contributes to the family-friendliness of the area. The important contribution of McHenry County College to educating area residents was also commented on quite positively.

Open Spaces – The county's good balance between conservation of land and development has resulted in many outdoor recreation opportunities available to residents. There are numerous forest preserves, waterways and open spaces, and the air is clean. The existence of open spaces offers a peacefulness that is hard to find in surrounding counties. Several informants said that McHenry County does well at conserving its natural resources and preserving its heritage. The existence of many farmers' markets is also viewed positively.

Health Care – Informants described easy access to quality health care in McHenry County and the positive role Centegra plays in the county.

Social Services – Informants also described an abundance of quality social service agencies in McHenry County. The social service agencies communicate well with each other and the business community generally supports the local agencies. There is also a sense that people in area communities take care of each other when the need arises, and a few informants said that the volunteer base is large in McHenry County.

Housing and Rail Service – Some informants described the area's housing as affordable compared to the collar counties allowing more house for the money in McHenry County. Access to Metra for transportation into the collar counties and Chicago was also noted by a few informants as a great feature available to McHenry County residents.

Groups Needing Increased Community Attention

Key informants were asked which population groups they believe are in greatest need of increased community attention and to describe in further detail the major needs of the group, evidence of the group's needs, barriers to services for the group, available services for the group, and services that need expansion or improvement in the way they are delivered. The top groups needing community attention, ranked from the neediest are Latinos, seniors, low-income/working poor, mentally ill/substance abusers, developmentally disabled adults, homeless, and unemployed/underemployed.

Latinos – Many informants described a lack of respect for Latino residents and a culture of fear in the community directed toward Latino residents regardless of their immigration status. More education for the non-Latino community is needed about the culture, beliefs, and ways of living by the Latino population to become better informed and dispel existing myths. The stigma that all Latino residents are undocumented must be removed. Anti-immigrant sentiment is widespread.

Latino residents are not getting basic needs met such as food, affordable housing, education, medical care, and transportation. If employed at all, they are working in low-wage jobs without benefits, often seasonally. Many agencies which help this population are facing funding constraints which reduces the capacity of the system.

Language is a tremendous barrier to Latino residents of McHenry County trying to access services and meet their family's basic needs. Area social service agencies should have bilingual service providers to assist the Spanish-speaking population. Wait times can be long to get an appointment with a bilingual staff member, if one is available at all. In the area of mental health, the language barrier is an especially great concern because understanding the therapist is vital to the therapy process. In an attempt to address the language barrier in schools, many have hired teachers who speak European Spanish rather than the type of Spanish understood by the 90% of students who are from Mexico or Central America. This is confusing to the children and creates problems understanding what is presented to them. The lack of English proficiency is also a barrier when seeking housing. Often landlords and potential renters cannot communicate with each other.

Due to both English deficiencies and cultural differences, many Latino residents do not access available services which could help them. Those who have a questionable immigration status are afraid of accessing services for fear of being deported and have not developed a trusting relationship with area service providers. Latino residents who are citizens also lack knowledge of how to access needed services and are hampered by the language and cultural differences.

One informant described the robust cultural barrier within the local Latino population to seeking diagnosis and treatment of sexually transmitted diseases (STDs).

The employment opportunities for Latino residents of McHenry County could be improved greatly by helping them become proficient in English. This help with English would aid them in gaining employment equal with their employment status in their country of origin. Local Latino residents also need access to more educational opportunities to help them qualify for better paying jobs. Programs to help new Latino residents adjust to the area's culture would also be of benefit when it comes to preparing them for gainful employment.

Seniors – Additional community attention is needed for senior citizens since their numbers in the county continue to rise. Existing service providers focused on seniors do not have adequate capacity to serve the growing population because expansion is limited due to lack of available funding and providers not being reimbursed by the state for services rendered.

Better communication to the community about available services for seniors is important because several key informants said that they often receive phone calls from seniors inquiring about needed services.

Health needs are increasing in this group, but potential cuts to Medicare and state budget problems threaten their access to affordable health care. Transportation is a key issue with this group as well. Many seniors have been forced to give up driving, but need transportation to the store, doctor's appointments, and other errands. The lack of reliable public transportation in McHenry County hinders the ability of seniors to remain living independently in their homes.

Active seniors also need activities to keep them engaged with the community and to ward off the loneliness that can occur if living alone and lacking transportation.

More affordable housing and a better tax structure are also needed for the senior population in McHenry County. Seniors on a fixed income have a difficult time affording housing in the county and the ever-increasing property taxes.

A lack of sufficient assisted living and nursing home options exist in McHenry County as well, though informants believe that with expansion should come closer monitoring of the conditions in such facilities.

Low-Income/Working Poor – McHenry County residents whose income is minimal face needs across a wide spectrum. Many negative myths exist in the community concerning poor people and the reasons for their misfortunes. A loss of a job or a medical emergency could throw anyone into a dire financial situation when living paycheck to paycheck, but many area residents lack compassion.

Many in this group are employed in low-wage occupations, often working more than one job. However, this minimal income disqualifies them from accessing services that they may really need.

The low-income and working poor in McHenry County have much difficulty finding affordable ways to meet their need for housing, health care, dental care, daycare, transportation, and education. Affordable housing is a challenge in McHenry County for the low-income and working poor due to the lack of sufficient Section 8 and public housing options and the resistance from community members to locating low-income housing in close proximity to them.

One informant has seen evidence of single family homes occupied by multiple families in order to afford the cost of housing. Healthy habits in this population can also be lacking, so there is a need for affordable services dealing with smoking, teen pregnancy, good nutrition, and keeping healthy.

This population needs much better access to public transportation. Due to their low income, many cannot afford to own and maintain a car. This lack of reliable transportation limits their employment and education options given the geography of McHenry County.

Good paying jobs are a huge need of this group. Several informants described a need for creative ways to draw new jobs to McHenry County. In the past, union construction workers could make \$25/hour, but now are lucky to be making minimum wage at a non-union job. The downturn in the economy has caused many local residents to transition into this low-income/working poor group due to unemployment or underemployment. The lack of good paying jobs is having a particularly negative impact on young adults and young families trying to establish themselves in the workforce, relegating them to the low-income ranks.

Emergency help for the low-income and working poor who find themselves in desperate situations is necessary but due to the downturn in the economy, lack of state funding, and decreased charitable giving, service providers cannot effectively meet the need for crisis services.

Informants described the need for a better system to be put in place to direct the low-income and working poor residents of McHenry County to available services. Though resources are becoming more limited, services to help this population meet basic needs do exist and many times area residents of limited means do not know where to turn.

Mentally Ill/Substance Abusers – Residents of McHenry County with mental health problems or substance abuse issues are in great need of more inpatient programs and crisis care available locally. Calls to the area crisis line have increased and callers have more acute symptoms. The poor economy has taken its toll on local residents' mental health.

According to informants, McHenry County has no inpatient detox unit, no inpatient substance abuse, no adolescent inpatient mental health, and no crisis respite program. Those needing inpatient care are forced to forego treatment or travel to another county. Many of the mentally ill or substance abusers in crisis end up in the emergency room or involved with law enforcement. A decline in outpatient mental health services has also occurred locally as a result of the decrease in state funding and charitable giving. Additionally, few psychiatrists in McHenry County accept Medicaid patients.

Residents with mental health and substance abuse problems are often reluctant to access services due to the stigma associated with admitting their problem. Confusing insurance policies can also hamper access to services. Lack of transportation to services is an additional barrier for McHenry County residents who need treatment for their problems. Many who suffer with mental health or substance abuse issues fall into the low-income/working poor population without a car or other means of reliable transportation to keep appointments.

Youth with mental health and substance abuse problems are also in need of comprehensive services such as day programs and inpatient programs located in McHenry County. There are teenage youth who have emotional problems who have been failed by the schools and failed by the medical community and have nowhere to receive help. No services addressing eating

disorders are available for youth in the county either. Lack of positive role models and negative peer pressure are other barriers to youth accessing the services they need.

Developmentally Disabled Adults – Developmentally disabled adults in McHenry County need housing, jobs, transportation, and affordable services, while their caregivers need emotional support. Informants describe a high number of requests from families seeking services for their disabled family member, but many families cannot afford the out-of-pocket costs associated with the services.

McHenry County needs more group homes and supportive apartments, especially for adults whose parents can no longer take care of them. Unfortunately, many residents do not want group housing in their neighborhoods.

Given the stagnant economy, special needs adults are not being hired by local employers and are the first to be let go when job cuts are necessary. This is unfortunate because these adults want to feel productive. After their education is over, there is nowhere for them to go if they cannot secure employment. This can lead to isolation and loneliness. Developmentally disabled adults need a local program which provides additional instruction on how to get hired in such a competitive job market.

Lack of transportation to services, jobs, and other locations in the community is a massive barrier for special needs adults. The timing and coverage area of the public transportation system is poor.

One informant described a potential ballot proposal for 2013 which would increase real estate taxes to fund services for developmentally disabled McHenry County residents. The small increase in taxes could generate six million dollars per year. The funding would be most welcome because other types of funding, especially money from the state is steadily decreasing.

Homeless – There are residents in McHenry County who are homeless and need access to affordable housing, transportation, job training, and mental health services. At certain times of the year, not enough beds are available at PADS for the homeless in the community.

Mental health problems and traumatic brain injuries affect many of the homeless. Even if an agency can afford to provide housing for someone, the cost of the ancillary services they need can be exorbitant.

A lack of funding exists for supportive services and affordable housing for the homeless which is one of the primary barriers to meeting their needs. The negative myths in the community regarding the homeless impact the willingness of neighbors to accept affordable housing in their neighborhood. But in reality, many of the people who use PADS never imagined they would be homeless. A job loss, medical emergency, or mental health problem can quickly destroy someone's life. Especially lacking are funds for emergency help when residents are on the brink of becoming homeless.

Several informants wondered if the abundance of empty buildings in McHenry County could be utilized to help area homeless residents, but they realize that funding is a significant barrier to execution.

Unemployed/Underemployed – Residents of McHenry County have been hit hard by the economic downturn. Informants provided many examples of companies leaving the area over the past few years. The need to attract small and medium manufacturers to McHenry County which provide good paying jobs is vital. An availability gap exists in McHenry County between low-wage service jobs and white-collar jobs. Many good paying union construction jobs disappeared when the housing market collapsed.

Besides needing a job or better paying job, residents in this group need access to affordable health and dental care, affordable daycare, and reliable transportation. Transportation is key because the current public transportation system does not accommodate working people and limits when and where residents can travel for a job.

Area agencies have seen increased use of food pantries and applications for utility assistance recently as a result of households experiencing unemployment or under-employment. Residents in this situation need help finding additional services in the community to help their family weather the financial crisis. Information needs to be better circulated in the community as to what services are available to help residents looking for a job or looking to better their employment situation.

The unemployment rate for Illinois veterans is higher than for the general population, especially for the 40-50 year age group. The Illinois Department of Employment Services offers financial assistance and job retraining for this group, but awareness needs to be heightened in McHenry County as to the job-related services available to veterans.

Unemployed residents need better access to job retraining in order to reposition themselves in the current job environment, though McHenry County College (MCC) was noted as a great resource for job retraining. In addition, to avoid unemployment or under-employment, high school graduates not on their way to college need information about technical training, training certificates, and apprenticeships available to them.

A barrier to serving the unemployed and under-employed is a lack of funding at the local and state level. Creative solutions to solve the funding gap need to be formulated.

McHenry County Health and Human Services Delivery System

Strengths of the System – A spirit of collaboration and cooperation is one of the biggest strengths of the health and human services system in McHenry County. The strong communication and collaboration among groups leads to development of new services which fill gaps in the system rather than duplicate existing services. The McHenry County Mental Health Board and United Way were credited with encouraging agencies to work together in order to avoid duplication and best utilize limited resources. The McHenry County Department of Health was also mentioned as an organization very willing to partner with area agencies and churches to address issues in the community.

Employees of McHenry County health and human services providers are an additional strength of the system. They are typically viewed as knowledgeable, dedicated professionals who tirelessly advocate for the citizens utilizing their services.

The variety of services available in McHenry County is an additional strength mentioned by informants. The services are provided by a range of groups including not-for-profits, churches,

governmental entities, Centegra Health System, and McHenry County College. The services are spread out across McHenry County. Local businesses and media outlets are said to be very supportive of the area's health and human services providers. Groups serving McHenry County residents generally have very good reputations in the community. When contacted in emergency situations, area providers generally offer a quick response.

Networking and referrals among McHenry County agencies and organizations are common, while competition is minimal as target populations are not often duplicated.

Weaknesses, Gaps, and Barriers to Services – A substantial weakness in the health and human services system in McHenry County is a lack of public awareness about services available. Informants described the absence of a centralized database of service providers which McHenry County residents can access when they need help. Residents do not know whom to call for different types of help.

Sharp declines in federal, state, and local funding, as well as grants and charitable contributions have reduced the ability of the McHenry County health and human services system to serve area residents. Due to funding challenges, programs have been eliminated, wait times for services have increased, service hours have been reduced, and staff hours have been decreased, all of which have had a negative impact on the number of individuals the groups are able to serve.

The continued scarcity of bilingual employees in the McHenry County health and human services system is a significant weakness given the large proportion of Spanish-speaking residents in the county. The non-English speaking population has many health and social service needs and could be served more effectively by the addition of bilingual providers.

The limited nature of McHenry County's public transportation system is a barrier to many residents getting the services they desperately need. The bus system can be expensive, does not offer flexible hours, and covers a small geographic area. Few services are mobile so residents must travel to the agency's location. Many people seeking services have limited income so they do not own a car. Seniors who need health care or social services also face transportation problems because many no longer drive. They have difficulty keeping appointments without access to reliable transportation.

Personal pride and the stigma associated with utilizing services are other barriers to McHenry County residents accessing existing services. The pride factor is a key barrier in the farming community. Residents who are unaccustomed to asking for help are often ashamed to contact service providers for fear that others will judge them negatively.

Inability to pay for services is an additional barrier. With decreasing family incomes, many have difficulty affording fees charged by health and human services providers. A lack of health and mental health providers in McHenry County accepting Medicaid adds to the problem.

Duplication in the System – The McHenry County Mental Health Board and United Way offer considerable funding to area service agencies. They do not finance duplicate services and do hold the funded agencies accountable for delivering the services they agreed to provide. When the funders recognize an overlap between agencies, they recommend ways for the agencies to merge their services to save money. As a result, only a few instances of duplication were mentioned. Competition among the several gay/lesbian organizations does exist, with varying agendas driving each. Duplication was also described related to the expansion of a federally

qualified health center (FQHC) in the town of McHenry which provides the same services to the same population as the Family Health Partnership Clinic already in existence. This is viewed as an unwise use of federal dollars to duplicate current services.

While funding challenges facing health and human services providers have negatively affected the capacity of the system, on the positive side more collaboration and combining of resources among agencies has occurred. Some partnerships include: Northern Illinois Food bank and local food pantries, McHenry County Conservation District and McHenry County College, PADS and Youth Service Bureau (YSB) with Pioneer Center, and Turning Point and Family Alliance with Main Stay.

All not-for-profit organizations spend considerable time and energy on fundraising activities which provide essential financial support, but the hours spent by staff could be better utilized delivering direct services to residents in need.

Suggested Improvements to Efficiency in the System – The development of a centralized information system linking McHenry County resident needs with available services is critical to improving the efficiency of the health and human services system. Residents must have a simple way to locate service providers who may be able to meet their needs. Two informants mentioned a 211 Information/Referral line launching in 2011 which should aid in improving the linkage between providers and those in need of services.

Service providers also need to integrate more modern equipment and technology into their delivery of services which could streamline operations. The use of electronic media for training, continuing education, and coordination of care may also achieve additional efficiencies. Client on-line access to services is also a potential approach which could result in a more cost-effective and accessible delivery system.

As funding continues to decline, the existing emphasis on collaboration between organizations will need to be sustained. Resource sharing will help to keep the system efficient.

Challenges Facing McHenry County

More informants talked about the challenges associated with developing an affordable, accessible public transportation system in McHenry County than any other topic. Those interviewed were also highly concerned about attracting good paying jobs to the area to aid residents who are unemployed or under-employed since the economic downturn. Access to affordable housing is another challenge facing area residents who have seen their incomes decrease. Encouraging economic growth is a challenging proposition for McHenry County which has been accustomed to extraordinary economic growth in the past. Protecting the environment, especially open spaces and the water table, rounds out the top five challenges mentioned by informants.

Growth and Development

Few informants had much to say about growth and development since most growth has come to a halt as a result of the economic downturn. However, when growth returns some would like to assure that open spaces are preserved by encouraging downtown growth instead of sprawl

which they believe sacrifices valuable farmland. Maintaining the integrity of the water supply was also mentioned as needing particular attention once development begins again.

Public Transportation

Many of the most vulnerable McHenry County residents need access to a public transportation system which can affordably and reliably get them to their job and needed services. Opinions were varied on the need for expanded roadways. Some informants described the need for easier access to major toll roads or freeways in order to lure businesses to McHenry County, while others believe the expansion of roads only fuels the car culture of the area and threatens open spaces. However, consensus is evident for the need to better maintain existing roads and fix the numerous bridges in the county in a state of disrepair. The challenge to maintaining existing roads and bridges is the lack of funding and reluctance of municipalities to pay their share. Expansion of rail service was also mentioned as a transportation need.

Education

Most comments about McHenry County's education system were positive. The schools are viewed as keeping up educationally with the surrounding counties and offering diverse programs for different types of students. At the college level, McHenry County College received praise for its programming, though the desire for a 4-year college in McHenry County was also noted. More services for retraining displaced workers would be welcome.

The shift away from vocational training in schools is a problem for some. The state's financial crisis and lack of local development generating impact fees have greatly reduced funding for schools such that administrators need to use more creative strategies for making the most of the dollars available.

Creativity was mentioned once again, but in the realm of job creation. Creative incentives need to be developed to bring new business and industry to McHenry County. Attracting innovative, high-tech companies, green companies, and soft manufacturing companies would lead to more good paying jobs, reducing the need for residents to travel great distances to secure employment. However, more semi-skilled jobs are also needed in McHenry County to fill the gap between service jobs and white-collar jobs. The McHenry County Workforce needs to be prepared for the upturn in the economy. This will require additional job training, internship programs, and mentoring opportunities for area residents.

Environment

McHenry County is seen as having many effective groups lobbying to protect the area's environment. Maintaining the delicate balance between growth and the rural environment is vital once development begins again as the economy improves. Ground water preservation is a particular concern of residents who do not want expansion to outpace the available water supply. Protecting farmland is also important to many area residents. The area's conservation groups and park districts receive strong support from McHenry County residents.

COMMUNITY ANALYSIS SUMMARY

The Community Analysis presents a comprehensive overview of the health status and factors that influence the health of McHenry County by describing population demographics, health determinants, and health outcomes using a wide variety of secondary data sources. The analysis includes trends over time and county comparisons to other jurisdictions (state and nation).

This analysis draws heavily on the U.S. Census Bureau and in particular, the 2005-2009 American Community Survey released in December 2010. The 2005-2009 American Community Survey (ACS) is an ongoing mail, phone, and visitation survey of a sampling of U.S. households conducted between January 1, 2005 and December 31, 2009. The ACS presents information at various geographic levels on a wide range of topics including age, sex, race, family and relationships, income and poverty, health insurance, education, employment, veteran status, disabilities, and commuting. As another frequently used information source, the Illinois Department of Public Health (IDPH) releases information about vital statistics, communicable diseases, cancer incidence through the Illinois State Cancer Registry, prevalent disease and behavioral risk factors for disease through the Illinois Behavioral Risk Factor Survey. Additional mortality data come from the Centers for Disease Control and Prevention's online data system, Wide-ranging Online Data for Epidemiologic Research (CDC WONDER). Several other federal, state and local sources of information were utilized, such as McHenry County Department of Health, the Illinois Youth Survey, Illinois State Police, the U.S. Environmental Protection Agency (EPA), Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS), and the Internal Revenue Service (IRS).

Population Size and Characteristics

The population of McHenry County has grown every decade since 1900, starting at 29,759 people to 308,760 people in 2010. In the last decade, the population grew by 19%. The largest percent increase in the population occurred from 1950 to 1960.

Thirty-eight percent of the 2000 to 2009 population increase can be attributed to natural increase and 58% can be attributed to migration into the county.

71% of movers into McHenry County during 2007 and 2008 came from within Illinois, most frequently Cook (28.4%), Lake (15.7%), and Kane Counties (12.6%). Of movers who left McHenry County, 57% moved to another Illinois county, most commonly Cook (18.6%), Lake (12.3%), and Kane Counties (10.5%).

As defined by race, 94.8% of the 2009 McHenry County population was white, followed by 2.7% Asian, and 1.3% black. Compared to 2000, all racial groups saw an increase, with the largest percent increases being among blacks (+167.3%) and Asians (+132.4%).

In terms of race/ethnicity, 83.9% of the 2009 McHenry County population was non-Hispanic whites. Hispanics comprised the second largest race/ethnic group at 11.3%, followed by non-Hispanic Asians at 2.7% and non-Hispanic blacks at 1.1%.

From 2000 to 2009, all race/ethnic groups grew in McHenry County. The largest increases occurred among non-Hispanic black and non-Hispanic Asian population which grew by 162.2% and 132.4%, respectively, while the Hispanic population grew by 84.7%.

Compared to Illinois and the U.S., McHenry County had more non-Hispanic whites in 2009 at 83.9% (Illinois 76.2%, U.S. 65.1%). All other race/ethnic groups in McHenry County were proportionately smaller than the state and nation.

At 37.9 years, McHenry County's median age in 2009 exceeded Illinois (37.6 years) and the U.S. (36.8 years).

In 2009, one out of four (26.8%) residents in McHenry County was under the age of 18 years, while one out of ten (10.8%) was 65 years or older. Compared to Illinois, McHenry County had more of the population under 18 years old, as well as a larger percent of the population 65 years old and older.

At 40.2 years, non-Hispanic whites in McHenry County exhibited the highest median age and Hispanics the lowest at 27.1 years. The median age increased for all race/ethnic groups from 1990 to 2000 and 2000 to 2009.

There were 1.3 males for every female in McHenry County during 2009. Males outnumber females for each five-year age group up to age 59, then females become more numerous.

Among McHenry County Hispanics and non-Hispanic blacks, men outnumber women, however, the reverse is true for non-Hispanic whites and Asians.

In McHenry County (2009), Hispanics, blacks and multiracial groups tend to have a younger population than whites and Asians.

Almost one quarter (24.8%) of McHenry County residents are of German decent, above Illinois and the U.S. at 17.7% and 14.5%, respectively. Following German, the most common ancestries reported in McHenry County for 2005-2009 were Irish (13.3%), Polish (10.3%), Italian (8.1%), English (5.8%), and Swedish (3.3%).

In McHenry County, one in 10 residents was born abroad and 5.6% were not U.S. citizens. For 2005-2009, McHenry County had a smaller percentage of the population that was not a citizen than Illinois (7.5%) and the U.S. (7.1%).

Of the 31,306 McHenry County residents who were born abroad, 44.1% were born in Mexico, 7.8% in Poland, 5.7% in India, 4.9% in the Philippines, and 4.7% in Germany.

For 2005-2009, 14.4% of McHenry County persons 5 years and older spoke a language other than English at home. Among the most commonly spoken languages were Spanish (8.6%), German (0.9%), Polish (1.2%), and Tagalog (0.4%). An estimated 2,138 persons age 5-17 and 8,036 ages 18 and older live in linguistically isolated households.

Households

McHenry County contains a total of 106,951 households (2005-2009 data). Three-quarters (75.6%) of the households were considered family households, above Illinois and the U.S. each around two-thirds. Among McHenry County households, two-thirds (63.8%) were married couples, 8.1% single female householders, and 4% single male householders. One-third (33.3%) of households were married couples with children under 18 years old compared to 23.4% for Illinois and 22.7% for the U.S.

For 2005-2009, the average household size for McHenry County at 2.91 people exceeds Illinois at 2.62 and the U.S. at 2.60. Similarly, the county's average family size was larger at 3.38 people surpassing Illinois at 2.26 and the U.S. at 3.19.

Unmarried-partner households number 5,406 which constitutes 5% of all households in McHenry County, more than half (51.7%) of which were male householders with female partners, followed by female householders with male partners at 38.5%. Less than 10% were single sex partner households, 6.5% male householders with male partners, and 3.3% female householders with female partners.

In 2005-2009, 5,233 grandparents lived with their own grandchild/grandchildren. Of those grandparents, one-quarter (25.5%) were responsible for their grandchild's care, lower than Illinois at 39.1% and U.S. at 40.9%.

In 2005-2009, 72.3% of seniors lived in a family household, only 2.8% of seniors lived in group quarters, and 23.1% lived alone.

Of the McHenry County population 15 years and older during 2005-2009, 59.3% were currently married, 25.9% never married, and 9.2% divorced. More men were never married at 29.2% compared to 22.7% among women, while a slightly higher percent of women were divorced (10.3%) than men (8.1%). Compared to Illinois and the U.S., a higher percent of adults were currently married in McHenry County.

Since 1980, the number of marriages among McHenry County residents has decreased from 1,403 in 1980 to 1,246 in 2009 - a decrease of 11.1%. Simultaneously, the number of divorces and annulments increased from 640 in 1980 to 945 in 2009 - an increase of 48%. This led to an increase in the dissolution ratio from 45.6 divorces per 100 marriages in 1980 to 75.8 in 2009, substantially higher than Illinois at 44.6.

For 2005-2009, 82.3% of McHenry County children lived in a married-couple family and 11.8% in a female household where no husband was present. Compared to Illinois and the U.S., more children lived in married-couple families and a smaller percentage lived in single parent households.

Housing

In 2009, McHenry County contained 115,988 housing units, an increase of almost 30% from 2000, far more than the state.

For 2005-2009, 94.3% (106,951) of McHenry County housing units were occupied, above Illinois at 90.7%.

Owner-occupied housing units in McHenry County increased slightly from 74,391 (83.2%) in 2000 to 90,721 (84.8%) in 2005-2009. While the number of renter-occupied housing units increased from 15,079 in 2000 to 16,230 in 2005-2009, the percent decreased slightly. Renter-occupied units are far more common in Illinois (30.7%) and the U.S. (33.1%) than McHenry County at 15.2%.

Most housing units were 1-unit, detached structures (88,988), increasing in number by 20% from 2000 to 2005-2009. However, as a percent of all structures, 1-unit detached structures decreased from 66.7% in 2005-2009 from 79.8% in 2000.

The average household size for owner-occupied units decreased slightly from 3.02 in 2000 to 2.97 in 2005-2009, while the average household size increased for renter-occupied units from 2.26 in 2000 to 2.56 in 2005-2009. For both owner-occupied and renter-occupied units, the average household size was higher in McHenry County for 2005-2009 than Illinois and U.S.

In 2005-2009, 89.8% of the population over the age of 1 year lived in the same house as they did one year ago, 5.6% moved to another home within McHenry County, 3.2% moved outside of McHenry County, but within Illinois, and 1.1% moved to another state. Compared to Illinois and the U.S., McHenry County had a higher percent of the population staying in the same house for over a year in 2005-2009.

Accounting for 28,078 units, housing units built in the 1990s constituted one-quarter (24.7%) of all housing units in McHenry County in 2005-2009. Over half (56.7%) have been built since the 1980s, substantially higher than Illinois (28.7%) and U.S. (39.9%).

In 2005-2009, 63.6% of McHenry County homes were valued between \$200,000 and \$499,999. The median home value was \$251,200 compared to \$200,400 for Illinois and \$185,400 for the U.S.

Sales of single family homes and condominiums fell by 52% from 5,756 in 2005 to 2,752 in 2009. Similarly, the median home price dropped 39% from \$249,000 in 2005 to \$151,500 in 2009 for single family homes and \$171,500 in 2005 to \$142,000 in 2009 for condominiums (-17%).

In 2005-2009, 40.8% of McHenry County owner-occupied households with a mortgage had owner costs that were 30% or more of their household income, compared to 38.1% of Illinois and 36.7% of U.S. homeowners. Among owner-occupied households without a mortgage, 18.3% had home costs at 30% or more of their household income, while 48.4% of renters had costs at 30% or more of their income.

McHenry County's 2005-2009 median cost as a percentage of household income exceeded Illinois and U.S. for owner-occupied households with a mortgage (26.9%), without a mortgage (14.7%), and renter-occupied households (31.0%).

Among owner-occupied households in McHenry County for 2005-2009, over half (55.0%) of homeowners who spent 30% or more of their income on housing had a household income of \$50,000 or more, higher than the state at 41.3% and the U.S. at 36.7%.

In 2005-2009, the median gross rent was \$989 in McHenry County, substantially higher than Illinois and the U.S. at \$813 and \$817, respectively.

Home ownership increases with income, with 96.1% of McHenry County households earning \$100,000 or more owning a home compared to only 57.1% of those who earned less than \$20,000. The median income for home owners was 114% higher than renters.

In 2005-2009, an estimated 3,181 households lack a vehicle available. Among those householders, 57.2% were 65 years and older.

Education and Employment

In 2005-2009, 91.1% of McHenry County adults 25 years and older graduated high school (or equivalency), which is much higher than Illinois at 85.7% and the U.S. at 84.6%. Three in 10 (31.2%) adults 25 years and older received at least their bachelor's degree, also above Illinois at 29.8% and U.S. 27.5%. Only 3.7% of local adults 25 years and older had less than a high school education, almost half that of Illinois at 6.3% and the U.S. at 6.4%.

During 2005-2009 in McHenry County, Hispanics had the highest percent of their adult population (25 years and older) with less than a high school education (36.7%), while Asians the lowest percent (4.1%). Asians report the highest percent of adult population with a bachelor's degree or higher at 59.1%, while Hispanics the lowest at 11.9%.

For the 2008-2009 school year, all but two McHenry County school districts, Harvard and Woodstock, report graduation rates over 90%, compared to Illinois at 87.1%.

Census estimates (2005-2009) indicate that 170,572 McHenry County individuals are in the labor force (72.2% of population 16 years and older), lower than 2000 and 1990 at 74.0% and 73.7%, respectively, but above Illinois (66.7%) and U.S. (65.0%). Both genders saw workforce decreases since 2000, but still higher than Illinois and the U.S.

In 2005-2009, over half (56.4%) of McHenry County parents with children under 6 years old were labor force participants, similar to 2000, but lower than Illinois and the U.S. at 63.0% and 62.3%, respectively. Seven in ten (70.1%) families with children 6-17 years old had both parents in the work force, also similar to Illinois and the U.S.

In 2009, there were 17,345 unemployed McHenry County residents, a rate of 9.7%, similar to Illinois and the U.S. The county's unemployment rate grew from a low of 3.8% in 2006 to a high of 9.7% in 2009, a trend consistent with the state.

McHenry County's 2009 highest unemployment rates were among Native Americans (48.7%) and blacks (21.2%), however, 9 in 10 unemployed people were white.

McHenry County's largest employers in 2010 were Centegra Health System, Wal-Mart/Sam's Club, Jewel-Osco, McHenry County Government, and Follett Library Resources Inc. These top five employers employed 10,016 individuals.

For McHenry County residents in 2005-2009, the mean commute time to work was 33.7 minutes, above Illinois at 28.1 and the U.S. at 25.2 minutes. Almost 20% of residents commute an hour or more to work compared to Illinois at 11.2% of workers and more than double the U.S. at 8.0%.

In McHenry County, 8 in 10 (81.5%) workers drove alone to work in 2005-2009, and only 2.9% use public transportation, much lower than Illinois where 8.8% of the workforce use public transportation. One in 20 (5.1%) people worked from home in McHenry County.

Most common occupations (2005-2009) in McHenry County were management or professional jobs (35.4%), followed by sales and office jobs (28.4%); manufacturing (17.0%), and education/health/social services (16.6%) were the most common industries in which to work. Most workers (84.4%) were private wage and salary workers; 8,431 individuals were self-employed.

In 2009, 22,809 people were employed in the goods producing sector in McHenry County and 67,467 were in the service providing sector. Since 2000, the goods producing sector employment decreased by 30.1%, while the service providing sector increased by 23.0%.

2000 data show that 65,149 (48.9%) McHenry County residents worked outside of the county, most commonly in Cook (23.5%) and Lake Counties (12.6%), whereas 28,534 (29.5%) people commuted to McHenry County for work from other counties, mostly from Lake (6.1%), Cook (5.4%), and Kane Counties (5.2%), and 5.9% from Wisconsin.

Income and Poverty

McHenry County's median household income stood at \$77,314 in 2005-2009, an increase of 19.3% from 1999, and compares favorably to Illinois at \$55,222 and U.S. at \$51,425.

Asians report the highest median household income at \$86,125 and Hispanics the lowest, \$58,910.

McHenry County's 2005-2009 median family income was \$87,260, substantially higher than Illinois and U.S. at \$67,660 and \$62,363, respectively. Among families with children, married-couples report a median family income at \$97,797, almost three times that of single female parents at \$33,504.

The 2008 per capita income for McHenry County was \$38,956, increasing every year since 1985. The county's per capita income fell 3% less below the U.S. at \$40,166.

In 2005-2009, 17,334 (5.6%) people and 5,180 (7.3%) children lived in poverty in McHenry County, more persons and higher rates than 1999 and 1989, and much lower than Illinois and U.S.

Among people 65 years and older, 4.5% lived in poverty in McHenry County during 2005-2009.

4.2% of all McHenry County families in 2005-2009 lived in poverty, whereas 6.3% of families with children under 18 years old and 7.6% of families with children under 5 years old were poor.

Among female-headed families without a husband present (2005-2009), 21.2% live in poverty, lower than the state and the U.S. More than half (55.3%) of female-headed families with children under 5 years are considered poor, higher than Illinois and the U.S.

In McHenry County (2005-2009), 84.6% of families lived at or above 200% of the poverty level, substantially higher than Illinois at 71.4% and the U.S. at 68.6%. Of the county's population, 7.7% lived at or below 125% of the poverty level, half the state at 15.3%.

One in five (20.4%) students in McHenry County schools was eligible for free or reduced lunch in 2010, a proportion that has increased over the previous five years. More than twice as many students statewide (51.5%) were eligible for free or reduced lunches as McHenry County students in 2010.

In 2009, 25,623 (8.0%) people received Medicaid in McHenry County. The percent of the population receiving Medicaid has increased every year since 1998 in the county.

Crime

In 2008, McHenry County's crime rate for index offenses was 1,807.9 per 100,000 population, a decrease from the previous year for the second consecutive time. Overall, the crime rate decreased from 1999 to 2008.

For 2008, 74% of all arrests for index offenses were due to theft and 14% burglary. Index offenses include murder, criminal sexual assault, robbery, aggravated assault and battery, burglary, theft, motor vehicle theft, and arson. From 1999 to 2008, robberies increased by 87% and aggravated assaults by 24%, while arsons decreased by 49%.

McHenry County's 2008 crime rate was approximately half that of Illinois (3,550.7).

As the most frequent drug-related offense arrest, drug paraphernalia arrests in 2008 totaled 539, followed by cannabis with 503 arrests.

From 1999 to 2008, the number of drug-related arrests increased for cannabis, controlled substances, hypodermic syringes/needles, and drug paraphernalia. Hypodermic syringe/needles arrests increased more than seven-fold from 1999 to 2008.

Since 2000/2001, elder abuse reports increased from 92 to 160 in 2009/2010, a 74% rise.

During 2009, there were 1,824 children that were reported as being abused at a rate of 21.2 reports per 1,000 children. Of those reports, 518 were substantiated at a rate of 6.0 per 1,000 children. Rates of reported and substantiated child abuse in McHenry County from 1999 to 2009 were consistently lower than Illinois rates.

Natality (Births)

In 2008, McHenry County mothers delivered 3,816 births, a rate of 12.0 births per 1,000 population. This was the lowest number of births since 1994 and lowest birth rate in over 25 years. McHenry County had a lower birth rate in 2008 than Illinois and the U.S.

The county's fertility rate in 2008 decreased by 13% from 2000 and fell below Illinois and the U.S.

More than nine in ten births to McHenry County mothers are white (any ethnicity), however, the percent has decreased from 99.3% in 1980 to 93.0% in 2008, while the non-white births increased from less than 1% to 7% in 2008. Hispanic (any race) births have risen from 2.7% in 1980 to 19.7% in 2008, more than six-fold increase.

When combining race and ethnicity, 74% of 2008 births were non-Hispanic white, 20% were Hispanic (any race), 4% non-Hispanic Asian, and 2% non-Hispanic black.

In 2008, women aged 30-34 years gave birth to the most children compared to other 5-year age groups, however, the highest fertility rates were among 25-29 year olds. Compared to the U.S., McHenry County fertility rates for females 15-19 years and 20-24 years were substantially lower, while rates for groups 25 to 39 years old were above the U.S. rate.

Among racial/ethnic groups, the highest fertility rates occur among non-Hispanic blacks aged 25-29 years old, followed by non-Hispanic Asians aged 30-34 years old.

The 2008 median age (30 years) of mothers in McHenry County was older than Illinois and the U.S. by 2 years. Also in McHenry County, approximately 30% of births were to mothers 30-34 years old, the largest 5-year age group of mothers in 2008, whereas the largest 5-year age group of mothers for Illinois and the U.S. was 25-29 year olds.

Between 1980 and 2008, a shift in the age of mothers took place with a 52% increase in the percent of mothers' age 30-34 years old, coupled with decreases of 48% among 20-24 year old mothers and 20% among 25-29 year old mothers.

The number of teen mothers peaked in 2000 with 240 births. The percent of births to teens has remained relatively constant between 5 and 6% from 1990 to 2008. Prior to 1985, the percent was higher. Teen birth percents in Illinois and U.S. for every year between 1980 and 2008 have been about double the percent of McHenry County.

Of the 1,120 births to teen mothers between 2004 and 2008, just under half (48.3%) were born to non-Hispanic whites and a similar percent to Hispanics (47.8%).

The number and percent of births to unmarried mothers in McHenry County, Illinois, and the U.S. has steadily increased from 1980 to 2008. The county's 2008 percent of births to unmarried mothers (26.8%) is almost four-fold the 1980 figure of 5.6%, but remains far below Illinois and the U.S. at 40.7% and 40.6%, respectively.

Of the 4,866 unmarried women who gave birth between 2004 and 2008, just over half (51.9%) were non-Hispanic white and just under half (43.5%) were Hispanic.

Since 1980, the county's number and percent of low birth weight births (<2,500 grams or 5lbs 8oz) steadily increased from 5.1% in 1980 to 7.8% in 2008 - a 53% increase. McHenry County has reported a lower low birth weight percentage than Illinois and U.S. for every year from 1980 to 2008.

The number of births to women who received first trimester prenatal care peaked in 2004 at 4,364, however, the percent of births receiving first trimester prenatal care peaked in 1998 at 89.6% and declined to 82.5% in 2008. From 2004 to 2008, a steady decline took place in the percent of McHenry County women receiving first trimester prenatal care.

Among select communities in 2008, Fox River Grove had the highest percentage of mothers who received first trimester prenatal care at 92%, while Harvard had the lowest percent of mothers who received first trimester prenatal care at 62%.

According to the Kessner Index, 77.4% of births receive adequate prenatal care, above the state level of 74.7%, while a smaller percentage receive inadequate prenatal care. Based on the Kotelchuck Index, 79.9% of births received adequate or “adequate plus” ratings in 2006, very similar to Illinois (80.2%).

Measures of adequacy of prenatal care using the Kessner Index varied by race/ethnic groups (2004-2008). Hispanics show the lowest percentage of births receiving adequate prenatal care (59.2%) and blacks the highest percent receiving inadequate care (9.1%).

According to the Kotelchuck Index for prenatal care, the percent of births that received “adequate plus” care peaked in 2002 at 39.3%, while the percent receiving adequate care decreased overall from 1990 to 2006.

The percent of mothers who smoked tobacco during pregnancy has steadily declined since 1990 from 16.9% to 6.7% - a decrease of 40% and has remained consistently lower than the Illinois percent. Births to mothers who drank alcohol during pregnancy has been under 1% since 1995.

In 2008, there were 562 abortions to McHenry County women, a rate of 147.3 per 1,000 live births. The county’s abortion rate has gradually increased, while the Illinois rate has decreased, although the Illinois rate from 1995 to 2008 has been, on average, 96% greater than McHenry County’s rate.

In 2008, 35.4% of all births were by Cesarean section, higher than Illinois at 30.9%.

In 2008, McHenry County had a smaller percentage of mothers without a high school diploma (or equivalent) at 12.8% compared to 18.5% for Illinois.

In 2008, 29.2% of McHenry County’s births were born to new mothers compared to 40% in Illinois.

McHenry County’s infant death rate has generally declined from 1980 to 2007 where rates were 10.7 deaths per 1,000 live births and 5.1, respectively. However, the infant death rate increased from 2004 to 2007. Compared to Illinois and the U.S., McHenry County has had a lower infant death rate every year from 1980 to 2007.

Mortality (Deaths)

McHenry County recorded 1,820 deaths in 2007 - a rate of 5.8 deaths per 1,000 population, much lower than Illinois at 7.8 and the U.S. at 8.0.

From 1980 to 2007, the annual number of McHenry County deaths increased, while the death rate decreased reflecting an increase in the county’s population. The death rate for McHenry County has consistently been lower than Illinois and the U.S. since 1980.

McHenry County's age-adjusted death rate for 2007 was 7.2 deaths per 1,000 population, below Illinois and the U.S, both at 7.6.

Compared to the U.S., McHenry County reported lower 2007 death rates for all age groups except 5-14 years, 75-84 years, and 85 years and older.

In 2007, people 75 years and older comprised 59% of all deaths in McHenry County, while 65-75 year olds made up 17% of deaths, followed by 55-64 year olds at 12%.

In 2007, cardiovascular diseases, which include heart disease, cerebrovascular disease (stroke), atherosclerosis, and aortic aneurysm/dissection, recorded the highest number of deaths with 568, followed by malignant neoplasms (cancer) with 493 deaths.

The top five leading causes of death for 2007 in McHenry County were cancer (156.7 deaths per 1,000), heart disease (132.8), accidents (38.1), stroke (35.0), and chronic lower respiratory diseases (29.9).

Compared to Illinois and U.S., McHenry County had lower 2007 death rates for cancer, heart disease, accidents, stroke, chronic lower respiratory disease (formerly COPD), Alzheimer's disease, kidney disease, diabetes, influenza and pneumonia, suicide, septicemia, perinatal conditions, atherosclerosis, homicide, and HIV infection. McHenry County death rates for chronic liver disease/cirrhosis and congenital malformations were above Illinois, but lower than national rates.

In 2007, McHenry County's top six death causes based on age-adjusted rates include cancer, heart disease, stroke, chronic lower respiratory diseases, accidents, and Alzheimer's disease. Age-adjusted death rates for all six were higher in 2007 than 1997.

The age-adjusted death rate in 2007 was higher in McHenry County for cancer, stroke, chronic lower respiratory diseases (formerly COPD), and Alzheimer's disease compared to Illinois. Illinois had higher age-adjusted mortality rates for heart disease and accidents.

Comparing 2006-2007 to 1996-1997, a higher percentage of 2006-2007 deaths were due to cancer, while a lower percentage of deaths were due to heart disease and stroke.

Males' 2005-2007 age-adjusted death rate at 839.9 exceeded women at 646.2. For leading causes of death, Alzheimer's disease was the only cause where women had a higher age-adjusted death rate.

In McHenry County during 2007, 450 (24.7%) deaths were premature (before age 65), below Illinois at 26.4%. Two causes of death claimed more than half prematurely: suicide (90.3% of deaths were under 65 years old) and accidents (67.4%).

Cancer accounted for the most years of potential life lost (YPLL) in 2006 followed by accidents, with YPLL values equal to 1,849, and 1,536 respectively.

In 2007, the age-adjusted death rate for non-Hispanic whites was 90% greater than the age-adjusted death rate for Hispanics.

The five leading causes of death among non-Hispanic whites in McHenry County in 2003-2007 were lung cancer, stroke, heart attack, chronic lower respiratory diseases (formerly COPD), and

Alzheimer's disease. Among Hispanics, the five leading causes of death were motor vehicle accidents, perinatal conditions, congenital malformations, heart attack, and lung cancer.

Almost two-thirds of 2005-2007 deaths among blacks (66.7%) and Hispanics (60.7%) in McHenry County occurred prematurely (before age 65), compared to 24.5% of whites.

Causes of death varied greatly by age group from 2003 to 2007. For infants, over half (55.6%) of the deaths were perinatal conditions, while motor vehicle accidents led among 15 to 44 year olds. For adults 45-74 years old, lung cancer was first, accounting for 12.3% deaths of 45-64 year olds and 13.4% for 65-74 year olds. The leading cause of death for adults 75 years old and older was stroke (8.2%), followed by Alzheimer's disease (5.4%).

During 2003-2007, the site-specific cancer mortality rates among men in McHenry County were highest for lung cancer at 63.8 deaths per 100,000 men, followed by prostate cancer (24.8) and colorectal cancer (20.8). Among women in McHenry County, cancer mortality rates were highest for lung cancer at 46.2 deaths per 100,000 women, followed by breast cancer (27.0) and colorectal cancer (15.3).

At least two births have occurred per death every year in McHenry County since 1980. For 2007, the number of births was 2.38 times the number of deaths.

Health Status and Behaviors

Three in five (60%) McHenry County adults considered themselves in excellent or very good health in 2007, compared to 51% for the state. Approximately 3% said they were in poor health.

Over half (57%) of adults in McHenry County reported that they had all good mental health days during the past month in 2007, below the levels reported in previous studies conducted in 1997, 2001, and 2004. Approximately 14% experienced more than a week of poor mental health, up from the last three surveys.

The percent of adults in McHenry County experiencing poor physical health days for more than a week during the past month (12.1%) was higher than the previous survey (6.9%), while approximately two-thirds (66.8%) of adults experience good physical health days all month which remained relatively constant over the past three surveys.

The percent of people in McHenry County who perceived their general health as being excellent or very good in 2007 exceeded the percent of adults who had good mental health, but lower than the percent of adults who had good physical health.

Three out of ten McHenry County adults reported being diagnosed with high cholesterol (31.2%) and high blood pressure (28.1%). One in four (23.8%) has been diagnosed with arthritis, while asthma was reported by 15.5% and only 5.4% with diabetes. McHenry County's adult prevalence of arthritis, asthma, and high blood pressure surpasses Illinois for 2007, while diabetes (types I and II) and high cholesterol were lower.

When applying national estimates to the McHenry County 2008 population, lower back pain, chronic joint symptoms, hypertension, arthritis, and migraines or severe headaches topped the list of chronic conditions, each of which affected more than 67,000 adults.

Three in five (59.2%) adults in McHenry County in 2007 were overweight or obese, slightly lower than the state (62.0%).

One in five (20.7%) McHenry County adults were at risk for acute/binge drinking in 2007, slightly higher than Illinois (19.9%).

One in five (19.8%) McHenry County adults in 2007 smoked, while one-third (32.9%) of adults used to smoke. Compared to Illinois, McHenry County had proportionately fewer adults who have never smoked and more people who have quit smoking.

The percent of McHenry County women 40 years and older that had a mammogram at some time during their life at 87.4% was slightly lower than Illinois, 90.8%. However, more McHenry County women had a mammogram within the past year at 69.5% compared to Illinois at 64.0%.

In 2007, 95.0% of McHenry County women reported having a Pap smear at some point in their life and 82.8% reported having one within the past year.

In 2007, over half (57.4%) of McHenry County men 40 years and older had a PSA test to screen for prostate cancer and almost three-quarters (74.1%) reported having a digital rectal exam to screen for colorectal cancers.

In 2007, three in five (60.0%) McHenry County adults 50 years old and older reported having a colon/sigmoidoscopy to screen for colon cancers, higher than the state (55.4%).

In 2007, three-quarters (76.9%) of McHenry County adults reported visiting a dentist within the last year, compared to 10.6% who saw one within the past 1 to 2 years and 12.5% who saw a dentist 2 or more years ago. Overall, McHenry County adults frequented the dentist more often than statewide.

Almost three-quarters (73.5%) of McHenry County adults reported having dental insurance in 2007, above levels reported in 2004 and 2002.

For the five-year period from 2003-2007, men's age-adjusted cancer incidence rate for all sites at 522.6 per 100,000 tops the women's rate at 430.3. Cancer incidence rates among men and women in McHenry County fall below gender-specific incidence rates for Illinois.

Among men, 2003-2007 cancer incidence was highest for prostate cancer at 156.1 per 100,000 men, followed by lung cancer at 79.4. Among females, cancer incidence was highest for invasive breast cancer at 120.6 per 100,000 women, followed by lung cancer at 60.6.

Among men, liver and pancreatic cancer incidence rates were significantly lower in McHenry County compared to Illinois, while testicular cancer was significantly higher. Among women, the bladder cancer incidence rate was significantly higher in McHenry County than Illinois, while the in situ breast cancer incidence rate was significantly lower.

During 2003-2007, cancer incidence was significantly higher among men for oral cavity and pharynx, esophagus, stomach, lung and bronchus, skin melanoma, bladder, kidney, and non-Hodgkin's lymphomas compared to females.

In 2009, the most commonly reported communicable disease was chronic or resolved hepatitis C, varicella (chickenpox), pertussis (whooping cough), and salmonellosis.

Sexually transmitted disease (STD) rates for McHenry County were much lower than Illinois.

In McHenry County, the rate of reported chlamydia cases generally increased from 1990 to 2008, although 2008 saw a 12% decrease from the previous year. The rate of reported gonorrhea cases in 2008 decreased from the previous year - going from 17.7 cases per 100,000 population to 9.6.

Two fewer cases of AIDS and HIV (non-AIDS) were reported in 2009 from the previous year and there were 82 people living with AIDS in McHenry County in 2009.

Overall, there was an increase in the number of children tested for lead and a decrease in the percent of high blood lead levels detected in McHenry County from 1995 to 2008. In 2008, the blood lead level that required further investigation was decreased from 15 $\mu\text{g/dL}$ to 10 $\mu\text{g/dL}$. In 2008, the percent of children with elevated blood lead levels was <1% regardless of which cutoff value was used.

In 2002, only 42% of two year olds received their basic series of immunizations in McHenry County, much lower than the state percentage (excluding Chicago) at 57.8%. For every year from 1994 to 2002, the percent of two year olds with the basic series of immunizations was lower in McHenry County compared to Illinois (excluding Chicago).

For the 3-year period of 2005-2007, approximately 10% of McHenry County children 5 years and younger had at least one disability, lower than the U.S. rate. Of the population 5-15 years old, 5.3% had at least one disability, most commonly a mental disability (4.6%). Among adults 16-64 years old, 7.3% had at least one disability, with physical disabilities the most common followed by an employment disability. Of the population 65 years and older, one-third have a disability, most often a physical disability.

When applying national estimates to the 2009 McHenry County population, 48,487 adults in McHenry County suffered from at least one mental disorder. Simple phobias, major depressive episodes, unipolar major depressive disorder, agoraphobia, and severe cognitive impairments top the list, each affecting over 6,500 adults in the county.

When applying national estimates to the 2009 McHenry County population, 22,369 residents 12 years and older have used an illicit substance in the past month. Marijuana, pain relievers (used nonmedically), tranquilizers, cocaine (including crack), and stimulants (including methamphetamine) topped the list of most commonly used illicit drugs.

Prevalence of illicit drug use is highest among 18 to 25 year olds, where approximately one in five (21.2%) used any illicit drug in the past month and 8.3% used any illicit drug other than marijuana in the past month.

When applying national estimates to the 2009 McHenry County population, an estimated 71,984 residents 12 years old and older smoked tobacco during the past month. Of those who smoked, cigarettes (84% of tobacco users) were the most commonly smoked, followed by cigars (18.9% of tobacco users). The highest prevalence of tobacco users was among 18 to 25 year olds where two in five (41.6%) used tobacco in the past month.

When applying national estimates to the McHenry County 2009 population, an estimated 135,432 residents 12 years and older drank alcohol during the past month. Among alcohol users, 45.1% are considered binge alcohol users and 12.9% heavy drinkers.

When applying national estimates to the 2009 population of McHenry County, 14,366 males aged 12 and older used illicit drugs in the past month compared to 8,735 women. Among racial/ethnic groups, 20,153 of non-Hispanic whites used an illicit drug in the past month, followed by 2,024 Hispanics and 287 non-Hispanic blacks.

In 2008, over half (54%) of high school seniors in McHenry County drank alcohol and one in five smoked cigarettes and used marijuana. This can be compared to 6th graders where only 2% smoked cigarettes, 7% drank alcohol, and 2% used marijuana. All of these rates for high school seniors decreased from the previous survey done in 2006.

For 2008, 9% of high school seniors used over-the-counter performance enhancing drugs and uppers, such as Ritalin, and 8% reported using cocaine (including crack), psychedelics, such as LSD, other prescription narcotics, such as OxyContin and Ketamine in the past year. McHenry County rates exceed Illinois.

During 2008, 8% of McHenry County 8th graders reported using inhalants during the past month, higher than any other grade and higher than the Illinois rate for 8th graders.

During 2008, 18% of 8th graders and 14% of 12th graders reported carrying a weapon.

Among McHenry County 12th graders in 2008, 11% reported selling illegal drugs, 16% reported being drunk or high at school, 20% reported drinking and driving, and 21% drove while high.

In 2008, Driving under the Influence (DUI) arrests number 1,259 in McHenry County - a rate of 520.9 arrests per 100,000 people 16 years and older, topping the Illinois rate at 479.9. Since 1998, the DUI arrest rate has declined, but remains higher than Illinois.

Health Resources and Utilization

Nine in ten (92.4%) McHenry County adults had some kind of health care coverage in 2007, more than Illinois at 85%. Fewer reported having a usual health care provider, at 84.8%. About 8% of adults avoided going to the doctor because of cost, slightly higher than reported in 2004 and 2001, but lower than the state at 12.8%.

In 2007, 28,455 people 65 years and older and 4,211 disabled people in McHenry County were enrolled in Medicare Part A, Medicare Part B, or both.

Compared to the U.S., McHenry County residents in 2009 were hospitalized at a slightly lower rate of 1,157.0 per 10,000 population compared to 1,168.7 for the U.S. The discharge rate among women was 39.7% higher than among men in McHenry County.

The highest rate of hospitalization by age of McHenry County residents occurred among those 75 years and older at 5,008.4 discharges per 10,000 population in 2009, 8.6% higher than Illinois at 4,611.5.

The leading reasons for hospitalization in 2009 (excluding birth-related reasons) were psychoses, joint replacement/reattachment of a lower extremity, digestive disorders, alcohol/drug abuse and dependence, and chest pain.

Of the leading twenty-five reasons for hospitalization in 2009, psychoses resulted in the most number of patient days with 14,271, while rehabilitation without complication or comorbid conditions resulted in the longest average stay at 12.7 days.

Of the 2009 leading reasons for hospitalization, major joint replacement/reattachment of a lower extremity (hip/knee replacement) accounted for the highest total charges at \$47,537,478, while percutaneous cardiovascular procedure with drug-eluting stent resulted in the highest average cost per discharge at \$55,535.

The top five leading reasons for hospitalization among McHenry County residents in 2009 were normal newborn, vaginal delivery, psychoses, major joint replacement/reattachment of a lower extremity, and digestive disorders. The number of discharges for each of these decreased by 2% or more from 2008 to 2009. Discharges increased for alcohol/drug abuse and dependence (+1.1%), rehabilitation (+5.0%), nutritional/metabolic disorders (+4.8%), percutaneous cardiovascular procedure with drug-eluting stent (+7.7%), and heart failure/shock with and without complications (+9.3%).

Excluding birth-related reasons, the discharge rate for McHenry County was higher than Illinois for the following reasons: joint replacement/reattachment of a lower extremity, percutaneous cardiovascular procedure with drug-eluting stent, circulatory disorders (excluding heart attack), and medical back problems. Illinois had a higher discharge rate than McHenry County for psychoses, digestive disorders, alcohol/drug abuse and dependence, chest pain, and rehabilitation.

Among women, the top five reasons for hospitalization (excluding birth-related) included psychoses, joint replacement/ reattachment of a lower extremity, digestive disorders, uterine and adnexa procedures for a nonmalignancy (hysterectomy), and nutritional and metabolic disorders, each with over 280 discharges in 2009.

Among men, the top five reasons for hospitalization, also at more than 280 discharges, were psychoses, joint replacement/reattachment of a lower extremity, alcohol/drug abuse or dependence, digestive disorders, and percutaneous cardiovascular procedure with drug-eluting stent.

Besides birth-related diagnoses, McHenry County infants and toddlers (0-4 years) were most often hospitalized for bronchitis and asthma, nutritional and metabolic disorders, and simple pneumonia and pleurisy during 2009. Among McHenry County children 5 to 17 years old in 2009, leading reasons for hospitalization included psychoses, appendectomy, vaginal delivery, digestive disorders, and depression.

Among McHenry County adults aged 18-44 during 2009, the top five non-birth related reasons for hospitalization included psychoses, alcohol/drug abuse or dependence, digestive disorders, uterine and adnexa procedures for a nonmalignancy, and poisoning/toxic effects of drugs. Adults aged 45-64 were most likely hospitalized for joint replacement/reattachment of a lower extremity, psychoses, digestive disorders, alcohol/drug abuse or dependence, and chest pain.

For McHenry County residents 65-74 years old, the top five hospitalization reasons included joint replacement/reattachment of a lower extremity, digestive disorders, rehabilitation, percutaneous cardiovascular procedure with drug-eluting stent, and circulatory disorders (excluding heart attack) in 2009. Among residents 75 years and older, leading causes were

joint replacement/reattachment of a lower extremity, heart failure and shock, rehabilitation, digestive disorders, and nutritional and metabolic disorders.

Four hospitals are located in McHenry County - Centegra Hospital-McHenry (formerly Northern Illinois Medical Center), Centegra Hospital-Woodstock (formerly Memorial Medical Center), Centegra Specialty Hospital-Woodstock, and Mercy Harvard Memorial Hospital during 2009. Among the four hospitals, there were 20,766 admissions and 95,509 patient days for an average stay of 4.6 days. Of the four hospitals, Centegra Hospital-McHenry had the most admissions at 11,225 and Mercy Harvard Memorial Hospital had the fewest with 751. The average stay was longest at Mercy Harvard Memorial Hospital at 15.7 days.

In 2009, among the four hospitals in McHenry County, Centegra Hospital-McHenry reported the most outpatient visits (292,107), emergency room patients (29,130), inpatient (2,130) and outpatient surgeries (5,676). Centegra Hospital-McHenry also performed the most CT scans (28,126), MRI scans (7,026), ultrasounds (18,026), and mammograms (23,710), and was the only hospital in the county to offer PET scans. Of the four hospitals, Centegra Hospital-Woodstock delivered the most babies with 1,105 births.

In McHenry County, the eleven registered long-term care facilities (LTCF) reported 861 residents at the end of 2009. During 2009, there were a total of 2,875 admissions to LTCF and 2,859 discharges. Of the eleven LTCF, Alden-Terrace of McHenry Rehab had the most residents at the end of 2009 with 190.

In 2009, the most common primary diagnosis among LTCF residents in McHenry County was circulatory system disorders, accounting for 22.8% followed by mental illness at 13.5%.

Most (84.9%) LTCF residents reside in nursing homes compared to intermediate care facilities for individuals with developmental disabilities (ICF/DD) or sheltered care. Among nursing home residents, 77.6% are 75 years or older, 72.6% are women, 99.0% are white, and 98.4% are non-Hispanic. Almost all residents of ICF/DD pay with Medicaid (89.9%), while 90.0% of those in sheltered care pay with private funds.

As of December 2010 in McHenry County, there were seven licensed assisted living and shared housing facilities, which totaled 506 units and 120 Alzheimer's disease units.

According to the American Medical Association (2008), 348 physicians are based in McHenry County. Of those, 12.6% were family medicine/general practice, 36.8% medical specialties, and 21.3% surgical specialties. More population is served per physician in McHenry County for all patient care and each physician category than the U.S. McHenry County's population per physician (914.1) was more than double the U.S. (410.9).

Another American Medical Association source shows a total of 476 physicians practicing in McHenry County in 2010. Of those, 19.5% specialized in internal medicine, 15.8% in family medicine/general practice, and 9.5% in pediatrics.

Environment

Between 1999 and 2009, McHenry County's warmest month was July with an average high of 81.6°F, while the coolest month was January with an average low of 13.5°F. June was the wettest month with 4.88 inches of precipitation and January the driest with 1.32 inches. December had the highest monthly average snowfall with 12.21 inches followed closely by January with 11.77 inches of snow and ice.

The Environmental Protection Agency (EPA) regulates 56 facilities in McHenry County that produce and release air pollutants, 10 facilities reported toxic releases, 123 reported hazardous waste activities, and 2 waste sites are part of an existing Superfund site.

35 community water systems serve homes and 34 water systems serve the same population but not year round, such as schools; 288 water systems serve different people, such as retail stores and restaurants.

In 2009, 125,868 pounds of toxic chemicals were released in McHenry County, with 48.7% released into the air and 13.2% released on-site to land. The total weight of toxic agents released has decreased since 2004.

In 2008, 83.9% of days had good air quality and 16.1% had moderate air quality in McHenry County. On average from 1998 to 2008, 85.1% of days per year were of good air quality, 13.3% of moderate air quality, and 1.6% of days were unhealthy for sensitive groups such as those with lung disease, older adults, and children.

Based on 1998 to 2008 data, the main air pollutant was ozone (O₃) on 80.1% of days and particulate matter <2.5µm (PM_{2.5}) on the remaining 19.9% of days on average. The percent of days when ozone was the main pollutant generally decreased from 1998 to 2008 and the percent of days where PM_{2.5} was the main pollutant increased.

Every year from 1990 to 2002, the most common point source emission released in McHenry County was volatile organic compounds (VOCs), accounting for 609 tons in 2002.

Of the 1,154 homes that have been tested for radon from 2003 to 2006, 345 (29.9%) had levels of 4pCi/L or more (U.S. EPA's action level for radon in the home). Among zip codes with more than 5 homes tested, the 60081 zip code (includes village of Spring Grove) reported the highest percent of homes (52.9%) with high levels of radon. Zip codes 60013 (includes City of Cary) and 60014 (includes part of City of Crystal Lake) had the most mitigation systems with 39 and 26, respectively, during 2005-2006.

2010 McHenry County Healthy Community Study



COMMUNITY ANALYSIS

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Chapter 1: Introduction

This analysis presents a comprehensive overview of the health status and the factors that influence the health of McHenry County by describing population demographics, health determinants, and health outcomes using a wide variety of secondary data sources. Throughout this analysis, comparisons to other jurisdictions were made, along with comparisons to previous years in McHenry County to examine trends. Topics for this community analysis include race, ethnicity, age, household and marital characteristics, housing, education, unemployment, income and poverty, crime and violence, natality (births), mortality (deaths), diseases and behaviors, health resources and utilization, and environmental health.

Several data sources were used in this analysis. One of the main sources of information comes from the U.S. Census Bureau and in particular, the 2005-2009 American Community Survey released in December 2010. The 2005-2009 American Community Survey (ACS) is an ongoing mail, phone and visitation survey of a sampling of U.S. residents conducted between January 1, 2005 and December 31, 2009. The ACS includes information at various geographic levels on age, sex, race, family and relationships, income and benefits, health insurance, education, veteran status, disabilities, commuting, income and poverty, and many more.

Another frequently used source of information was the Illinois Department of Public Health (IDPH). IDPH releases information relating to vital statistics, communicable diseases, cancer incidence through the Illinois State Cancer Registry, disease and behavioral risk factors for disease through the Illinois Behavioral Risk Factor Survey, and more.

Also in this analysis, the Centers for Disease Control and Prevention's online data system, Wide-ranging Online Data for Epidemiologic Research (CDC WONDER), was used frequently, especially for mortality data. CDC WONDER is a data query system maintained by CDC with county, regional, state and national data on a variety of topics, including acquired immune deficiency syndrome (AIDS), births, cancer incidence, deaths, population, sexually transmitted diseases (STDs) and vaccine adverse event reporting.

Several other federal, state and local sources of information were utilized, such as McHenry County Department of Health, the Illinois Youth Survey, Illinois State Police, the U.S. Environmental Protection Agency (EPA), Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS), and the Internal Revenue Service (IRS).

Throughout this report, many of the items are described by combined race/ethnicity (i.e. non-Hispanic Whites) rather than race and ethnicity (i.e. Whites of any race). This decision was based on community accepted definition/terminology.

At the beginning of each chapter is a summary of key findings from the tables and figures that follow, which are referenced to the right of each summary point. Please note that some tables and figures are not referenced in the summary or only part of a table or figure is referenced. The summary is designed to highlight key findings and support the tables and figures that follow. At the end of this document, there is a glossary of terms used throughout the report that may be unfamiliar.

Chapter 2: Population

Tables & Figures

- The population of McHenry County has grown every decade since 1900, starting at 29,759 people to 320,961 people in 2009. In the last nine years, the population grew by 23%. The largest percent increase in the population occurred from 1950 to 1960.

Table 2.1
Figure 2.1
Figure 2.2
- In 2009, there were 5 communities with a population over 20,000 and 17 communities with fewer than 5,000 people. The largest community in McHenry County in 2009 was Crystal Lake with 42,180 people, followed by Lake in the Hills (29,704), McHenry (27,165), Woodstock (24,333) and Algonquin (23,637). The smallest population was Fox Lake Village with 251 people.

Table 2.2
Figure 2.3
- From 2000 to 2009, except for Holiday Hills, all communities in McHenry County grew in population. The largest population increase occurred in the McHenry County portion of Huntley, which grew by almost three fold. Comparing 1990 to 2009, all communities grew except for Holiday Hills. The largest increase was in Huntley, followed by Spring Grove, Fox Lake, and Lake in the Hills. The smallest increase was in Ringwood.

Table 2.2
Figure 2.3
Figure 2.4
- All of the townships grew in population from 2000 to 2009. The largest township by population in 2009 was Algonquin Township with 101,057 people (32% of the County population). The smallest township in McHenry County for 2009 was Riley Township with 2,144 people (<1% of the County population). The largest increase in population was in Grafton Township, followed by Richmond and Burton townships. From 1990 to 2009, all townships increased in population, with the largest increase being Burton Township and the smallest increase being in Alden Township.

Table 2.3
- From 2000 to 2009, the population of McHenry County increased by 60,867 people. Thirty-eight percent of that increase can be attributed to natural increase and 58% can be attributed to migration into the County.

Table 2.4
- Of those who moved into McHenry County during 2007 and 2008, 71% were from within Illinois, and most frequently from Cook (28.4%), Lake (15.7%) and Kane Counties (12.6%).

Table 2.5
- Of those who moved out of McHenry County, 57% of them moved to another county in Illinois – most commonly to Cook (18.6%), Lake (12.3%) and Kane Counties (10.5%), while 42% moved to another state.

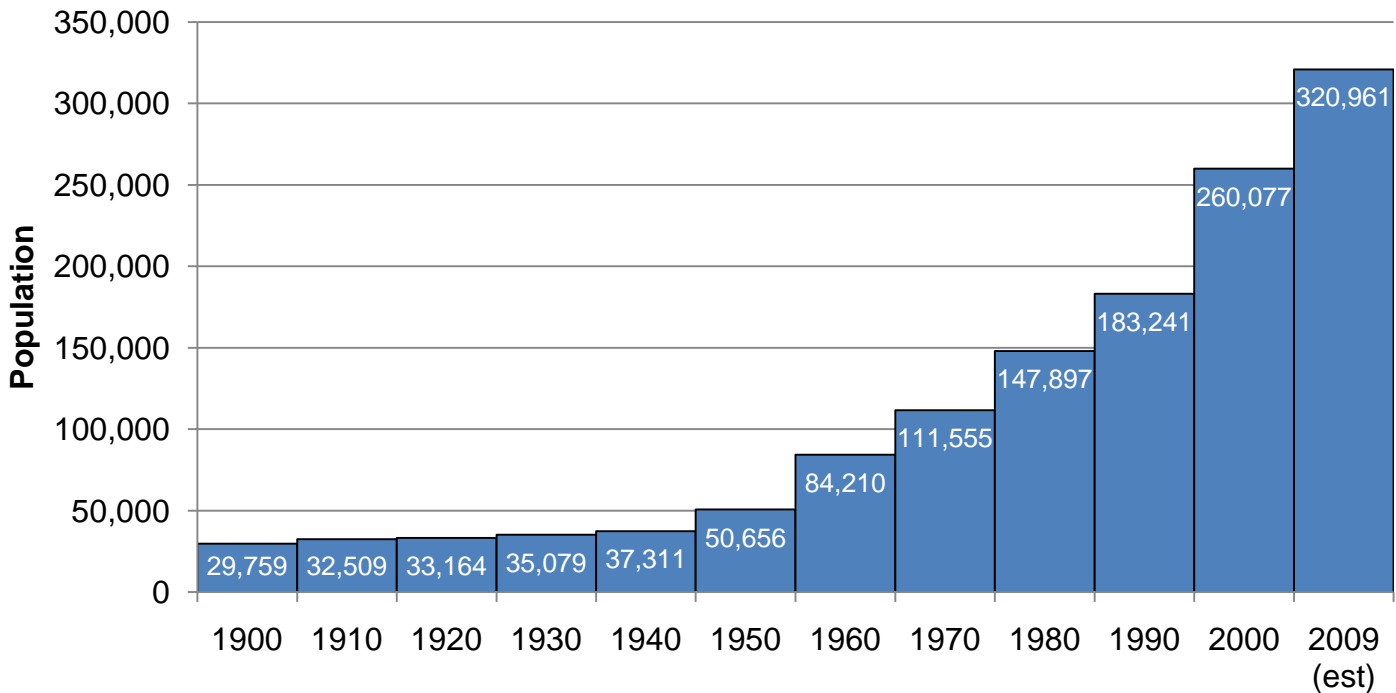
Table 2.5

**Table 2.1: McHenry County
Population: 1900-2009**

Year	Population	Percent Change
2009 (est.)	320,961	+23.4%
2000	260,077	+41.9%
1990	183,241	+23.9%
1980	147,897	+32.6%
1970	111,555	+32.5%
1960	84,210	+66.2%
1950	50,656	+35.8%
1940	37,311	+6.4%
1930	35,079	+5.8%
1920	33,164	+2.0%
1910	32,509	+9.2%
1900	29,759	–

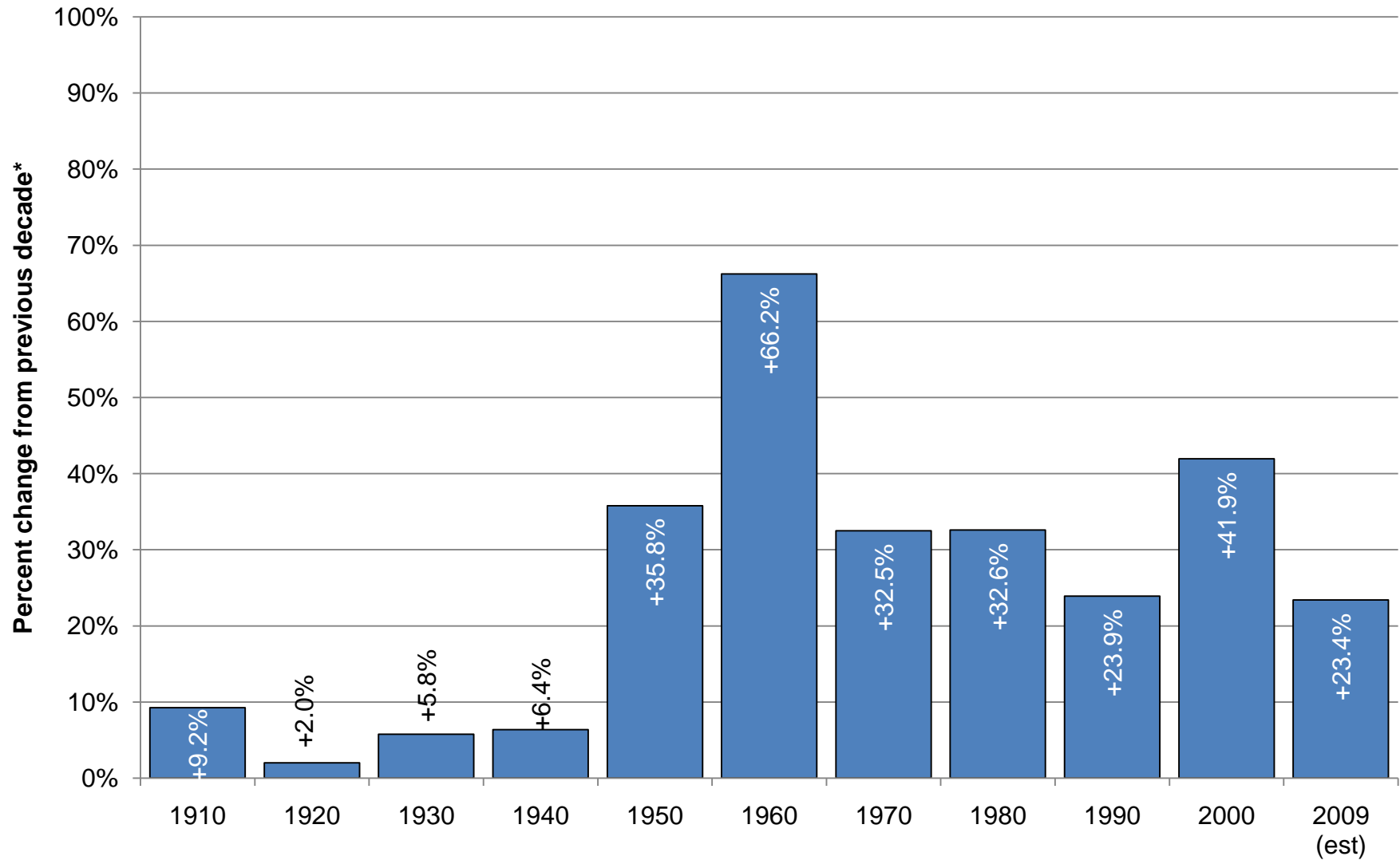
Source: U.S. Census Bureau, Population Division, 2009 Census estimate (July 1) and decennial Census counts for other years (April 1).

**Figure 2.1: McHenry County
Population: 1900-2009**



Source: U.S. Census Bureau, Population Division, 2009 Census estimate (July 1) and decennial Census counts for other years (April 1).

**Figure 2.2: McHenry County
Population Change: 1910-2009**



*Except 2009. Change from 2000 to 2009 shown.

Source: U.S. Census Bureau, Population Division, 2009 Census estimate (July 1) and decennial Census counts for other years (April 1).

**Table 2.2: McHenry County Communities
Population: 1990, 2000 & 2009**

Community	2009 (Est.)	2000	2000-2009 Change		1990	1990-2000 Change		1990-2009 Change	
			Number	Percent		Number	Percent	Number	Percent
McHenry County	320,961	260,077	+60,884	+23.4%	183,241	+76,836	+41.9%	+137,720	+75.2%
Algonquin Village (pt.)	23,637	18,254	+5,383	+29.5%	10,224	+8,030	+78.5%	+13,413	+131.2%
Barnard Mill Village	—	—	—	—	313	—	—	—	—
Barrington Hills Village (pt.)	1,486	1,336	+150	+11.2%	1,223	+113	+9.2%	+263	+21.5%
Bull Valley Village	1,129	726	+403	+55.5%	574	+152	+26.5%	+555	+96.7%
Cary Village	19,651	15,531	+4,120	+26.5%	10,043	+5,488	+54.6%	+9,608	+95.7%
Crystal Lake City	42,180	38,000	+4,180	+11.0%	24,512	+13,488	+55.0%	+17,668	+72.1%
Fox Lake Village (pt.)	623	209	+414	+198.1%	48	+161	+335.4%	+575	+1,197.9%
Fox River Grove Village (pt.)	5,009	4,689	+320	+6.8%	3,666	+1,023	+27.9%	+1,343	+36.6%
Greenwood Village	257	244	+13	+5.3%	203	+41	+20.2%	+54	+26.6%
Harvard City	9,965	7,996	+1,969	+24.6%	5,975	+2,021	+33.8%	+3,990	+66.8%
Hebron Village	1,426	1,038	+388	+37.4%	809	+229	+28.3%	+617	+76.3%
Holiday Hills Village	716	831	-115	-13.8%	807	+24	+3.0%	-91	-11.3%
Huntley Village (pt.)	17,812	4,623	+13,189	+285.3%	2,453	+2,170	+88.5%	+15,359	+626.1%
Island Lake Village (pt.)	5,305	5,022	+283	+5.6%	2,466	+2,556	+103.6%	+2,839	+115.1%
Johnsburg Village ¹	6,806	5,391	+1,415	+26.2%	1,529	+3,862	+252.6%	+5,277	+345.1%
Lake In The Hills Village	29,704	23,152	+6,552	+28.3%	5,866	+17,286	+294.7%	+23,838	+406.4%
Lakemoor Village (pt.)	3,787	1,802	+1,985	+110.2%	904	+898	+99.3%	+2,883	+318.9%
Lakewood Village	3,706	2,337	+1,369	+58.6%	1,609	+728	+45.2%	+2,097	+130.3%
McCullom Lake Village	1,111	1,038	+73	+7.0%	1,033	+5	+0.5%	+78	+7.6%
McHenry City	27,165	21,501	+5,664	+26.3%	16,177	+5,324	+32.9%	+10,988	+67.9%
Marengo City	7,614	6,355	+1,259	+19.8%	4,768	+1,587	+33.3%	+2,846	+59.7%
Oakwood Hills Village	2,395	2,194	+201	+9.2%	1,499	+695	+46.4%	+896	+59.8%
Port Barrington Village ² (pt.)	1,008	611	+397	+65.0%	566	+45	+8.0%	+442	+78.1%
Prairie Grove Village	2,007	960	+1,047	+109.1%	654	+306	+46.8%	+1,353	+206.9%
Richmond Village	2,317	1,091	+1,226	+112.4%	1,016	+75	+7.4%	+1,301	+128.1%
Ringwood Village	544	471	+73	+15.5%	520	-49	-9.4%	+24	+4.6%
Spring Grove Village	5,807	3,880	+1,927	+49.7%	1,066	+2,814	+264.0%	+4,741	+444.7%
Trout Valley Village	601	599	+2	+0.3%	—	—	—	—	—
Union Village	620	576	+44	+7.6%	542	+34	+6.3%	+78	+14.4%
Wonder Lake village	3,867	1,345	+2,522	+187.5%	1,024	+321	+31.3%	+2,843	+277.6%
Woodstock City	24,333	20,151	+4,182	+20.8%	14,353	+5,798	+40.4%	+9,980	+69.5%

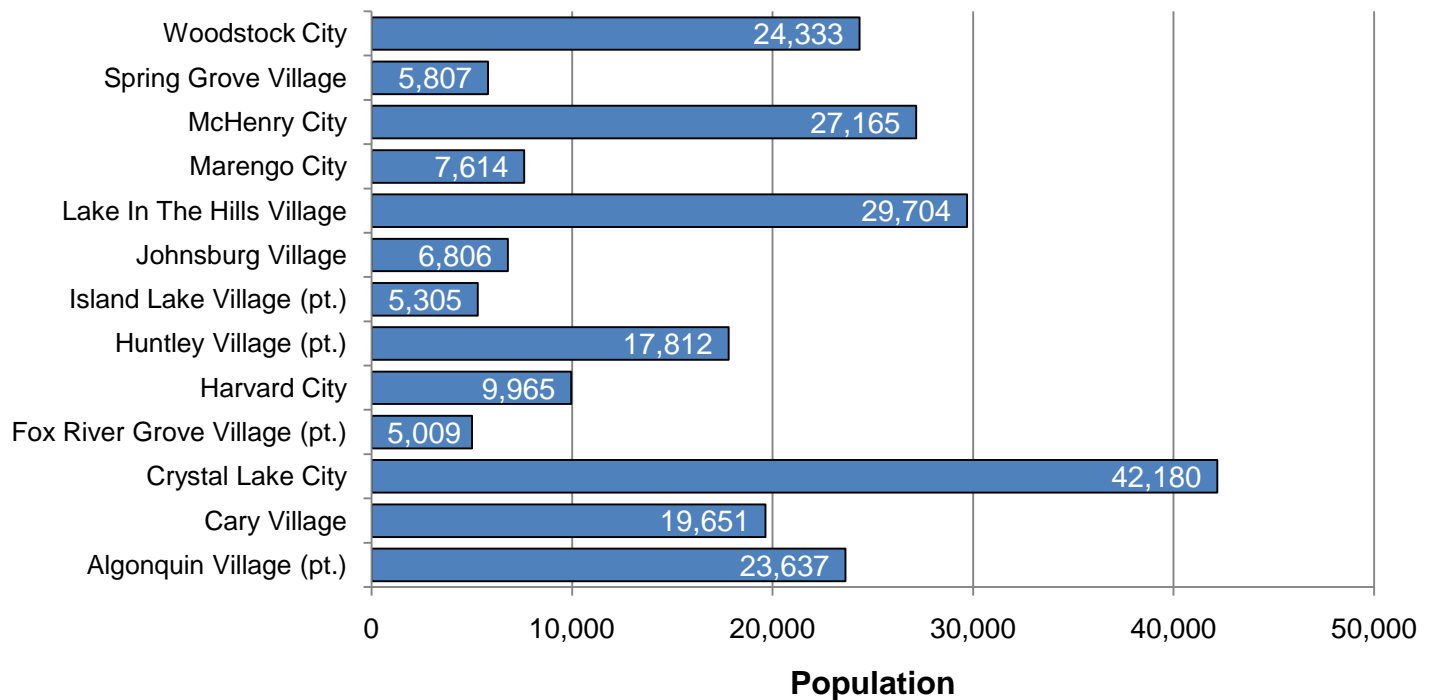
(pt.) indicates that only part of the community is within McHenry County and only the portion of the community within McHenry County is described.

¹Formerly Sunnyside in 1970 and 1980.

²Formerly Fox River Valley Gardens Village

Source: U.S. Census Bureau, Population Division, 2009 Census estimates and decennial Census for 2000 and 1990.

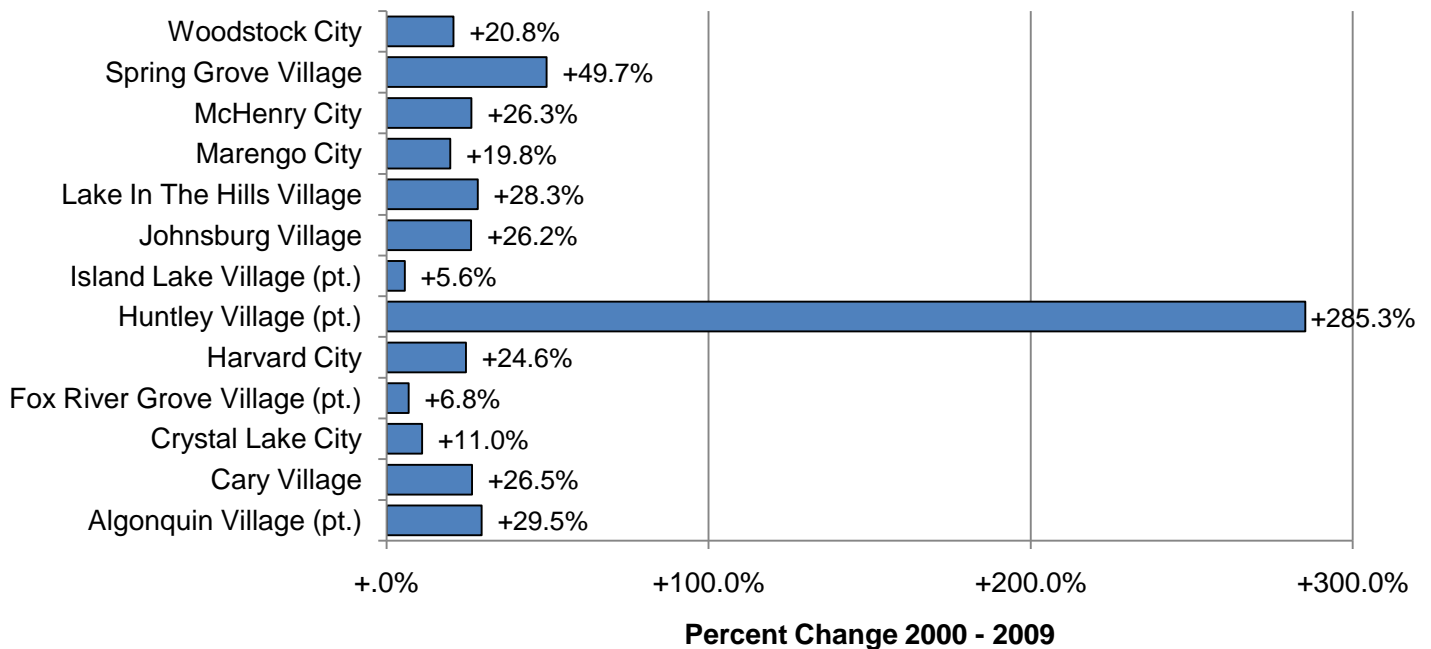
**Figure 2.3: McHenry County
Communities With Population of 5,000 or More: 2009**



(pt.) indicates that only part of the community is within McHenry County and only the portion of the community within McHenry County is described.

Source: U.S. Census Bureau, Population Division, 2009 Census estimates.

**Figure 2.4: McHenry County Communities with Population of 5,000 or More
Percent Population Change: 2000-2009**



(pt.) indicates that only part of the community is within McHenry County and only the portion of the community within McHenry County is described.

Source: U.S. Census Bureau, Population Division, 2009 Census estimates.

**Table 2.3: McHenry County Townships
Populations: 1990, 2000 & 2009**

Township	Est. 2009	2000	2000-2009 Change		1990	1990-2000 Change		1990-2009 Change	
			Number	Percent		Number	Percent	Number	Percent
Alden	1,727	1,534	+193	+12.6%	1,457	+77	+5.3%	+270	+18.5%
Algonquin	101,057	86,219	+14,838	+17.2%	57,746	+28,473	+49.3%	+43,311	+75.0%
Burton	5,368	3,997	+1,371	+34.3%	2,144	+1,853	+86.4%	+3,224	+150.4%
Chemung	10,270	8,761	+1,509	+17.2%	6,660	+2,101	+31.5%	+3,610	+54.2%
Coral	3,349	3,020	+329	+10.9%	2,549	+471	+18.5%	+800	+31.4%
Dorr	21,689	18,157	+3,532	+19.5%	14,231	+3,926	+27.6%	+7,458	+52.4%
Dunham	3,123	2,375	+748	+31.5%	2,001	+374	+18.7%	+1,122	+56.1%
Grafton	46,588	27,547	+19,041	+69.1%	9,946	+17,601	+177.0%	+36,642	+368.4%
Greenwood	12,668	10,677	+1,991	+18.6%	8,317	+2,360	+28.4%	+4,351	+52.3%
Hartland	2,391	2,063	+328	+15.9%	1,911	+152	+8.0%	+480	+25.1%
Hebron	2,642	2,166	+476	+22.0%	1,817	+349	+19.2%	+825	+45.4%
McHenry	49,019	41,740	+7,279	+17.4%	37,034	+4,706	+12.7%	+11,985	+32.4%
Marengo	8,426	7,239	+1,187	+16.4%	5,723	+1,516	+26.5%	+2,703	+47.2%
Nunda	40,027	35,104	+4,923	+14.0%	24,759	+10,345	+41.8%	+15,268	+61.7%
Richmond	7,241	4,934	+2,307	+46.8%	3,286	+1,648	+50.2%	+3,955	+120.4%
Riley	2,144	1,811	+333	+18.4%	1,431	+380	+26.6%	+713	+49.8%
Seneca	3,232	2,733	+499	+18.3%	2,229	+504	+22.6%	+1,003	+45.0%

Source: U.S. Census Bureau, Population Division, 2009 Census estimates and decennial Census for 2000 and 1990.

**Table 2.4: McHenry County
Components of Population Change: 1990-1999 &
2000-2009**

Components	2000-2009	1990-1999
Population change ¹	60,867	63,571
Natural increase =	23,429	21,143
Total Births -	39,252	33,731
Total Deaths	15,823	12,588
Migration	35,513	42,780
International	5,214	2,534
Within U.S.	30,299	40,246
Residual	1,925	-352

¹Population change = natural increase ± net migration ± "residual".

Source: U.S. Census Bureau, Population Division, Cumulative components of Population Change.

**Table 2.5: McHenry County
Migration: 2007-2008**

County/State	In-Migration ¹ (Moved From)			Out-Migration ¹ (Moved To)		
	Households ²	People ²	Percent ³	Households ²	People ²	Percent ³
Total Movers	6,796	13,079	100.0%	6,722	12,269	100.0%
Collar Counties⁴						
Cook	2,029	3,719	28.4%	1,479	2,279	18.6%
DuPage	348	672	5.1%	251	398	3.2%
Kane	806	1,644	12.6%	692	1,292	10.5%
Kendall	32	51	0.4%	30	57	0.5%
Lake	1,077	2,050	15.7%	842	1,513	12.3%
Will	63	136	1.0%	40	62	0.5%
Other Illinois Counties⁴						
Boone	128	309	2.4%	192	460	3.7%
Champaign	20	28	0.2%	16	21	0.2%
DeKalb	102	168	1.3%	118	189	1.5%
Jackson	—	—	—	14	17	0.1%
LaSalle	11	17	0.1%	14	17	0.1%
McLean	19	26	0.2%	27	45	0.4%
Ogle	19	37	0.3%	11	30	0.2%
Peoria	13	21	0.2%	—	—	—
Sangamon	—	—	—	10	14	0.1%
Stephenson	—	—	—	12	28	0.2%
Winnebago	111	188	1.4%	181	353	2.9%
Illinois Movers	4,906	9,296	71.1%	4,051	7,010	57.1%
Other US Movers	1,851	3,711	28.4%	2,628	5,180	42.2%
Foreign Movers	39	72	0.6%	43	79	0.6%

¹Data compare 2008 residence to 2007 residence.

²Households are number of filings, people are number of exemptions

³Percent based on "people"

⁴Individual county or state named if ten or more households. Dashes indicate that number may be included in "other" and is fewer than 10 households, but exact number is unknown.

⁵Individually named states are comprised only of counties with 10 or more households. Additional counties in the state may possibly be included in "other US movers".

Source: Internal Revenue Service, *Statistics of Income for 2007-2008*.

Chapter 3: Race, Ethnicity & Age

Tables & Figures

- In 2009, 94.8% (304,423) of the population of McHenry County was White, followed by 2.7% (8,789) Asian, and 1.3% (4,071) Black. Compared to 2000, all racial groups saw an increase, with the largest percent increases being among Blacks (+167.3%) and Asians (+132.4%).
Table 3.1
Figure 3.1
- In 2009, 83.9% (269,333) of the McHenry County population was non-Hispanic Whites. Hispanics (of any race) comprised the second largest race/ethnic group at 11.3% (36,205), followed by non-Hispanic Asians at 2.7% and non-Hispanic Blacks at 1.1%.
Table 3.2
Figure 3.2
- From 2000 to 2009, all race/ethnic groups grew in McHenry County. The largest increases were seen in the non-Hispanic Black and non-Hispanic Asian population which grew by 162.2% and 132.4%, respectively. The Hispanic population grew by 84.7% from 19,602 in 2000 to 36,205 people in 2009.
Table 3.2
Figure 3.3
- Compared to Illinois and the U.S., McHenry County had a larger proportion of non-Hispanic Whites in 2009 at 83.9% (Illinois 76.2%, U.S. 65.1%). In 2009, all other race/ethnic groups in McHenry County were proportionately smaller than Illinois and the U.S.
Table 3.3
Figure 3.4
- In 2009, Hispanics in McHenry County were almost all White (96.9%), followed by Black (1.3%).
Table 3.4
- The median age of McHenry County residents, at 37.9 years, exceeded Illinois (37.6 years) and the U.S. (36.8 years).
Table 3.5
- One out of four (26.8%) residents in McHenry County was under the age of 18 years, while one out of ten (10.8%) were 65 years or older. Compared to Illinois, McHenry County had a larger percent of the population under 18 years old, as well as a larger percent of the population 65 years old and older.
Table 3.5
- One out of ten (10.8%) residents in McHenry County was 65 years or older, which was higher than Illinois (7.1%), but lower than the U.S rate (12.9%).
Table 3.5
- The median age of McHenry County residents increased from 32.2 years in 1990 to 37.9 years in 2009. In 2009, McHenry County had a higher median age at 37.9 years than the U.S. at 36.8 years, which had a higher median age in both 1990 and 2000.
Table 3.6
Figure 3.6

<ul style="list-style-type: none"> From 2000 to 2009, all age groups in McHenry County increased in population size, except for those 25-44 years, which decreased 1.6%. Those 45-64 years old and 65 years old and older increased each by 59.1% and 65.6%, respectively. 	Table 3.7 Figure 3.7
<ul style="list-style-type: none"> The median age for McHenry County women in 2009 was 1.7 years greater than men, at 38.7 and 37.0 years, respectively. The median age for both genders increased since 1990. 	Table 3.8
<ul style="list-style-type: none"> At 40.2 years, non-Hispanic Whites in McHenry County exhibited the highest median age and Hispanics the lowest at 27.1 years. The median age increased for all race/ethnic groups from 1990 to 2000 and 2000 to 2009. 	Table 3.8
<ul style="list-style-type: none"> There were 1.3 more males for every female in McHenry County during 2009. There were more males than females for each five year age group from age 0 to age 59 years. From age 60 and older, there were more females than males in McHenry County. 	Table 3.9 Figure 3.8
<ul style="list-style-type: none"> There were more men than women for Hispanics and non-Hispanic Blacks, but there were more females than males for non-Hispanic Whites and Asians in McHenry County for 2009. 	Table 3.10
<ul style="list-style-type: none"> In McHenry County, Multiracial people, followed by non-Hispanic Blacks, Hispanics and Native Hawaiian/Pacific Islanders had the highest proportion of their population under 20 years old. Three out of five Multiracial people were under 20 years old, and about two out of every five non-Hispanic Blacks, Hispanics, and Native Hawaiian/Pacific Islanders in McHenry County were under 20 years old in 2009. 	Table 3.11 Figure 3.9 Figure 3.10
<ul style="list-style-type: none"> In McHenry County during 2009, non-Hispanic Whites, American Indians, and Native Hawaiian/Pacific Islanders had 10% or more of their population 65 years and older. Only 3% of non-Hispanic Blacks, Hispanics and Multiracial people were 65 years and older in 2009. 	Table 3.11 Figure 3.9 Figure 3.10
<ul style="list-style-type: none"> In McHenry County during 2009, Hispanics, Blacks and Multiracial groups tended to have a younger population, while Whites and Asians tended to have an older population. 	Table 3.11 Figure 3.10
<ul style="list-style-type: none"> Almost one quarter (24.8%) of McHenry County residents were of German decent, which was higher than Illinois and the U.S. at 17.7% and 14.5%, respectively. Following German, the most common ancestries reported in McHenry County for 2005-2009 were Irish (13.3%), Polish (10.3%), Italian (8.1%), English (5.8%) and Swedish (3.3%). 	Table 3.12

- Nine in 10 residents of McHenry County were born in the United States and 7 in 10 were born in Illinois, which was higher than in Illinois and the U.S. where less than 90% of the population was born in the U.S. and less than 67% were born in the state that they currently reside in. In McHenry County, 1 in 10 residents was born abroad and 5.6% were not U.S. citizens. For 2005-2009, McHenry County had a smaller percentage of the population that was not a citizen than Illinois and the U.S. at 5.6%, 7.5% and 7.1%, respectively.

Table 3.13
- Of the 33,204 individuals born outside of the U.S. (including natives born outside of the U.S. and foreign-born), 24.6% entered the U.S. in the last 10 years, 32.2% in the 1990s, 18.2% in the 1980s and 25.0% before 1980. This distribution was comparable to Illinois.

Table 3.14
- Of the 31,306 McHenry County residents who were born abroad, 44.1% were born in Mexico, 7.8% in Poland, and 5.7% in India, 4.9% in the Philippines, and 4.7% in Germany. For 2005-2009, McHenry County had a higher proportion of foreign-born residents born in Mexico at 44.1% than Illinois, at 40.1%, and the U.S., at 30.3%.

Table 3.15
- For 2005-2009, 14.4% of people 5 years and older spoke a language other than English at home. Among the most commonly spoken languages at home were Spanish (8.6%), German (0.9%), Polish (1.2%), and Tagalong (0.4%) (a language spoken in the Philippines). Of those who spoke Spanish at home, over half spoke English less than “very well” in comparison to the other languages list where over half spoke English “very well”.

Table 3.16
- For 2005-2009, there were 2,138 5-17 year olds and 8,036 people 18 years and older who lived in a linguistically isolated household. Among those 5-17 years old, 81.9% spoke Spanish and 10.4% spoke English only. Among adults, 82.7% spoke Spanish and 14.2% spoke an Indo-European language. The proportion of children who spoke only English in linguistically isolated households was substantially higher in McHenry County at 10.4% than Illinois and the U.S., at 4.0% and 5.4%, respectively. The proportion of adults in linguistically isolated households who spoke Spanish was substantially higher in McHenry County, at 82.7%, than Illinois and the U.S., which are both under 70%.

Table 3.17

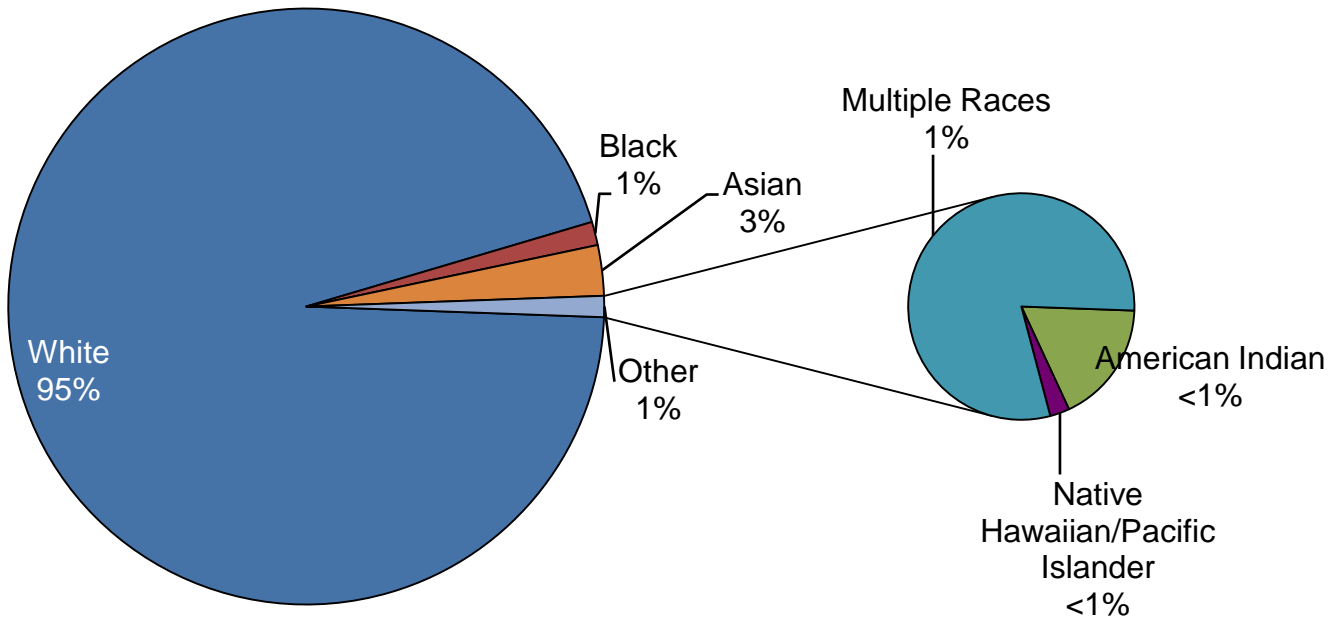
**Table 3.1: McHenry County
People by Race & Hispanic Origin: 2000 & 2009**

Race & Hispanic Origin	2009		2000 Actual		2000-2009 Change	
	Number	Percent	Number	Percent	Number	Percent
Total	320,961	100.0%	260,077	100.0%	+60,884	+23.4%
Race (of any Hispanic Origin)						
White	304,423	94.8%	244,240	93.9%	+60,183	+24.6%
Black	4,071	1.3%	1,523	0.6%	+2,548	+167.3%
American Indian	644	0.2%	445	0.2%	+199	+44.7%
Asian	8,789	2.7%	3,782	1.5%	+5,007	+132.4%
Native Hawaiian/Pacific Islander	103	0.0%	55	0.0%	+48	+87.3%
Other ¹	—	—	7,211	2.8%	—	—
Multiple Races	2,931	0.9%	2,821	1.1%	+110	+3.9%
Hispanic Origin						
Hispanic	36,205	11.3%	19,602	7.5%	16,603	+84.7%
non-Hispanic	284,756	88.7%	240,475	92.5%	44,281	+18.4%

¹Other is assigned to a specific race category for Census Bureau estimates

Source: U.S. Census Bureau, Population Division, 2009 Census estimates and decennial Census for 2000.

**Figure 3.1: McHenry County
People by Race: 2009**



Source: U.S. Census Bureau, Population Division, 2009 Census estimates.

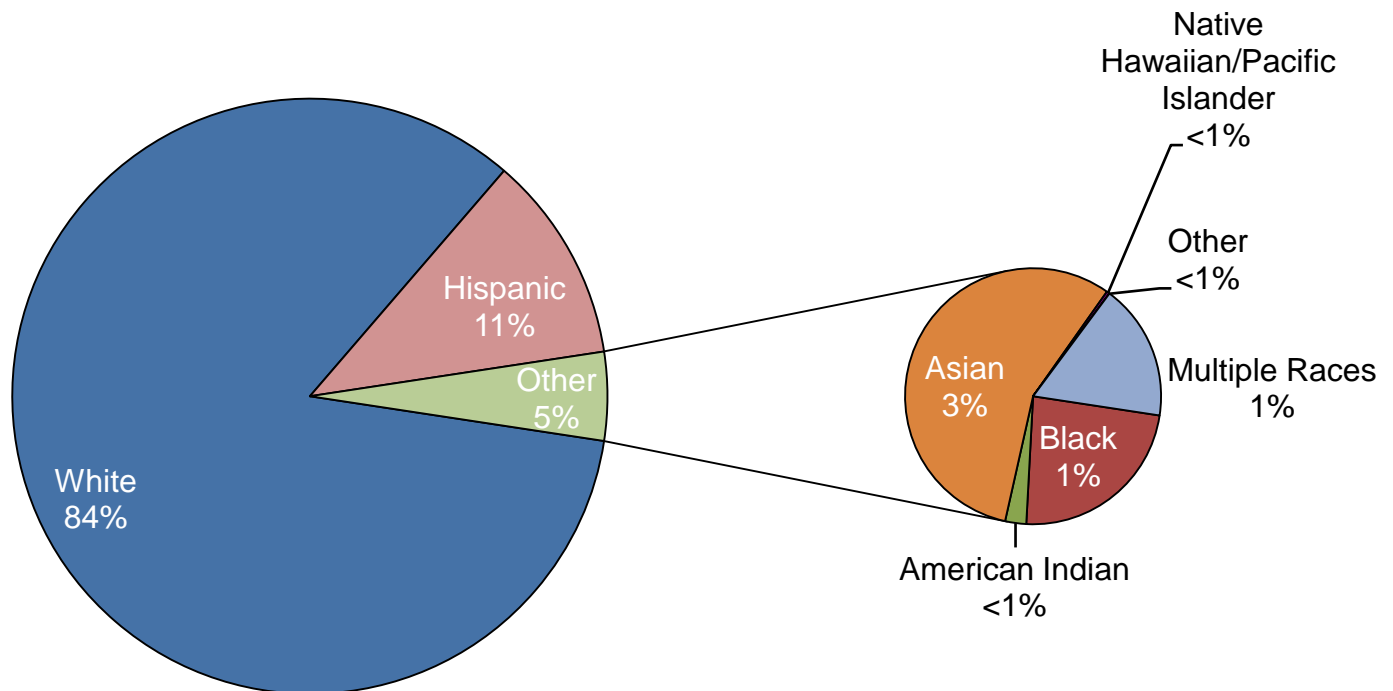
**Table 3.2: McHenry County
People by Race/Ethnicity: 2000 & 2009**

Race/Ethnicity	2009		2000 Actual		2000-2009 Change	
	Number	Percent	Number	Percent	Number	Percent
Total	320,961	100.0%	260,077	100.0%	+60,884	+23.4%
Non-Hispanic						
White	269,333	83.9%	233,026	89.6%	+36,307	+15.6%
Black	3,616	1.1%	1,379	0.5%	+2,237	+162.2%
American Indian	411	0.1%	352	0.1%	+59	+16.8%
Asian	8,679	2.7%	3,734	1.4%	+4,945	+132.4%
Native Hawaiian/Pacific Islander	60	0.0%	42	0.0%	+18	+42.9%
Other ¹	—	—	150	0.1%	—	—
Multiple Races	2,657	0.8%	1,792	0.7%	+865	+48.3%
Hispanic	36,205	11.3%	19,602	7.5%	+16,603	+84.7%

¹Other is assigned to a specific race category for Census Bureau estimates

Source: U.S. Census Bureau, Population Division, 2009 Census estimates and decennial Census for 2000.

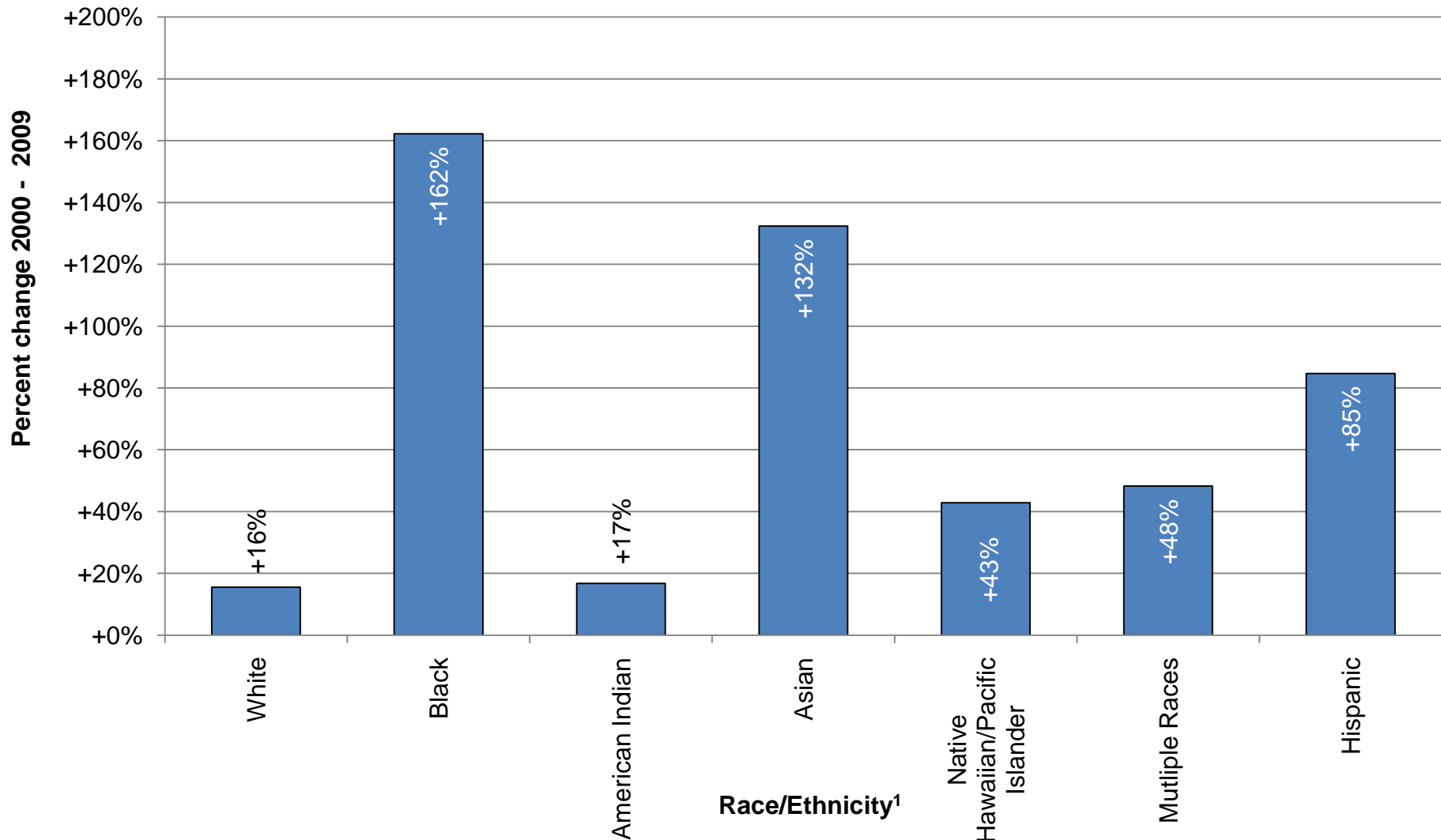
**Figure 3.2: McHenry County
Percent of People by Race/Ethnicity¹: 2009**



¹All races except Hispanic, are Non-Hispanic. Hispanic may be of any race.

Source: U.S. Census Bureau, Population Division, 2009 Census estimates.

**Figure 3.3: McHenry County
Percent Change of People by Race/Ethnicity: 2000-2009**



¹All races except Hispanic, are Non-Hispanic. Hispanic may be of any race.

Source: U.S. Census Bureau, Population Division, 2009 Census estimates and 2000 bicennial census.

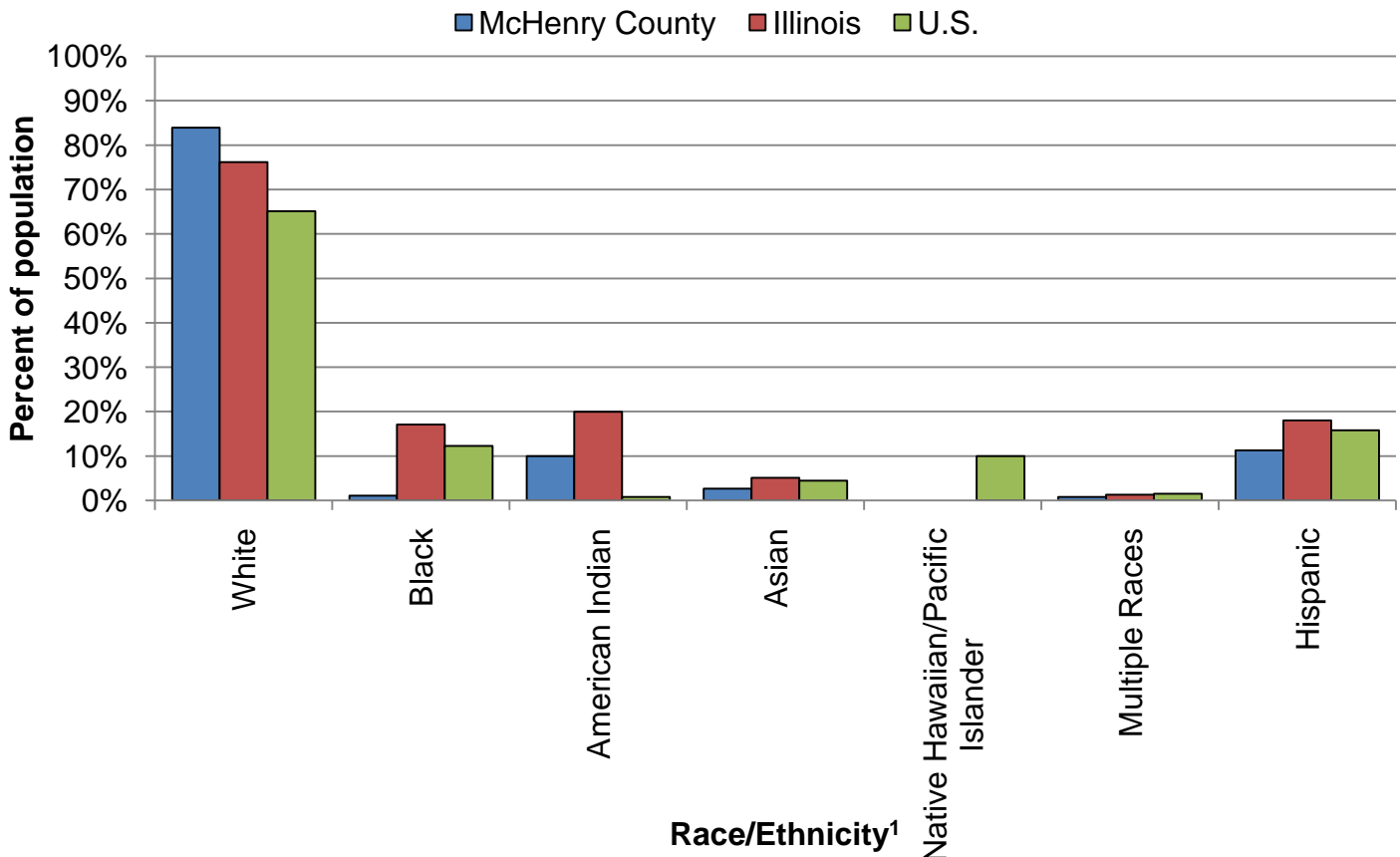
**Table 3.3: McHenry County, Illinois and U.S.
People by Race/Ethnicity: 2009**

Race/Ethnicity	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total	320,961	100%	100.0%	100.0%
Non-Hispanic				
White	269,333	83.9%	76.2%	65.1%
Black	3,616	1.1%	17.1%	12.3%
American Indian	411	0.1%	0.2%	0.8%
Asian, non-Hispanic	8,679	2.7%	5.1%	4.5%
Native Hawaiian/Pacific Islander	60	0.0%	0.0%	0.1%
Multiple Races	2,657	0.8%	1.3%	1.5%
Hispanic ¹	36,205	11.3%	18.0%	15.8%

¹Hispanic can be of any race.

Source: U.S. Census Bureau, Population Division, 2009 Census estimates and decennial Census for 2000.

**Figure 3.4: McHenry County, Illinois and U.S.
Race/Ethnicity Distribution: 2009**



¹All races except Hispanic, are Non-Hispanic. Hispanic may be of any race.

Source: U.S. Census Bureau, Population Division, 2009 Census estimates and 2000 bicennial census.

**Table 3.4: McHenry County
Race of Hispanic Population: 2000 & 2009**

Race	2009		2000		2000-2009 Change	
	Number	Percent	Number	Percent	Number	Percent
Total Hispanic	36,205	100.0%	19,602	100.0%	+16,603	+84.7%
White	35,090	96.9%	18,928	96.6%	+16,162	+85.4%
Black	455	1.3%	238	1.2%	+217	+91.2%
American Indian	233	0.6%	130	0.7%	+103	+79.2%
Asian	110	0.3%	78	0.4%	+32	+41.0%
Native Hawaiian/Pacific Islander	43	0.1%	40	0.2%	+3	+7.5%
Multiple Races	274	0.8%	188	1.0%	+86	+45.7%

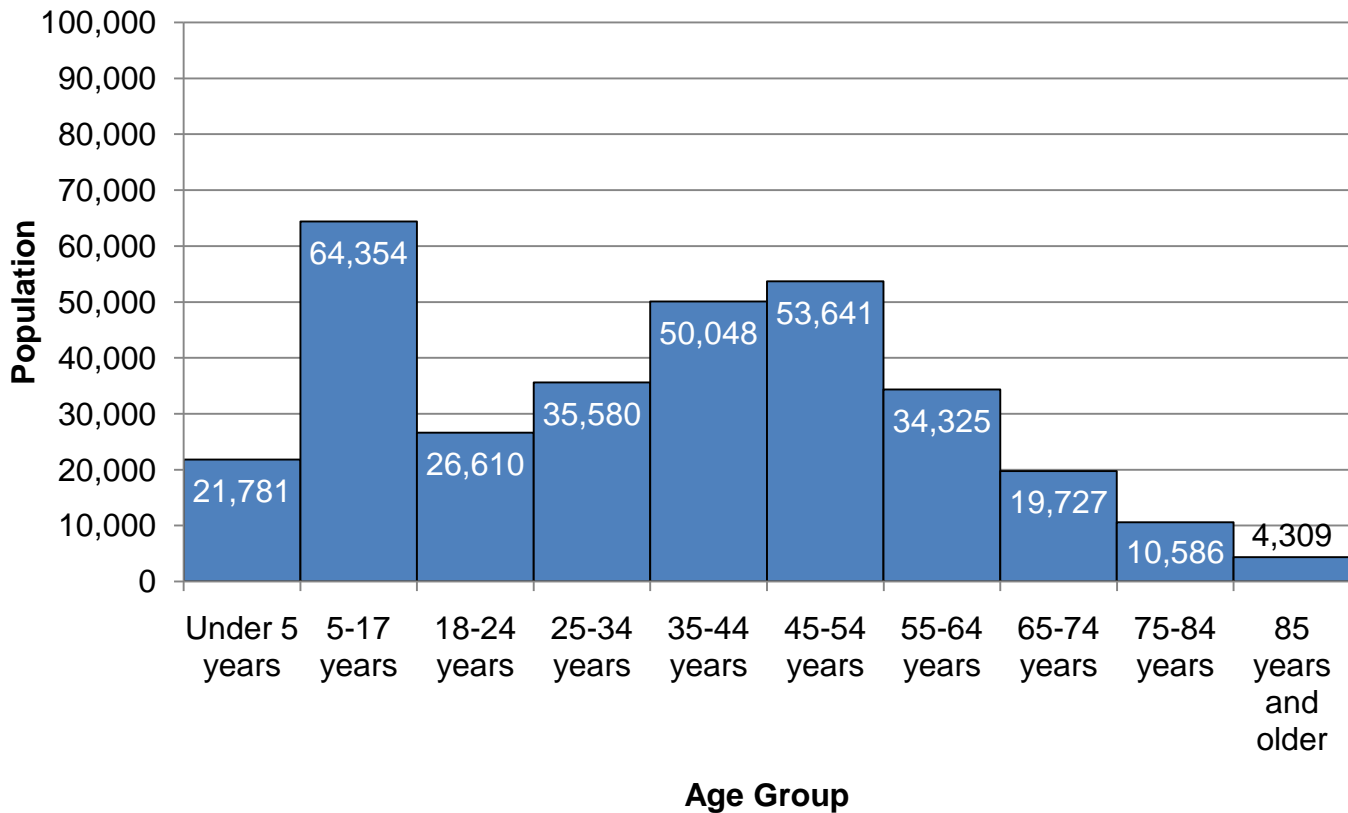
Source: U.S. Census Bureau, Population Division, 2009 Census estimates and decennial Census for 2000.

**Table 3.5: McHenry County, Illinois and U.S.
Selected Age Groups: 2009**

Age Group	McHenry County		Illinois Percent	U.S. Percent
	Number	Percent		
Total	320,961	100.00%	100.00%	100.00%
Under 5 years	21,781	6.8%	7.0%	6.9%
5-17 years	64,354	20.1%	17.9%	17.3%
18-24 years	26,610	8.3%	10.1%	9.9%
25-34 years	35,580	11.1%	13.8%	13.5%
35-44 years	50,048	15.6%	13.6%	13.5%
45-54 years	53,641	16.7%	14.4%	14.5%
55-64 years	34,325	10.7%	6.4%	11.3%
65-74 years	19,727	6.1%	10.9%	6.8%
75-84 years	10,586	3.3%	4.0%	4.3%
85 years and older	4,309	1.3%	1.8%	1.8%
Median Age (years)	37.9		37.6	36.8
Under 18 years	86,135	26.8%	24.9%	24.3%
15-44 years	127,486	39.7%	20.2%	41.1%
65 years and older	34,622	10.8%	7.1%	12.9%

Source: U.S. Census Bureau, Population Division, 2009 Census estimates.

**Figure 3.5: McHenry County
Population by Age Group: 2009**



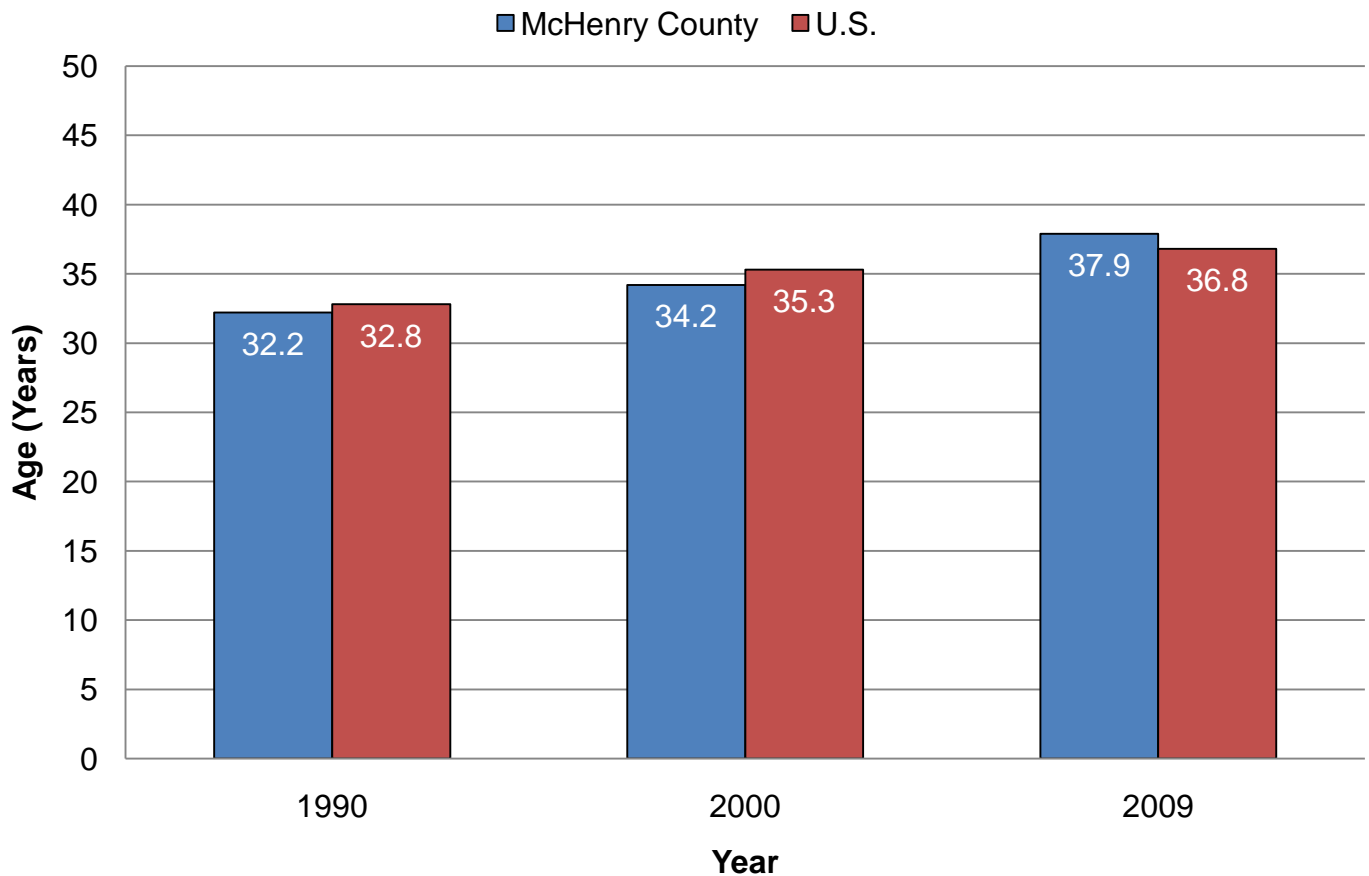
Source: U.S. Census Bureau, Population Division, 2009 Census estimates.

**Table 3.6: McHenry County & U.S.
Median Age: 1990, 2000 & 2009**

Year	McHenry County	U.S.
2009	37.9	36.8
2000	34.2	35.3
1990	32.2	32.8

Source: U.S. census Bureau,
Population Division, 2009 Census
estimates and decennial Census for
2000 and 1990.

**Figure 3.6: McHenry County & U.S.
Median Age: 1990, 2000 & 2009**



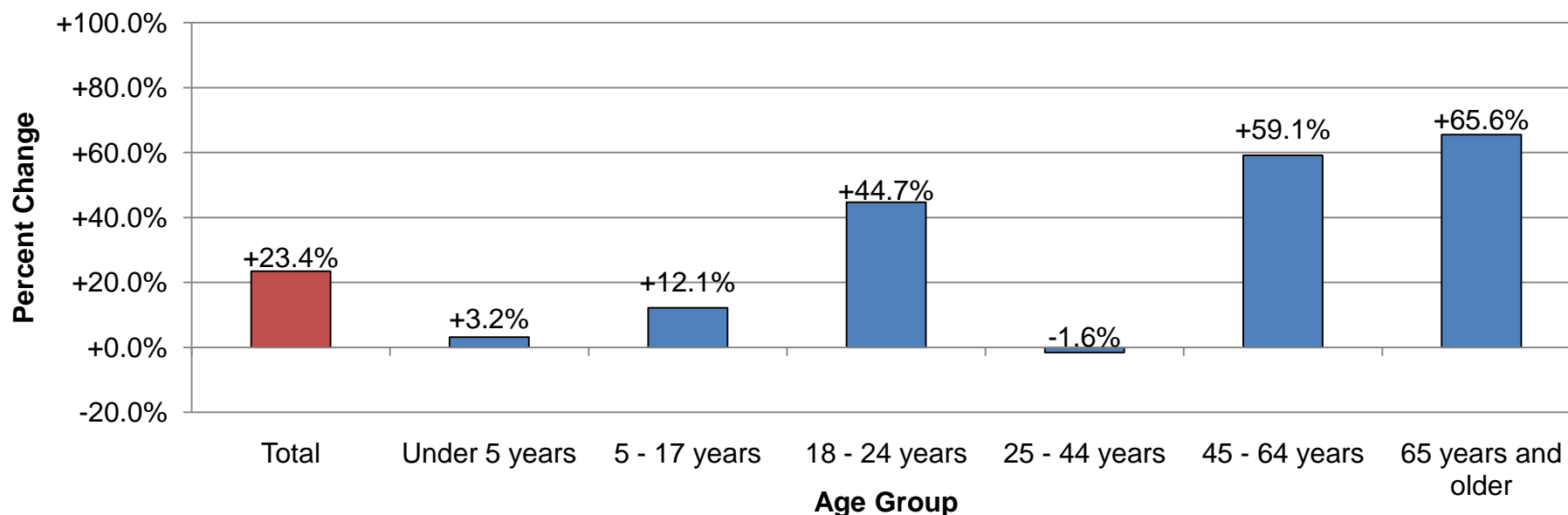
Source: U.S. Census Bureau, Population Division, 2009 Census estimates and decennial Census for 2000 and 1990.

**Table 3.7: McHenry County
People by Selected Age Groups: 1990, 2000 & 2009**

Age Group	2009		2000		2000-2009 Change		1990		1990-2000 Change	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	320,961	100.0%	260,077	100.0%	+60,884	+23.4%	183,241	100.0%	+76,836	+41.9%
Under 5 years	21,781	6.8%	21,110	8.1%	+671	+3.2%	15,798	8.6%	+5,312	+33.6%
5-17 years	64,354	20.1%	57,386	22.1%	+6,968	+12.1%	37,474	20.5%	+19,912	+53.1%
18-24 years	26,610	8.3%	18,392	7.1%	+8,218	+44.7%	15,337	8.4%	+3,055	+19.9%
25-44 years	85,628	26.7%	87,003	33.5%	-1,375	-1.6%	64,685	35.3%	+22,318	+34.5%
45-64 years	87,966	27.4%	55,273	21.3%	+32,693	+59.1%	32,608	17.8%	+22,665	+69.5%
65 years and older	34,622	10.8%	20,913	8.0%	+13,709	+65.6%	17,339	9.5%	+3,574	+20.6%

Source: U.S. Census Bureau, Population Division, 2009 Census estimates and decennial Census for 2000 and 1990.

**Figure 3.7: McHenry County
Percent Change Among Selected Age Groups: 2000-2009**



Source: U.S. Census Bureau, Population Division, 2009 Census estimates and decennial Census for 2000.

**Table 3.8: McHenry County
Median Age by Race and Gender:
1990, 2000 & 2009**

Gender/Race/Ethnicity	2009	2000	1990
Gender			
Male	37.0	33.5	31.6
Female	38.7	34.9	32.9
Race/Ethnicity			
White, non-Hispanic	40.2	35.5	32.6
Black, non-Hispanic	30.6	28.7	22.9
Asian, non-Hispanic	36.5	31.2	30.4
Hispanic	27.1	20.3	23.9

Source: U.S. Census Bureau, 2009 Census estimates and decennial Census for 2000 and 1990.

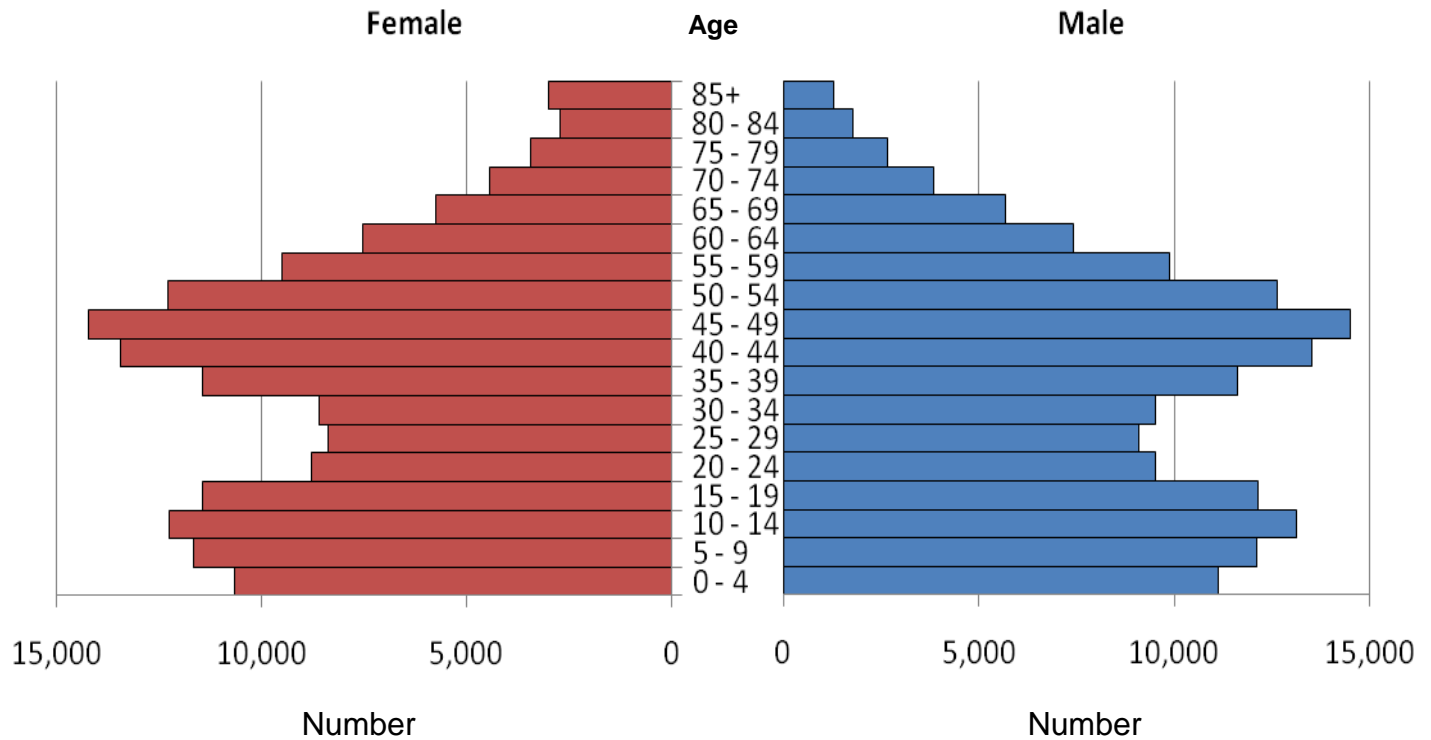
**Table 3.9: McHenry County
Gender Ratio by Age Group:
1990, 2000 & 2009**

Age Group	2009			2000 Ratio¹	1990 Ratio¹
	Males	Females	Ratio¹		
Total	161,484	159,477	101.3	100.7	99.9
0-4 years	11,116	10,665	104.2	107.6	106.8
5-9 years	12,101	11,637	104.0	105.4	109.7
10-14 years	13,125	12,243	107.2	107.2	109.5
15-19 years	12,137	11,431	106.2	110.9	106.8
20-24 years	9,505	8,785	108.2	113.6	105.7
25-29 years	9,095	8,372	108.6	99.8	96.3
30-34 years	9,534	8,579	111.1	96.2	98.9
35-39 years	11,632	11,440	101.7	100.1	102.1
40-44 years	13,535	13,441	100.7	101.0	100.2
45-49 years	14,496	14,224	101.9	104.9	107.7
50-54 years	12,638	12,283	102.9	102.1	108.0
55-59 years	9,877	9,497	104.0	104.0	103.0
60-64 years	7,420	7,531	98.5	98.5	97.0
65-69 years	5,678	5,750	98.7	89.8	85.0
70-74 years	3,855	4,444	86.7	81.9	72.3
75-79 years	2,671	3,433	77.8	69.8	64.4
80-84 years	1,768	2,714	65.1	53.6	56.4
85 years and older	1,301	3,008	43.3	39.8	39.6

¹Males per 100 females.

Source: U.S. Census Bureau, Population Division, 2009 Census estimates and decennial Census for 2000 and 1990.

**Figure 3.8: McHenry County
Age Distribution by Gender: 2009**



Source: U.S. Census Bureau, Population Division, 2009 Census.

**Table 3.10: McHenry County
Gender Ratio by Race/Ethnicity: 2009**

Race/Ethnicity	Number		Gender Ratio ¹
	Males	Females	
White, non-Hispanic	268,522	270,144	99.4
Black, non-Hispanic	3,780	3,452	109.5
Asian, non-Hispanic	4,284	4,395	97.5
Hispanic	38,892	33,518	116.0

¹Males per 100 females

Source: U.S. Census Bureau, Population Division, 2009 Census estimates.

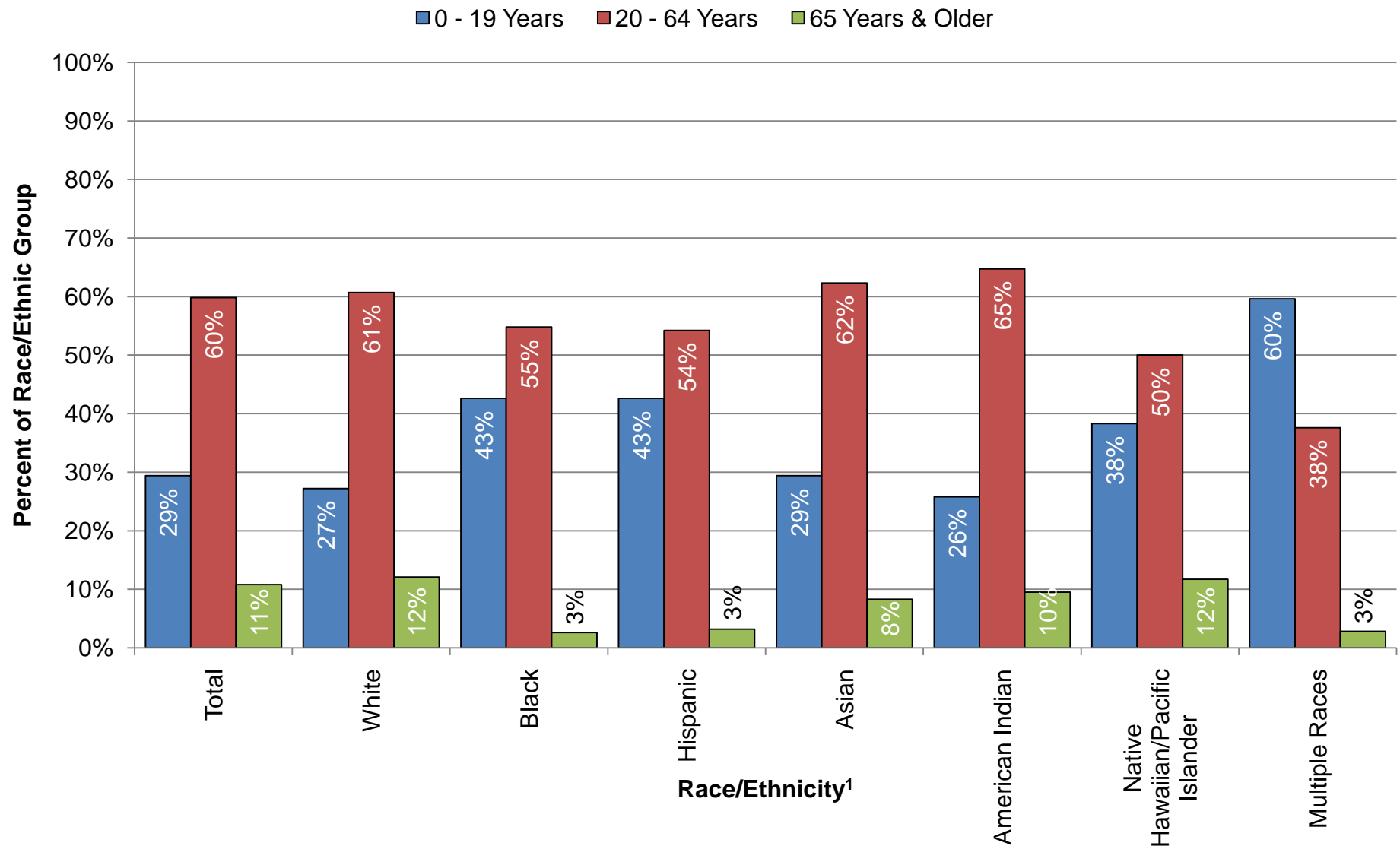
**Table 3.11: McHenry County
Race/Ethnicity¹ by Age Group: 2009**

Age Group	Total Population		White		Black		Hispanic		Asian		American Indian		Native Hawaiian/ Pacific Islander		Multiple Races	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	320,961	100.0%	269,333	100.0%	3,616	100.0%	36,205	100.0%	8,679	100.0%	411	100.0%	60	100.0%	2,657	100.0%
0-4 years	21,781	6.8%	15,626	5.8%	290	8.0%	4,644	12.8%	759	8.7%	26	6.3%	10	16.7%	426	16.0%
5-9 years	23,738	7.4%	17,713	6.6%	394	10.9%	4,466	12.3%	692	8.0%	27	6.6%	6	10.0%	440	16.6%
10-14 years	25,368	7.9%	20,386	7.6%	440	12.2%	3,427	9.5%	645	7.4%	22	5.4%	2	3.3%	446	16.8%
15-19 years	23,568	7.3%	19,523	7.2%	415	11.5%	2,871	7.9%	452	5.2%	31	7.5%	5	8.3%	271	10.2%
20-24 years	18,290	5.7%	15,360	5.7%	167	4.6%	2,193	6.1%	367	4.2%	20	4.9%	1	1.7%	182	6.8%
25-29 years	17,467	5.4%	14,210	5.3%	136	3.8%	2,564	7.1%	395	4.6%	33	8.0%	2	3.3%	127	4.8%
30-34 years	18,113	5.6%	13,383	5.0%	270	7.5%	3,614	10.0%	696	8.0%	21	5.1%	3	5.0%	126	4.7%
35-39 years	23,072	7.2%	17,835	6.6%	349	9.7%	3,585	9.9%	1,110	12.8%	31	7.5%	3	5.0%	159	6.0%
40-44 years	26,976	8.4%	22,779	8.5%	328	9.1%	2,749	7.6%	975	11.2%	38	9.2%	5	8.3%	102	3.8%
45-49 years	28,720	8.9%	25,555	9.5%	294	8.1%	2,064	5.7%	672	7.7%	26	6.3%	4	6.7%	105	4.0%
50-54 years	24,921	7.8%	22,650	8.4%	215	5.9%	1,445	4.0%	477	5.5%	46	11.2%	1	1.7%	87	3.3%
55-59 years	19,374	6.0%	17,884	6.6%	144	4.0%	848	2.3%	408	4.7%	26	6.3%	4	6.7%	60	2.3%
60-64 years	14,951	4.7%	13,912	5.2%	79	2.2%	566	1.6%	310	3.6%	25	6.1%	7	11.7%	52	2.0%
65-69 years	11,428	3.6%	10,643	4.0%	48	1.3%	403	1.1%	291	3.4%	17	4.1%	4	6.7%	22	0.8%
70-74 years	8,299	2.6%	7,746	2.9%	18	0.5%	303	0.8%	193	2.2%	12	2.9%	0	0.0%	27	1.0%
75-79 years	6,104	1.9%	5,761	2.1%	13	0.4%	206	0.6%	111	1.3%	3	0.7%	0	0.0%	10	0.4%
80-84 years	4,482	1.4%	4,257	1.6%	7	0.2%	144	0.4%	61	0.7%	3	0.7%	2	3.3%	8	0.3%
85 years and older	4,309	1.3%	4,110	1.5%	9	0.2%	113	0.3%	65	0.7%	4	1.0%	1	1.7%	7	0.3%
0-19 years	94,455	29.4%	73,248	27.2%	1,539	42.6%	15,408	42.6%	2,548	29.4%	106	25.8%	23	38.3%	1,583	59.6%
20-64 years	191,884	59.8%	163,568	60.7%	1,982	54.8%	19,628	54.2%	5,410	62.3%	266	64.7%	30	50.0%	1,000	37.6%
65 years and older	34,622	10.8%	32,517	12.1%	95	2.6%	1,169	3.2%	721	8.3%	39	9.5%	7	11.7%	74	2.8%

¹Except for Hispanic, all races are non-Hispanic

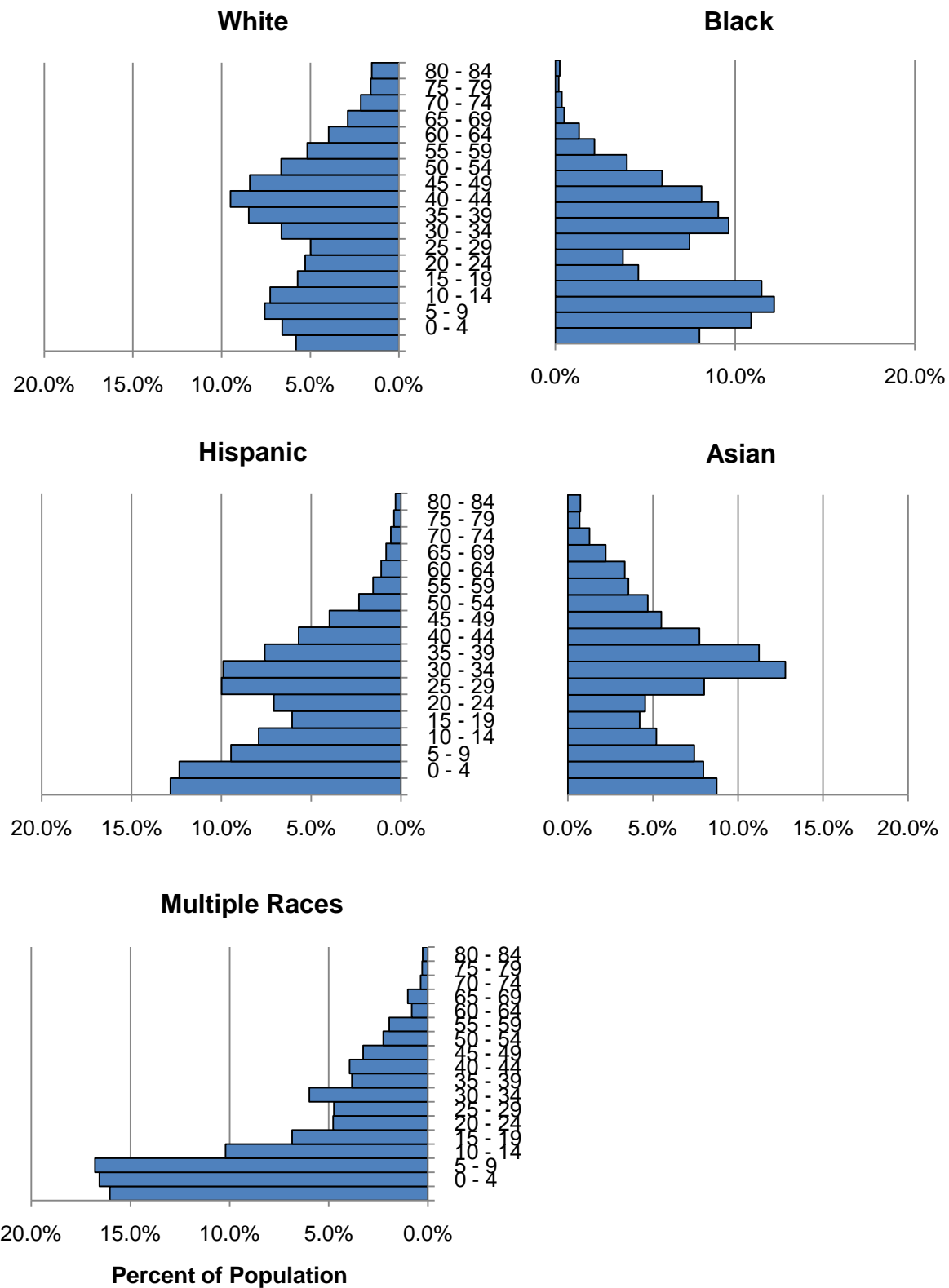
Source: U.S. Census Bureau, Population Division, 2009 Census estimates

**Figure 3.9: McHenry County
Percent of Race/Ethnic Population by Selected Age Groups: 2009**



¹All races except Hispanic, are Non-Hispanic. Hispanic may be of any race.
Source: U.S. Census Bureau, Population Division, 2009 Census estimates.

**Figure 3.10: McHenry County
Age Distribution by Race/Ethnicity¹: 2009**



¹All races except Hispanic are non-Hispanic. Hispanic may be of any race.
Source: U.S. Census Bureau, Population Division, 2009 Census estimates.

**Table 3.12: McHenry County, Illinois & U.S.
Leading Ancestries Reported: 2005-2009**

Ancestry	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
German	106,717	24.8%	17.7%	14.5%
Irish	57,518	13.3%	11.0%	10.4%
Polish	44,243	10.3%	6.6%	0.3%
Italian	34,849	8.1%	5.4%	5.1%
English	25,154	5.8%	5.6%	8.0%
Swedish	14,101	3.3%	2.1%	1.3%
American	12,447	2.9%	3.8%	5.6%
Norwegian	9,610	2.2%	1.2%	1.3%
French (except Basque)	9,435	2.2%	1.9%	2.7%
Dutch	5,998	1.4%	1.4%	1.5%

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 3.13: McHenry County, Illinois, & U.S.
Nativity and Citizenship: 2005-2009**

Nativity/ Citizenship	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total	312,946	100.0%	100.0%	100.0%
Native	281,640	90.0%	86.6%	87.6%
Born in state of residence	222,770	71.2%	66.9%	59.0%
Foreign Born	31,306	10.0%	13.4%	12.4%
Naturalized citizen	13,718	4.4%	5.9%	5.3%
Not a citizen	17,588	5.6%	7.5%	7.1%

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

Table 3.14: McHenry County, Illinois & U.S. Year of Entry for People Born Outside U.S.¹: 2005-2009

Year of Entry	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total	33,204	100.0%	100.0%	100.0%
2000 or later	8,162	24.6%	24.6%	26.7%
1990-1999	10,702	32.2%	31.6%	28.4%
1980-1989	6,031	18.2%	18.1%	20.3%
Before 1980	8,309	25.0%	25.7%	24.6%

¹Includes foreign-born (N=23,368) and natives born outside U.S. In Puerto Rico, U.S. Islands or abroad of American parents (N=1,898).

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

Table 3.15: McHenry County, Illinois & U.S. Leading Places of Birth for Foreign-Born Population: 2005-2009

Area	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Mexico	13,816	44.1%	40.1%	30.3%
Poland	*2,436	7.8%	8.6%	1.3%
India	*1,771	5.7%	6.7%	4.1%
Philippines	*1,527	4.9%	4.6%	4.4%
Germany	*1,465	4.7%	1.7%	1.7%
Canada	*772	2.5%	1.2%	2.2%
Korea	*650	2.1%	2.6%	2.7%
Guatemala	*515	1.6%	1.3%	1.9%
Nigeria	*443	1.4%	0.6%	0.5%
England	*433	1.4%	0.6%	1.0%

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 3.16: McHenry County, Illinois & U.S.
Leading Languages Spoken at Home: 2005-2009**

Language	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
People aged 5 years and older	291,030	100.0%	100.0%	100.0%
English Only	249,030	85.6%	78.7%	80.4%
Spanish	25,169	8.6%	12.4%	12.1%
Speak English "very well"	11,847	4.1%	6.3%	6.4%
Speak English less than "very well"	13,322	4.6%	6.1%	5.7%
German	2,494	0.9%	0.4%	0.4%
Speak English "very well"	2,133	0.7%	0.4%	0.3%
Speak English less than "very well"	*361	0.1%	0.1%	0.1%
Polish	*3,483	1.2%	1.6%	0.2%
Speak English "very well"	*2,241	0.8%	0.8%	0.1%
Speak English less than "very well"	*1,242	0.4%	0.9%	0.1%
Tagalog ¹	*1,260	0.4%	0.6%	0.5%
Speak English "very well"	*941	0.3%	0.4%	0.3%
Speak English less than "very well"	*319	0.1%	0.2%	0.2%

¹Taglog is a language commonly spoken in the Philippines.

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 3.17: McHenry County, Illinois & U.S.
Population in Linguistically Isolated Households by Language Spoken at Home: 2005-2009**

Age Group/Language	McHenry County		Illinois	U.S.
	Number	Percent in Age Group	Percent in Age Group	Percent in Age Group
5-17 years old	*2,138	100.0%	100.0%	100.0%
English only	*222	10.4%	4.0%	5.4%
Spanish	*1,750	81.9%	76.2%	73.5%
Other Indo-European languages	*158	7.4%	11.8%	7.5%
Asian/Pacific Island languages	*8	0.4%	6.1%	11.3%
Other	*0	0.0%	1.8%	2.2%
18 years and older	8,036	100.0%	100.0%	100.0%
Spanish	6,645	82.7%	62.2%	67.1%
Other Indo-European languages	*1,143	14.2%	24.7%	13.5%
Asian languages	*243	3.0%	11.0%	16.8%
Other	*5	0.1%	2.1%	2.6%

¹A household is linguistically isolated if all adults speak a language other than English and none speaks English "very well".

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

Chapter 4: Household Characteristics and Marital Status

Tables & Figures

- For 2005-2009, nearly all of the population was living in a household (99.4%) and almost 9 out of 10 (88.9%) people were living in a family household, which was higher than Illinois and the U.S. One in 10 (10.5%) people lived in nonfamily households and less than 1% lived in group quarters, which was lower than Illinois and the U.S. Table 4.1
- For 2005-2009, there were a total of 106,951 households. Three quarters (75.6%) of the households were considered family households which was above Illinois and the U.S. which were each around two-thirds of households. Among households in McHenry County during 2005-2009, two-thirds (63.8%) were married couples, 8.1% were single female householders and 4% were single male householders. One-third (33.3%) of all households were married couples with children under 18 years old compared to 23.4% for Illinois and 22.7% for the U.S. Table 4.2
- For 2005-2009, the average household size for McHenry County at 2.91 people was larger than Illinois at 2.62 and the U.S. at 2.60. Similarly the average family size was larger in McHenry County at 3.38 people than Illinois at 2.26 and the U.S. at 3.19 for the same time period. Table 4.2
- For 2005-2009, there were 5,406 unmarried-partner households which constituted 5% of all households in McHenry County. 51.7% of unmarried-partner households were male householders with female partners, followed by female householders with male partners at 38.5%, 6.5% male householders with male partners and 3.3% female householders with female partners. In McHenry County, the percent of male householders with male partners and with female partners was greater than the State and the U.S. Table 4.3
- The average household size for McHenry County increased modestly over the last two decades from 2.89 people in 1990 to 2.91 in 2005-2009. The average family size in McHenry County increased by a larger amount from 3.28 people in 1990 to 3.38 in 2005-2009. For 2005-2009, both the average household size and the average family size in McHenry County exceeded the U.S. Table 4.4
Figure 4.1
- For 2005-2009, 82.3% of children lived in a married couple family and 11.8% lived in a female household where no husband was present. Compared to Illinois and the U.S., a higher percentage of children lived in married couple families and a smaller percentage lived in single parent households in McHenry County for 2005-2009. Table 4.5

- In 2005-2009, 5,233 grandparents lived with their own grandchild/grandchildren. Of those grandparents, one-quarter (25.5%) were responsible for their grandchild's care. This percent was lower than Illinois at 39.1% and the U.S. at 40.9%. Table 4.6
- In 2005-2009, 72.3% of seniors lived in a family household and 59.6% of seniors were the householder or the spouse of the householder. Only 2.8% of seniors lived in group quarters and 23.1% lived alone. The percent of seniors living in a family household in McHenry County was higher than Illinois and the U.S. for 2005-2009, while the percent that live in group quarters and the percent that live alone were lower in McHenry County. Table 4.7
- Of the population 15 years and older during 2005-2009, 59.3% were currently married, 25.9% never married and 9.2% divorced in McHenry County. A higher proportion of men were never married at 29.2% compared to 22.7% among women in McHenry County, while a slightly higher percent of women were divorced (10.3%) than men (8.1%). Compared to Illinois and the U.S., a higher percent of adults were currently married in McHenry County. Table 4.8
- Since 1980, the number of marriages among McHenry County residents decreased from 1,403 in 1980 to 1,246 in 2009 – a decrease of 11.1%. Simultaneously the number of divorces and annulments increased from 640 in 1980 to 945 in 2009 – an increase of 48%. This lead to an increase in the dissolution ratio from 45.6 divorces per 100 marriages in 1980 to 75.8 in 2009, which was substantially higher than the Illinois dissolution rate at 44.6 divorces per 100 marriages. Table 4.9
Figure 4.2

**Table 4.1: McHenry County, Illinois, & U.S.
Household Relationships of All People: 2005-2009**

Relationship	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total population	312,946	100.0%	100.0%	100.0%
People living in households	311,165	99.4%	97.3%	97.3%
In family households	278,161	88.9%	81.9%	81.5%
Householder	80,905	25.9%	24.6%	24.9%
Spouse	68,270	21.8%	18.3%	18.6%
Child of householder	109,368	34.9%	30.9%	29.7%
Parent	3,715	1.2%	1.1%	1.1%
Other relative	10,909	3.5%	5.3%	5.3%
Nonrelative	*4,994	1.6%	1.8%	2.0%
Unmarried partner	*1,931	0.6%	0.9%	0.9%
In nonfamily households	33,004	10.5%	15.4%	15.7%
People living in group quarters	*1,781	0.6%	2.7%	2.7%

*Large margins of error on estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 4.2: McHenry County, Illinois, & U.S.
Households by Type: 2005-2009**

Relationship	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total households	106,951	100.0%	100.0%	100.0%
Family households	80,905	75.6%	66.1%	66.7%
Married couple	68,200	63.8%	49.4%	49.7%
With children <18 years	35,587	33.3%	23.4%	22.7%
Male householder, no wife present	4,083	3.8%	4.4%	4.5%
With children <18 years	*2,506	2.3%	2.4%	2.6%
Female householder, no husband present	8,622	8.1%	12.3%	12.4%
With children <18 years	5,623	5.3%	8.4%	8.5%
Nonfamily households	26,046	24.4%	33.9%	33.3%
Householder living alone	21,167	19.8%	28.4%	27.3%
Householder not living alone	48,167	45.0%	5.5%	6.0%
Average Household Size	2.91		2.62	2.60
Average Family Size	3.38		3.26	3.19

*Large margin of error for estimates and thus should be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 4.3: McHenry County, Illinois & U.S.
Unmarried-Partner Households by Sex of Partner: 2005-2009**

Relationship	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Unmarried-Partner Households	5,406	100.0%	100.0%	100.0%
Male Householder	3,145	58.2%	52.2%	51.4%
Male partner	*349	6.5%	6.2%	5.8%
Female partner	2,796	51.7%	46.0%	45.7%
Female Householder	2,261	41.8%	47.8%	48.6%
Male partner	2,084	38.5%	42.9%	43.2%
Female partner	*177	3.3%	4.8%	5.4%

*Large margin of error for estimates and thus should be used with caution.

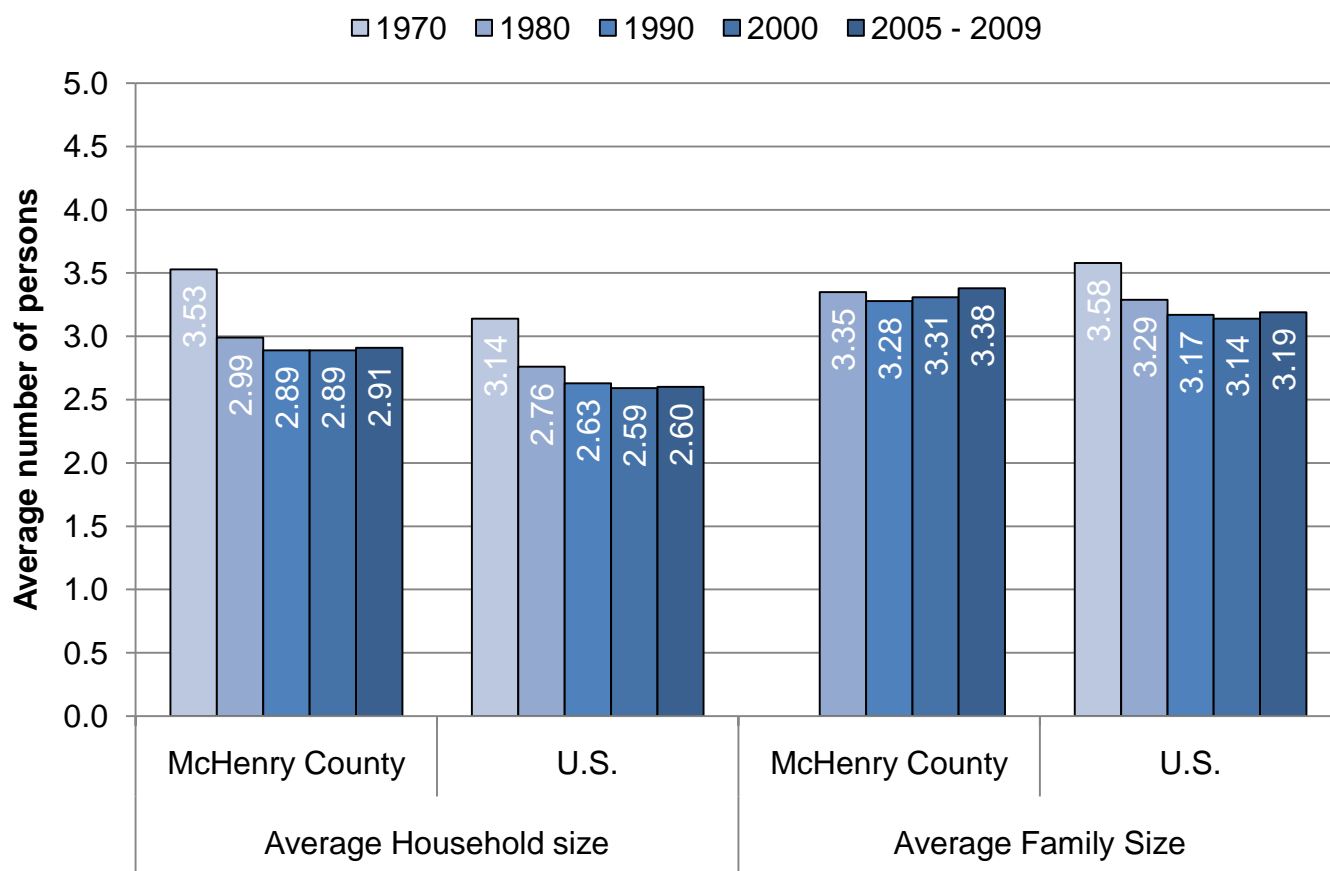
Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 4.4: McHenry County & U.S.
Average Household and Family Size: 1970 to 2005-2009**

Year	Average Household size		Average Family Size	
	McHenry County	U.S.	McHenry County	U.S.
2005-2009	2.91	2.60	3.38	3.19
2000	2.89	2.59	3.31	3.14
1990	2.89	2.63	3.28	3.17
1980	2.99	2.76	3.35	3.29
1970	3.53	3.14	NA	3.58

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates and decennial Census for 1970-2000.

**Figure 4.1: McHenry County & U.S.
Average Household & Family Size: 1970 to 2005-2009**



Source: U.S. Census Bureau, 2005 - 2009 American Community Survey 5-Year estimates and decennial Census for 1970 - 2000.

**Table 4.5: McHenry County, Illinois & U.S.
Household Type for Children Under 18 Years Old: 2005-2009**

Household Type	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total children 0-17 years old ¹	86,558	100.0%	100.0%	100.0%
Married couple family	71,245	82.3%	69.0%	68.0%
Male household, no wife	4,588	5.3%	6.2%	6.8%
Female household, no husband	10,175	11.8%	24.2%	24.4%
Nonfamily	550	0.6%	0.6%	0.7%

¹Excludes children 0-17 who are householders, spouses, or unmarried partners themselves.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 4.6: McHenry County, Illinois & U.S.
Grandparents Living with Own Grandchildren Under 18 Years by Responsibility: 2005-2009**

Responsibility	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Grandparent Living with Grandchild under 18 years	5,233	100.0%	100.0%	100.0%
Grandparent responsible for child	*1,333	25.5%	39.1%	40.9%
Grandparent not responsible for child	3,900	74.5%	60.9%	59.1%

*Large margin of error for estimates and thus should be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 4.7: McHenry County, Illinois & U.S.
Household Type for People 65 Years Old and Older: 2005-2009**

Household Type	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total People 65 Years and Older	31,032	100.0%	100.0%	100.0%
In family household	22,438	72.3%	62.9%	64.9%
Householder	10,286	33.1%	32.0%	32.5%
Spouse	8,236	26.5%	22.2%	23.2%
Parent	2,705	8.7%	5.0%	5.3%
Other relative	*1,114	3.6%	3.4%	3.5%
Nonrelative	*97	0.3%	0.3%	0.4%
In nonfamily household	7,740	24.9%	31.6%	30.1%
Male householder	2,078	6.7%	8.3%	8.1%
Living alone	1,973	6.4%	7.7%	7.4%
Not living alone	*105	0.3%	0.6%	0.7%
Female householder	5,324	17.2%	22.3%	20.8%
Living alone	5,195	16.7%	21.7%	20.1%
Not living alone	*129	0.4%	0.6%	0.6%
Nonrelative	*338	1.1%	1.1%	1.3%
In group quarters	*854	2.8%	5.5%	4.9%

*Large margin of error for estimates and thus should be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 4.8: McHenry County, Illinois & U.S.
Marital Status by Gender of People 15 and Older: 2005-2009**

Marital Status	Male		Female		Total		Illinois	U.S.
	Number	Percent	Number	Percent	Number	Percent	Percent	Percent
Total	120,794	100.0%	120,685	100.0%	241,479	100.0%	100.0%	100.0%
Married ¹	72,469	60.0%	70,698	58.6%	143,167	59.3%	49.5%	50.3%
Never married	35,285	29.2%	27,378	22.7%	62,663	25.9%	33.0%	30.8%
Divorced	9,801	8.1%	12,423	10.3%	22,224	9.2%	9.4%	10.4%
Widowed	2,233	1.8%	9,067	7.5%	11,300	4.7%	6.3%	6.3%
Separated	*1,006	0.8%	*1,119	0.9%	2,125	0.9%	1.8%	2.2%

¹Excludes "separated".

*Large margin of error for estimates and thus should be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

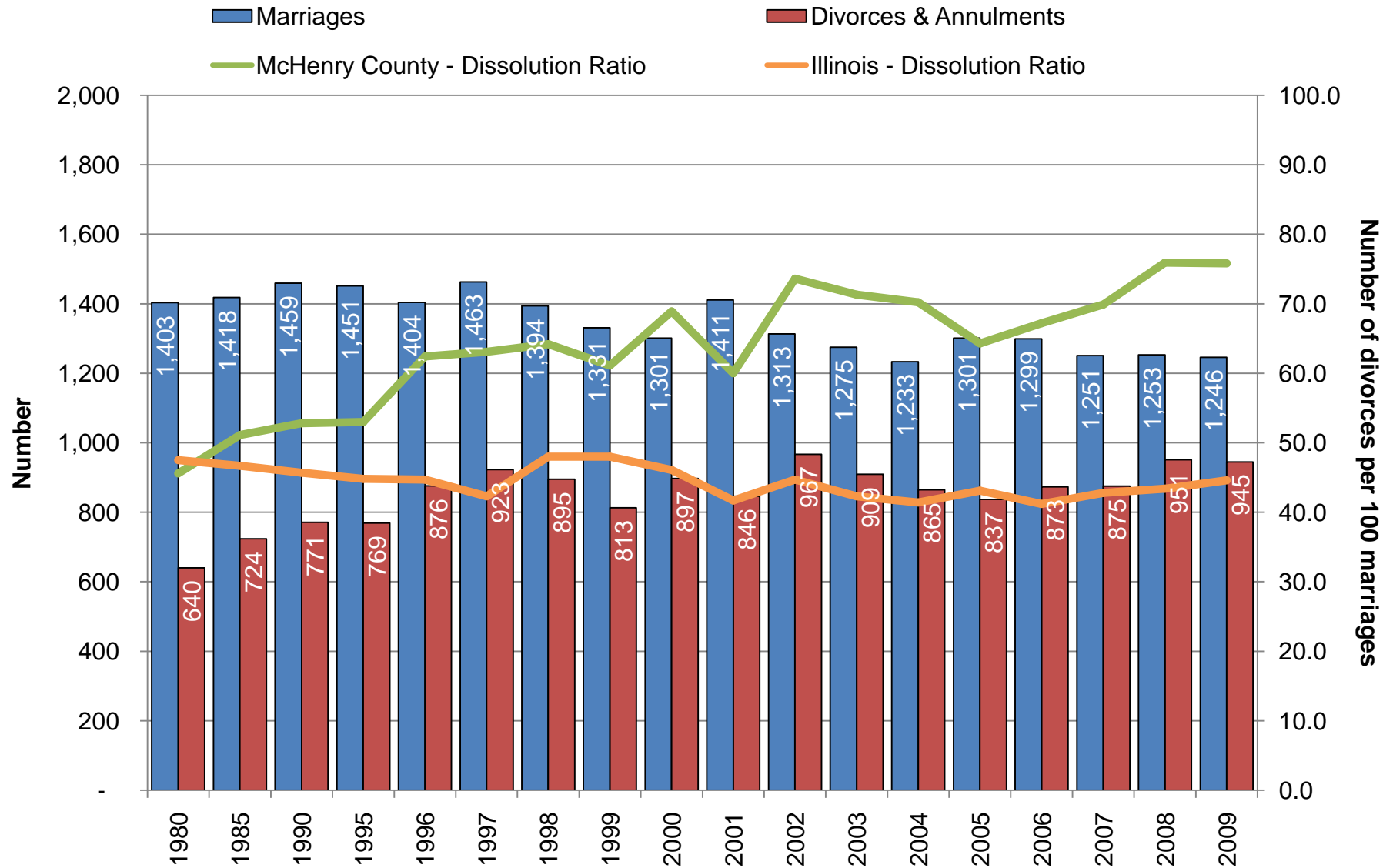
**Table 4.9: McHenry County & Illinois
Marriages, Divorces, Dissolution Ratio: 1980-2009**

Year	McHenry County			Illinois
	Marriages	Divorces & Annulments	Dissolution Ratio ¹	Dissolution Ratio ¹
2009	1,246	945	75.8	44.6
2008	1,253	951	75.9	43.4
2007	1,251	875	69.9	42.8
2006	1,299	873	67.2	41.2
2005	1,301	837	64.3	43.1
2004	1,233	865	70.2	41.4
2003	1,275	909	71.3	42.3
2002	1,313	967	73.6	44.7
2001	1,411	846	60.0	41.7
2000	1,301	897	68.9	46.1
1999	1,331	813	61.1	48.0
1998	1,394	895	64.2	48.0
1997	1,463	923	63.1	42.3
1996	1,404	876	62.4	44.7
1995	1,451	769	53.0	44.8
1990	1,459	771	52.8	45.7
1985	1,418	724	51.1	46.7
1980	1,403	640	45.6	47.5

¹Divorces per 100 marriages

Source: Illinois Department of Public Health.

**Figure 4.2: McHenry County & Illinois
Marriages, Divorces/Annulments & Dissolution Ratio: 1980-2009**



Source: Illinois Department of Public Health.

Chapter 5: Housing

Tables & Figures

- In 2009, there were 115,988 housing units in McHenry County, which was an increase of almost 30% from 2000. This increase was substantially greater than the percent increase for the State. Table 5.1
- For 2005-2009, 94.3% (106,951) of housing units were occupied in McHenry County, which was slightly higher than the percent in Illinois of 90.7%. Table 5.2
- The vacancy rate for 2005-2009 in McHenry County was 1.7 for homeowners and 6.3 for renters. Both of these rates rose over 2000 levels, where the homeowner vacancy rate was 1.2 and the renter vacancy rate was 4.0. Compared to Illinois, both vacancy rates for 2005-2009 were lower for McHenry County. Table 5.2
- For 2005-2009, the number and percent of owner-occupied housing units in McHenry County increased slightly from 74,391 (83.2%) in 2000 to 90,721 (84.8%) in 2005-2009. For 2005-2009, the percent of owner-occupied units was substantially higher in McHenry County at 84.8% compared to 69.3% and 66.9% for Illinois and the U.S., respectively. Table 5.3
- While, the number of renter-occupied housing units increased from 15,079 in 2000 to 16,230 in 2005-2009, the percent decreased slightly. For 2005-2009, the percent of renter-occupied units in Illinois (30.7%) and the U.S. (33.1%) was approximately double the percent in McHenry County at 15.2%. Table 5.3
- For 2005-2009, Asians had the highest homeownership rate at 90.0% of all races. Whites were next with 85.6%, while Blacks had the lowest at 62.7%. For each race/ethnic group, McHenry County's homeownership rate exceeded Illinois and the U.S. Table 5.4
- Home ownership rates were highest among 55-64 year olds and 65-74 year olds in McHenry County for 2005-2009 at 93.5% and 93.1%, respectively. The largest number of homeowners in McHenry County was among 45-54 year olds who owned 24,160 units, followed by 35-44 year olds who owned 23,599 housing units. Compared to 2000, homeownership rates increased for those under 25 years old, 55-64 years old, 65-74 years old and 75 years and older. Homeownership rates decreased for 25-34 year olds, 35-44 year olds and 45-54 year olds during the same time frame. Table 5.5
Figure 5.1

- For 2005-2009, most housing units were 1-unit, detached structures in McHenry County with 88,988 units. The number of 1-unit detached structures increased by 20% from 2000 to 2005-2009; however the percent of housing units that were 1-unit detached structures decreased from 66.7% in 2005-2009 79.8% in 2000 and 81.4% in 1990. The percent of 1-unit, attached structures increased from 1990 to 2000 and 2000 to 2005-2009. Table 5.6
- The median number of rooms per owner-occupied unit increased slightly in 2005-2009 compared to 2000 from 6.8 to 6.9, while the median number of rooms per renter-occupied unit decreased from 6.3 in 2000 to 4.4 in 2005-2009. The median number of rooms for both owner-occupied and renter-occupied was higher in McHenry County than the State or the U.S. Table 5.7
- The average household size for owner occupied units decreased slightly from 3.02 in 2000 to 2.97 in 2005-2009, while the average household size increased for renter-occupied units from 2.26 in 2000 to 2.56 in 2005-2009. For both owner-occupied and renter-occupied units, the average household size was higher in McHenry County for 2005-2009 compared to Illinois and the U.S. Table 5.7
- The percent of units with more than 1 person per room decreased from 2.6% in 2000 to 1.5% in 2005-2009 in McHenry County, which was below Illinois (2.5%) and the U.S. (3.0%). Table 5.7
- In 2005-2009, 89.8% of the population over the age of 1 year lived in the same house as they did one year ago, 5.6% moved to another home within McHenry County, 3.2% moved outside of McHenry County, but within Illinois, and 1.1% moved to another state. Compared to Illinois and the U.S., McHenry County had a higher percent of the population staying in the same house for over a year in 2005-2009. Table 5.8
- In 2005-2009, only 9.2% of the owner-occupied units were occupied by their current residents prior to 1980, which was much lower than the State and the U.S. at 17.9% and 17.0% respectively. In McHenry County, 79.4% of homes had their occupants move in during the 1990s and 49.1% since 2000. Table 5.9
- In 2005-2009, over half (55.9%) of renter-occupied units had been moved into since 2005, which was higher than the State and U.S at 51.7% and 52.5%, respectively. Table 5.9
- Accounting for 28,078 units, Housing units built in the 1990s constituted almost one-quarter (24.7%) of all housing units in McHenry County during 2005-2009. Over half (56.7%) of housing units in McHenry County have been built since the 1980s, which was substantially higher than Illinois (28.7%) and the U.S. (39.9%). Table 5.10
Figure 5.2

<ul style="list-style-type: none"> In 2005-2009, 63.6% of homes were valued between \$200,000 and \$499,999, which compared to Illinois and the U.S. was a substantially larger percent of homes. The median home value in McHenry County for 2005-2009 was \$251,200 compared to \$200,400 for Illinois and \$185,400 for the U.S. McHenry County had a higher percent of homes valued between \$150,000-499,999 (82.2%) in 2005-2009 compared to 2000, where the majority of homes were valued between \$100,000 and \$299,999 (84.2%). 	Table 5.11 Figure 5.3
<ul style="list-style-type: none"> The sales of single family homes and condominiums fell from 5,756 in 2005 to 2,752 in 2009 – a decrease of 52%. Similarly, the median home price fell from \$249,000 in 2005 to \$151,500 in 2009 for single family homes (percent change -39%) and \$171,500 in 2005 to \$142,000 in 2009 for condominiums (percent change-17%). The percent change of median price among single family homes in Illinois was -27% from 2005 to 2009, which was a smaller percent change than McHenry County single family homes. 	Table 5.12 Figure 5.4
<ul style="list-style-type: none"> In 2005-2009, 40.8% of McHenry County owner-occupied households with a mortgage had owner costs that were 30% or more of their household income, compared to 38.1% of Illinois homeowners and 36.7% of U.S. homeowners. Among owner-occupied households without a mortgage in 2005-2009, 18.3% had home costs that were 30% or more of their household income, while 48.4% of renters had costs that were 30% or more of their income. 	Table 5.13
<ul style="list-style-type: none"> The median cost as a percentage of household income was higher in McHenry County for owner-occupied households with a mortgage (26.9%), owner-occupied households without a mortgage (14.7%) and renter-occupied households (31.0%) than Illinois and the U.S. during 2005-2009. 	Table 5.13
<ul style="list-style-type: none"> Among owner-occupied households in McHenry County for 2005-2009, 15-24 year olds, 25-34 year olds, 35-64 year olds and 65 years and older each had a higher percentage of homeowners paying 30% or more on housing than the State and the U.S. Among the age groups, 15-24 year olds had the highest percentage paying 30% or more on housing at 54.2%. 	Table 5.14
<ul style="list-style-type: none"> Among renter-occupied households in McHenry County for 2005-2009, 25-34 year olds, 35-64 year olds and 65 years and older each had a higher percentage of homeowners paying 30% or more of their income on housing than the State and the U.S. Compared to the State and the U.S., McHenry County had a slightly smaller percentage of 15 -24 year old householders spending 30% or more on housing costs. 	Table 5.14

- Among owner-occupied households in McHenry County for 2005-2009, for each income level, except those making \$75,000 or more, at least half of households spend 30% of their income on housing costs. Compared to the State and U.S., McHenry County had a higher percentage of householders spending 30% or more of their income on housing for each income level. Among the income levels, those earning less than \$20,000 had the highest proportion spending 30% or more of their income on housing at 85.9%. Table 5.15
- Among renter-occupied households in McHenry County for 2005-2009, for each income level, except those making \$75,000 or more, nearly half or more of households spend 30% of their income on housing costs. For each income level, except those making \$75,000 or more, McHenry County had a higher percentage of householders spending 30% or more of their income on housing compared to the State and U.S. Among the income levels, those earning less than \$20,000 had the highest proportion spending 30% or more of their income on housing at 82.1%. Table 5.15
- In 2005-2009, the median gross rent was \$989 in McHenry County, which was substantially higher than Illinois and the U.S. at \$813 and \$817, respectively. Table 5.16
- In 2005-2009 in McHenry County, the percent of home ownership increased with income level where 96.1% of those who earned \$100,000 or more owned a home, while only 57.1% of those who earned less than \$20,000 owned a home. The median income for home owners was 114% higher than renters. Table 5.17
- In 2005-2009 in McHenry County, there were 3,181 households without a vehicle available. Compared to the State and the U.S., a smaller percentage of households have a vehicle available at 3.0%. Of those 65 years and older, 10.3% did not have a vehicle available, which is lower than the State and the U.S. Table 5.18
- In 2005-2009 in McHenry County, 1,703 households lacked phone service, which accounted for 1.6% of households, which was smaller percent than Illinois and the U.S., at 4.2% each. Table 5.18

**Table 5.1: McHenry County & Illinois
Housing Units: 2000 and 2009**

Area	Housing Units		Percent Change
	2009	2000	2000-2009
McHenry County	115,988	89,403	+29.7%
Illinois	5,292,003	4,885,615	+8.3%

Source: U.S. Census Bureau, 2009 Census estimates and decennial Census for 2000.

**Table 5.2: McHenry County, Illinois & U.S.
Housing Units and Occupancy: 1990, 2000 & 2005-2009**

Indicator	Number in McHenry County			Percent 2005-2009		
	2005-2009	2000	1990	McHenry County	Illinois	U.S.
Housing Units	113,470	92,908	65,985	100.0%	100.0%	100.0%
Occupied	106,951	89,403	62,940	94.3%	90.7%	88.2%
Vacant	6,519	3,505	3,045	5.7%	9.3%	11.8%
Vacancy Rate ¹						
Homeowner	1.7	1.2	1.5	1.7	2.2	2.3
Renter	6.3	4.0	3.7	6.3	8.0	7.8

¹Homeowner vacancy rate = proportion of homeowner housing inventory which is vacant for sale; renter vacancy rate = proportion of the rental inventory which is vacant for rent.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates and decennial Census for 2000 and 1990.

**Table 5.3: McHenry County, Illinois & U.S.
Housing Tenure of Occupied Units: 1990, 2000 & 2005-2009**

Year	Owner-Occupied				Renter-Occupied			
	McHenry County		Illinois	U.S.	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent	Number	Percent	Percent	Percent
2005-2009	90,721	84.8%	69.3%	66.9%	16,230	15.2%	30.7%	33.1%
2000	74,391	83.2%	67.3%	66.2%	15,079	16.8%	32.7%	33.8%
1990	50,289	79.9%	64.2%	64.2%	12,651	20.1%	35.8%	35.8%

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates and decennial Census for 2000 and 1990.

**Table 5.4: McHenry County, Illinois & U.S.
Housing Tenure by Race/Ethnicity: 2005-2009**

Race/Ethnicity¹	Number in McHenry County			Percent Home Owners		
	Total Households	Owner	Renter	McHenry County	Illinois	U.S.
White	99,711	85,360	14,351	85.6%	75.7%	71.8%
Black*	836	524	312	62.7%	42.5%	45.9%
Asian	2,251	2,026	*225	90.0%	64.5%	59.9%
Hispanic	7,614	5,129	2,485	67.4%	56.6%	49.3%

¹ Race may be of any ethnicity and Hispanic may be of any race.

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

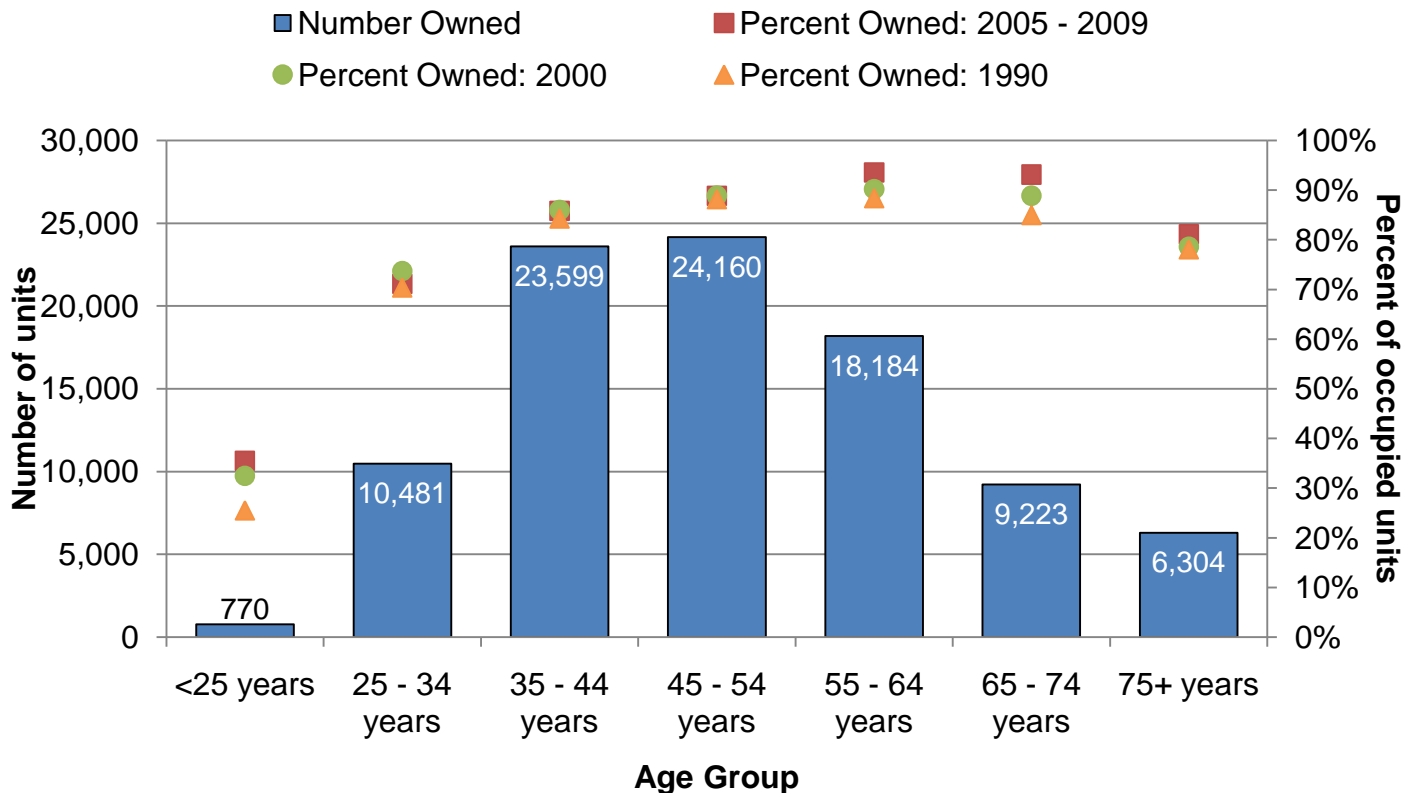
**Table 5.5: McHenry County
Home Ownership by Age of Householder: 1990, 2000 & 2005-2009**

Age of Householder	2005-2009			2000	1990
	Total Housing Units	Owner-Occupied			
		Number	Percent	Percent	Percent
Under 25 years	2,166	*770	35.5%	32.5%	25.5%
25-34 years	14,737	10,481	71.1%	73.7%	70.4%
35-44 years	27,499	23,599	85.8%	86.0%	84.3%
45-54 years	27,413	24,160	88.1%	88.9%	88.2%
55-64 years	19,448	18,184	93.5%	90.2%	88.4%
65-74 years	9,911	9,223	93.1%	88.9%	85.0%
75 years & older	7,777	6,304	81.1%	78.6%	78.1%

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates and decennial Census for 2000 and 1990.

**Figure 5.1: McHenry County
Home Ownership by Age of Householder: 1990, 2000 & 2005-2009**



Source: U.S. Census Bureau, 2005 - 2009 American community Survey 5-Year Estimates and decennial Census for 2000 and 1990.

**Table 5.6: McHenry County
Units in Structure: 1990, 2000 & 2005-2009**

Indicator	2005-2009		2000		Change 2000-2005-2009		1990
	Number	Percent	Number	Percent	Number	Percent	Percent
Total Housing Units	133,470	100.0%	92,908	100.0%	+40,562	+43.7%	100.0%
Units in Structure							
1-unit, detached	88,988	66.7%	74,149	79.8%	+14,839	+20.0%	81.4%
1-unit, attached	10,459	7.8%	6,225	6.7%	+4,234	+68.0%	3.2%
2 units	*1,759	1.3%	2,271	2.4%	-512	-22.5%	3.4%
3 to 4 units	3,062	2.3%	2,225	2.4%	+837	+37.6%	2.7%
5 to 9 units	3,770	2.8%	3,802	4.1%	-32	-0.8%	3.6%
10+ units	4,636	3.5%	3,563	3.8%	+1,073	+30.1%	4.4%
Mobile home, boat, RV, van, etc.	*796	0.6%	673	0.7%	+123	+18.3%	1.4%

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 5.7: McHenry County, Illinois, & U.S.
Housing Unit Median Rooms and Occupants: 2000 & 2005-2009**

Indicator	McHenry County		Illinois	U.S.
	2005-2009	2000	2005-2009	2005-2009
Median Rooms				
All units	6.6	6.4	5.6	5.5
Owner-occupied	6.9	6.8	6.2	6.2
Renter-occupied	4.4	6.3	4.2	4.2
Average Household Size (People)				
All units	2.91	2.89	2.62	2.60
Owner-occupied	2.97	3.02	2.74	2.69
Renter-occupied	2.56	2.26	2.34	2.42
Units >1 People Per Room	1.5%	2.6%	2.5%	3.0%

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates and decennial Census for 2000.

**Table 5.8: McHenry County, Illinois & U.S.
Residence in 2005-2009 Compared to One Year Ago**

Characteristics	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Population 1 year old and older	308,828	100.0%	100.0%	100.0%
Same house	277,318	89.8%	85.5%	83.8%
Different house	31,510	10.2%	13.9%	15.5%
Same city or town	7,766	2.5%	5.8%	5.2%
Same county	7,622	2.5%	5.7%	5.2%
Different county	*144	0.0%	0.0%	0.1%
Different city or town	22,828	7.4%	8.2%	10.3%
Same county	9,682	3.1%	3.5%	4.4%
Different county	13,146	4.3%	4.6%	5.9%
Same state	9,809	3.2%	2.8%	3.3%
Different state	3,337	1.1%	1.8%	2.5%
Different country	*916	0.3%	0.5%	0.6%
Total same county	17,304	5.6%	9.3%	9.6%
Total different county	13,290	4.3%	4.7%	6.0%

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 5.9: McHenry County, Illinois, & U.S.
Year Householder Moved Into Residence: 2005-2009**

Tenure/ Year Moved In	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Owner Occupied Units	90,721	100.0%	100.0%	100.0%
2005 or later	14,469	15.9%	15.3%	15.6%
2000-2004	30,142	33.2%	26.3%	26.3%
1990-1999	27,481	30.3%	27.6%	27.7%
1980-1989	10,357	11.4%	12.9%	13.2%
1970-1979	4,950	5.5%	9.4%	9.1%
Prior to 1970	3,322	3.7%	8.5%	8.0%
Renter Occupied Units	16,230	100.0%	100.0%	100.0%
2005 or later	9,065	55.9%	51.7%	52.5%
2000-2004	4,842	29.8%	30.1%	29.8%
1990-1999	1,671	10.3%	12.2%	11.9%
1980-1989	*372	2.3%	3.5%	3.2%
1970-1979	*173	1.1%	1.5%	1.5%
Prior to 1970	*107	0.7%	1.0%	1.1%

*Large margins of error for estimates and thus need to be used with caution.

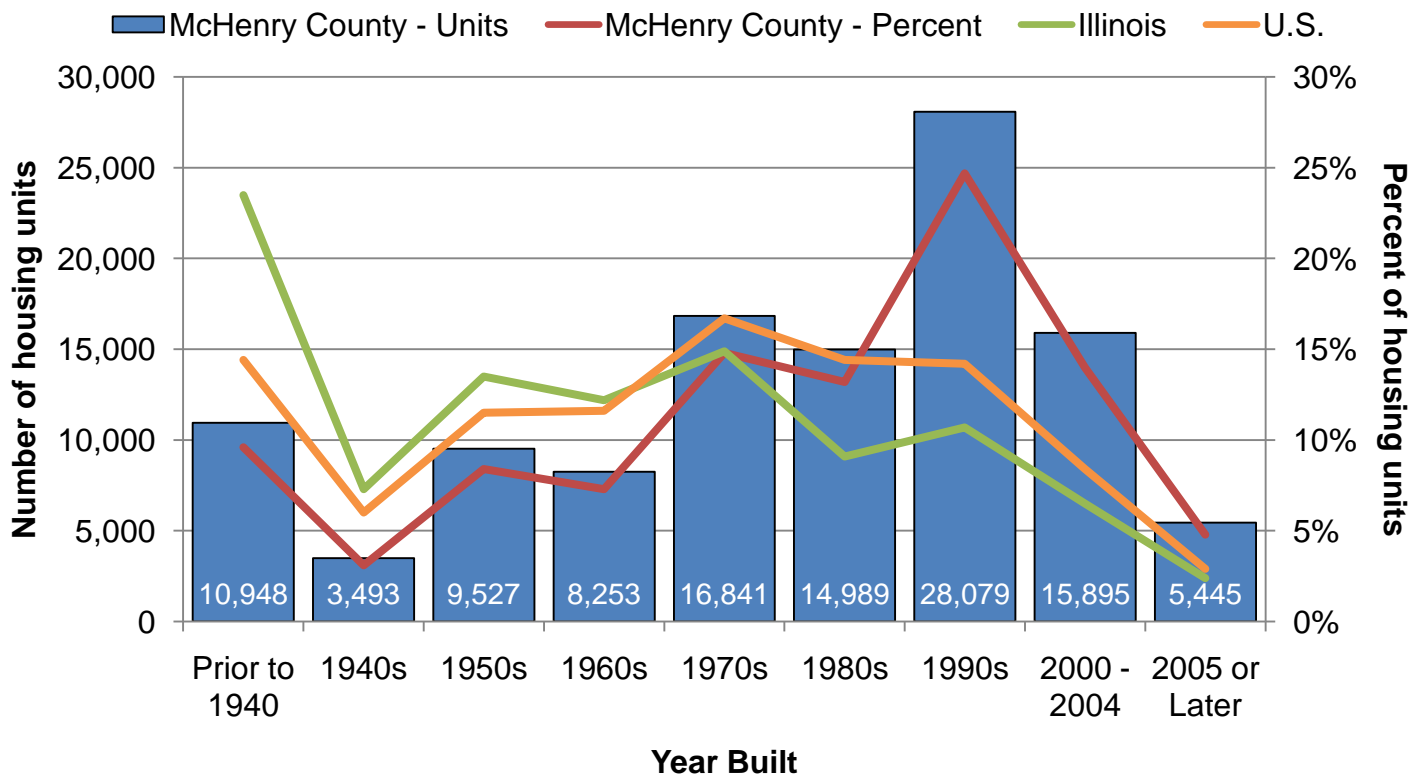
Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 5.10: McHenry County, Illinois & U.S.
Year Housing Unit Built: 2005-2009**

Year Structure Built	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total Housing Units	113,470	100.0%	100.0%	100.0%
2005 or later	5,445	4.8%	2.4%	2.9%
2000-2004	15,895	14.0%	6.5%	8.4%
1990-1999	28,079	24.7%	10.7%	14.2%
1980-1989	14,989	13.2%	9.1%	14.4%
1970-1979	16,841	14.8%	14.9%	16.7%
1960-1969	8,253	7.3%	12.2%	11.6%
1950-1959	9,527	8.4%	13.5%	11.5%
1940-1949	3,493	3.1%	7.3%	6.0%
Prior to 1940	10,948	9.6%	23.5%	14.4%

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Figure 5.2: McHenry County, Illinois & U.S.
Year Housing Units Built: 2005-2009**



Source: U.S. Census Bureau, 2005 - 2009 American Community Survey 5-Year Estimates.

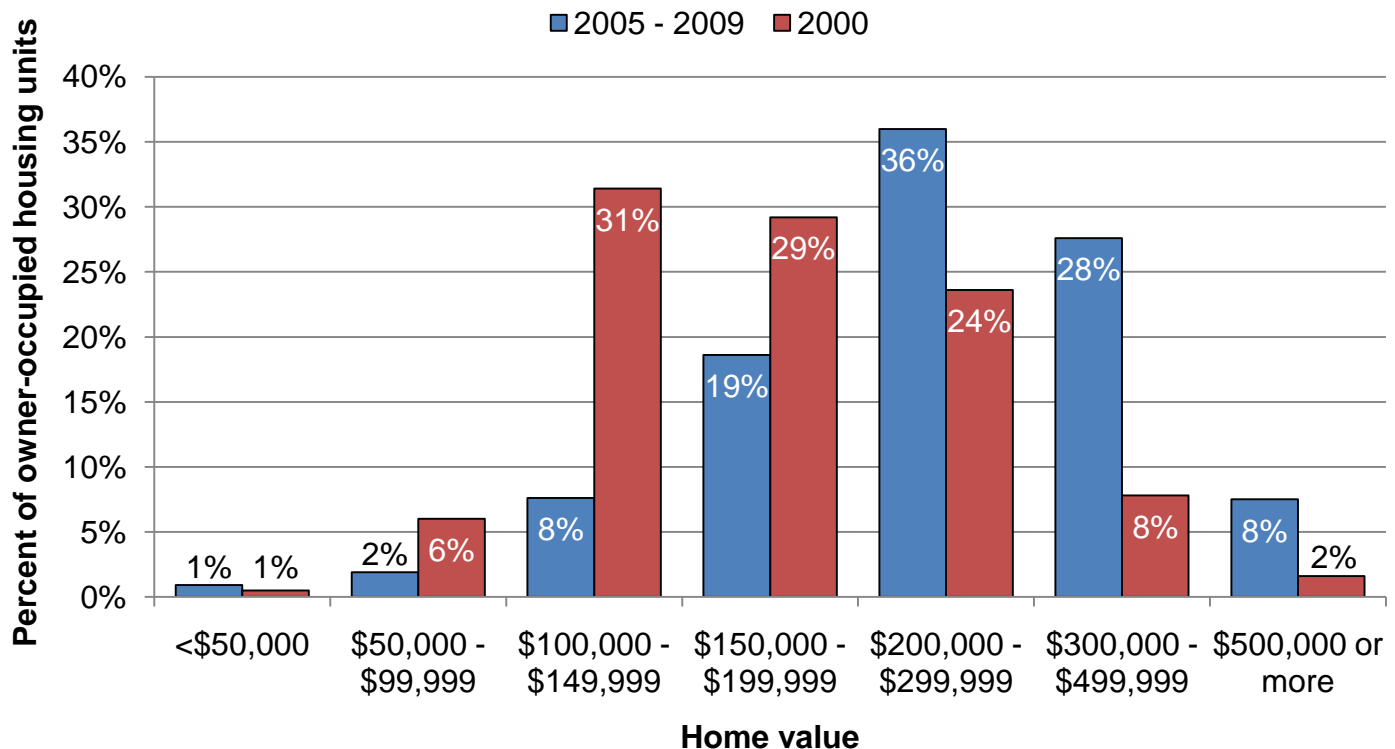
**Table 5.11: McHenry County, Illinois & U.S.
Home Value: 2000 and 2005-2009**

Home Value	McHenry County		2005-2009		
	2005-2009		2000	Illinois	U.S.
	Number	Percent	Percent	Percent	Percent
Total Owner-Occupied units	90,721	100.0%	100%	100.0%	100.0%
Under \$50,000	*808	0.9%	0.5%	6.6%	8.3%
\$50,000-\$99,999	*1,693	1.9%	6.0%	14.2%	15.5%
\$100,000-\$149,999	6,866	7.6%	31.4%	14.1%	15.8%
\$150,000-\$199,999	16,883	18.6%	29.2%	14.9%	14.0%
\$200,000-\$299,999	32,635	36.0%	23.6%	21.3%	17.0%
\$300,000-\$499,999	24,999	27.6%	7.8%	19.5%	16.8%
\$500,000 or more	6,837	7.5%	1.6%	9.3%	12.7%
Median	\$251,200		\$168,100	\$200,400	\$185,400

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates and decennial Census for 2000.

**Figure 5.3: McHenry County
Home Value of Owner-Occupied Units: 2000 & 2005-2009**



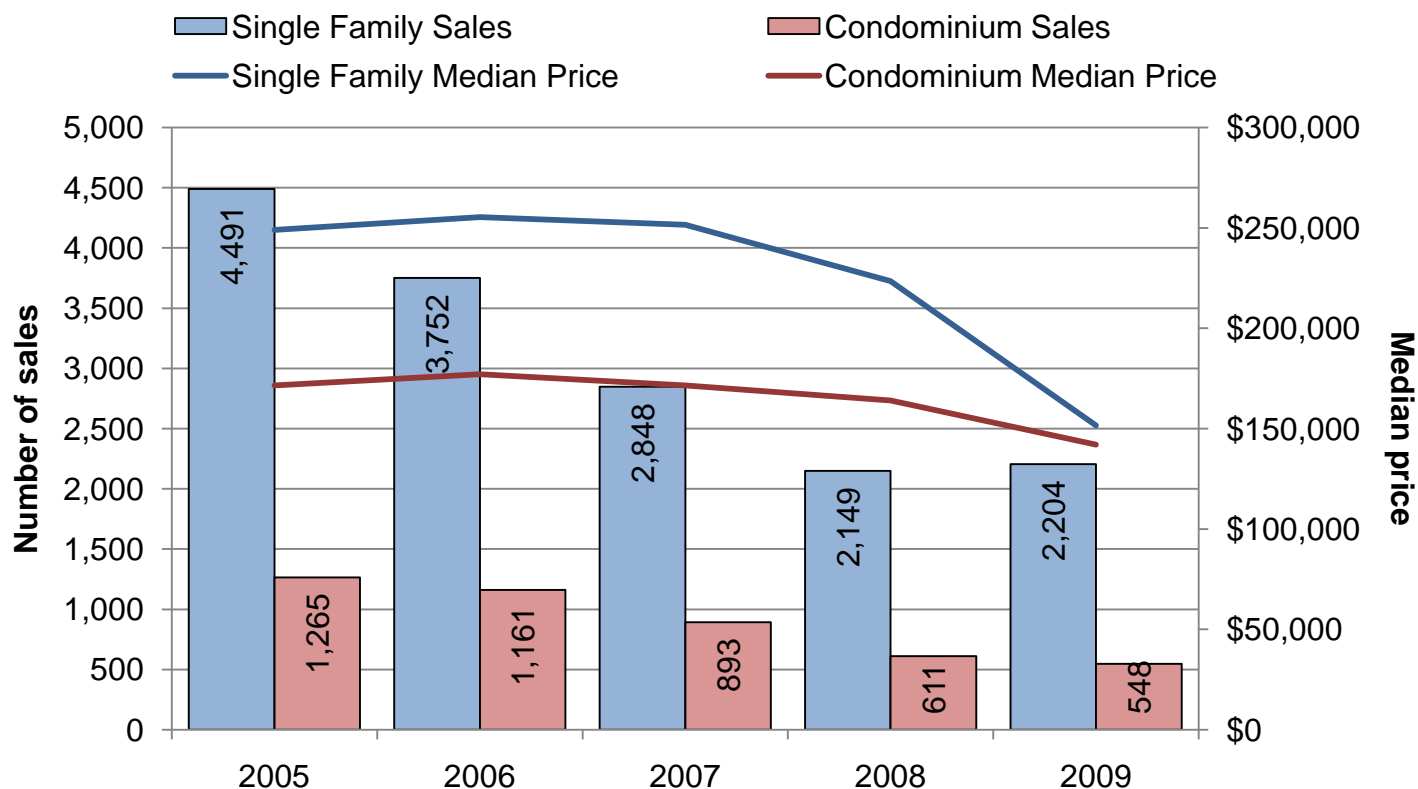
Source: U.S. Census Bureau, 2005 - 2009 American Community Survey 5-Year Estimates and decennial Census for 2000.

**Table 5.12: McHenry County & Illinois
Sales and Median Price of Single Family Homes and Condominiums: 2005-2009**

Year	McHenry County						Illinois
	Single Family		Condominium		Total		Single Family
	Sales	Median Price	Sales	Median Price	Sales	Median Price	Median Price
2009	2,204	\$151,500	548	\$142,000	2,752	\$181,000	\$146,187
2008	2,149	\$223,500	611	\$164,000	2,760	\$200,000	\$165,000
2007	2,848	\$251,500	893	\$171,500	3,741	\$227,000	\$185,467
2006	3,752	\$255,350	1,161	\$177,000	4,913	\$229,500	\$195,000
2005	4,491	\$249,000	1,265	\$171,500	5,756	\$226,000	\$199,000

Source: Illinois Association of Realtors, Market Sales.

**Figure 5.4: McHenry County
Sales and Median Price of Single Family Homes and Condominiums: 2005-2009**



Source: Illinois Association of Realtors, Market Sales.

**Table 5.13: McHenry County, Illinois and U.S.
Select Monthly Owner and Renter Cost as a Percentage of
the Household Income: 2005-2009**

	McHenry County		Illinois	U.S.
Percent of Income	Number	Percent	Percent	Percent
Owner-Occupied Households With a Mortgage				
Total	72,253	100.0%	100.0%	100.0%
Less than 20%	18,811	26.0%	32.4%	34.3%
20-24.9%	13,213	18.3%	16.3%	16.1%
25-29.9%	10,523	14.6%	12.9%	12.5%
30-34.9%	8,273	11.5%	9.4%	8.9%
35% or more	21,192	29.3%	28.7%	27.8%
Not computed	241	0.3%	0.4%	0.4%
Median	26.9		25.5	24.8
Owner-Occupied Households Without a Mortgage				
Total	18,468	100.0%	100.0%	100.0%
Less than 20%	12,126	65.7%	68.6%	70.9%
20-24.9%	1,803	9.8%	8.3%	7.6%
25-29.9%	1,014	5.5%	5.6%	5.1%
30-34.9%	*801	4.3%	3.7%	3.4%
35% or more	2,581	14.0%	12.9%	12.0%
Not computed	143	0.8%	0.9%	1.0%
Median	14.7		13.7	12.7
Renter-occupied Households				
Total	16,230	100.0%	100.0%	100.0%
Less than 20%	4,083	25.2%	24.3%	23.4%
20-24.9%	1,979	12.2%	11.9%	12.0%
25-29.9%	*1,795	11.1%	10.5%	10.8%
30-34.9%	*1,604	9.9%	8.0%	0.8%
35% or more	6,246	38.5%	38.4%	37.9%
Not computed	1,143	7.0%	6.8%	7.6%
Median	31.0		29.9	30.0

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 5.14: McHenry County, Illinois & U.S.
Households Spending 30% or More of Their Income for
Housing by Age Group: 2005-2009**

Tenure/ Age Group	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Owner-Occupied				
All Ages	32,847	36.2%	31.6%	29.9%
15-24 years	*417	54.2%	45.5%	43.0%
25-34 years	4,540	43.3%	37.8%	35.3%
35-64 years	22,472	35.1%	30.8%	29.4%
65 years & older	5,418	34.9%	29.6%	28.3%
Renter-Occupied				
All Ages	7,850	48.4%	46.4%	46.2%
15-34 years	*2,631	52.8%	58.2%	56.1%
35-64 years	3,924	44.5%	41.8%	42.8%
65 years & older	*1,295	46.6%	43.3%	43.6%

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 5.15: McHenry County, Illinois & U.S.
Households Spending 30% or More of Their Income for
Housing by Income Level: 2005-2009**

Tenure/Income Level	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Owner-Occupied				
All Income Levels	32,847	36.2%	31.6%	29.9%
Under \$20,000	4,420	85.9%	73.2%	67.6%
\$20,000 to \$34,999	4,844	67.7%	52.0%	47.5%
\$35,000 to \$49,999	5,524	61.2%	43.3%	38.3%
\$50,000 to \$74,999	8,580	49.9%	34.0%	27.7%
\$75,000 or more	9,479	18.2%	13.2%	12.8%
Renter-Occupied				
All Income Levels	7,850	48.4%	46.4%	46.2%
Under \$20,000	3,170	82.1%	76.8%	76.3%
\$20,000 to \$34,999	2,846	80.1%	64.2%	61.2%
\$35,000 to \$49,999	*1,377	49.7%	27.0%	30.7%
\$50,000 to \$74,999	*440	16.0%	10.1%	14.1%
\$75,000 or more	*17	0.5%	2.6%	4.1%

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 5.16: McHenry County, Illinois & U.S.
Median Gross Rent: 2005-2009**

Rental Amount	McHenry County		Illinois	U.S.
	Number	Percent ¹	Percent ¹	Percent ¹
Total Occupied Units Paying Rent	15,219	100.0%	100.0%	100.0%
Less than \$500	*1,308	8.6%	16.1%	16.7%
\$500 to \$749	*2,062	13.5%	25.8%	26.1%
\$750 to \$999	4,436	29.1%	28.7%	24.3%
\$1,000 to \$1,499	5,093	33.5%	21.1%	22.3%
\$1,500 or more	2,320	15.2%	8.2%	10.6%
Median (dollars)	\$989		\$813	\$817
No cash rent	*1,011	—	—	—

¹Percents and median based on units for which rent was paid, i.e., units for which no rent was paid are not included in total or used in computing percents.

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 5.17: McHenry County
Home Owner Versus Renter by Income: 2005-2009**

Household Income	Total	Owner	Renter	Percent Home Owners
Total	106,951	90,721	16,230	84.8%
Under \$20,000	9,006	5,143	3,863	57.1%
\$20,000 to \$34,999	10,707	7,155	3,552	66.8%
\$35,000 to \$49,999	11,793	9,024	2,769	76.5%
\$50,000 to \$74,999	19,953	17,207	2,746	86.2%
\$75,000 to \$99,999	19,654	17,753	1,901	90.3%
\$100,000 or more	35,838	34,439	1,399	96.1%
Median Income	\$77,314	\$83,437	\$38,990	—

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 5.18: McHenry County, Illinois & U.S.
Number and Percent of Households¹ with No Vehicle or
Telephone Service Available by Age or Householder: 2005-
2009**

Age of Householder	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
No Vehicle Available				
All Households	3,181	3.0%	10.4%	8.8%
15-34 years	*411	2.4%	12.3%	9.3%
35-64 years	*950	1.3%	7.3%	6.6%
65 years & older	1,820	10.3%	17.0%	14.6%
No Telephone Service				
All Households	*1,703	1.6%	4.2%	4.2%

*Large margins of error for estimates, and thus need to be used with caution.

¹Households defined as "occupied housing units" for this Census question.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

Chapter 6: Education & Employment

Tables & Figures

- In McHenry County for 2005-2009, 91.1% of adults 25 years and older graduated high school (or the equivalency), which was a substantially higher percent than Illinois at 85.7% and the U.S. at 84.6%. Three in 10 (13.2%) adults 25 years and older received at least their bachelor's degree, which was slightly higher than Illinois at 29.8% and the U.S. at 27.5%. Only 3.7% of adults 25 years and older had less than a high school education, which was almost half that of Illinois at 6.3% and the U.S. at 6.4%.
Table 6.1
- Of the population 18-24 years old in McHenry County during 2005-2009, 14.4% had not received a high school diploma (or equivalency), which was slightly lower than Illinois at 15.7%. Over half (51.2%) of those 18-24 years old went on to higher learning (i.e. some college, an associate's degree, a bachelor's degree, or a graduate/professional degree). This was a slightly lower percent than the State at 54.2%, but higher than the U.S. at 50.9%.
Table 6.1
- Compared to 2000 and 1990, McHenry County had a higher percent of adults with a high school diploma or higher, a bachelor's degree or higher and a graduate/professional degree or higher.
Table 6.2
- During 2005-2009 in McHenry County, Hispanics had the highest percent of their adult population (25 years and older) with less than a high school education (36.7%), while Asians had the lowest percent (4.1%). Asians had the highest percent of their adult population with a bachelor's degree or higher, at 59.1%, while Hispanics had the lowest percent with at least a bachelor's degree at 11.9%.
Table 6.3
Figure 6.1
- Among adults who did not graduate from high school in McHenry County from 2005-2009, 62% were non-Hispanic Whites, followed by Hispanics at 36%.
Table 6.3
Figure 6.2
- For the 2008-2009 school year, all but two school districts in McHenry County had a graduation rate over 90%, compared to Illinois at 87.1%. Harvard District 50's rate was 80.4% and Woodstock District 200's was 88.1%.
Table 6.4
- In 2005-2009 in McHenry County, there were 170,572 individuals in the labor force (72.2%), which was lower than 2000 and 1990 at 74.0% and 73.7% respectively, but still higher than Illinois (66.7%) and the U.S. (65.0%). There were 94,461 males in the labor force (79.7%) and 76,111 females (64.6%). The percent in the workforce for both genders decreased from 2000, but remained higher than Illinois and the U.S for 2005-2009.
Table 6.5

<ul style="list-style-type: none"> In 2005-2009 in McHenry County, over half (56.4%) of parents with children under 6 years old were in the labor force, which was similar to 2000, but lower than Illinois and the U.S. at 63.0% and 62.3%, respectively. Seven in ten (70.1%) families with children 6-17 years old had both parents in work force, which was similar to Illinois and the U.S and to previous years. 	Table 6.5
<ul style="list-style-type: none"> In 2009, there were 17,345 unemployed residents of McHenry County at a rate of 9.7%, which was similar to Illinois and the U.S. The unemployment rate in McHenry County grew from a low of 3.8% in 2006 to a high of 9.7% in 2009. This trend was consistent with the State trend. 	Table 6.6 Figure 6.3
<ul style="list-style-type: none"> Of those who were unemployed during 2005-2009 in McHenry County, 6,307 were males and 4,888 were females. Among both males and females, over half of the unemployed were between the ages of 25 and 54 years, at 51.1% for males and 58.1% for females. 	Table 6.7
<ul style="list-style-type: none"> In 2009 in McHenry County, the highest unemployment rates were among Native Americans (48.7%) and Blacks (21.2%); however, 9 in 10 unemployed people were White. Among females, unemployment rates were highest among Native Americans (56.4%), Hispanics (22.3%) and Blacks (22.2%). Similarly, unemployment rates among males were highest among Native Americans (37.0%), Blacks (20.6%) and Hispanics (13.9%). 	Table 6.8
<ul style="list-style-type: none"> In 2010, the largest employers in McHenry County were Centegra Health System, Wal-Mart/Sam's Club, Jewel-Osco, McHenry County Government, and Follett Library Resources Inc. These top five companies employed 10,016 individuals. 	Table 6.9
<ul style="list-style-type: none"> For McHenry County residents in 2005-2009, the mean commute time to work was 33.7 minutes, which was higher than Illinois at 28.1 and the U.S. at 25.2 minutes. Almost 20% of residents commute an hour or more to work, which was substantially higher than Illinois at 11.2% of workers and more than double the U.S at 8.0%. 	Table 6.10
<ul style="list-style-type: none"> In McHenry County, 8 in 10 (81.5%) workers drove alone to work, and only 2.9% use public transportation which was much lower than Illinois where 8.8% of the workforce used public transportation during 2005-2009. One in 20 (5.1%) people worked from home in McHenry County. 	Table 6.10
<ul style="list-style-type: none"> From 2005-2009, the most common occupations were in management or professional jobs (35.4%), followed by sales and office jobs (28.4%). Manufacturing (17.0%) and education, health and social services (16.6%) were the most common industries in which to work. The least common industry to work in was agriculture, forestry, fishing and hunting and mining (0.7%). The majority of workers (84.4%) were private wage and salary workers. There were 8,431 individuals who were self-employed during 2005-2009 in McHenry County. 	Table 6.11

- In 2009, 22,809 people were employed in the goods producing sector in McHenry County and 67,467 were in the service providing sector. Since 2000, employment in the goods producing sector decreased by 30.1%, while the service providing sector increased by 23.0%. Table 6.12
- In 2000, there were 65,149 (48.9%) McHenry County residents working outside of McHenry County. The most common counties to work in were Cook (23.5%) and Lake Counties (12.6%). Table 6.13
- In 2000, 28,534 (29.5%) people commuted to McHenry County for work from other counties. The most common counties to commute from were Lake (6.1%), Cook (5.4%), and Kane Counties (5.2%). 5.9% of McHenry County workers commuted from Wisconsin. Table 6.13

**Table 6.1: McHenry County, Illinois, & U.S.
Educational Attainment: 2005-2009**

Educational Attainment	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Population 25 years and older	201,073	100.0%	100.0%	100.0%
Less than 9th grade	7,360	3.7%	6.3%	6.4%
9th to 12th grade, no diploma	10,506	5.2%	8.0%	9.1%
High school graduate or equivalency	57,424	28.6%	28.1%	29.3%
Some college, no degree	48,181	24.0%	20.6%	20.3%
Associate degree	14,811	7.4%	7.2%	7.4%
Bachelor's degree	42,674	21.2%	18.6%	17.4%
Graduate or professional degree	20,117	10.0%	11.2%	10.1%
Percent high school graduate or higher	91.1%		85.7%	84.6%
Percent bachelor's degree or higher	31.2%		29.8%	27.5%
Population 18-24 years	25,301	100.0%	100.0%	100.0%
Less than high school graduate	3,648	14.4%	15.7%	17.2%
High school graduate or equivalency	8,700	34.4%	30.0%	32.0%
Some college or associate's degree	10,138	40.1%	42.9%	41.9%
Bachelor's degree or higher	2,815	11.1%	11.3%	9.0%

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 6.2: McHenry County, Illinois, & U.S.
Educational Attainment: 1990, 2000, & 2005-2009**

Attainment	Percent of Population 25 Years & Older		
	McHenry County	Illinois	U.S.
High school graduate or higher			
2005-2009	91.1%	85.7%	84.6%
2000	89.2%	81.4%	80.4%
1990	84.5%	76.2%	75.2%
Bachelor's degree or higher			
2005-2009	31.2%	29.8%	27.5%
2000	27.7%	26.1%	24.4%
1990	21.0%	21.0%	20.3%
Graduate or professional degree			
2005-2009	10.0%	11.2%	10.1%
2000	8.2%	9.5%	8.9%
1990	6.4%	7.5%	7.2%

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-year estimates and decennial Census for 2000 and 1990.

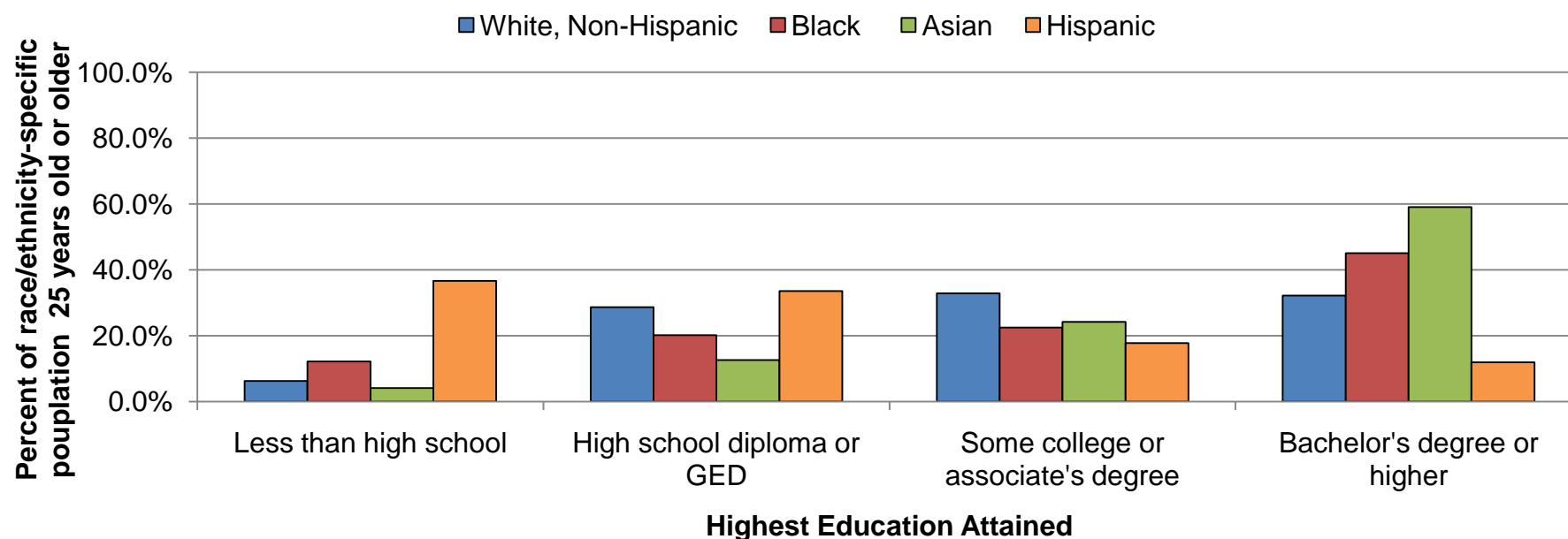
**Table 6.3: McHenry County
Educational Attainment by Race/Ethnicity: 2005-2009**

Highest Grade Completed	Total		White, Non-Hispanic		Black		Asian		Hispanic	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population 25 years and older	201,073	100.0%	175,660	100.0%	1,671	100.0%	5,508	100.0%	17,074	100.0%
Less than high school	17,866	8.9%	10,993	6.3%	*204	12.2%	*226	4.1%	6,263	36.7%
High school graduate or equivalency	57,424	28.6%	50,355	28.7%	*337	20.2%	*693	12.6%	5,738	33.6%
Some college or associate's degree	62,992	31.3%	57,760	32.9%	*376	22.5%	*1,332	24.2%	3,038	17.8%
Bachelor's degree or higher	62,791	31.2%	56,552	32.2%	*754	45.1%	3,257	59.1%	*2,035	11.9%

*Large margins of error for estimates and thus need to be used with caution.

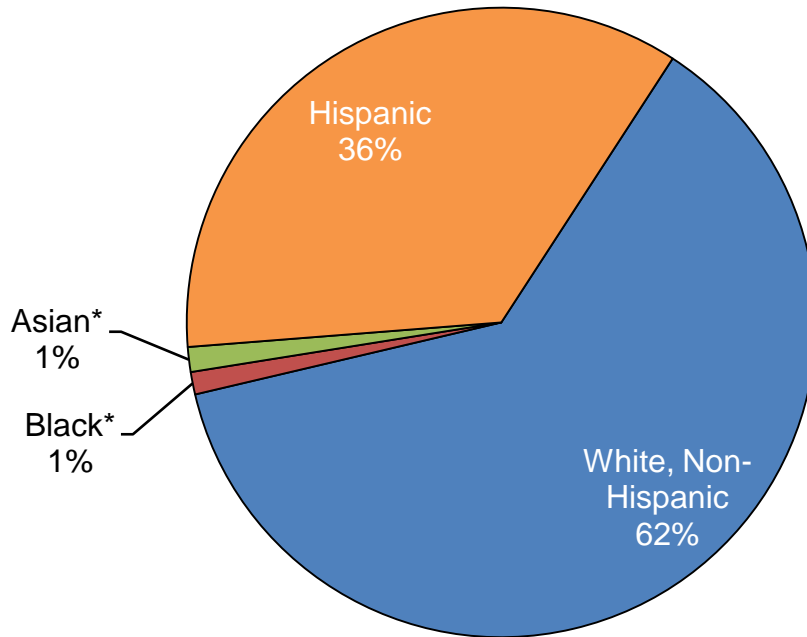
Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Figure 6.1: McHenry County
Educational Attainment by Race/Ethnicity: 2005 - 2009**



Source: U.S. Census Bureau, 2005 - 2009 American Community Survey 5-Year Estimates.

**Figure 6.2: McHenry County
Adults 25 Years and Older Who Did Not Graduate High School (Or the Equivalent) by
Race/Ethnicity: 2005-2009**



*Large margins of error for estimates, and thus need to be used with caution.

Source: U.S. Census Bureau, 2005 - 2009 American Community Survey 5-Year Estimates.

**Table 6.4: McHenry County School Districts & Illinois
High School Graduation Rates: 2000-2001, 2004-2005 & 2008-2009**

District/Number	2008-2009	2004-2005	2000-2001
Alden Hebron 19	92.9%	92.1%	82.8%
Crystal Lake 155	96.2%	94.2%	91.6%
Huntley 158	98.4%	93.3%	79.6%
Harvard 50	80.4%	85.5%	73.7%
Johnsburg 12	93.4%	91.2%	94.1%
Marengo 154	95.8%	92.6%	88.8%
McHenry 156	92.2%	89.3%	85.0%
Richmond-Burton 157	98.5%	94.7%	87.6%
Woodstock 200	88.1%	86.7%	82.2%
Harry D Jacobs HS (Carpentersville 300)	99.8%	97.6%	90.9%
Illinois	87.1%	87.4%	83.2%

Note: Harry D Jacobs High School is the only high school belonging to CUSD 300 (Carpentersville, Kane County) located in McHenry County

Source: Illinois State Board of Education, School Report Cards.

**Table 6.5: McHenry County, Illinois, & U.S.
Labor Force Participation by Gender and Children Presence:
1990, 2000 & 2005-2009**

Year	McHenry County			Illinois	U.S.
	Total Population ≥ 16 Years	In Labor Force			
		Number	Percent	Percent	Percent
All people ≥ 16 Years in Labor Force					
2005-2009	236,335	170,572	72.2%	66.7%	65.0%
2000	189,410	140,203	74.0%	65.4%	63.9%
1990	134,785	99,313	73.7%	66.4%	65.3%
Male					
2005-2009	118,470	94,461	79.7%	73.0%	71.3%
2000	93,802	77,981	83.1%	72.2%	70.7%
1990	66,361	56,611	85.3%	75.9%	74.4%
Female					
2005-2009	117,865	76,111	64.6%	60.8%	59.1%
2000	95,608	62,222	65.1%	59.0%	57.5%
1990	68,424	42,702	62.4%	57.7%	56.8%
All Parents Living with Child in Labor Force					
Families With Children Under 6 Years Old					
2005-2009	26,082	14,709	56.4%	63.0%	62.3%
2000	24,962	14,115	56.5%	62.0%	63.5%
1990	18,717	10,278	54.9%	58.8%	59.7%
Families With Children 6-17 Years Old					
2005-2009	58,368	40,917	70.1%	71.0%	70.4%
2000	51,700	36,170	70.0%	75.8%	75.0%
1990	33,714	23,756	70.5%	75.5%	75.0%

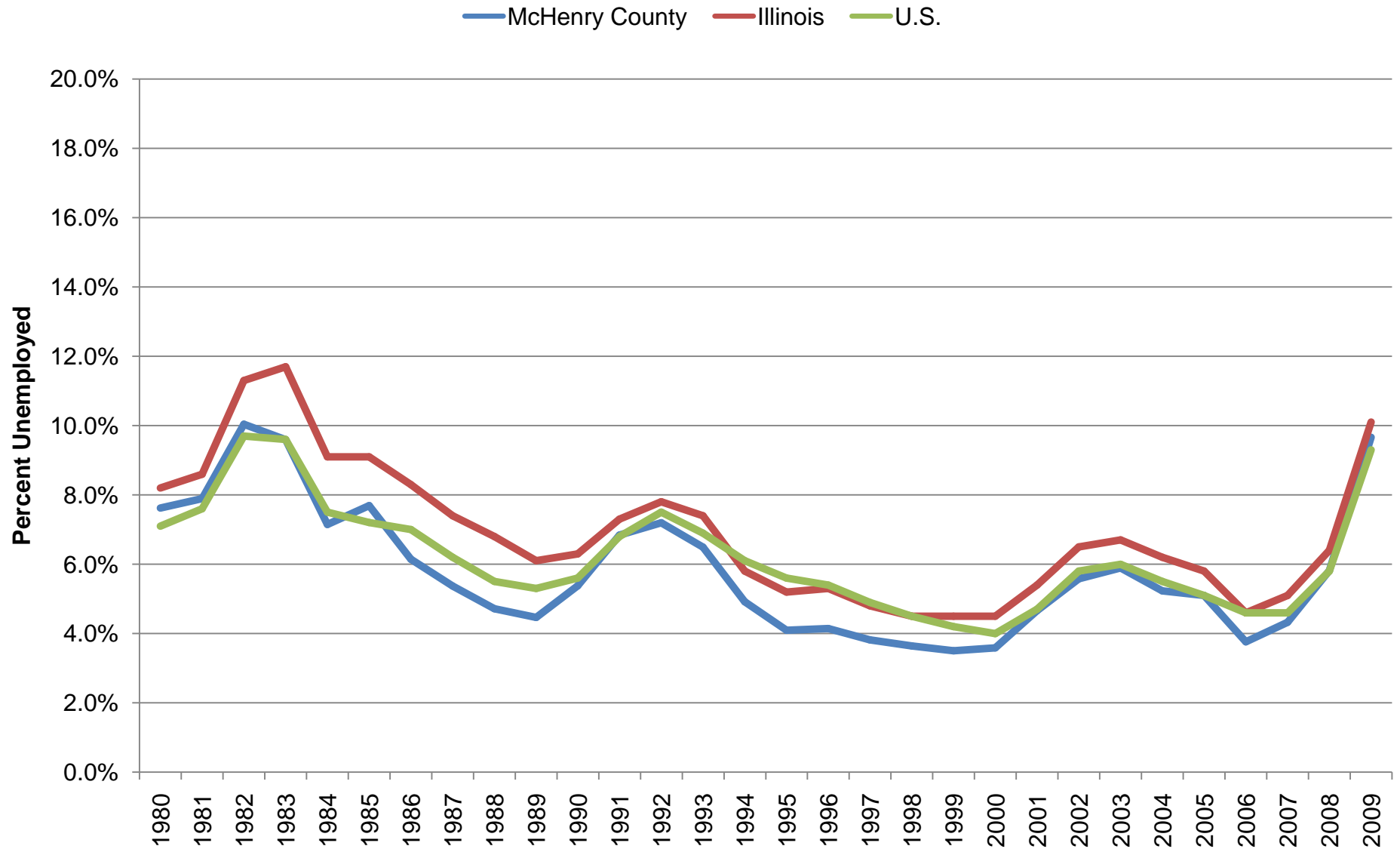
Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates and decennial Census for 1990 and 2000.

**Table 6.6: McHenry County, Illinois & U.S.
Employment & Unemployment: 1980-2009**

Year	McHenry County			Percent Unemployed		
	Labor Force	Employed	Unemployed	McHenry County	Illinois	U.S.
2009	179,505	162,160	17,345	9.7%	10.1%	9.3%
2008	181,068	170,535	10,533	5.8%	6.4%	5.8%
2007	179,298	171,538	7,760	4.3%	5.1%	4.6%
2006	173,808	167,272	6,536	3.8%	4.6%	4.6%
2005	166,951	158,437	8,514	5.1%	5.8%	5.1%
2004	163,596	155,033	8,563	5.2%	6.2%	5.5%
2003	160,033	150,600	9,433	5.9%	6.7%	6.0%
2002	156,134	147,426	8,708	5.6%	6.5%	5.8%
2001	155,137	147,904	7,233	4.7%	5.4%	4.7%
2000	151,359	145,929	5,430	3.6%	4.5%	4.0%
1999	140,673	135,748	4,925	3.5%	4.5%	4.2%
1998	135,571	130,629	4,942	3.6%	4.5%	4.5%
1997	132,883	127,815	5,068	3.8%	4.8%	4.9%
1996	131,681	126,226	5,455	4.1%	5.3%	5.4%
1995	127,168	121,958	5,210	4.1%	5.2%	5.6%
1994	120,112	114,203	5,909	4.9%	5.8%	6.1%
1993	115,345	107,857	7,488	6.5%	7.4%	6.9%
1992	110,524	102,571	7,953	7.2%	7.8%	7.5%
1991	105,852	98,612	7,240	6.8%	7.3%	6.8%
1990	102,572	97,057	5,515	5.4%	6.3%	5.6%
1989	92,337	88,211	4,126	4.5%	6.1%	5.3%
1988	89,192	84,986	4,206	4.7%	6.8%	5.5%
1987	86,931	82,259	4,672	5.4%	7.4%	6.2%
1986	83,466	78,338	5,128	6.1%	8.3%	7.0%
1985	82,150	75,830	6,320	7.7%	9.1%	7.2%
1984	76,141	70,701	5,440	7.1%	9.1%	7.5%
1983	74,151	67,040	7,111	9.6%	11.7%	9.6%
1982	71,980	64,756	7,224	10.0%	11.3%	9.7%
1981	72,458	66,739	5,719	7.9%	8.6%	7.6%
1980	71,934	66,452	5,482	7.6%	8.2%	7.1%

Source: Illinois Department of Employment Security, Local Area Unemployment Statistics (LAUS)

**Figure 6.3: McHenry County, Illinois & U.S.
Unemployment Rates: 1980-2009**



Source: Illinois Department of Employment Security, Local Area Unemployment Statistics.

**Table 6.7: McHenry County
Unemployment by Age Group and Gender:
2000 & 2005-2009**

Gender/ Age Group	2005-2009		2000	
	Number	Percent	Number	Percent
All People 16 Years and Older	11,195	100.0%	4,856	100.0%
Male				
16 Years and Older	6,307	100.0%	2,935	100.0%
16-19 Years	*1,338	21.2%	421	14.3%
20-24 Years	*797	12.6%	374	12.7%
25-54 Years	3,225	51.1%	1,783	60.7%
55-64 Years	*816	12.9%	304	10.4%
65 Years and Older	*131	2.1%	53	1.8%
Female				
16 Years and Older	4,888	100.0%	1,921	100.0%
16-19 Years	*791	16.2%	298	15.5%
20-24 Years	*612	12.5%	194	10.1%
25-54 Years	2,840	58.1%	1,263	65.7%
55-64 Years	*551	11.3%	110	5.7%
65 Years and Older	*94	1.9%	56	2.9%

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates and decennial Census for 2000.

**Table 6.8: McHenry County
Labor Force by Gender and Race/Ethnicity: 2009**

Gender/Race ¹	Civilian Labor Force	Employed	Unemployed		Racial/Ethnic Distribution		
			Number	Percent	Labor Force	Employed	Unemployed
Both Genders	179,505	162,160	17,345	9.7%	100.0%	100.0%	100.0%
White	169,559	153,985	15,574	9.2%	94.5%	95.0%	89.8%
Black	977	770	207	21.2%	0.5%	0.5%	1.2%
Native American	388	199	189	48.7%	0.2%	0.1%	1.1%
Asian/Pacific Islander	2,362	2,105	257	10.9%	1.3%	1.3%	1.5%
Other	6,219	5,101	1,118	18.0%	3.5%	3.1%	6.4%
Hispanic	12,395	10,277	2,118	17.1%	6.9%	6.3%	12.2%
Females	79,146	72,284	6,862	8.7%	100.0%	100.0%	100.0%
White	74,935	69,120	5,815	7.8%	94.7%	95.6%	84.7%
Black	370	288	82	22.2%	0.5%	0.4%	1.2%
Native American	234	102	132	56.4%	0.3%	0.1%	1.9%
Asian/Pacific Islander	1,168	964	204	17.5%	1.5%	1.3%	3.0%
Other	2,439	1,810	629	25.8%	3.1%	2.5%	9.2%
Hispanic	4,742	3,685	1,057	22.3%	6.0%	5.1%	15.4%
Males	100,359	89,876	10,483	10.4%	100.0%	100.0%	100.0%
White	94,624	84,865	9,759	10.3%	94.3%	94.4%	93.1%
Black	607	482	125	20.6%	0.6%	0.5%	1.2%
Native American	154	97	57	37.0%	0.2%	0.1%	0.5%
Asian/Pacific Islander	1,194	1,141	53	4.4%	1.2%	1.3%	0.5%
Other	3,780	3,291	489	12.9%	3.8%	3.7%	4.7%
Hispanic	7,653	6,592	1,061	13.9%	7.6%	7.3%	10.1%

¹All Race groups include Hispanic. Hispanic includes all races.

Source: Illinois Department of Employment Security, Workforce Availability 2010.

**Table 6.9: McHenry County
Top Employers: 2010**

Rank	Company	Product/Service	Employees
1	Centegra Health System	Healthcare	3,650
2	Wal-Mart/Sam's Club	Retail	2,200
3	Jewel-Osco	Grocer	1,400
4	McHenry County	County Government	1,388
5	Follett Library Resources Inc.	Wholesale retailer	1,378
6	Catalent Pharma Solutions	Packaging	830
7	Mercy Health System	Healthcare	732
8	Brown Printing	Printing	650
9	Snap-On Tools Co.	Distribution, customer service and repair	590
10	Sage Products Inc	Manufacturing	583
11	Knaack LLC	Manufacturing	500
12	McHenry County College	Education	500
13	Intren (formerly Trench-IT Inc.)	Utilities	490
14	Aptargroup Inc.	Manufacturing	475
15	Covidien	Manufacturing	400

Source: 2010 Book of Lists for McHenry County.

**Table 6.10: McHenry County, Illinois, & U.S.
Commuting Time and Means: 2005-2009**

Characteristic	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Commuting Time				
Workers who do not work from home	147,237	100.0%	100.0%	100.0%
Less than 10 minutes	16,650	11.3%	13.3%	14.3%
10-19 minutes	32,914	22.4%	25.9%	29.9%
20-29 minutes	23,822	16.2%	18.3%	20.6%
30-44 minutes	27,033	18.4%	21.4%	19.6%
45-59 minutes	18,580	12.6%	9.9%	7.5%
60 minutes or more	28,238	19.2%	11.2%	8.0%
Mean travel time (minutes)	33.7		28.1	25.2
Means of Commuting				
Total Workers 16 years and older	155,167	—	—	—
Car, truck, van	139,036	89.6%	82.7%	86.4%
Drove alone	126,533	81.5%	73.5%	75.9%
Car pool	12,503	8.1%	9.3%	10.5%
Walk	*2,151	1.4%	3.1%	2.9%
Public transportation	4,477	2.9%	8.8%	5.0%
Other	*1,573	1.0%	1.6%	1.7%
Work from home	7,930	5.1%	3.8%	4.0%

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 6.11: McHenry County & U.S.
Occupation, Industry, Class of Worker: 2005-2009**

Characteristics	McHenry County		U.S.
	Number	Percent	Percent
Employed workers 16 years and older	159,243	100.0%	100.0%
Occupation			
Management, professional, and related	56,343	35.4%	34.8%
Service	22,027	13.8%	16.9%
Sales and office	45,174	28.4%	25.6%
Farming, fishing, and forestry	*301	0.2%	70.0%
Construction, extraction and maintenance	15,110	9.5%	9.5%
Production, transportation, and material moving	20,288	12.7%	12.5%
Industry			
Agriculture, forestry, fishing and hunting, mining	*1,116	0.7%	1.8%
Construction	13,345	8.4%	7.4%
Manufacturing	27,031	17.0%	11.2%
Wholesale trade	7,215	4.5%	3.2%
Retail trade	20,674	13.0%	11.5%
Transportation, warehousing, utilities	7,701	4.8%	5.1%
Information	4,475	2.8%	2.4%
Finance, insurance, real estate, and rental and leasing	11,898	7.5%	7.1%
Professional, scientific, management, admin, waste management	16,108	10.1%	10.3%
Educational, health, social services	26,364	16.6%	21.5%
Arts, entertainment, recreation, accommodation, food service	12,414	7.8%	8.8%
Public administration	4,200	2.6%	4.7%
Other services	6,702	4.2%	4.8%
Class of worker			
Private wage and salary	134,377	84.4%	78.6%
Government	16,070	10.1%	14.6%
Self-employed in own not-incorporated business	8,431	5.3%	6.6%
Unpaid family	*365	0.2%	0.2%

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 6.12: McHenry County
Annual Employment by Industry: 1990-2009**

Sector	2009	2008	2007	2006	2005	2000	1995	1990	Change 1990-2009	Change 2000-2009
Goods producing	22,809	27,882	29,436	31,025	29,473	32,639	30,263	28,405	-19.7%	-30.1%
Natural Resources and Mining	763	809	821	808	830	698	658	781	-2.3%	+9.3%
Construction	6,665	8,444	9,653	10,361	10,002	8,913	6,100	4,675	+42.6%	-25.2%
Manufacturing	15,381	18,629	18,962	19,856	18,641	23,028	23,505	22,949	-33.0%	-33.2%
Service Providing	67,467	69,432	69,578	67,281	64,235	54,841	44,943	46,397	+45.4%	+23.0%
Trade, Transportation and Utilities	20,138	20,863	20,738	19,835	19,660	18,845	15,477	21,960	-8.3%	+6.9%
Information	1,288	1,447	1,611	1,563	1,509	1,666	1,701	1,151	+11.9%	-22.7%
Finance Activities	2,997	3,120	3,085	3,021	2,940	2,588	2,480	2,668	+12.3%	+15.8%
Professional & Business Services	10,027	10,779	12,003	11,489	9,919	6,638	5,131	3,837	+161.3%	+51.1%
Educational & Health Services	20,765	20,804	19,996	19,284	18,539	14,671	11,836	10,275	+102.1%	+41.5%
Leisure & Hospitality	9,042	9,066	8,818	8,817	8,422	7,576	5,922	4,572	+97.8%	+19.4%
Other Services	3,210	3,353	3,327	3,272	3,246	2,857	2,396	1,934	+66.0%	+12.4%
Government	4,112	4,047	3,971	3,957	3,761	3,096	2,575	2,073	+98.4%	+32.8%

Source: Illinois Department of Employment Security, LEHD State of Illinois County Reports-Quarterly Workforce Indicators.

**Table 6.13: McHenry County
Commuting Pattern: 1990 & 2000**

State/County	Where McHenry County Residents Work				Where McHenry County Workers Live			
	2000		1990		2000		1990	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Illinois								
Bond	—	—	—	—	—	—	1,802	2.8%
Boone	267	0.2%	210	0.2%	2,627	2.7%	—	—
Bureau	7	<0.1%	2	<0.1%	6	<0.1%	8	<0.1%
Cass	4	<0.1%	—	—	—	—	—	—
Carroll	—	—	—	—	6	<0.1%	—	—
Champaign	32	<0.1%	2	<0.1%	—	—	13	<0.1%
Christian	—	—	—	—	3	<0.1%	—	—
Clinton	11	<0.1%	2	<0.1%	—	—	—	—
Coles	5	<0.1%	10	<0.1%	7	0.0%	13	<0.1%
Cook	31,337	23.5%	24,599	26.2%	5,182	5.4%	3,283	5.1%
DeKalb	202	0.2%	154	0.2%	448	0.5%	358	0.6%
DeWitt	—	—	—	—	—	—	2	<0.1%
DuPage	4,650	3.5%	2,899	3.1%	884	0.9%	566	0.9%
Edgar	—	—	—	—	2	<0.1%	9	<0.1%
Ford	—	—	—	—	2	<0.1%	—	—
Greene	9	<0.1%	—	—	2	<0.1%	—	—
Grundy	47	<0.1%	—	—	23	<0.1%	16	<0.1%
Hancock	—	—	—	—	2	<0.1%	—	—
Henry	9	<0.1%	—	—	2	<0.1%	1	<0.1%
Iroquois	—	—	—	—	2	<0.1%	—	—
Jackson	—	—	—	—	19	<0.1%	—	—
Jo Daviess	—	—	—	—	4	<0.1%	4	<0.1%
Kane	8,877	6.7%	5,196	5.5%	5,056	5.2%	3,193	4.9%
Kankakee	—	—	—	—	4	<0.1%	7	<0.1%
Kendall	73	0.1%	—	—	20	<0.1%	23	<0.1%
Knox	—	—	—	—	—	—	10	<0.1%
La Salle	6	<0.1%	5	<0.1%	25	<0.1%	20	<0.1%
Lake	16,731	12.6%	10,942	11.7%	5,866	6.1%	3,154	4.9%
Lawrence	—	—	34	<0.1%	—	—	—	—
Lee	—	—	10	<0.1%	27	<0.1%	21	<0.1%
McDonough	—	—	—	—	—	—	3	<0.1%
Macon	10	<0.1%	47,757	50.9%	—	—	—	—
Macoupin	—	—	23	<0.1%	—	—	—	—
Madison	—	—	10	<0.1%	—	—	5	0.0%
Massac	—	—	—	—	7	<0.1%	—	—

Continued on next page.

**Table 6:13: McHenry County
Commuting Pattern: 1990 & 2000 (continued)**

State/County	Where McHenry County Residents Work				Where McHenry County Workers Live			
	2000		1990		2000		1990	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
McHenry	68,108	51.1%	—	—	68,108	70.5%	47,757	73.5%
McLean	24	<0.1%	35	<0.1%	33	<0.1%	20	<0.1%
Mercer	—	—	—	—	2	<0.1%	—	—
Morgan	—	—	5	<0.1%	—	—	—	—
Moultrie	—	—	6	<0.1%	—	—	—	—
Ogle	5	<0.1%	—	—	89	0.1%	48	0.1%
Peoria	—	—	17	<0.1%	—	—	—	—
Piatt	—	—	8	<0.1%	—	—	—	—
Randolph	8	<0.1%	—	—	4	<0.1%	—	—
Richland	—	—	—	—	—	—	5	<0.1%
Rock Island	11	<0.1%	8	<0.1%	7	<0.1%	6	<0.1%
Saline	—	—	4	<0.1%	—	—	8	<0.1%
Sangamon	9	<0.1%	—	—	18	<0.1%	—	—
St. Clair	—	—	—	—	27	<0.1%	—	—
Stark	—	—	7	<0.1%	—	—	—	—
Stephenson	8	<0.1%	—	—	18	<0.1%	30	<0.1%
Tazewell	13	<0.1%	14	<0.1%	—	—	—	—
Union	—	—	—	—	10	<0.1%	3	<0.1%
Warren	—	—	—	—	2	<0.1%	—	—
Whiteside	—	—	3	<0.1%	6	<0.1%	—	—
Will	343	0.3%	161	0.2%	158	0.2%	50	0.1%
Winnebago	616	0.5%	376	0.4%	1,815	1.9%	603	0.9%
Woodford	—	—	—	—	—	—	2	<0.1%
Wisconsin	1,202	0.9%	698	0.7%	5,722	5.9%	3,430	5.3%
Other	633	0.5%	671	0.7%	397	0.4%	165	0.3%
TOTAL	133,257	100.0%	93,876	100.0%	96,642	100.0%	64,998	100.0%

Source: U.S. Census Bureau, Population Division, decennial Census 2000 and 1990, County-To-County Worker Flow Files.

Chapter 7: Income & Poverty

Tables & Figures

- In 2005-2009, the median household income in McHenry County was \$77,314, which was an increase of 19.3% from 1999 and 49.1% from 1989. The median household income in McHenry County in 2005-2009 was substantially higher than Illinois and the U.S. at \$55,222 and \$51,425, respectively. Table 7.1
- The median household income for 2005-2009 in McHenry County was highest among 45-64 year olds at \$86,231, which was more than double the household income for those under 25 years old at \$41,471. Table 7.2
- The median household income for 2005-2009 in McHenry County was highest among Asians at \$86,125 and lowest among Hispanics at \$58,910. Table 7.2
- The median family income in 2005-2009 was \$87,260, which was substantially higher than Illinois and the U.S. at \$67,660 and \$62,363, respectively. Among families with children, married-couples had a substantially higher median family income at \$97,797 compared to single female parents with a median income that was one-third that of married-couples at \$33,504. Table 7.3
- McHenry County had a higher per capita income at \$31,766, than Illinois at \$28,469, and the U.S. at \$27,041. Table 7.3
- In 2005-2009, households earning \$50,000-\$74,999, \$75,000-\$99,999 and \$100,000-\$149,999 in McHenry County each accounted for approximately 20% of all households. Approximately, 21.0% of family incomes were \$100,000 to \$149,999. Nonfamily incomes tended to be lower than family and household incomes, such that 27.8% of nonfamily incomes were between \$15,000 and \$34,999 and 37.5% were between \$35,000 and \$74,999. Table 7.4
Figure 7.1
- The per capita income for McHenry County in 2008 was \$38,956, up approximately 1% from 2007. The per capita income for McHenry County increased every year since 1985. The per capita income in 2008 in McHenry County was 3% less than the U.S. at \$40,166. Table 7.5
Figure 7.2
- In 2005-2009, 17,334 (5.6%) people and 5,180 (7.3%) of children lived in poverty in McHenry County. Compared to 1999 and 1989, there were more people and a higher poverty rate for all people and for children in 2005-2009 in McHenry County. Compared to Illinois and the U.S., the poverty rate among all people and among children was substantially lower in McHenry County. Table 7.6

- Among people 65 years and older, 4.5% lived in poverty in McHenry County during 2005-2009. Table 7.7
- Among families in 2005-2009, 4.2% lived in poverty in McHenry County. Among families with children under 18 years old, 6.3% lived in poverty and among families with children under 5 years old, 7.6% lived in poverty in McHenry County. Table 7.7
- Among female-headed families without a husband present in 2005-2009, 21.2% lived in poverty, which was lower than the State and the U.S. Among female-headed families in McHenry County with children under 5 years old, 55.3% lived in poverty, which was higher than Illinois and the U.S. rates for female-headed families with children under 5 years old. Table 7.7
- In McHenry County during 2005-2009, 84.6% of families lived at or above 200% of the poverty level, which was substantially higher than Illinois at 71.4% and the U.S. at 68.6%. In McHenry County, 7.7% of the population lived at or below 125% of the poverty level compared to 15.3% in the State. Table 7.8
- The percent of students eligible for free or reduced lunch in 2010 was 20.4%. The percent of students eligible for free or reduced lunches increased for the previous five years. More than twice as many students statewide (51.5%) were eligible for free or reduced lunches as McHenry County students in 2010. Table 7.9
Figure 7.3
- In 2009, 25,623 (8.0%) people received Medicaid in McHenry County. The percent of the population receiving Medicaid has increased every year since 1998 in the County. Table 7.10
Figure 7.4

**Table 7.1: McHenry County, Illinois & U.S.
Median Household Income:
1989, 1999 and 2005-2009**

Year	McHenry County	Illinois	U.S.
2005-2009	\$77,314	\$55,222	\$51,425
1999	\$64,826	\$46,590	\$41,994
1989	\$43,471	\$32,252	\$30,056
Change 1999-2005-2009			
Amount	+\$12,488	+\$8,632	+\$9,431
Percent	+19.26%	+18.53%	+22.46%
Change 1989-1999			
Amount	+\$21,355	+\$14,338	+\$11,938
Percent	+49.12%	+44.46%	+39.72%

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5 Year Estimates and decennial Census for 1999 and 1989.

**Table 7.2: McHenry County
Median Household Income by Age and Race/Ethnicity: 2005-2009**

Age of Householder	Median Household Income	Race/Ethnicity of Householder	Median Household Income
Under 25 years	*\$41,471	White, Non-Hispanic	\$78,346
25-44 years	\$82,083	Black, Non-Hispanic	*\$84,632
45-64 years	\$86,231	Asian	\$86,125
65 year & older	\$42,835	Hispanic	\$58,910

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 7.3: McHenry County, Illinois & U.S.
Median Income by Household Type: 2005-2009**

Household Type	McHenry County	Illinois	U.S.
Household median	\$77,314	\$55,222	\$51,425
Family median	\$87,260	\$67,660	\$62,363
Married-couple with children <18 years	\$97,797	\$79,702	\$73,757
Single female parent with children <18 years	\$33,504	\$25,239	\$24,244
Nonfamily median	\$43,009	\$33,076	\$31,051
Per capita	\$31,766	\$28,469	\$27,041

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

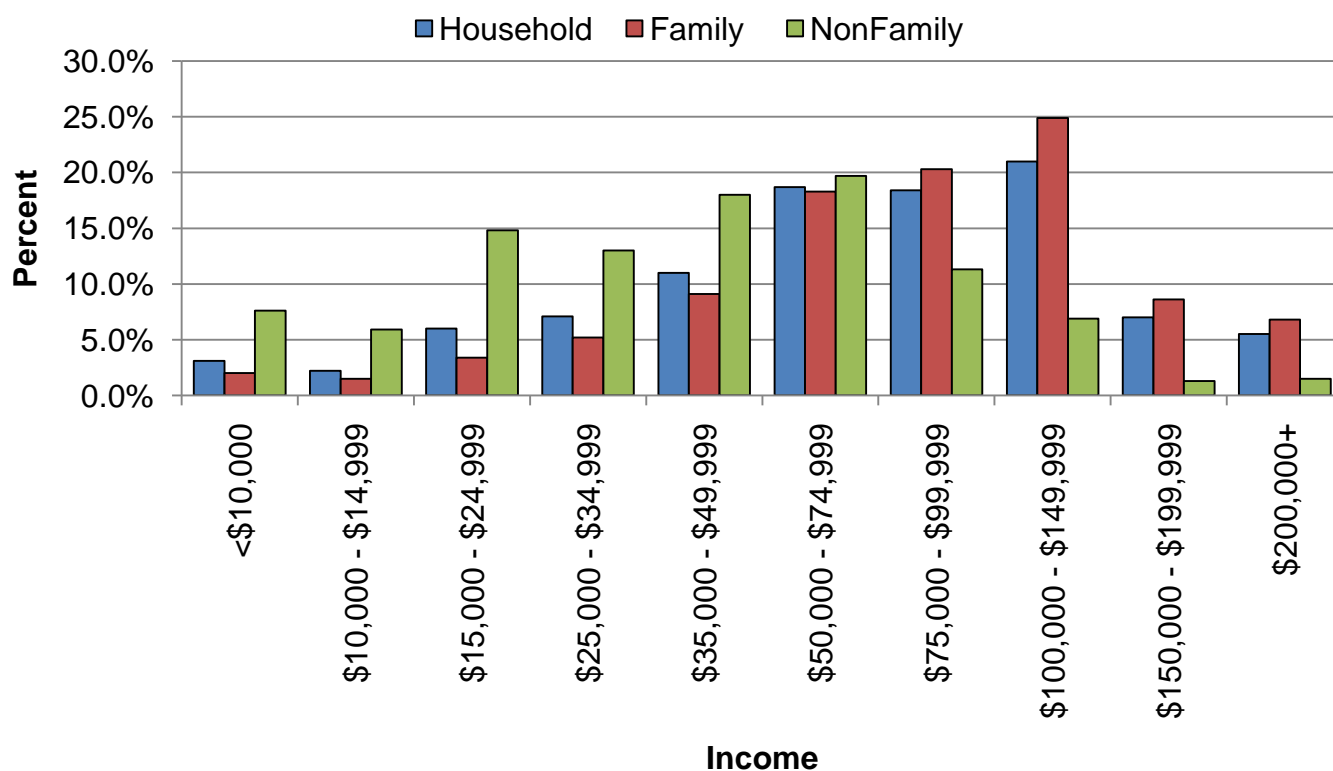
**Table 7.4: McHenry County
Number and Percent of Household, Family and NonFamily Income by
Detailed Category: 2005-2009**

Income Category	Household		Family		NonFamily	
	Number	Percent	Number	Percent	Number	Percent
Total	106,951	100.0%	80,905	100.0%	26,046	100.0%
Less than \$10,000	3,330	3.1%	*1,625	2.0%	1,967	7.6%
\$10,000 to \$14,999	2,382	2.2%	*1,176	1.5%	1,538	5.9%
\$15,000 to \$24,999	6,459	6.0%	2,750	3.4%	3,845	14.8%
\$25,000 to \$34,999	7,542	7.1%	4,175	5.2%	3,378	13.0%
\$35,000 to \$49,999	11,793	11.0%	7,353	9.1%	4,685	18.0%
\$50,000 to \$74,999	19,953	18.7%	14,788	18.3%	5,142	19.7%
\$75,000 to \$99,999	19,654	18.4%	16,397	20.3%	2,956	11.3%
\$100,000 to \$149,999	22,480	21.0%	20,166	24.9%	1,800	6.9%
\$150,000 to \$199,999	7,475	7.0%	6,995	8.6%	*346	1.3%
\$200,000 or more	5,883	5.5%	5,480	6.8%	*389	1.5%
Median	\$77,314	—	\$87,260	—	\$43,009	—

*Large margins of error for estimates and thus need to be used with caution.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Figure 7.1: McHenry County
Percent of Household, Family and NonFamily Incomes: 2005-2009**



Source: U.S. Census Bureau, 2005 - 2009 American Community Survey 5-Year Estimates.

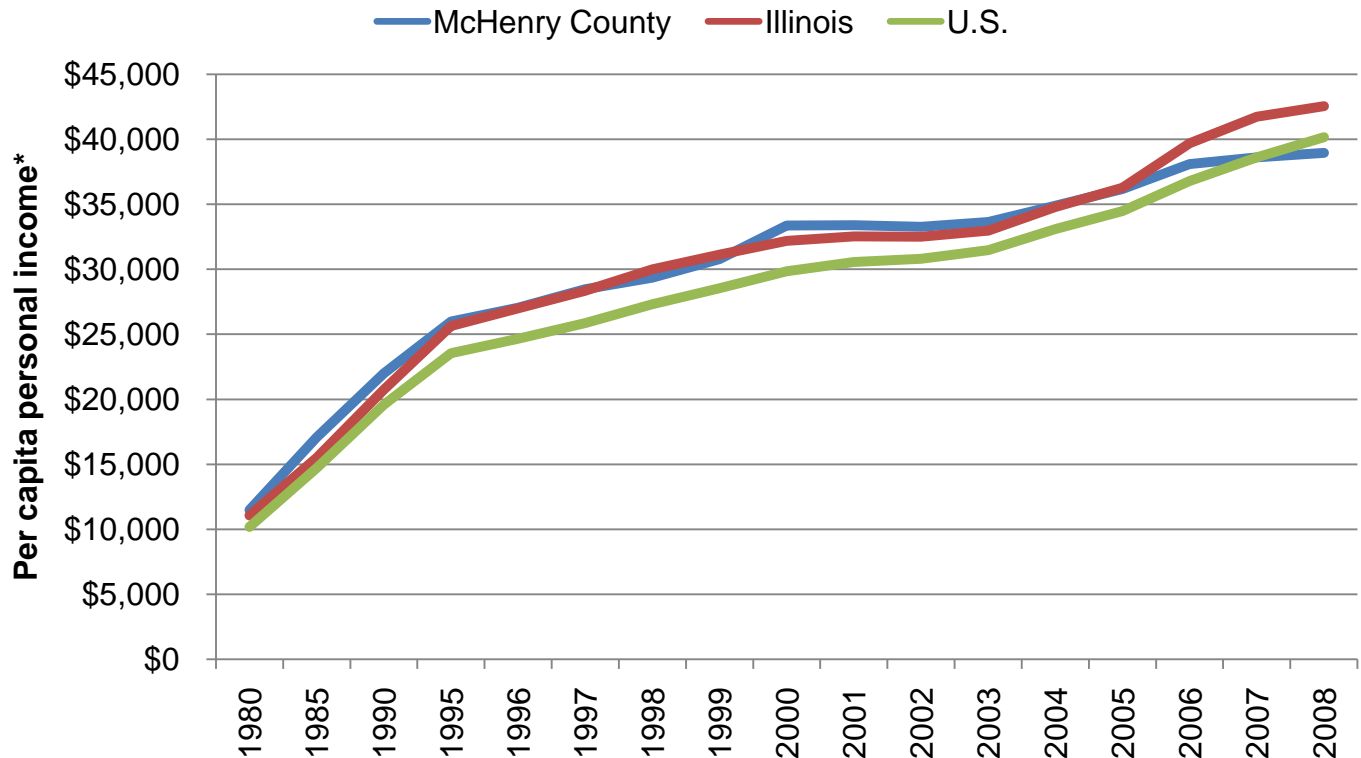
**Table 7.5: McHenry County, Illinois & U.S.
Per Capita Personal Income¹: 1980-2008**

Year	McHenry County		Illinois	U.S.	McHenry County PCPI as percent of U.S.
	Amount	Percent Change from Previous Year			
2008	\$38,956	+0.92%	\$42,540	\$40,166	97%
2007	\$38,601	+1.36%	\$41,720	\$38,615	100%
2006	\$38,083	+5.31%	\$39,678	\$36,794	104%
2005	\$36,163	+3.68%	\$36,264	\$34,471	105%
2004	\$34,881	+3.69%	\$34,794	\$33,090	105%
2003	\$33,641	+1.09%	\$32,965	\$31,472	107%
2002	\$33,277	-0.36%	\$32,510	\$30,804	108%
2001	\$33,396	+0.09%	\$32,532	\$30,575	109%
2000	\$33,365	+8.43%	\$32,185	\$29,845	112%
1999	\$30,772	+4.87%	\$31,138	\$28,546	108%
1998	\$29,343	+3.08%	\$30,006	\$27,321	107%
1997	\$28,465	+5.28%	\$28,356	\$25,874	110%
1996	\$27,037	+4.08%	\$27,005	\$24,651	110%
1995	\$25,978	+18.15%	\$25,643	\$23,562	110%
1990	\$21,988	+28.84%	\$20,756	\$19,584	112%
1985	\$17,066	+48.70%	\$15,508	\$14,705	116%
1980	\$11,477	—	\$11,077	\$10,183	113%

¹Per capita personal income (PCPI) includes earnings and other income sources, such as dividends, interest, and rent and government payments, including Social Security, disability, Medicare, Medicaid, unemployment and veterans benefits.

Source: U.S. Department of Commerce, Bureau of Economic Analysis.

**Figure 7.2: McHenry County, Illinois & U.S.
Per Capital Personal Income: 1980-2008**



*Per capita personal income includes earnings and other income sources, such as dividends, rent, and government payments, which includes Social Security, disability, Medicare, Medicaid, unemployment and veterans benefits.

Source: U.S. Department of Commerce, Bureau of Economic Analysis

**Table 7.6: McHenry County, Illinois & U.S.
Poverty for All Person and Children 0-17 Years Old:
1989, 1999 and 2005-2009**

Year	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
2005-2009				
All people	17,334	5.6%	12.4%	13.5%
Children 0-17 years	5,180	7.3%	17.2%	18.6%
1999				
All people	9,446	3.7%	10.7%	12.4%
Children 0-17 years	2,960	3.8%	14.0%	16.1%
1989				
All people	6,342	3.5%	11.9%	13.1%
Children 0-17 years	2,070	3.9%	16.8%	17.6%

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates and decennial Census for 1999 and 1989.

**Table 7.7: McHenry County, Illinois & U.S.
Poverty for Selected Groups: 2005-2009**

Group	Percent Within Specified Group		
	McHenry County	Illinois	U.S.
All people	5.6%	12.4%	13.5%
People 65 years & older	4.5%	8.9%	9.8%
Families	4.2%	9.1%	9.9%
With children 0-17 years	6.3%	14.1%	15.3%
With children 0-4 years	7.6%	15.2%	16.6%
Female-headed families	21.2%	28.1%	28.7%
With children 0-17 years	29.7%	36.8%	37.1%
With children 0-4 years	55.3%	45.0%	45.6%

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 7.8: McHenry County, Illinois & U.S.
Ratio of Income to Poverty Level: 2005-2009**

Ratio	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total	311,121	100.0%	100.0%	100.0%
Less than 0.50	8,127	2.6%	5.6%	5.8%
0.50 to 0.99	9,207	3.0%	6.8%	7.6%
1.00 to 1.24	*6,448	2.1%	3.9%	4.4%
1.25 to 1.49	7,842	2.5%	4.0%	4.5%
1.50 to 1.84	9,983	3.2%	5.8%	6.3%
1.85 to 1.99	*6,388	2.1%	2.5%	2.7%
2.00 or more	263,126	84.6%	71.4%	68.6%

*Large margins of error for estimates and thus need to be used with caution.

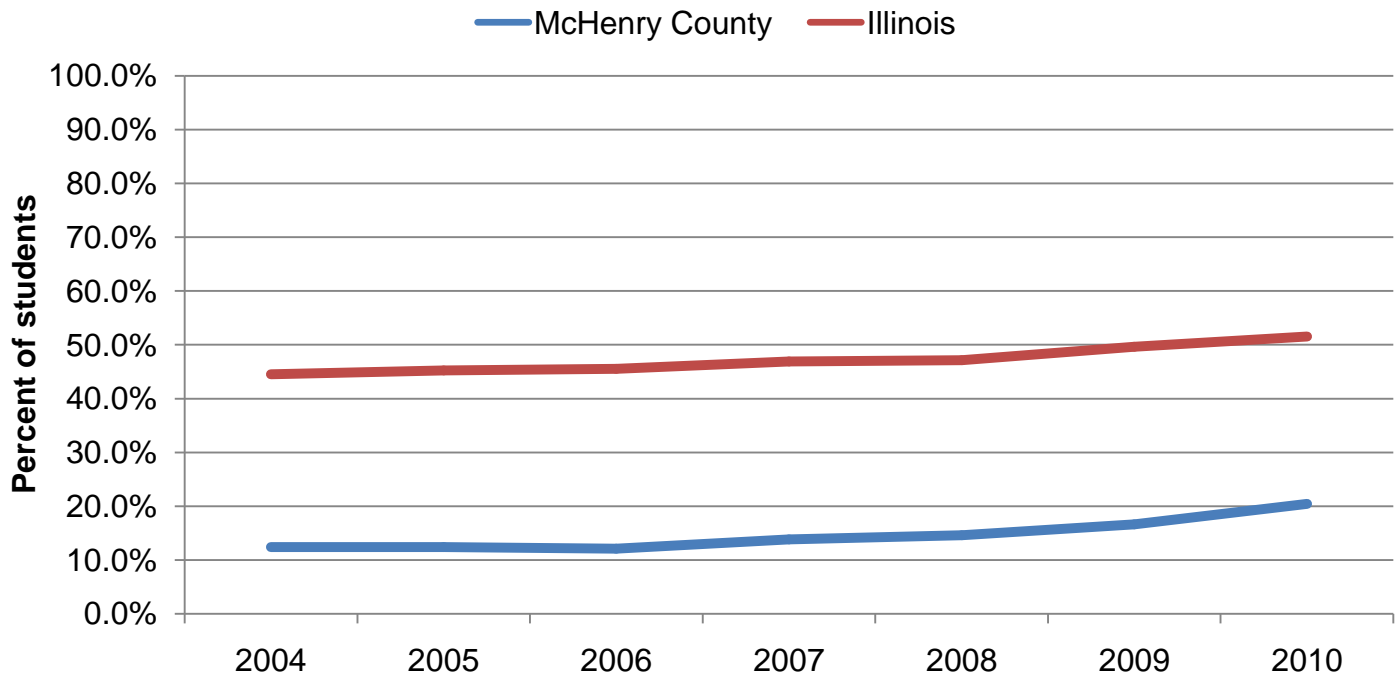
Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates.

**Table 7.9: McHenry County & Illinois
Percent of Students Eligible for Free
and Reduced Lunch:
2004-2010**

Fiscal Year	McHenry County	Illinois
2010	20.4%	51.5%
2009	16.6%	49.6%
2008	14.6%	47.1%
2007	13.8%	46.9%
2006	12.1%	45.5%
2005	12.4%	45.2%
2004	12.4%	44.5%

Source: Illinois State Board of
Education, Free & Reduced Lunch
Eligibility Data.

**Figure 7.3: McHenry County & Illinois
Percent of Students Eligible for Free & Reduced Lunch: 2004-2010**



Source: Illinois State Board of Education, Free & Reduced Lunch Eligibility Data.

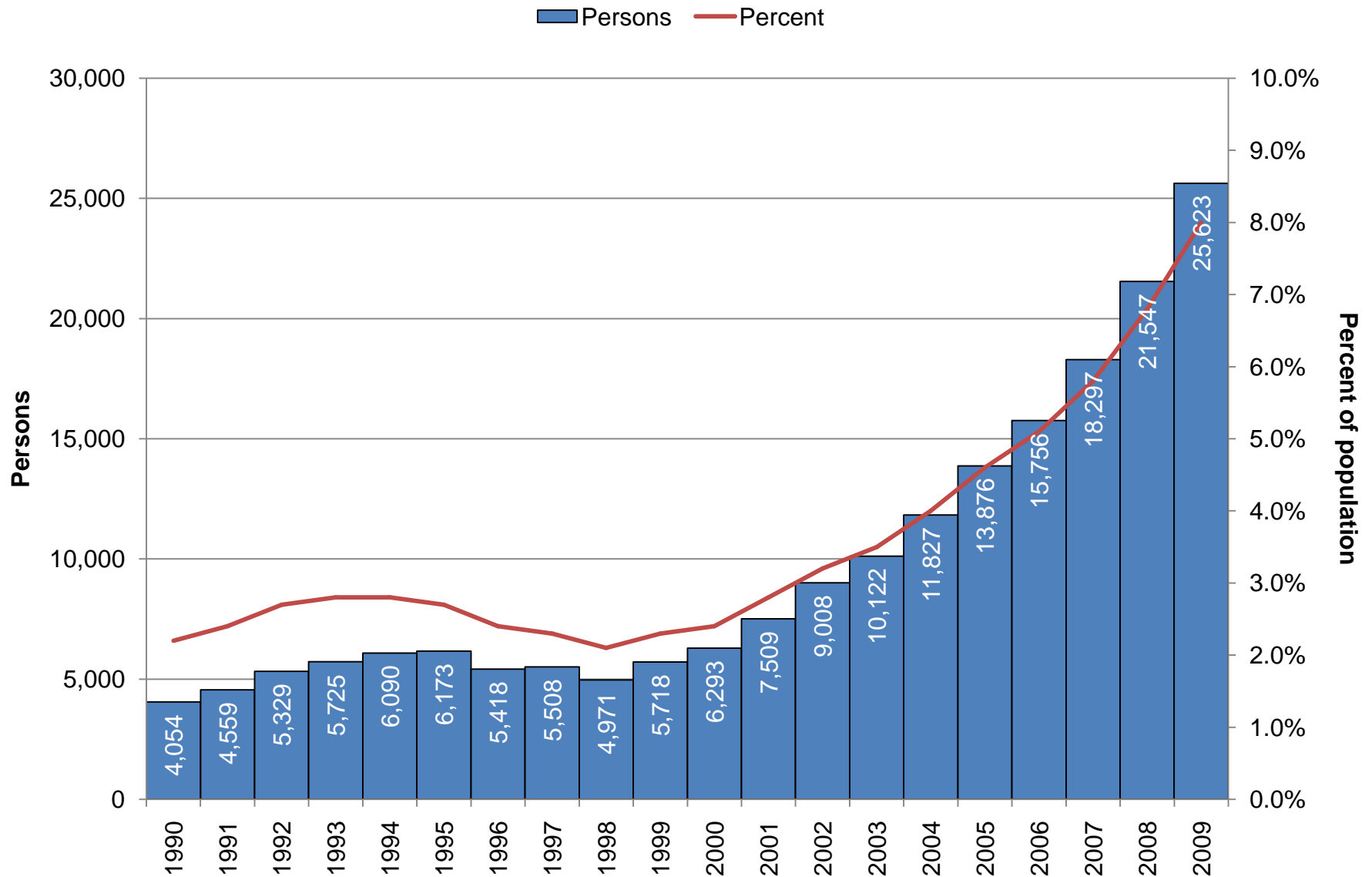
**Table 7.10: McHenry County
Medicaid Recipients¹:
1990-2009**

Year	Person	Percent of Population
Jul. 2009	25,623	8.0%
Jul. 2008	21,547	6.8%
Jul. 2007	18,297	5.8%
May 2006	15,756	5.1%
Aug. 2005	13,876	4.6%
Jan. 2004	11,827	4.0%
Jan. 2003	10,122	3.5%
Jul. 2002	9,008	3.2%
Jun. 2001	7,509	2.8%
Jul. 2000	6,293	2.4%
Jul. 1999	5,718	2.3%
Jul. 1998	4,971	2.1%
Jul. 1997	5,508	2.3%
Jul. 1996	5,418	2.4%
Jul. 1995	6,173	2.7%
Jun. 1994	6,090	2.8%
Jun. 1993	5,725	2.8%
Jun. 1992	5,329	2.7%
Jun. 1991	4,559	2.4%
Dec. 1990	4,054	2.2%

¹Includes TANF, Family Health Plans and AABD.

Source: Illinois Department of Human Services, Bureau of Research and Analysis.

**Figure 7.4: McHenry County
Medicaid Recipients: 1990-2009**



Source: Illinois Department of Human Services, Bureau of Research and Analysis.

Chapter 8: Crime & Violence

Tables & Figures

- Of the twenty-six police departments and the McHenry County Sheriff's Department reporting crimes in 2008, the Woodstock Police Department reported the highest crime rate at 3,553.7 crimes per 100,000 population, followed by Richmond Police Department at 2,868.3. The Fox Lake Police Department reported the lowest crime rate in 2008 at 0.0, followed by Barrington Hills Police Department with a crime rate of 413.8.
Table 8.1
Figure 8.1
- From 2007 to 2008, the crime rate increased the most for the Richmond Police Department (286.0%) and the Bull Valley Police Department (283.1%) and decreased the most for the Port Barrington Police Department (-56.1%) and the Oakwood Hills Police Department (-41.1%).
Table 8.1
Figure 8.1
- For 2008, 74% of all arrests for index offenses were for theft and 14% were for burglary. Index offenses include murder, criminal sexual assault, robbery, aggravated assault and battery, burglary, theft, motor vehicle theft and arson. From 1999 to 2008, there was an 87% increase in robberies and a 24% increase in aggravated assaults, while there was a 49% decrease in the number of arsons.
Table 8.2
Figure 8.2
- In 2008, the crime rate for index offenses was 1,807.9 per 100,000 population, which was a decrease from the previous year for the second consecutive time. Overall, the crime rate decreased from 1999 to 2008.
Table 8.3
Figure 8.3
- Compared to 1999, the 2008 crime rate decreased for every offense except robbery, which increased by 46%.
Table 8.3
- The crime rate in McHenry County for 2008 was approximately half that of Illinois (3,550.7).
Table 8.3
- Arrests for drug paraphernalia was the most frequent drug-related offense arrest in 2008 with 539, followed by cannabis with 503 arrests.
Table 8.4
- From 1999 to 2008, the number of drug-related arrests increased for cannabis, controlled substances, hypodermic syringes/needles and drug paraphernalia. Hypodermic syringe/needles arrests increased by 7.25 fold from 1999 to 2008.
Table 8.4
Figure 8.4
- Since 2000-2001, the number of elder abuse reports increased from 92 to 160 in 2009-2010, a rise of 74%.
Table 8.5

- During 2009, there were 1,824 children that were reported as being abused at a rate of 21.2 reports per 1,000 children. Of those reports, 518 were substantiated at a rate of 6.0 per 1,000 children. The rates of reports and substantiated child abuse reports in McHenry County from 1999 to 2009 were consistently lower than the rates for Illinois.

Table 8.6
Figure 8.5

**Table 8.1: McHenry County Law Enforcement Agencies
Crime Index Offenses Rate¹: 2004- 2008**

Law Enforcement Agency	2008	2007	Percent Change 2007-2008	2006	2005	2004	Percent Change 2004-2008
Police Department							
Algonquin ²	1,832.7	2,241.0	-18.2%	1,970.6	2,039.4	2,190.2	-16.3%
Barrington Hills ²	413.8	613.5	-32.6%	1,181.4	773.6	498.2	-16.9%
Bull Valley	967.4	252.5	+283.1%	1,167.3	1,206.4	2,168.0	-55.4%
Cary	1,398.7	1,731.8	-19.2%	1,731.6	1,533.4	1,572.8	-11.1%
Crystal Lake	2,368.5	2,759.3	-14.2%	2,995.9	3,086.7	3,000.9	-21.1%
Fox Lake ²	0.0	0.0	-	0.0	224.2	0.0	-
Fox River Grove ²	1,805.1	2,358.2	-23.5%	1,738.2	1,880.6	2,053.8	-12.1%
Harvard	1,554.9	1,702.1	-8.6%	2,306.7	2,315.1	1,918.6	-19.0%
Hebron	1,898.7	1,910.3	-0.6%	2,804.6	801.4	2,092.8	-9.3%
Holiday Hills	1,295.3	1,104.3	+17.3%	1,353.0	980.4	973.2	+33.1%
Huntley ²	1,109.1	1,346.6	-17.6%	1,209.9	1,243.5	1,335.2	-16.9%
Island Lake ²	1,665.4	784.7	+112.2%	1,009.5	873.8	1,303.0	+27.8%
Johnsburg	1,639.8	1,509.1	+8.7%	1,545.3	1,703.2	1,965.7	-16.6%
Lake In The Hills	942.8	933.3	+1.0%	896.3	747.7	771.8	+22.2%
Lakemoor ²	1,075.9	1,068.6	+0.7%	1,324.9	1,314.5	1,784.0	-39.7%
Lakewood	817.9	966.1	-15.3%	371.2	693.0	625.8	+30.7%
Marengo	2,109.9	1,706.9	+23.6%	1,490.3	1,731.5	2,434.1	-13.3%
McCullom Lake	1,746.3	931.1	+87.6%	1,253.6	487.3	778.2	+124.4%
McHenry	2,350.3	2,403.0	-2.2%	2,562.0	2,358.6	2,543.4	-7.6%
Oakwood Hills	421.8	715.8	-41.1%	1,192.5	1,551.1	1,308.9	-67.8%
Port Barrington ²	691.7	1,576.4	-56.1%	824.7	1,910.8	3,737.3	-81.5%
Prairie Grove	1,124.7	796.2	+41.3%	1,764.1	490.5	1,088.4	+3.3%
Richmond	2,868.3	743.0	+286.0%	1,986.5	3,655.2	2,855.1	+0.5%
Spring Grove	1,142.2	1,281.4	-10.9%	1,131.4	1,396.3	954.4	+19.7%
Wonder Lake	2,394.4	3,590.3	-33.3%	4,107.6	2,207.5	4,000.0	-40.1%
Woodstock	3,553.7	3,556.2	-0.1%	3,647.9	3,864.4	3,578.5	-0.7%
Sheriff's Department	1,540.1	1,473.2	+4.5%	1,538.8	1,466.9	1,612.6	-4.5%

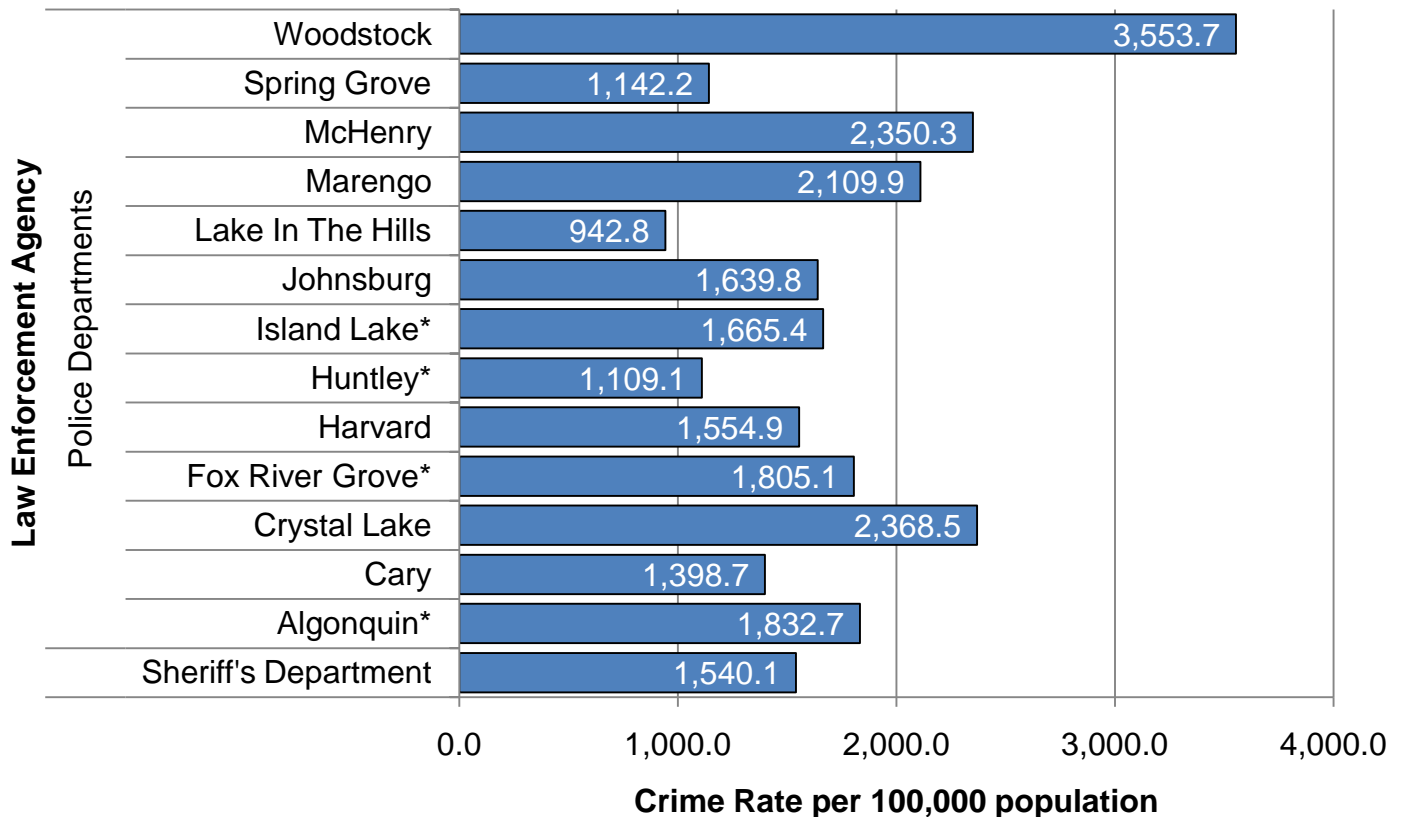
Index Offenses include murder and manslaughter, criminal sexual assault, robbery, aggravated assault (including attempted murder, aggravated battery, and ritual mutilation), burglary, larceny/theft, motor vehicle theft, and arson.

¹Rate per 100,000 population.

²Multi-county law enforcement agency.

Source: Illinois State Police, Illinois Uniform Crime Reporting Program.

**Figure 8.1: Select McHenry County Law Enforcement Agencies
Crime Index Offense Rates: 2008**



Index Offenses include murder and manslaughter, criminal sexual assault, robbery, aggravated assault (including attempted murder, aggravated battery, and ritual mutilation), burglary, larceny/theft, motor vehicle theft, and arson.

*Multi-county law enforcement agency.

Source: Illinois State Police, Illinois Uniform Crime Reporting Program.

**Table 8.2: McHenry County
Number of Index Offenses: 1999-2008**

Offense	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Total	5,712	5,893	5,940	5,714	5,750	6,008	5,896	5,950	5,571	5,514
Murder	2	0	0	2	5	1	3	3	1	2
Sexual assault	84	86	76	70	79	92	70	75	78	70
Robbery	43	43	36	35	27	29	29	23	34	23
Aggravated assault	358	409	286	278	307	331	303	324	262	289
Burglary	823	851	825	665	638	701	799	672	605	729
Theft	4,229	4,328	4,549	4,474	4,532	4,658	4,519	4,677	4,385	4,196
Motor Vehicle Theft	155	151	147	159	137	159	128	149	173	170
Arson	18	25	21	31	25	37	45	27	33	35

Source: Illinois State Police, Illinois Uniform Crime Reporting Program.

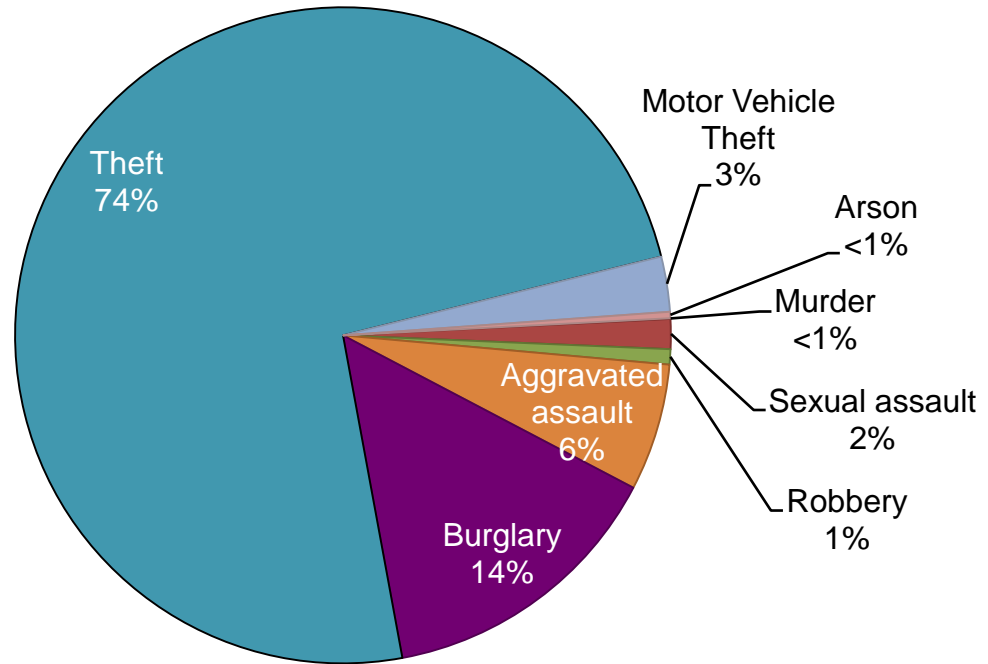
**Table 8.3: McHenry County
Crime Rate¹ by Offense: 1999-2008**

Offense	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	Illinois 2008 Rate¹
Total	1,807.9	1,886.5	1,954.0	1,927.9	2,009.9	2,164.8	2,267.0	2,287.8	2,142.1	2,234.1	3,550.7
Percent Rate Change	-4.2%	-3.5%	+1.4%	-4.1%	-7.2%	-4.5%	-0.9%	+6.8%	-4.1%	+11.1%	-0.3%
Murder	0.6	0.0	0.0	0.7	1.7	0.4	1.2	1.2	0.4	0.8	6.1
Sexual Assault	26.6	27.5	25.0	23.6	27.6	33.1	26.9	28.8	30.0	28.4	43.7
Robbery	13.6	13.8	11.8	11.8	9.4	10.4	11.2	8.8	13.1	9.3	187.3
Aggravated assault	113.3	130.9	94.1	93.8	107.3	119.3	116.5	124.6	100.7	117.1	303.1
Burglary	260.5	272.4	271.4	224.0	223.0	252.6	307.2	258.4	232.6	295.4	614.4
Theft	1,338.5	1,385.5	1,496.4	1,509.5	1,584.1	1,678.4	1,737.6	1,798.3	1,686.0	1,700.1	2,123.4
Motor vehicle theft	49.1	48.3	48.4	53.6	47.9	57.3	49.2	57.3	66.5	68.9	256.5
Arson	5.7	8.0	6.9	10.5	8.7	13.3	17.3	10.4	12.7	14.2	16.4

¹Rate per 100,000 population. Crime Index Crimes: Murder and Manslaughter; Criminal Sexual Assault; Robbery; Aggravated Assault (including Attempted Murder, Aggravated Battery, Ritual mutilation); burglary; Larceny/Theft; Motor Vehicle Theft; Arson.

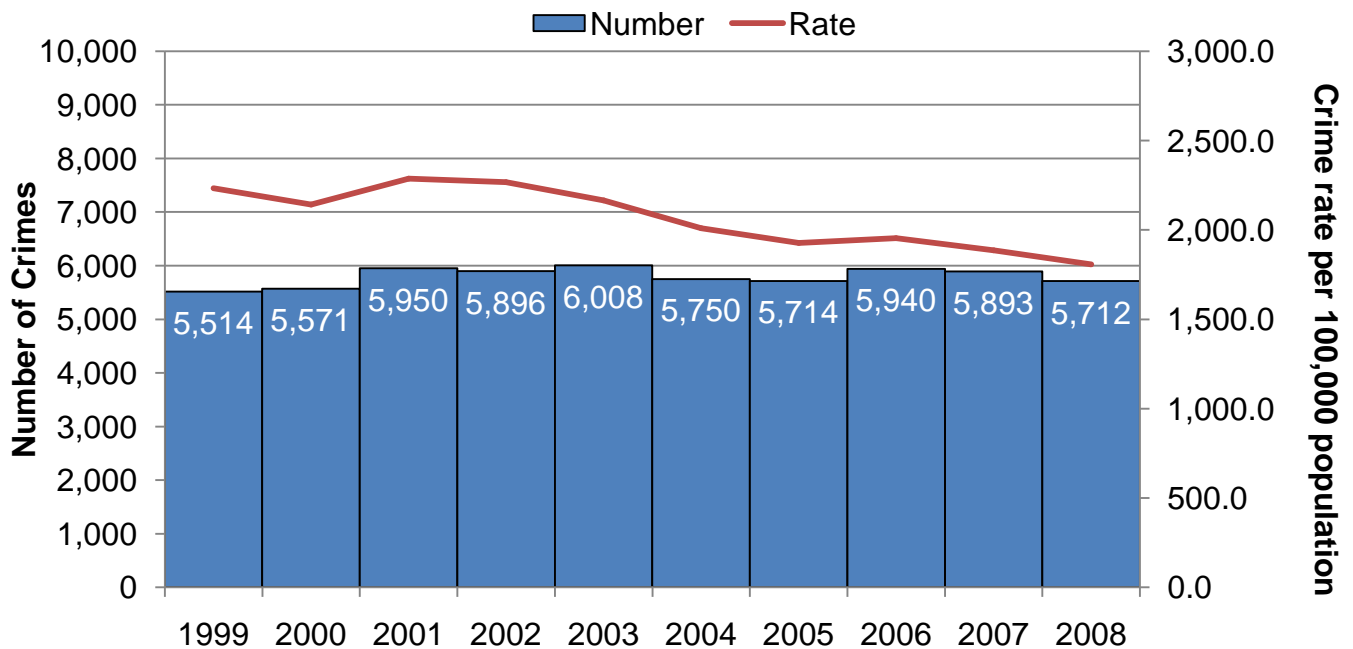
Source: Illinois State Police, Illinois Uniform Crime Reporting Program.

**Figure 8.2: McHenry County
Distribution of Index Offenses: 2008**



Source: Illinois State Police, Illinois Uniform Crime Reporting Program.

**Figure 8.3: McHenry County
Index Crimes¹ & Index Crime Rate: 1999-2008**



¹Crime Index Crimes: Murder and Manslaughter; Criminal Sexual Assault; Robbery; Aggravated Assault (including Attempted Murder, Aggravated Battery, Ritual mutilation); burglary; Larceny/Theft; Motor Vehicle Theft; Arson.

Source: Illinois State Police, Illinois Uniform Crime Reporting Program.

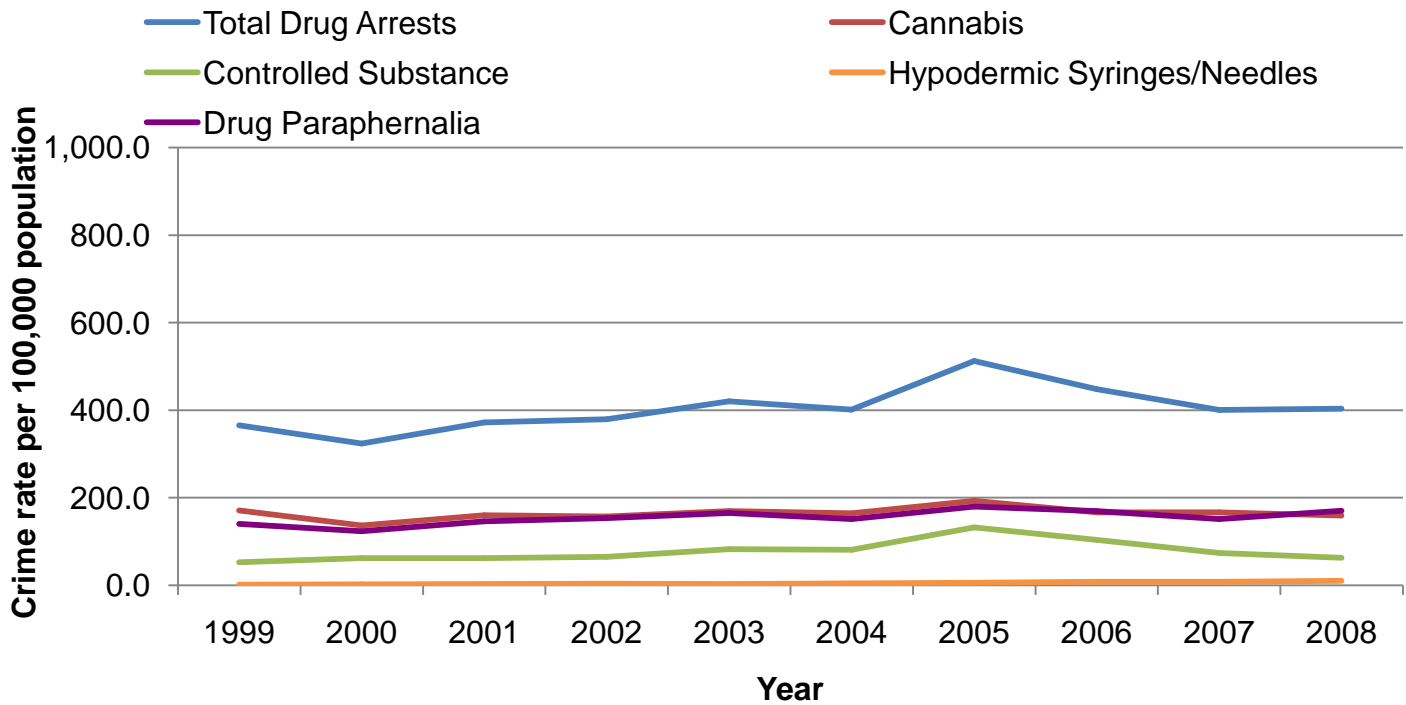
**Table 8.4: McHenry County
Drug Offense Arrests: 1999-2008**

Year	Total Drug Arrests		Cannabis		Controlled Substance		Hypodermic Syringes/Needles		Drug Paraphernalia	
	Number	Rate ¹	Number	Rate ¹	Number	Rate ¹	Number	Rate ¹	Number	Rate ¹
2008	1,275	403.6	503	159.2	200	63.3	33	10.4	539	170.6
2007	1,252	400.8	521	166.8	232	74.3	26	8.3	473	151.4
2006	1,363	448.4	507	166.8	316	104.0	25	8.2	515	169.4
2005	1,518	512.2	573	193.3	393	132.6	18	6.1	534	180.2
2004	1,149	401.6	470	164.3	233	81.4	13	4.5	433	151.4
2003	1,166	420.1	470	169.4	229	82.5	9	3.2	458	165.0
2002	987	379.5	409	157.3	170	65.4	9	3.5	399	153.4
2001	967	371.8	417	160.3	161	61.9	8	3.1	381	146.5
2000	843	324.1	355	136.5	161	61.9	6	2.3	321	123.4
1999	903	365.9	422	171.0	130	52.7	4	1.6	347	140.6
Percent Change 1999-2008	+41.2%	—	+19.2%	—	+53.8%	—	+725.0%	—	+55.3%	—
Illinois Rate ¹ 2008	769.6		394.7		252.8		4.3		117.7	

¹Rate per 100,000 population.

Source: Illinois State Police, Illinois Uniform Crime Reporting Program.

**Figure 8.4: McHenry County
Drug Offense Crime Rates: 1999-2008**



Source: Illinois State Police, Illinois Uniform Crime Reporting Program.

**Table 8.5: McHenry County
Reports of Elder Abuse, Neglect &
Exploitation: 2000-2010**

Fiscal Year¹	Number	Percent Change From Prior Year
2009-2010	160	+14.3%
2008-2009	140	-19.1%
2007-2008	173	+13.8%
2006-2007	152	+23.6%
2005-2006	123	+9.8%
2004-2005	112	+1.8%
2003-2004	110	+46.7%
2002-2003	75	-29.2%
2001-2002	106	+15.2%
2000-2001	92	—

¹Fiscal year is July-June

Source: Senior Protective Services, Senior Services Associates, Inc.

**Table 8.6: McHenry County & Illinois
Number and Rate of Child Abuse/Neglect Reported and Indicated Cases: 1999-2009**

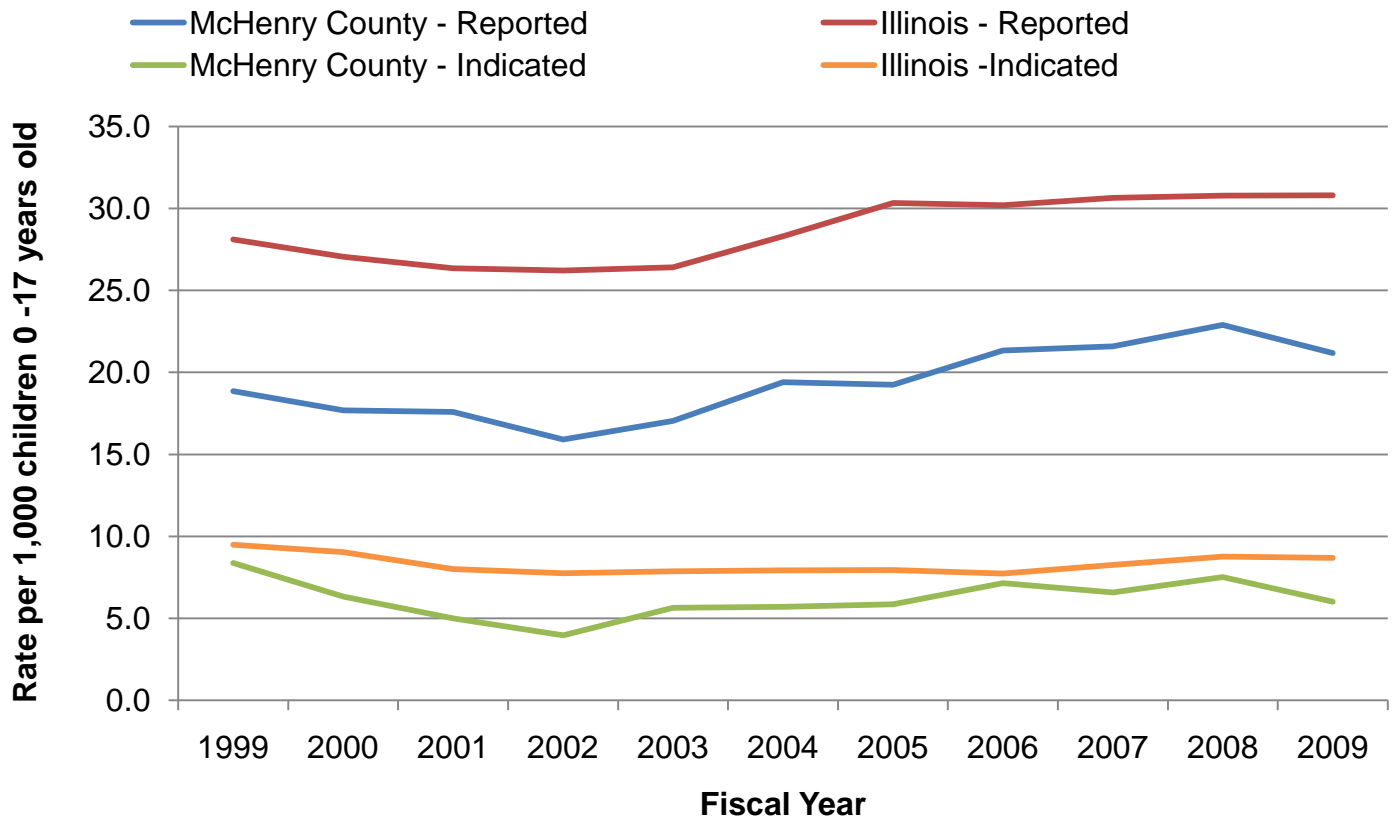
Fiscal Year	Reported				Indicated			
	McHenry County			Illinois Rate ¹	McHenry County			Illinois Rate ²
	Number	Unique Children	Rate ¹		Number	Unique Children	Rate ²	
2009	2,017	1,824	21.2	30.8	553	518	6.0	8.7
2008	2,280	1,984	22.9	30.8	713	652	7.5	8.8
2007	2,114	1,881	21.6	30.6	603	573	6.6	8.3
2006	2,101	1,853	21.3	30.2	673	620	7.1	7.7
2005	1,887	1,659	19.2	30.3	560	506	5.9	7.9
2004	1,832	1,649	19.4	28.3	514	485	5.7	7.9
2003	1,608	1,431	17.1	26.4	505	474	5.6	7.9
2002	1,511	1,309	15.9	26.2	358	327	4.0	7.7
2001	1,611	1,416	17.6	26.4	436	403	5.0	8.0
2000	1,629	1,389	17.7	27.1	545	498	6.3	9.0
1999	1,631	1,357	18.9	28.1	665	603	8.4	9.5

¹Number of abuse/neglect reports of unique children per 1,000 children aged 0-17 in county/state, based on U.S. Census Bureau, Population Division, 1999 and 2001-2009 Census estimates and decennial Census for 2000.

²Indicated cases of abuse/neglect of unique children per 1,000 children aged 0-17 in county/state, based on U.S. Census Bureau, Population Division, 1999 and 2001-2009 Census estimates and decennial Census for 2000.

Source: Illinois Department of Children & Family Services, Child Abuse and Neglect Statistics Annual Reports.

**Figure 8.5: McHenry County & Illinois
Rate of Reported and Indicated Child Abuse/Neglect Cases: 1999-2009**



Source: Illinois Department of Children & Family Services, Child Abuse and Neglect Statistics Annual Reports and population denominators from U.S. Census Bureau, Population Division, 1999 and 2001 - 2009 Census estimates and decennial Census for 2000.

Chapter 9: Natality

Tables & Figures

- In 2008, there were 3,816 births to McHenry County mothers at a rate of 12.0 births per 1,000 population. This was the lowest number of births since 1994 and lowest birth rate in over 25 years. McHenry County had a lower birth rate in 2008 compared to Illinois and the U.S
Table 9.1
Figure 9.1
- Among cities with populations over 5,000, Crystal Lake had the most births in 2008 followed closely by McHenry with 558 and 541, respectively. All selected cities saw a decrease in the number of births from 2004 to 2008, except Johnsborg and McHenry, despite overall population growth.
Table 9.2
- The County's fertility rate in 2008 decreased by 13% from 2000 and was lower than Illinois and the U.S. Since 1990, the fertility rate decreased by 79%.
Table 9.3
- Since 1980, over 90% of births to McHenry County mothers were White. The percent of White (of any ethnicity) births has decreased from 99.3% in 1980 to 93.0% in 2008, while the percent of non-White births increased from less than 1% to 7% in 2008. The percent of Hispanic (of any race) births has increased from 2.7% in 1980 to 19.7% in 2008 – a more than 6-fold increase.
Table 9.4
Figure 9.2
- When combining race and ethnicity, 74% of births were non-Hispanic Whites, 2% were non-Hispanic Blacks, 4% were non-Hispanic Asian and 20% were Hispanic of any race in 2008.
Table 9.5
- In 2008, women aged 30-34 years gave birth to the most children compared to other 5-year age groups; however, the highest fertility rates were among 25-29 year olds. This rate decreased by 6% since 2000 from 144.0 to 135.5 births per 1,000 females aged 25-29 years old. The lowest birth rates in 2008 were among those 10-14 years old and those 45-54 years old. Compared to the U.S., the fertility rates for females 15-19 years and 20-24 years were substantially lower in McHenry County while rates for groups 25 to 39 years old were substantially higher in McHenry County compared to the U.S.
Table 9.6
Figure 9.3
- Among racial/ethnic groups, the highest fertility rates were among non-Hispanic Blacks aged 25-29 years old, followed by non-Hispanic Asians aged 30-34 years old. The lowest fertility rates for groups with more than five births was among non-Hispanic Whites aged 40-54 years old, followed by non-Hispanic Asians aged 40-54 years old.
Table 9.7
Figure 9.4

<ul style="list-style-type: none"> The lowest fertility rates for all races were in the very young and the older (10-14 years and 40-54 years). The highest fertility rates were among 25-29 year olds for non-Hispanic Black, other non-Hispanic races and Hispanics and 30-34 year olds for non-Hispanic Whites and non-Hispanic Asians. 	Table 9.7 Figure 9.4
<ul style="list-style-type: none"> The median age of mothers in McHenry County of 30 years was older than Illinois and the U.S. by 2 years. Also in McHenry County, approximately 30% of births were to mothers 30-34 years old, which was the largest 5-year age group of mothers in 2008. The largest 5-year age group of mothers for Illinois and the U.S. was 25-29 year olds in 2008. 	Table 9.8
<ul style="list-style-type: none"> Since 1980, there has been a shift in the age of mothers. In 1980, 29.4% of mothers were 20-24 years old, 36.3% of mothers were 25-29 years old and 20% were 30-34 years old. In 2008, only 15.2% of mothers were 20-24 years old, 28.9% were 25-29 years old and 30.4% were 30-34 years old. This represents a decrease of 48% among 20-24 year old mothers, 20% decrease among 25-29 year old mothers and a 52% increase in the percent of mothers aged 30-34 years old. 	Table 9.9 Figure 9.5
<ul style="list-style-type: none"> The number of teen mothers peaked in 2000 with 240 births. The percent of births to teens has remained relatively constant between 5 and 6% from 1990 to 2008. Prior to 1985, the rate was higher. The percent of births to teens in Illinois and U.S. for every year between 1980 and 2008 has been approximately double the percent of McHenry County. 	Table 9.10 Figure 9.6
<ul style="list-style-type: none"> Of the 1,120 births to teen mothers between 2004 and 2008, just less than half (48.3%) were to non-Hispanic Whites and just less than half were to Hispanics (47.8%). 	Table 9.11
<ul style="list-style-type: none"> During 2008, the city of Harvard had the highest percent of births to teen mothers at 6.2% of all births, followed by Marengo at 2.9%. 	Table 9.12
<ul style="list-style-type: none"> The number and percent of births to unmarried mothers in McHenry County, Illinois and the U.S. has steadily increased from 1980 to 2008. The percent of births to unmarried mothers in 2008 is almost four-fold the 1980 figure of 5.6%. In 2008, 26.8% of births were to unmarried mothers in McHenry County, which was substantially less than Illinois and the U.S. at 40.7% and 40.6%, respectively. 	Table 9.13 Figure 9.7
<ul style="list-style-type: none"> Of the 4,866 unmarried women who gave birth between 2004 and 2008, just over half (51.9%) were non-Hispanic Whites and just under half (43.5%) were Hispanic. 	Table 9.14 Figure 9.8
<ul style="list-style-type: none"> Since 1980, the number and percent of low birthweight births (<2,500 grams or 5lbs 8oz) steadily increased from 5.1% in 1980 to 7.8% in 2008 – a increase of 53%. Compared to Illinois and the U.S., McHenry County had a lower low birthweight percentage for every year from 1980 to 2008. 	Table 9.15 Figure 9.9

<ul style="list-style-type: none"> Among select communities in 2008, Fox River Grove had the highest percent of low birthweight births, followed by Algonquin, Cary and Harvard with 12%, 11%, 10% and 10%, respectively. Marengo, Island Lake and Johnsborg had the lowest percent of low birthweight babies – each under 3%. 	Table 9.16
<ul style="list-style-type: none"> The number of births to women who received first trimester prenatal care peaked in 2004 at 4,364; however, the percent of births that received first trimester prenatal care peaked in 1998 at 89.6% and declined to 82.5% in 2008. From 2004 to 2008, a steady decline took place in the percent of McHenry County women receiving first trimester prenatal care. 	Table 9.17 Figure 9.10
<ul style="list-style-type: none"> Of the 3,147 births receiving first trimester prenatal care in 2008, Whites (of any ethnicity) had the highest rate at 88.4% followed by Blacks (of any ethnicity) and Hispanics. Compared to Illinois in 2008, the percent of Hispanics receiving early prenatal care was approximately 11% lower in McHenry County. 	Table 9.18 Figure 9.11
<ul style="list-style-type: none"> Among select communities in 2008, Fox River Grove had the highest percentage of mothers who received first trimester prenatal care at 92%, while Harvard had the lowest percent of mothers who received first trimester prenatal care at 62%. 	Table 9.19
<ul style="list-style-type: none"> According to the Kessner Index, 77.4% of births receive adequate prenatal care; above the State value of 74.7% and a smaller percentage receive inadequate prenatal care compared to Illinois. According to the Kotelchuck Index, 79.9% of births received adequate or “adequate plus” ratings in 2006 which was comparable to Illinois and a smaller percent of births received inadequate prenatal care compared to Illinois. 	Table 9.20
<ul style="list-style-type: none"> According to the Kessner Index, the percent of births receiving adequate prenatal care steadily decreased from 1995 to 2006, and the percent receiving inadequate care steadily increased during the same time period. Compared to Illinois, McHenry County generally had a higher percent of births receiving adequate prenatal care and a lower percent receiving inadequate care. 	Table 9.21
<ul style="list-style-type: none"> Measures of adequacy of prenatal care using the Kessner index varied by race/ethnic groups. From 2004 to 2008, Hispanics had the lowest percentage of births receiving prenatal care according to the Kessner Index; however, they had a much higher percent receiving intermediate care. Blacks had the highest percent of births receiving inadequate care, which was 86% greater than Whites receiving inadequate care. 	Table 9.22
<ul style="list-style-type: none"> According to the Kotelchuck Index for prenatal care, the percent of births that received “adequate plus” care peaked in 2002 at 39.3%, while the percent receiving adequate care decreased overall from 1990 to 2006. In general, the percent who received inadequate care in McHenry County remained 	Table 9.23

relatively steady and was consistently lower than the State's inadequate care percent.

- | | |
|---|---------------------------|
| <ul style="list-style-type: none"> • The percent of mothers who smoked tobacco during pregnancy has steadily declined since 1990 from 16.9% to 6.7% – a decrease of 40% and has been consistently lower than the percent for Illinois. The number of births to mothers who drank alcohol during pregnancy has been under 1% since 1995. | Table 9.24 |
| <ul style="list-style-type: none"> • The number of abortions to McHenry County females increased 39% since 1995. In 2008, there were 562 abortions with a rate of 147.3 terminations per 1,000 live births. The abortion rate gradually increased for McHenry County, while the rate gradually decreased for Illinois; however the abortion rate for Illinois was on average 96% greater than the rate for McHenry County from 1995 to 2008. | Table 9.25
Figure 9.12 |
| <ul style="list-style-type: none"> • In 2008, 35.4% of all births were by Cesarean section, which was greater than the percent for Illinois at 30.9%. | Table 9.26 |
| <ul style="list-style-type: none"> • In 2008, McHenry County had a smaller percentage of mothers without a high school diploma (or the equivalent) at 12.8% compared to 18.5% for Illinois. | Table 9.26 |
| <ul style="list-style-type: none"> • In 2008, 29.2% of McHenry County's births were born to new mothers compared to 40% in Illinois. | Table 9.26 |
| <ul style="list-style-type: none"> • The infant death rate in McHenry County generally declined from 1980 to 2007 where the rates were 10.7 deaths per 1,000 live births and 5.1, respectively. However, the infant death rate increased from 2004 to 2007. Compared to Illinois and the U.S., McHenry County has had a lower infant death rate for every year from 1980 to 2007. | Table 9.27
Figure 9.13 |
| <ul style="list-style-type: none"> • The five-year average annual infant death rate generally decreased from 1985 to 2007 in McHenry County and was lower for every five year interval compared to Illinois and the U.S. | Table 9.28 |

**Table 9.1: McHenry County, Illinois & U.S.
Births and Birth Rate: 1980-2008**

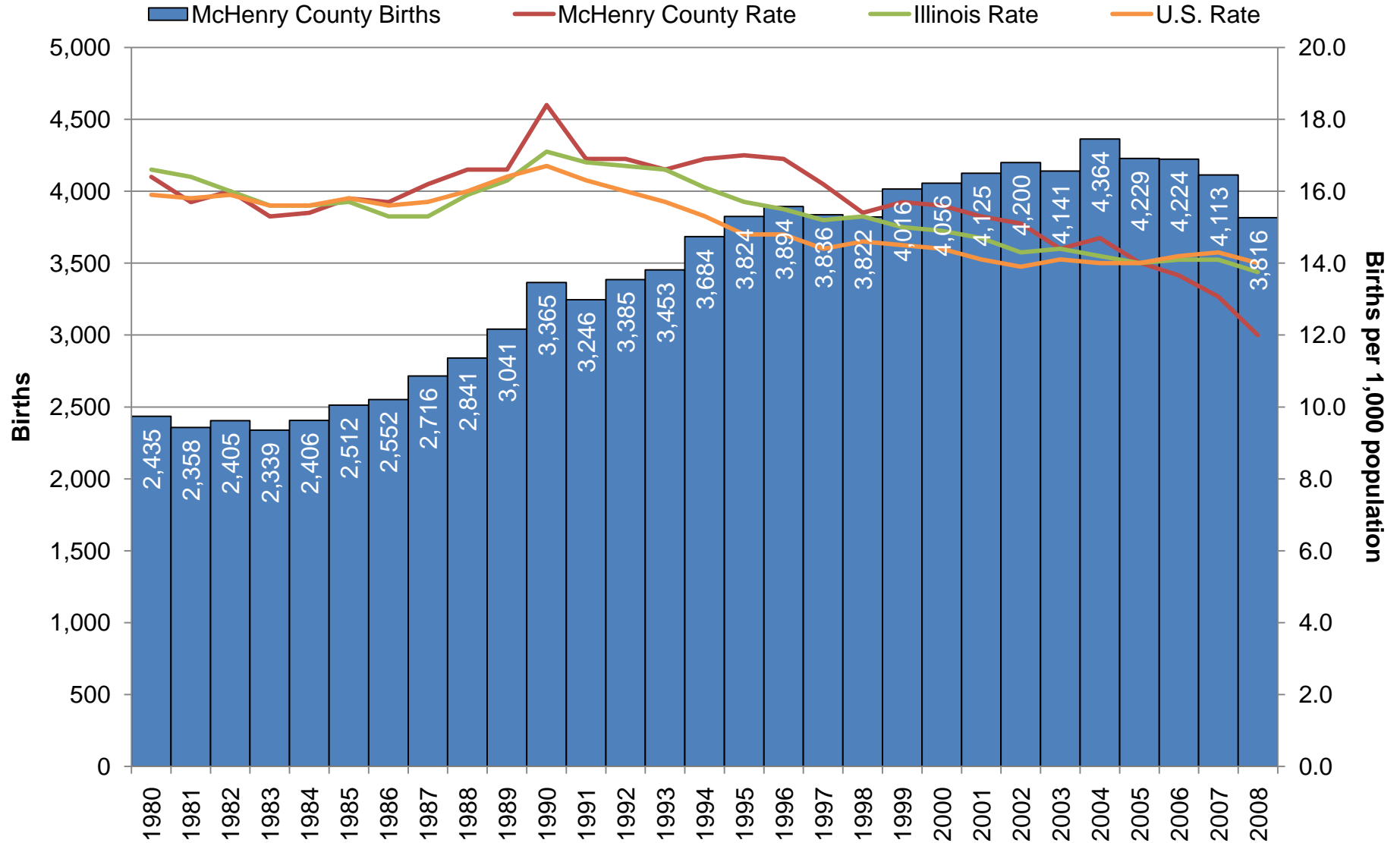
Year	McHenry County		Illinois	U.S.
	Number	Rate ¹	Rate ¹	Rate ¹
2008	3,816	12.0	13.8	14.0 ²
2007	4,113	13.1	14.1	14.3
2006	4,224	13.7	14.1	14.2
2005	4,229	14.0	14.0	14.0
2004	4,364	14.7	14.2	14.0
2003	4,141	14.4	14.4	14.1
2002	4,200	15.1	14.3	13.9
2001	4,125	15.3	14.7	14.1
2000	4,056	15.6	14.9	14.4
1999	4,016	15.7	15.0	14.5
1998	3,822	15.4	15.3	14.6
1997	3,836	16.2	15.2	14.4
1996	3,894	16.9	15.5	14.8
1995	3,824	17.0	15.7	14.8
1994	3,684	16.9	16.1	15.3
1993	3,453	16.6	16.6	15.7
1992	3,385	16.9	16.7	16.0
1991	3,246	16.9	16.8	16.3
1990	3,365	18.4	17.1	16.7
1989	3,041	16.6	16.3	16.4
1988	2,841	16.6	15.9	16.0
1987	2,716	16.2	15.3	15.7
1986	2,552	15.7	15.3	15.6
1985	2,512	15.8	15.7	15.8
1984	2,406	15.4	15.6	15.6
1983	2,339	15.3	15.6	15.6
1982	2,405	16.0	16.0	15.9
1981	2,358	15.7	16.4	15.8
1980	2,435	16.4	16.6	15.9

¹Births per 1,000 population

²2008 U.S. birth rate is preliminary.

Source: Illinois Department of Public Health
and National Center for Health Statistics.

**Figure 9.1: McHenry County, Illinois & U.S.
Births and Birth Rate: 1980-2008**



Source: Illinois Department of Public Health; National Center for Health Statistics.

**Table 9.2: Select McHenry County Communities
Number of Births: 2004-2008**

Community	2008	2007	2006	2005	2004	Percent Change 2004-2008
Algonquin Village (pt.)	291	262	262	316	334	-12.9%
Cary Village	244	309	281	319	352	-30.7%
Crystal Lake City	558	588	602	624	638	-12.5%
Fox River Grove Village (pt.)	51	60	56	61	60	-15.0%
Harvard City	226	276	260	246	257	-12.1%
Huntley Village (pt.)	242	321	265	297	294	-17.7%
Island Lake Village (pt.)	56	61	74	40	58	-3.4%
Johnsburg Village	60	60	53	46	21	+185.7%
Lake In The Hills Village	423	495	521	532	561	-24.6%
McHenry City	541	486	517	560	511	+5.9%
Marengo City	136	132	144	141	138	-1.4%
Spring Grove Village	60	67	83	79	90	-33.3%
Woodstock City	379	412	432	380	391	-3.1%

(pt.) indicates that only part of the community is within McHenry County and only the portion of the community within McHenry County is described.

Source: Illinois Department of Public Health.

**Table 9.3: McHenry County, Illinois & U.S.
Fertility Rates: 1990, 2000 & 2008**

Year	McHenry County			Illinois Rate¹	U.S. Rate¹
	Births	Females 15-44 Years	Rate¹		
2008 ²	3,816	62,616	60.9	66.6	68.7
2000	4,056	58,052	69.9	67.4	65.9
1990	3,365	43,586	77.2	72.9	70.9

¹Number of births per 1,000 females of childbearing ages, defined as 15-44 years.

²2008 U.S. birth rate is preliminary.

Source: Illinois Department of Public Health and National Center for Health Statistics.

**Table 9.4: McHenry County
Births by Race & Ethnicity: 1980-2008**

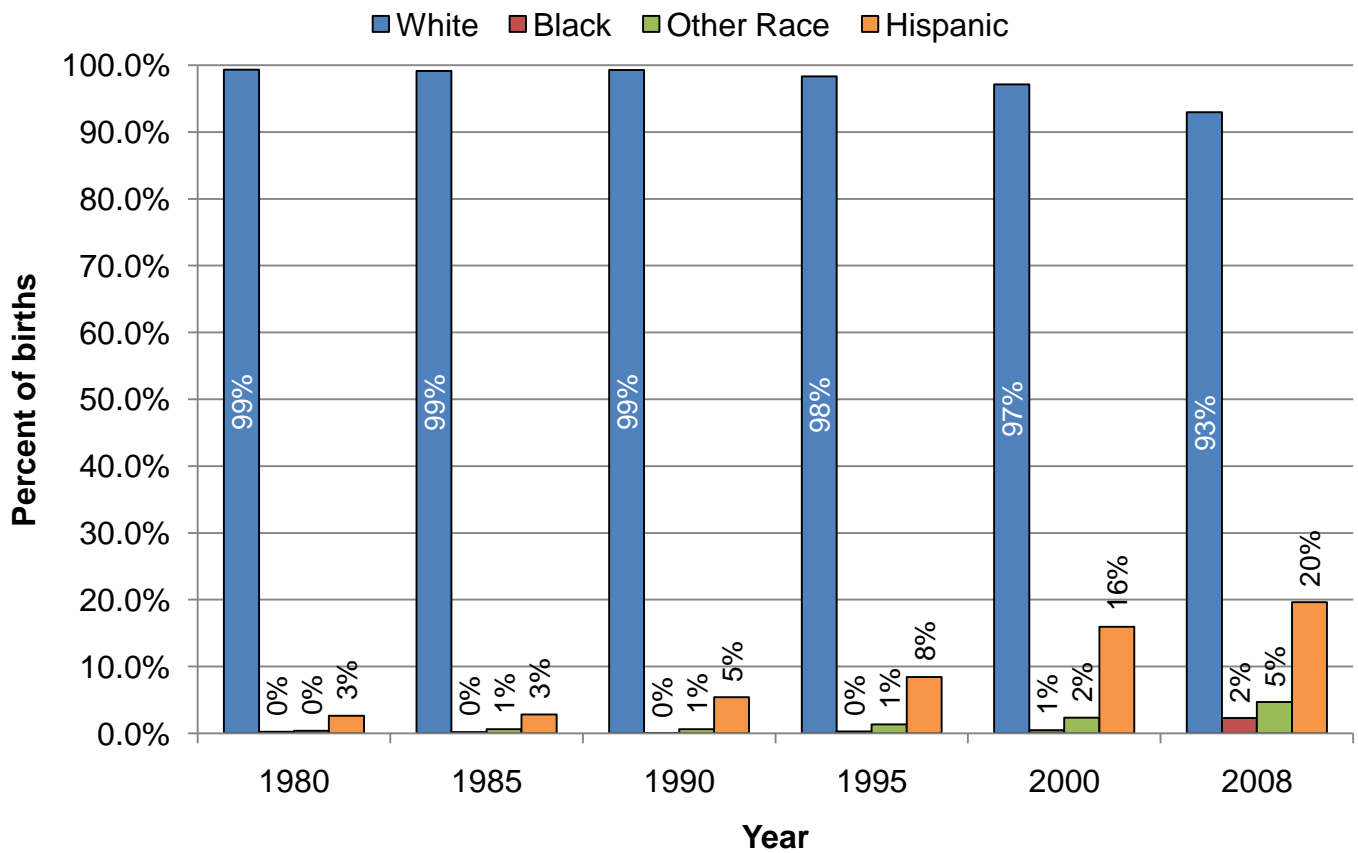
Year	Total	Race ¹						Hispanic ²	
		White		Black		Other		Number	Percent
		Number	Percent	Number	Percent	Number	Percent		
2008	3,816	3,548	93.0%	88	2.3%	180	4.7%	750	19.7%
2000	4,056	3,939	97.1%	21	0.5%	96	2.4%	648	16.0%
1995	3,824	3,760	98.3%	12	0.3%	52	1.4%	324	8.5%
1990	3,365	3,341	99.3%	2	0.1%	22	0.7%	183	5.4%
1985	2,512	2,490	99.1%	6	0.2%	16	0.6%	71	2.8%
1980	2,435	2,419	99.3%	6	0.2%	10	0.4%	65	2.7%

¹Race may be of any ethnicity.

²Hispanic may be of any race.

Source: Illinois Department of Public Health.

**Figure 9.2: McHenry County
Percent of Births by Race and Ethnicity: 1980-2008**



Source: Illinois Department of Public Health.

**Table 9.5: McHenry County
Births by Race/Ethnicity¹: 2004-2008**

Year	Total Births	White		Black		Asian		Other		Hispanic	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2008	3,816	2,805	73.5%	87	2.3%	161	4.2%	13	0.3%	750	19.7%
2007	4,113	2,994	72.8%	78	1.9%	169	4.1%	12	0.3%	860	20.9%
2006	4,224	3,137	74.3%	60	1.4%	191	4.5%	8	0.2%	828	19.6%
2005	4,229	3,119	73.8%	62	1.5%	181	4.3%	9	0.2%	858	20.3%
2004	4,364	3,315	76.0%	65	1.5%	187	4.3%	9	0.2%	788	18.1%

¹Except for Hispanic, all races are non-Hispanic. Hispanic may be of any race.

Source: Illinois Department of Public Health.

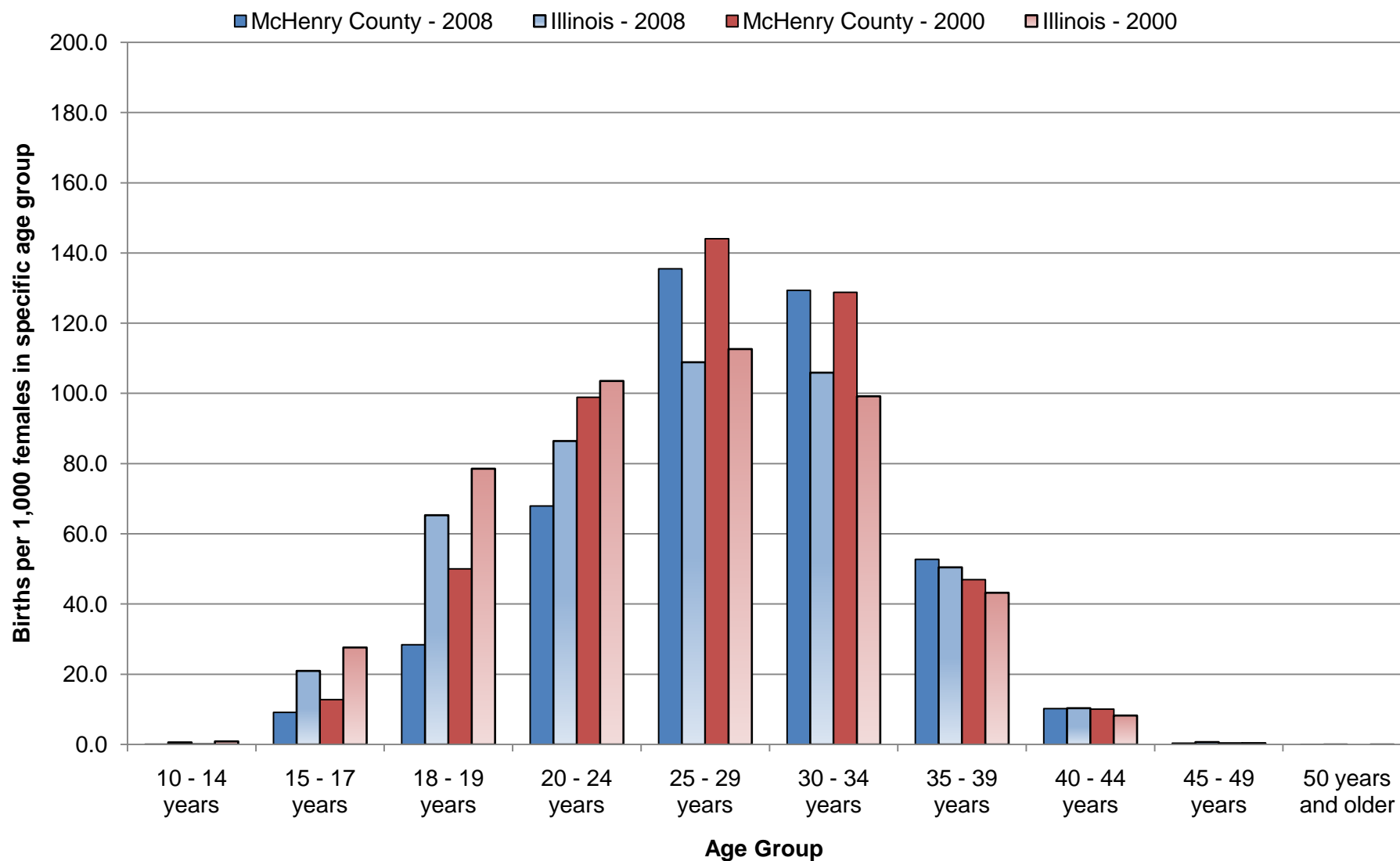
**Table 9.6: McHenry County & Illinois
Age-Specific Fertility: 2000 & 2008**

Age Group	2008			2000		
	McHenry County		Illinois	McHenry County		Illinois
	Births	Rate ¹	Rate ¹	Births	Rate ¹	Rate ¹
Total	3,816	28.1	31.2	4,056	37.5	33.9
10-14 years	1	0.1	0.6	2	0.2	0.9
15-17 years	62	9.2	21.0	66	12.8	27.6
18-19 years	128	28.4	65.3	172	50.0	78.5
20-24 years	579	68.0	86.4	574	98.9	103.5
25-29 years	1,104	135.5	108.9	1,104	144.0	112.6
30-34 years	1,161	129.3	105.9	1,407	128.8	99.2
35-39 years	635	52.8	50.5	603	47.0	43.2
40-44 years	140	10.2	10.3	123	10.1	8.3
45-49 years	5	0.4	0.7	4	0.4	0.4
50 years and older	1	0.0	0.0	0	0.0	0.0

¹Births per 1,000 females in specified age group.

Source: Illinois Department of Public Health; for population denominator: U.S. Census Bureau 2000 bicennial estimates and 2009 estimates.

**Figure 9.3: McHenry County & Illinois
Age-Specific Fertility Rates: 2000 & 2008**



Source: Illinois Department of Public Health; for population demoninator U.S. Census Bureau 2000 bicennial counts and 2009 estimates.

**Table 9.7: McHenry County
Age-Specific Fertility by Race/Ethnicity¹: 2004-2008**

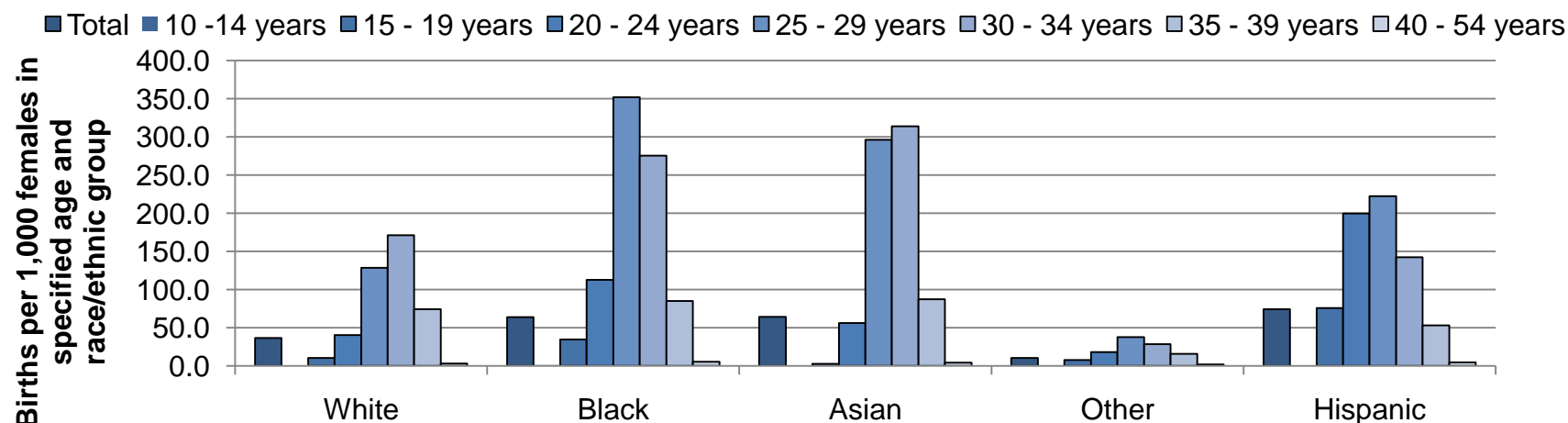
Age Group	Total		White		Black		Asian		Other		Hispanic	
	Number	Rate ²	Number	Rate ²	Number	Rate ²	Number	Rate ²	Number	Rate ²	Number	Rate ²
Total	20,746	41.4	15,370	36.5	352	63.7	889	64.4	51	10.4	4,084	74.4
10-14 years	7	0.1	2	0.0	1	1.1	0	0.0	0	0.0	4	0.5
15-19 years	1,113	18.1	539	10.5	32	34.4	4	2.9	7	7.8	531	75.7
20-24 years	3,112	57.7	1,860	40.4	70	112.7	59	56.3	11	18.2	1,124	199.5
25-29 years	5,858	143.9	4,390	128.3	88	352.0	249	296.1	15	37.8	1,116	222.4
30-34 years	6,555	170.7	5,218	171.1	98	275.3	369	313.8	9	28.3	861	142.4
35-39 years	3,423	71.3	2,788	74.4	53	84.9	185	87.3	7	15.9	390	52.9
40-54 years	678	3.4	573	3.3	10	5.4	23	4.1	2	1.8	70	4.7

¹Except for Hispanic, all races are non-Hispanic. Hispanic may be of any race.

²Births per 1,000 females in specified age group.

Source: Illinois Department of Public Health.

**Figure 9.4: McHenry County
Age-Specific Fertility Rates by Race/Ethnicity¹: 2004-2008**



¹Except for Hispanic, all races are Non-Hispanic. Hispanic may be of any race.

Source: Illinois Department of Public Health.

**Table 9.8: McHenry County, Illinois & U.S.
Births by Age of Mother: 2008**

Age Group	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total	3,816	100.0%	100.0%	100.0%
Under 18 years	63	1.7%	3.3%	3.2%
18-19 years	128	3.4%	6.6%	7.0%
20-24 years	579	15.2%	21.7%	24.8%
25-29 years	1,104	28.9%	27.9%	28.2%
30-34 years	1,161	30.4%	25.0%	22.5%
35-39 years	635	16.6%	12.6%	11.5%
40 years & older	146	3.8%	2.8%	2.7%
Median Age of Mother (Years)	30		28	28

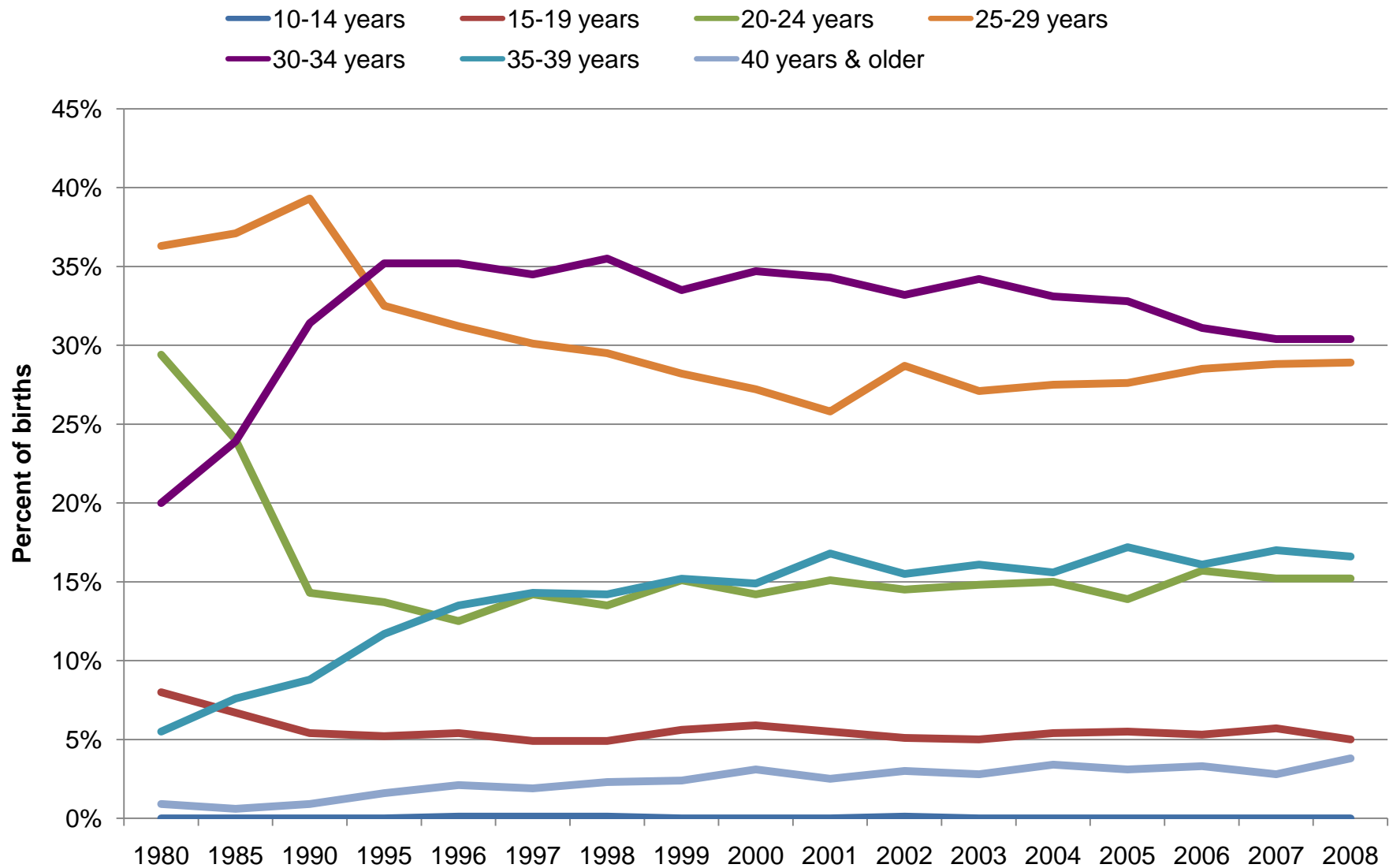
Source: Illinois Department of Public Health and National Center for Health Statistics.

**Table 9.9: McHenry County
Births by Detailed Age of Mother: 1980-2006**

Year	Number of Births							
	Total	Age Group of Mother (Years)						
		10-14	15-19	20-24	25-29	30-34	35-39	40+
2008	3,816	1	190	579	1,104	1,161	635	146
2007	4,113	2	235	626	1,186	1,250	699	115
2006	4,224	2	223	665	1,202	1,313	681	138
2005	4,229	2	231	586	1,167	1,388	726	129
2004	4,364	0	234	656	1,199	1,443	682	150
2003	4,141	2	208	611	1,124	1,415	665	116
2002	4,200	3	214	610	1,204	1,393	649	127
2001	4,125	2	226	622	1,066	1,415	692	102
2000	4,056	2	238	574	1,104	1,407	603	127
1999	4,016	1	224	607	1,132	1,345	612	95
1998	3,822	2	189	517	1,127	1,356	541	89
1997	3,836	2	189	543	1,156	1,323	550	73
1996	3,894	3	212	486	1,214	1,372	527	80
1995	3,824	1	200	522	1,244	1,345	449	63
1990	3,265	0	175	466	1,282	1,025	286	31
1985	2,512	0	169	604	933	601	190	15
1980	2,435	0	195	715	884	487	133	21
Year	Percent of Births							
	Total	Age Group of Mother (Years)						
		10-14	15-19	20-24	25-29	30-34	35-39	40+
2008	100.0%	0.0%	5.0%	15.2%	28.9%	30.4%	16.6%	3.8%
2007	100.0%	0.0%	5.7%	15.2%	28.8%	30.4%	17.0%	2.8%
2006	100.0%	0.0%	5.3%	15.7%	28.5%	31.1%	16.1%	3.3%
2005	100.0%	0.0%	5.5%	13.9%	27.6%	32.8%	17.2%	3.1%
2004	100.0%	0.0%	5.4%	15.0%	27.5%	33.1%	15.6%	3.4%
2003	100.0%	0.0%	5.0%	14.8%	27.1%	34.2%	16.1%	2.8%
2002	100.0%	0.1%	5.1%	14.5%	28.7%	33.2%	15.5%	3.0%
2001	100.0%	0.0%	5.5%	15.1%	25.8%	34.3%	16.8%	2.5%
2000	100.0%	0.0%	5.9%	14.2%	27.2%	34.7%	14.9%	3.1%
1999	100.0%	0.0%	5.6%	15.1%	28.2%	33.5%	15.2%	2.4%
1998	100.0%	0.1%	4.9%	13.5%	29.5%	35.5%	14.2%	2.3%
1997	100.0%	0.1%	4.9%	14.2%	30.1%	34.5%	14.3%	1.9%
1996	100.0%	0.1%	5.4%	12.5%	31.2%	35.2%	13.5%	2.1%
1995	100.0%	0.0%	5.2%	13.7%	32.5%	35.2%	11.7%	1.6%
1990	100.0%	0.0%	5.4%	14.3%	39.3%	31.4%	8.8%	0.9%
1985	100.0%	0.0%	6.7%	24.0%	37.1%	23.9%	7.6%	0.6%
1980	100.0%	0.0%	8.0%	29.4%	36.3%	20.0%	5.5%	0.9%

Source: Illinois Department of Public Health.

**Figure 9.5: McHenry County
Percent of Births by Mother's Age Group: 1980-2008**



Source: Illinois Department of Public Health.

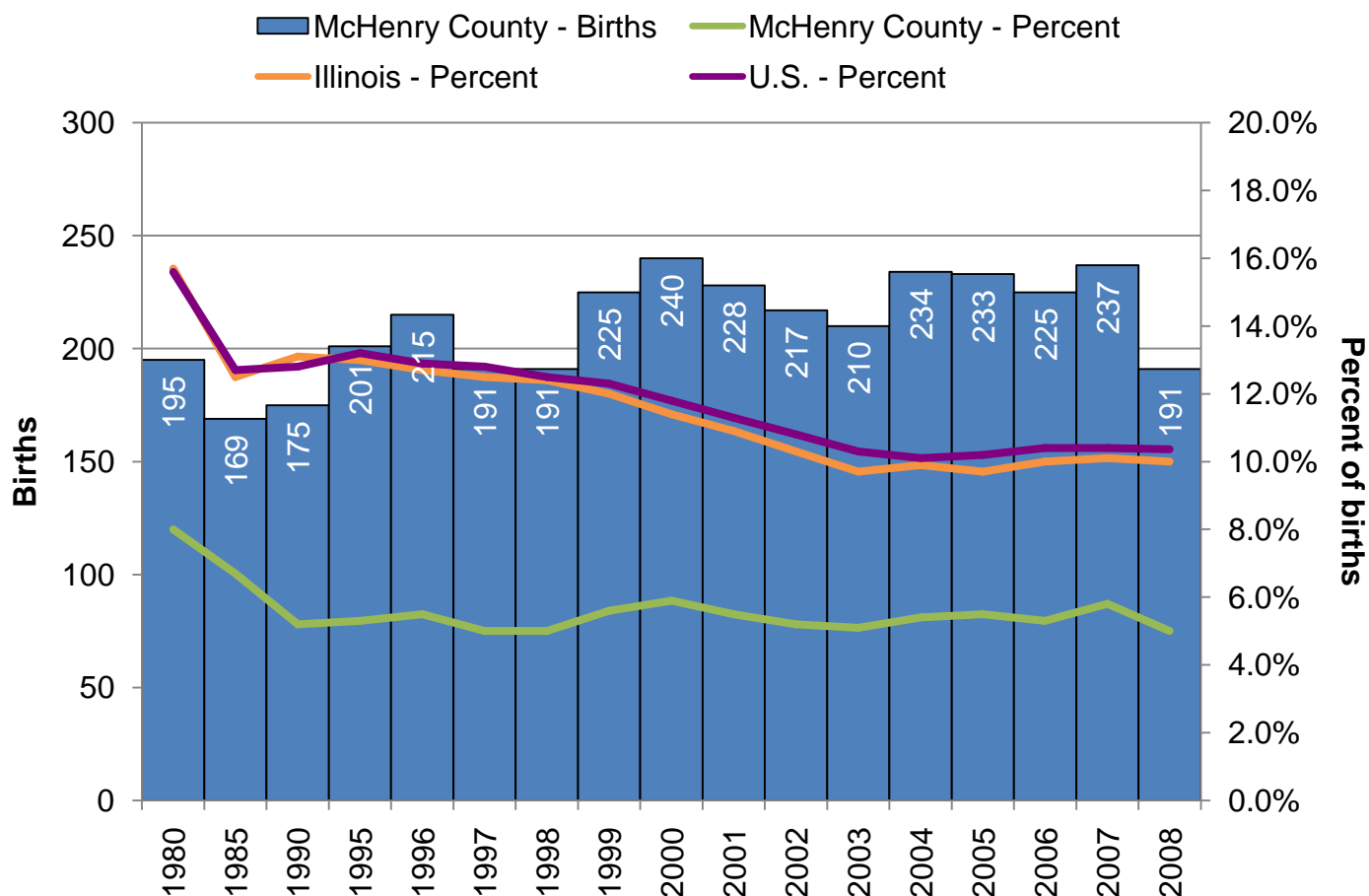
**Table 9.10: McHenry County, Illinois & U.S.
Births to Teen Mothers¹: 1980-2008**

Year	McHenry County		Illinois Percent	U.S. Percent
	Number	Percent		
2008	191	5.0%	10.0%	10.4%
2007	237	5.8%	10.1%	10.4%
2006	225	5.3%	10.0%	10.4%
2005	233	5.5%	9.7%	10.2%
2004	234	5.4%	9.9%	10.1%
2003	210	5.1%	9.7%	10.3%
2002	217	5.2%	10.3%	10.8%
2001	228	5.5%	10.9%	11.3%
2000	240	5.9%	11.4%	11.8%
1999	225	5.6%	12.0%	12.3%
1998	191	5.0%	12.4%	12.5%
1997	191	5.0%	12.5%	12.8%
1996	215	5.5%	12.7%	12.9%
1995	201	5.3%	13.0%	13.2%
1990	175	5.2%	13.1%	12.8%
1985	169	6.7%	12.5%	12.7%
1980	195	8.0%	15.7%	15.6%

¹Women under 20 years of age.

Source: Illinois Department of Public Health
and National Center for Health Statistics.

**Figure 9.6: McHenry County, Illinois & U.S.
Births to Teen¹ Mothers: 1980-2008**



¹Women under 20 years of age.

Source: Illinois Department of Public Health; National Center for Health Statistics.

**Table 9.11: McHenry County
Births to Teen¹ Mothers by Race/Ethnicity:
2004-2008**

Race/Ethnicity ²	Number	Percent
All Teen Births	1,120	100.0%
White	541	48.3%
Black	33	2.9%
Asian	4	0.4%
Other	7	0.6%
Hispanic	535	47.8%

¹Women under 20 years of age.

²Except for Hispanic, all races are non-Hispanic. Hispanic may be of any race.

Source: Illinois Department of Public Health.

**Table 9.12: Select McHenry County
Communities, McHenry County & Illinois
Teen¹ Births: 2008**

Community	Number	Percent
Algonquin Village (pt.)	5	1.7%
Cary Village	1	0.4%
Crystal Lake City	4	0.7%
Fox Lake Village (pt.)	0	0.0%
Harvard City	14	6.2%
Huntley Village (pt.)	1	0.4%
Island Lake Village (pt.)	1	1.8%
Johnsburg Village	0	0.0%
Lake In The Hills Village	2	0.5%
McHenry City	9	1.7%
Marengo City	4	2.9%
Spring Grove Village	0	0.0%
Woodstock City	6	1.6%
McHenry County	191	5.0%
Illinois		10.0%

¹Women under 20 years of age.

(pt.) indicates that only part of the community is within McHenry County and only the portion of the community within McHenry County is described.

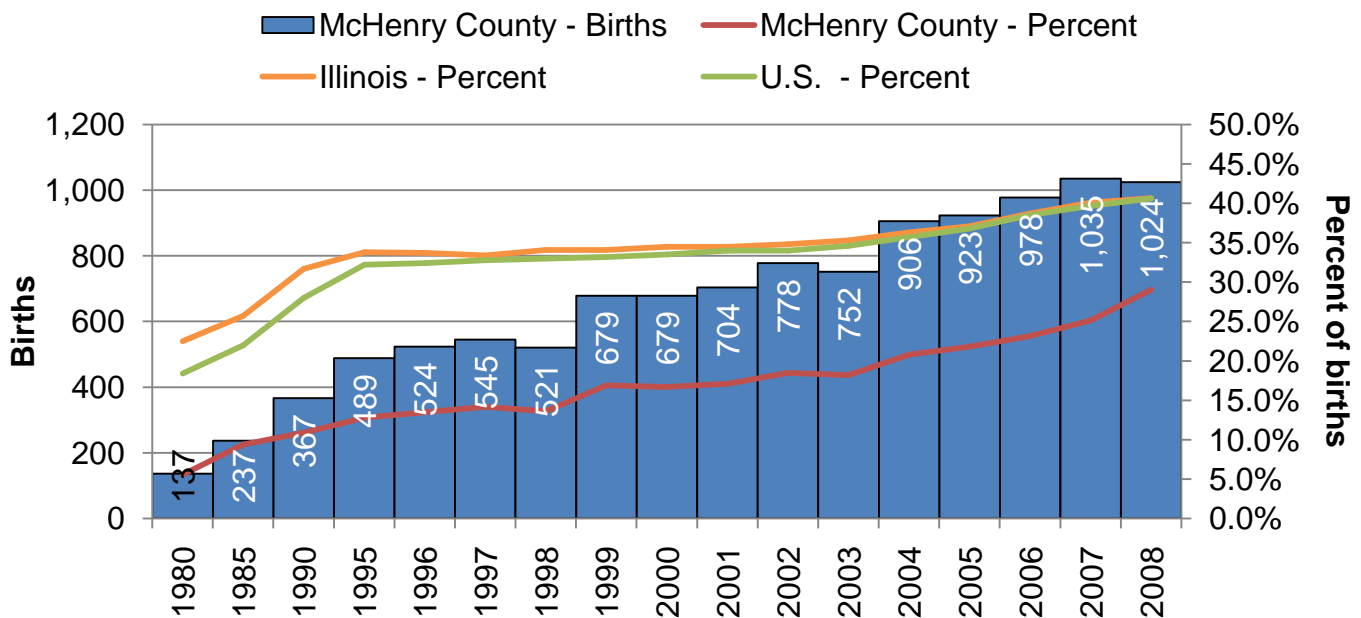
Source: Illinois Department of Public Health.

**Table 9.13: McHenry County, Illinois & U.S.
Births To Unmarried Mothers: 1980-2008**

Year	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
2008	1,024	26.8%	40.7%	40.6%
2007	1,035	25.2%	40.1%	39.7%
2006	978	23.2%	38.7%	38.5%
2005	923	21.8%	37.1%	36.8%
2004	906	20.8%	36.3%	35.7%
2003	752	18.2%	35.3%	34.6%
2002	778	18.5%	34.8%	34.0%
2001	704	17.1%	34.5%	34.0%
2000	679	16.7%	34.5%	33.5%
1999	679	16.9%	34.1%	33.2%
1998	521	13.6%	34.1%	33.0%
1997	545	14.2%	33.4%	32.8%
1996	524	13.5%	33.7%	32.4%
1995	489	12.8%	33.8%	32.2%
1990	367	10.9%	31.7%	28.0%
1985	237	9.4%	25.7%	22.0%
1980	137	5.6%	22.5%	18.4%

Source: Illinois Department of Public Health
and National Center for Health Statistics.

**Figure 9.7: McHenry County, Illinois & U.S.
Births to Unmarried Mothers: 1980-2008**



Source: Illinois Department of Public Health; National Center for Health Statistics.

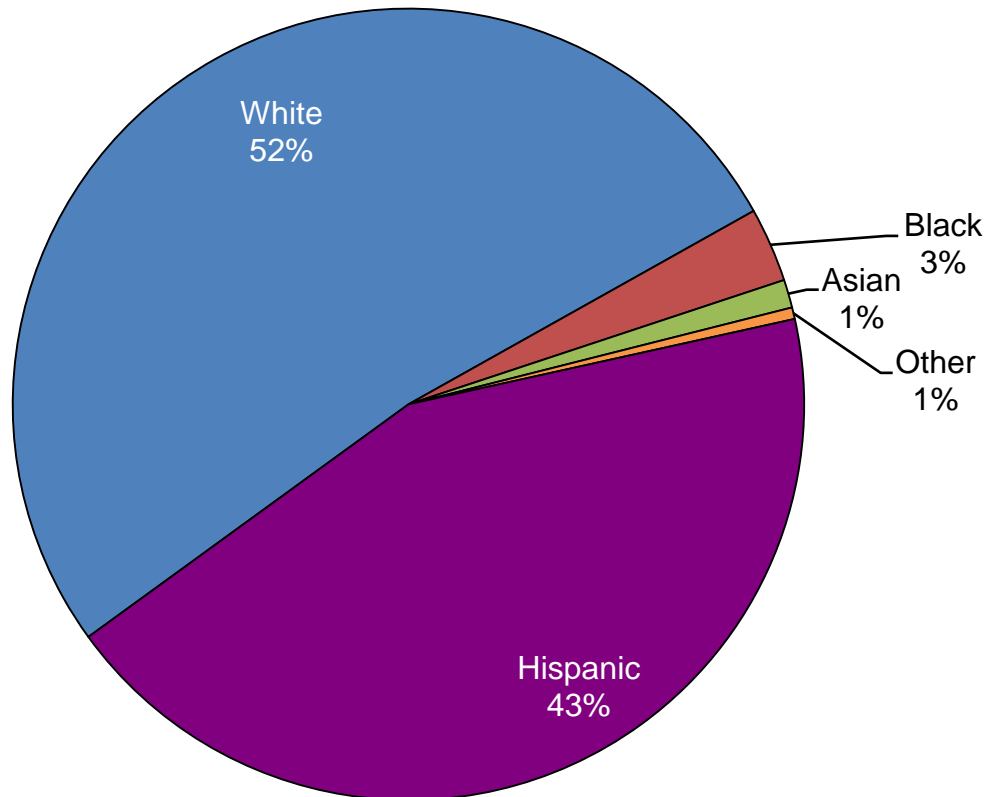
**Table 9.14: McHenry County
Births to Unmarried Mothers by
Race/Ethnicity: 2004-2008**

Race/Ethnicity ¹	Number	Percent
Total	4,866	100.0%
White	2524	51.9%
Black	148	3.0%
Asian	56	1.2%
Other	23	0.5%
Hispanic	2115	43.5%

¹Except for Hispanic, all races are non-Hispanic. Hispanic may be of any race.

Source: Illinois Department of Public Health.

**Figure 9.8: McHenry County
Births to Unmarried Mothers by Race/Ethnicity¹: 2004-2008**



¹Except for Hispanic, all races are Non-Hispanic. Hispanic may be of any race.

Source: Illinois Department of Public Health.

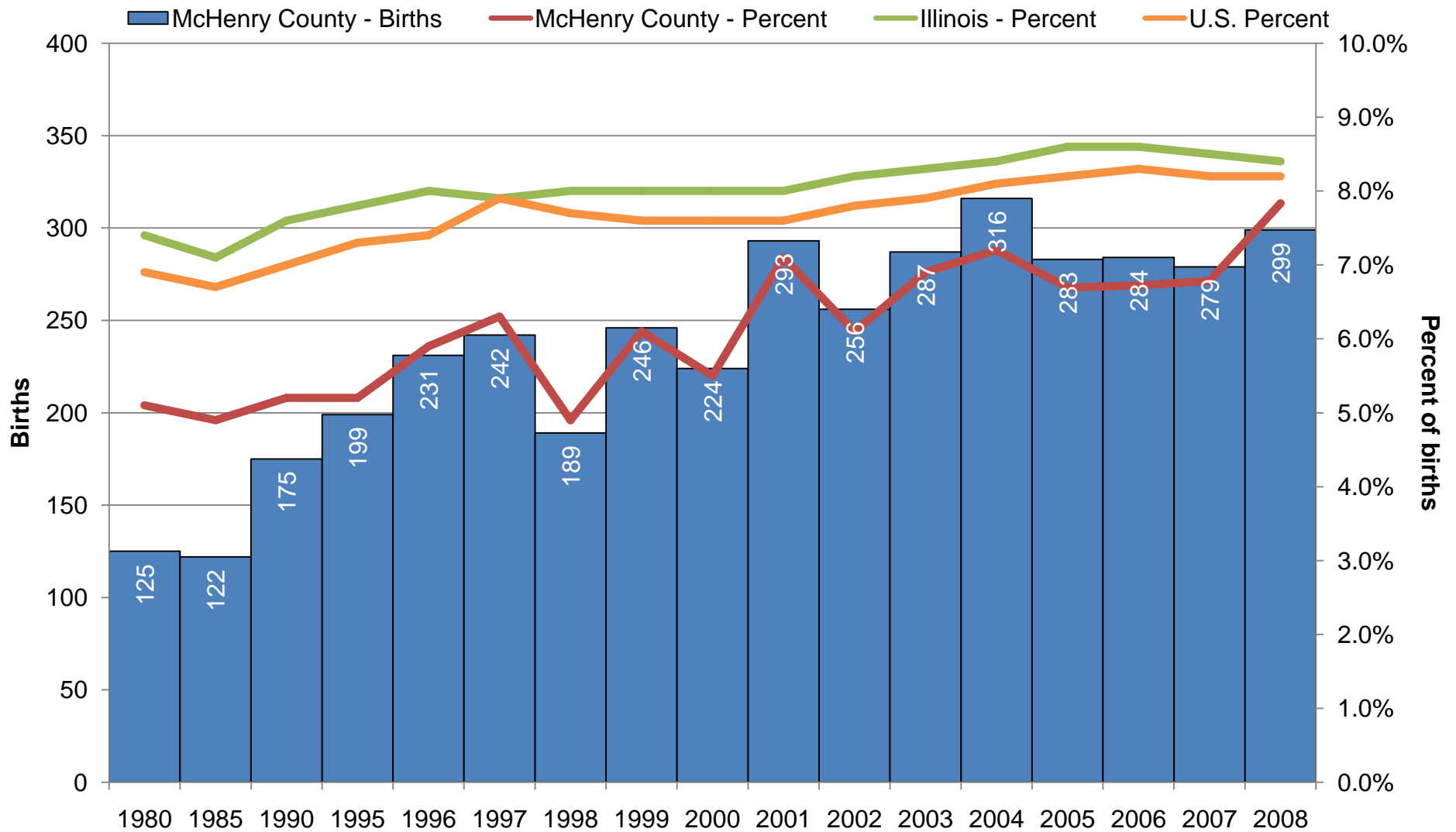
**Table 9.15: McHenry County, Illinois & U.S.
Low Birthweight Births¹: 1980-2008**

Year	McHenry County		Illinois	U.S.
	Number	Percent	Percent	Percent
2008	299	7.8%	8.4%	8.2%
2007	279	6.8%	8.5%	8.2%
2006	284	6.7%	8.6%	8.3%
2005	283	6.7%	8.6%	8.2%
2004	316	7.2%	8.4%	8.1%
2003	287	6.9%	8.3%	7.9%
2002	256	6.1%	8.2%	7.8%
2001	293	7.1%	8.0%	7.6%
2000	224	5.5%	8.0%	7.6%
1999	246	6.1%	8.0%	7.6%
1998	189	4.9%	8.0%	7.7%
1997	242	6.3%	7.9%	7.9%
1996	231	5.9%	8.0%	7.4%
1995	199	5.2%	7.8%	7.3%
1990	175	5.2%	7.6%	7.0%
1985	122	4.9%	7.1%	6.7%
1980	125	5.1%	7.4%	6.9%

¹Weight of birth of less than 5 lbs., 8 oz.
(2,500 grams).

Source: Illinois Department of Public Health
and National Center for Health Statistics.

**Figure 9.9: McHenry County, Illinois & U.S.
Low Birthweight Births (<2,500 grams or 5lbs, 8oz): 1980-2008**



Source: Illinois Department of Public Health; National Center for Health Statistics.

**Table 9.16: Select McHenry County
Communities, McHenry County & Illinois
Low Birthweight Births¹: 2008**

Community	Number	Percent
Algonquin Village (pt.)	33	11%
Cary Village	24	10%
Crystal Lake City	38	7%
Fox River Grove Village (pt.)	6	12%
Harvard City	22	10%
Huntley Village (pt.)	20	8%
Island Lake Village (pt.)	1	2%
Johnsburg Village	1	2%
Lake In The Hills Village	33	8%
McHenry City	37	7%
Marengo City	1	1%
Spring Grove Village	5	8%
Woodstock City	26	7%
McHenry County	299	8%
Illinois		8%

¹Weight of birth of less than 5 lbs., 8 oz. (2,500 grams).

(pt.) indicates that only part of the community is within McHenry County and only the portion of the community within McHenry County is described. .

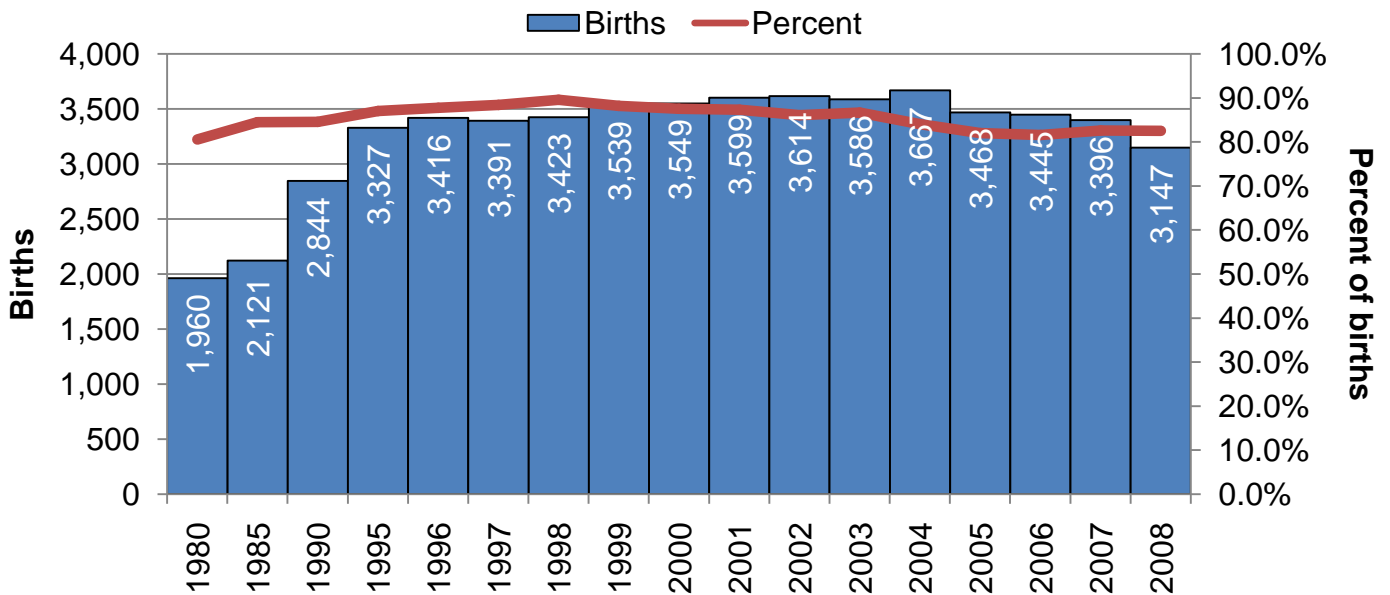
Source: Illinois Department of Public Health.

**Table 9.17: McHenry County
First Trimester Prenatal Care Received:
1980-2008**

Year	Total Births	First Trimester Care	
		Number	Percent
2008	3,816	3,147	82.5%
2007	4,113	3,396	82.6%
2006	4,224	3,445	81.6%
2005	4,229	3,468	82.0%
2004	4,364	3,667	84.0%
2003	4,141	3,586	86.6%
2002	4,200	3,614	86.0%
2001	4,125	3,599	87.2%
2000	4,056	3,549	87.5%
1999	4,016	3,539	88.1%
1998	3,822	3,423	89.6%
1997	3,836	3,391	88.4%
1996	3,894	3,416	87.7%
1995	3,824	3,327	87.0%
1990	3,365	2,844	84.5%
1985	2,512	2,121	84.4%
1980	2,435	1,960	80.5%

Source: Illinois Department of Public Health.

**Figure 9.10: McHenry County
First Trimester Prenatal Care Received: 1980-2008**



Source: Illinois Department of Public Health.

**Table 9.18: McHenry County & Illinois
First Trimester Prenatal Care by Race/Ethnicity: 2008**

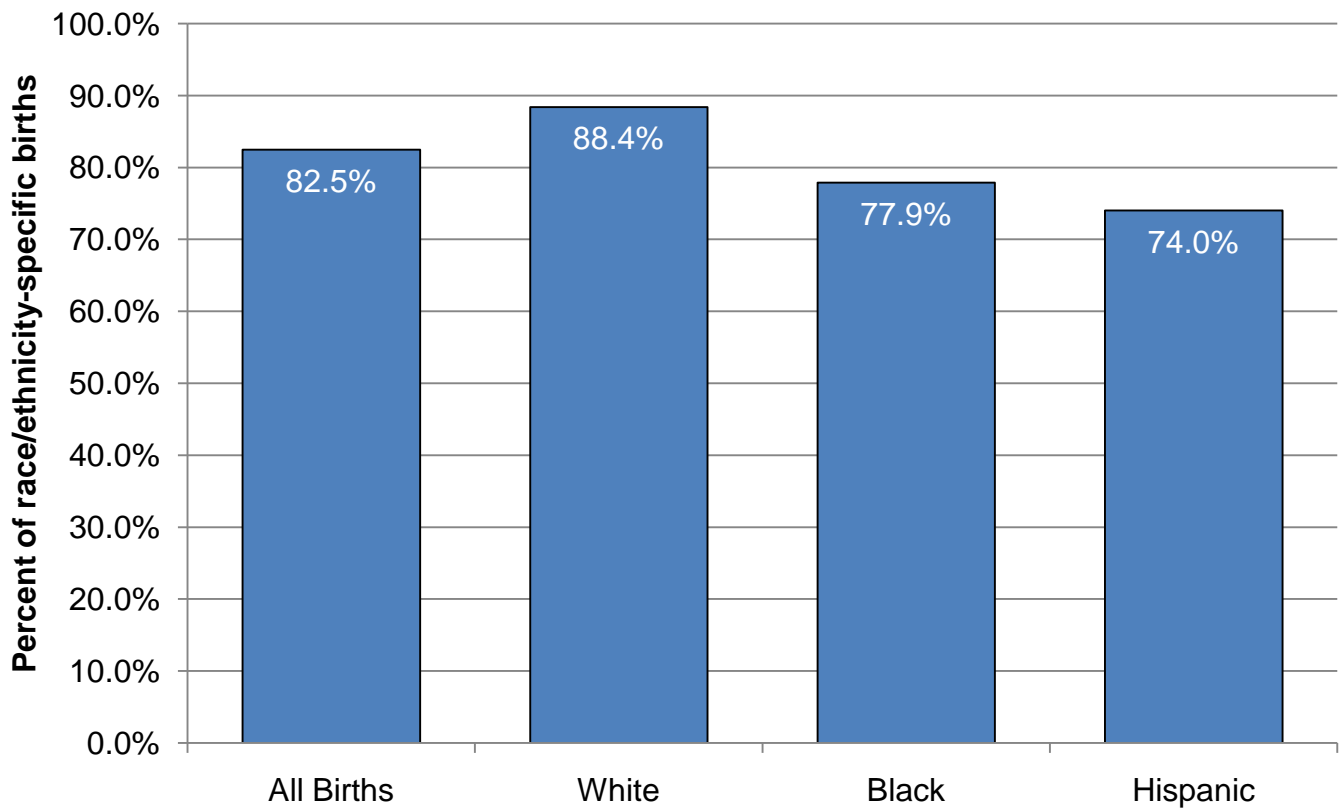
Race/ Ethnicity	McHenry County		Illinois	
	Total Births	First Trimester Care		
		Number	Percent of Births ²	Percent of Births ²
All Births	3,816	3,147	82.5%	86.3%
White	3,331	2,945	88.4%	88.3%
Black	77	60	77.9%	76.8%
Hispanic	693	513	74.0%	83.5%

¹Race may be of any ethnicity; Hispanic may be of any race.

²Percent of race/ethnicity-specific births

Source: Illinois Department of Public Health

**Figure 9.11: McHenry County
First Trimester Prenatal Care Received by Race/Ethnicity: 2008**



¹Race may be of any ethnicity; Hispanic may be of any race.

Source: Illinois Department of Public Health.

**Table 9.19: Select McHenry County
Communities
First Trimester Prenatal Care: 2008**

Community	Number	Percent
Algonquin Village (pt.)	257	88%
Cary Village	213	87%
Crystal Lake City	449	80%
Fox River Grove Village (pt.)	47	92%
Harvard City	141	62%
Huntley Village (pt.)	211	87%
Island Lake Village (pt.)	47	84%
Johnsburg Village	52	87%
Lake In The Hills Village	369	87%
McHenry City	445	82%
Marengo City	105	77%
Spring Grove Village	46	77%
Woodstock City	307	81%
McHenry County	3,147	82%
Illinois	86%	

(pt.) indicates that only part of the community is within McHenry County and only the portion of the community within McHenry County is described.

Source: Illinois Department of Public Health.

**Table 9.20: McHenry County & Illinois
Indices of Prenatal Care: 2006**

Indicator	McHenry County		Illinois Percent
	Number of Births	Percent	
Kessner Index			
Adequate	3,269	77.4%	74.7%
Intermediate	564	13.4%	15.7%
Inadequate	243	5.8%	8.4%
Kotelchuck Index			
Adequate Plus	1,370	32.4%	31.4%
Adequate	2,007	47.5%	48.8%
Intermediate	263	6.2%	10.9%
Inadequate	275	6.5%	8.1%
Unknown	309	7.3%	5.8%

Source: Illinois Department of Public Health, IPLAN Data System.

**Table 9.21: McHenry County & Illinois
Kessner Index Outcomes: 1990-2006**

Year	Percent of Births					
	McHenry County			Illinois		
	Adequate	Intermediate	Inadequate	Adequate	Intermediate	Inadequate
2006	77.4%	13.4%	5.8%	74.7%	15.7%	8.4%
2005	77.2%	13.8%	5.9%	74.4%	15.2%	9.1%
2004	79.8%	12.6%	4.8%	73.1%	15.9%	9.7%
2003	80.5%	12.7%	3.4%	74.4%	16.3%	8.2%
2002	83.6%	12.0%	2.6%	75.1%	17.0%	7.0%
2001	83.9%	11.9%	3.5%	74.5%	17.5%	7.3%
2000	83.8%	12.1%	3.8%	73.1%	18.6%	7.6%
1999	85.6%	11.3%	2.8%	73.8%	17.6%	8.0%
1998	85.7%	10.9%	3.0%	74.2%	17.6%	7.6%
1997	84.4%	12.1%	3.0%	73.7%	18.1%	7.6%
1996	83.5%	13.0%	2.7%	72.2%	19.1%	7.9%
1995	83.3%	12.3%	3.2%	71.9%	19.3%	8.0%
1990	77.0%	17.8%	4.5%	66.9%	23.7%	8.8%

Source: Illinois Department of Public Health, IPLAN Data System.

**Table 9.22: McHenry County
Kessner Index Outcomes by Race/Ethnicity: 2004-2008**

Race/Ethnicity ¹	Percent of Births		
	Adequate	Intermediate	Inadequate
White	83.2%	9.2%	4.9%
Black	70.5%	14.5%	9.1%
Asian	77.6%	11.1%	8.2%
Other	76.5%	13.7%	5.9%
Hispanic	59.2%	28.0%	7.4%

¹Race may be of any ethnicity; Hispanic may be of any race.

Source: Illinois Department of Public Health.

**Table 9.23: McHenry County & Illinois
Kotelchuck Index Outcomes: 1990-2006**

Year	Percent of Births									
	McHenry County					Illinois				
	Adequate Plus	Adequate	Intermediate	Inadequate	Unknown	Adequate Plus	Adequate	Intermediate	Inadequate	Unknown
2006	32.4%	47.5%	6.2%	6.5%	7.3%	31.4%	43.8%	10.9%	8.1%	5.8%
2005	33.6%	46.1%	6.6%	7.1%	6.6%	31.2%	43.7%	10.3%	8.2%	6.6%
2004	38.3%	43.6%	6.0%	6.9%	5.2%	30.5%	42.8%	10.9%	8.8%	7.0%
2003	36.9%	45.6%	7.6%	6.4%	3.5%	29.7%	44.4%	11.8%	8.9%	5.3%
2002	39.3%	47.0%	4.9%	6.7%	2.1%	30.1%	44.6%	12.4%	9.3%	3.7%
2001	36.5%	49.3%	5.8%	6.4%	1.9%	29.9%	44.6%	12.1%	10.2%	3.3%
2000	32.7%	52.0%	7.4%	6.3%	1.5%	30.6%	43.1%	12.0%	11.5%	2.8%
1999	30.7%	56.0%	6.3%	6.2%	7.0%	29.8%	45.1%	11.1%	11.5%	3.0%
1998	27.2%	57.4%	9.0%	5.2%	1.2%	29.1%	46.1%	11.3%	11.3%	2.6%
1997	27.2%	57.7%	8.0%	5.8%	1.4%	28.5%	46.4%	11.6%	11.6%	2.4%
1996	24.5%	59.6%	8.6%	6.0%	1.4%	26.9%	46.2%	12.4%	12.2%	2.7%
1995	23.9%	59.1%	8.6%	6.9%	1.5%	26.2%	46.4%	12.4%	12.8%	2.6%
1990	18.1%	51.9%	19.9%	8.9%	1.3%	21.4%	44.2%	17.6%	16.0%	1.3%

Source: Illinois Department of Public Health, IPLAN Data System.

**Table 9.24: McHenry County & Illinois
Mothers Who Use Tobacco Or Alcohol During Pregnancy:
1990-2008**

Year	Smoke Tobacco			Drink Alcohol		
	McHenry County		Illinois	McHenry County		Illinois
	Number	Percent	Percent	Number	Percent	Percent
2008	256	6.7%	7.9%	16	0.4%	0.3%
2007	271	6.6%	8.4%	6	0.1%	0.3%
2006	290	6.9%	8.6%	14	0.3%	0.3%
2005	278	6.6%	8.6%	8	0.2%	0.3%
2004	327	7.5%	10.2%	12	0.3%	1.5%
2003	330	8.0%	9.6%	14	0.3%	0.4%
2002	355	8.5%	10.0%	13	0.3%	0.4%
2001	367	8.9%	10.6%	12	0.3%	0.4%
2000	372	9.2%	10.9%	11	0.3%	0.5%
1999	410	10.2%	11.5%	28	0.7%	0.8%
1998	380	9.9%	12.0%	25	0.7%	0.8%
1997	444	11.6%	12.3%	21	0.5%	0.9%
1996	457	11.7%	12.7%	32	0.8%	1.1%
1995	485	12.7%	13.1%	62	1.6%	1.3%
1990	569	16.9%	16.4%	54	1.6%	1.9%

Source: Illinois Department of Public Health.

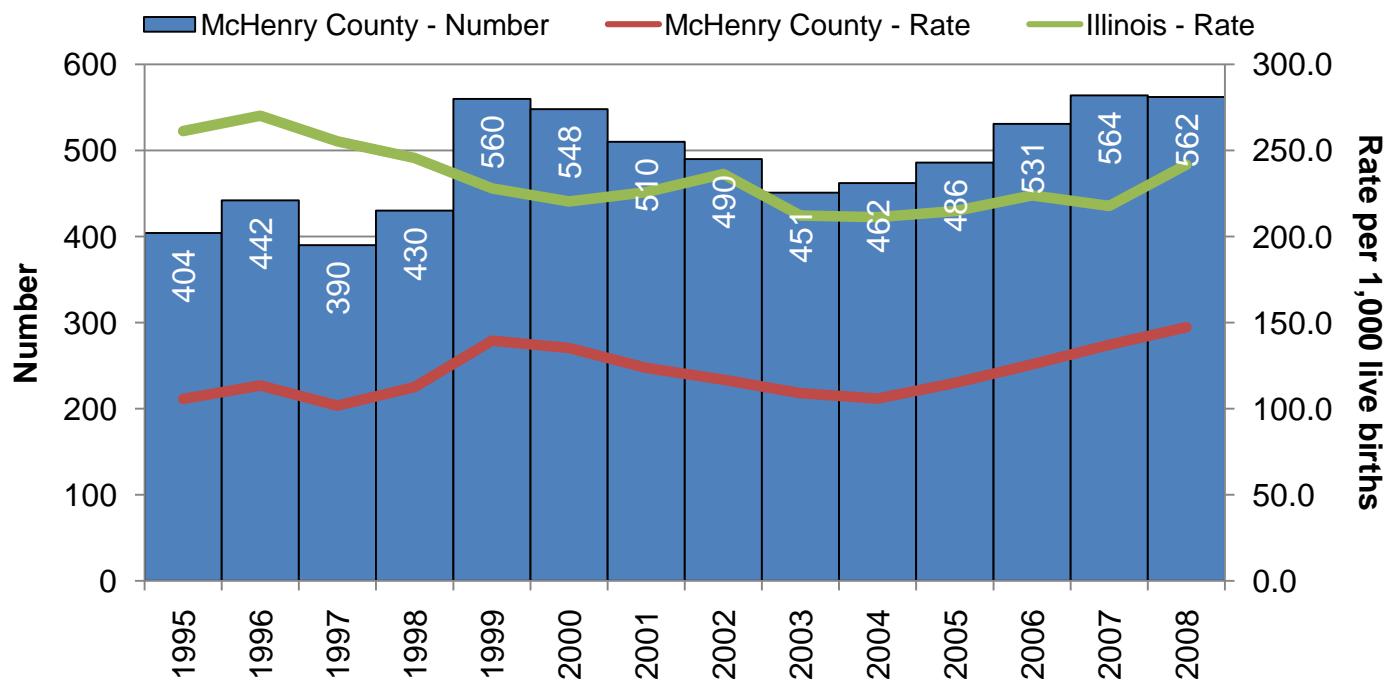
**Table 9.25: McHenry County & Illinois
Induced Pregnancy Terminations
(Abortions):
1995-2008**

Year	McHenry County		Illinois Rate ¹
	Number	Rate ¹	
2008	562	147.3	241.8
2007	564	137.1	217.6
2006	531	125.7	223.9
2005	486	114.9	214.7
2004	462	105.9	211.2
2003	451	108.9	212.2
2002	490	116.7	236.2
2001	510	123.6	225.6
2000	548	135.1	220.3
1999	560	139.4	228.0
1998	430	112.5	245.6
1997	390	101.7	255.3
1996	442	113.5	270.1
1995	404	105.6	261.1

¹Per 1,000 births

Source: Illinois Department of Public Health.

**Figure 9.12: McHenry County & Illinois
Induced Pregnancy Terminations (Abortions): 1995-2008**



Source: Illinois Department of Public Health.

**Table 9.26: McHenry County & Illinois
Selected Birth & Deliver Characteristics: 2008**

Characteristic	McHenry County		Illinois
	Number	Percent	Percent
All Births	3,816	100.0%	100.0%
Cesarean section delivery	1,350	35.4%	30.9%
Mother not high school graduate	489	12.8%	18.5%
First birth	1,115	29.2%	40.0%
At least second birth	2,701	70.8%	60.0%

Source: Illinois Department of Public Health.

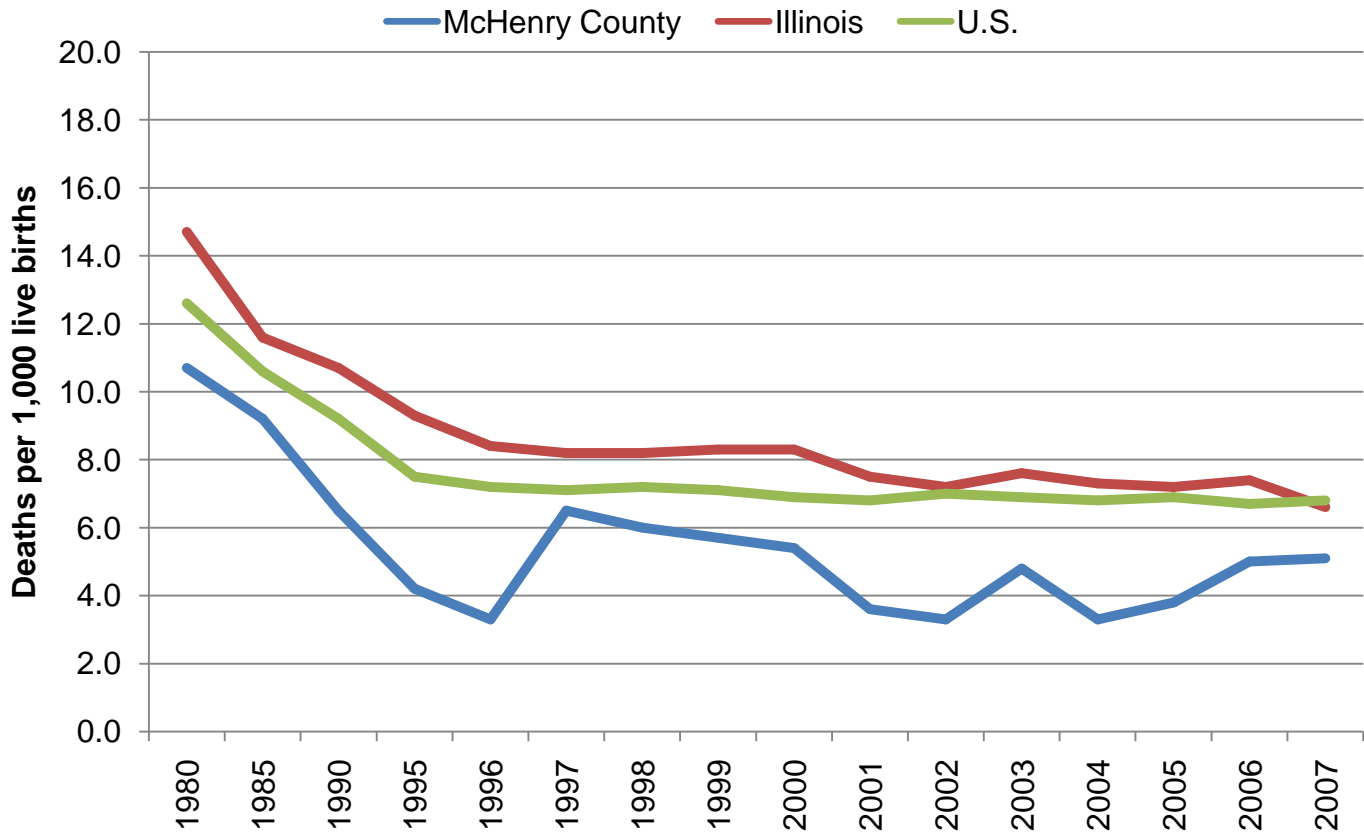
**Table 9.27: McHenry County & Illinois
Infant Deaths: 1980-2007**

Year	McHenry County		Illinois	U.S.
	Number	Rate ¹	Rate ¹	Rate ¹
2007	21	5.1	6.6	6.8
2006	21	5.0	7.4	6.7
2005	16	3.8	7.2	6.9
2004	14	3.3	7.3	6.8
2003	20	4.8	7.6	6.9
2002	14	3.3	7.2	7.0
2001	15	3.6	7.5	6.8
2000	22	5.4	8.3	6.9
1999	23	5.7	8.3	7.1
1998	23	6.0	8.2	7.2
1997	25	6.5	8.2	7.1
1996	13	3.3	8.4	7.2
1995	16	4.2	9.3	7.5
1990	22	6.5	10.7	9.2
1985	23	9.2	11.6	10.6
1980	26	10.7	14.7	12.6

¹Per 1,000 live births

Source: Illinois Department of Public Health and National Center for Health Statistics.

**Figure 9.13: McHenry County, Illinois & U.S.
Infant Death Rate: 1980-2007**



Source: Illinois Department of Public Health; National Center for Health Statistics.

**Table 9.28: McHenry County,
Illinois & U.S.
Five-Year Average Annual Infant
Death Rates¹: 1985-2007**

Year	McHenry County	Illinois	U.S.
2005-2007	4.6	7.1	6.8
2000-2004	4.1	7.6	6.9
1995-1999	5.2	8.5	7.2
1990-1994	5.8	10.0	8.6
1985-1989	8.9	11.6	10.2

¹Per 1,000 births

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

Chapter 10: Mortality

Tables & Figures

- McHenry County recorded 1,820 deaths in 2007 - a rate of 5.8 deaths per 1,000 population. This rate was substantially lower than Illinois at 7.8 and the U.S. at 8.0. Table 10.1
Figure 10.1
- From 1980 to 2007, the annual number of deaths increased, while the death rate decreased reflecting an increase in the population of McHenry County. The death rate for McHenry County was consistently lower than Illinois and the U.S. since 1980. Table 10.1
Figure 10.1
- McHenry County's age-adjusted death rate for 2007 was 7.2 deaths per 1,000 population, which was lower than both Illinois and the U.S. at 7.6. Table 10.2
- Compared to the U.S., McHenry County reported lower death rates for all age groups except 5-14 years, 75-84 years and 85 years and older. Among these age groups, those 85 years and older have the highest death rate at 14,960.2 deaths per 100,000 population. Table 10.3
- In 2007, people 75 years and older comprised 59% of all deaths in McHenry County, while 65-75 year olds comprised 17% of the deaths followed by 55-64 year olds at 12%. Figure 10.2
- In 2007, cardiovascular diseases, which include heart disease, cerebrovascular disease (stroke), atherosclerosis and aortic aneurysm/dissection, recorded the highest number of deaths with 568 followed by malignant neoplasms (cancer) with 493 deaths. Table 10.4
- The top five leading causes of death for 2007 in McHenry County were cancer (156.7 deaths per 1,000), heart disease (132.8), accidents (38.1), stroke (35.0), and chronic lower respiratory diseases (29.9). Table 10.6
Figure 10.3
- Compared to Illinois and the U.S. in 2007, McHenry County had lower death rates for cancer, heart disease, accidents, stroke, chronic lower respiratory disease (formerly COPD), Alzheimer's disease, kidney disease, diabetes, influenza and pneumonia, suicide, septicemia, perinatal conditions, atherosclerosis, homicide and HIV infection. McHenry County had a higher death rate for chronic liver disease and cirrhosis, and congenital malformation than Illinois, but lower than the national rate. Table 10.6
- In 2007 in McHenry County, the top six causes of death by age-adjusted death rate include cancer, heart disease, stroke, chronic lower respiratory diseases, accidents and Alzheimer's disease. Compared to 1997, all six age-adjusted death rates were higher in 2007. Table 10.7

- The age-adjusted death rate in 2007 was higher in McHenry County for cancer, stroke, chronic lower respiratory diseases (formerly COPD), and Alzheimer's disease compared to Illinois. Illinois had higher age-adjusted mortality rates for heart disease and accidents. Table 10.7
- Comparing 2006-2007 to 1996-1997, a higher percentage of deaths in 2006-2007 were from cancer, while a lower percentage of deaths were due to heart disease and stroke. Table 10.8
- For 2005-2007, 2,755 McHenry County women and 2,568 men died. The age-adjusted death rate was higher for men at 839.9 compared to 646.2 for women. For women, the top cause of death was cancer followed by heart disease. Among men, more died from cancer than heart disease, but the age-adjusted death rate was higher for heart disease compared to cancer. For both cancer and heart disease, men had a higher age-adjusted death rate. For leading causes of death, Alzheimer's disease was the only cause where women had a higher age-adjusted death rate. Table 10.9
Figure 10.4
- In McHenry County during 2007, 450 (24.7%) deaths were premature (before age 65), which was lower than the percent in Illinois at 26.4%. Two causes of death claimed more than half prematurely: suicide (90.3% of suicide deaths were under 65 years old) and accidents (67.4%). The percent of premature of suicide deaths was higher in McHenry County than Illinois. Table 10.10
Figure 10.5
- Cancer accounted for the most years of potential life lost (YPLL) in 2006 followed by accidents and perinatal conditions, with YPLL values equal to 1,849, 1,536, and 1,035 respectively. Table 10.11
- In 2007, the age-adjusted death rate for non-Hispanic Whites was 90% greater than the age-adjusted death rate for Hispanics. For Whites and Hispanics, the age-adjusted death rate in McHenry County was lower than Illinois and the U.S. Table 10.13
Figure 10.6
- For 2005-2007, the age-adjusted cancer mortality rate was highest among Blacks at 417.7 per 100,000 population, followed by Whites at 193.9 in McHenry County. Hispanics had the lowest cancer mortality rate at 75.1. Table 10.14
Figure 10.7
- For 2005-2007, the age-adjusted heart disease mortality rate was highest among Blacks at 285.8 per 100,000 population, followed by Whites at 186.1 and Hispanics at 116.1 in McHenry County. Table 10.14
Figure 10.7

- The five leading causes of death among non-Hispanic Whites in McHenry County in 2003-2007 were lung cancer, stroke, heart attack, chronic lower respiratory disease (formerly COPD) and Alzheimer's disease. Among Hispanics, the five leading causes of death were motor vehicle accidents, perinatal conditions, congenital malformations, heart attack and lung cancer. Table 10.15
- In 2005-2007, almost two-thirds of the deaths among Blacks and Hispanics in McHenry County occurred prematurely (before age 65) at 66.7% and 60.7% respectively, compared to 24.5% among whites. Table 10.16
Figure 10.8
- Causes of death varied greatly by from 2003 to 2007. For infants, over half (55.6%) of the deaths were perinatal conditions and 27.3% from congenital malformations. For those 15 to 44 years old, the leading cause of death was motor vehicle accidents. For adults 45-74 years old, the leading cause of death was lung cancer, which accounted for the deaths of 12.3% of 45-64 year olds and 13.4% for 65-74 year olds. The leading cause of death for adults 75 years old and older was stroke (8.2%) followed by Alzheimer's disease (5.4%). Table 10.17
- During 2003-2007, the site-specific cancer mortality rates among men in McHenry County were highest for lung cancer at 63.8 deaths per 100,000 men, followed by prostate cancer (24.8) and colorectal cancer (20.8). Among women in McHenry County, cancer mortality rates were highest for lung cancer at 46.2 deaths per 100,000 women, followed by breast cancer (27.0) and colorectal cancer (15.3). Table 10.18
- The number of births has exceeded the number deaths for every year since 1980 by an average of 2.6 times. For 2007, the number of births was 2.38 times the number of deaths. Table 10.19
Figure 10.9

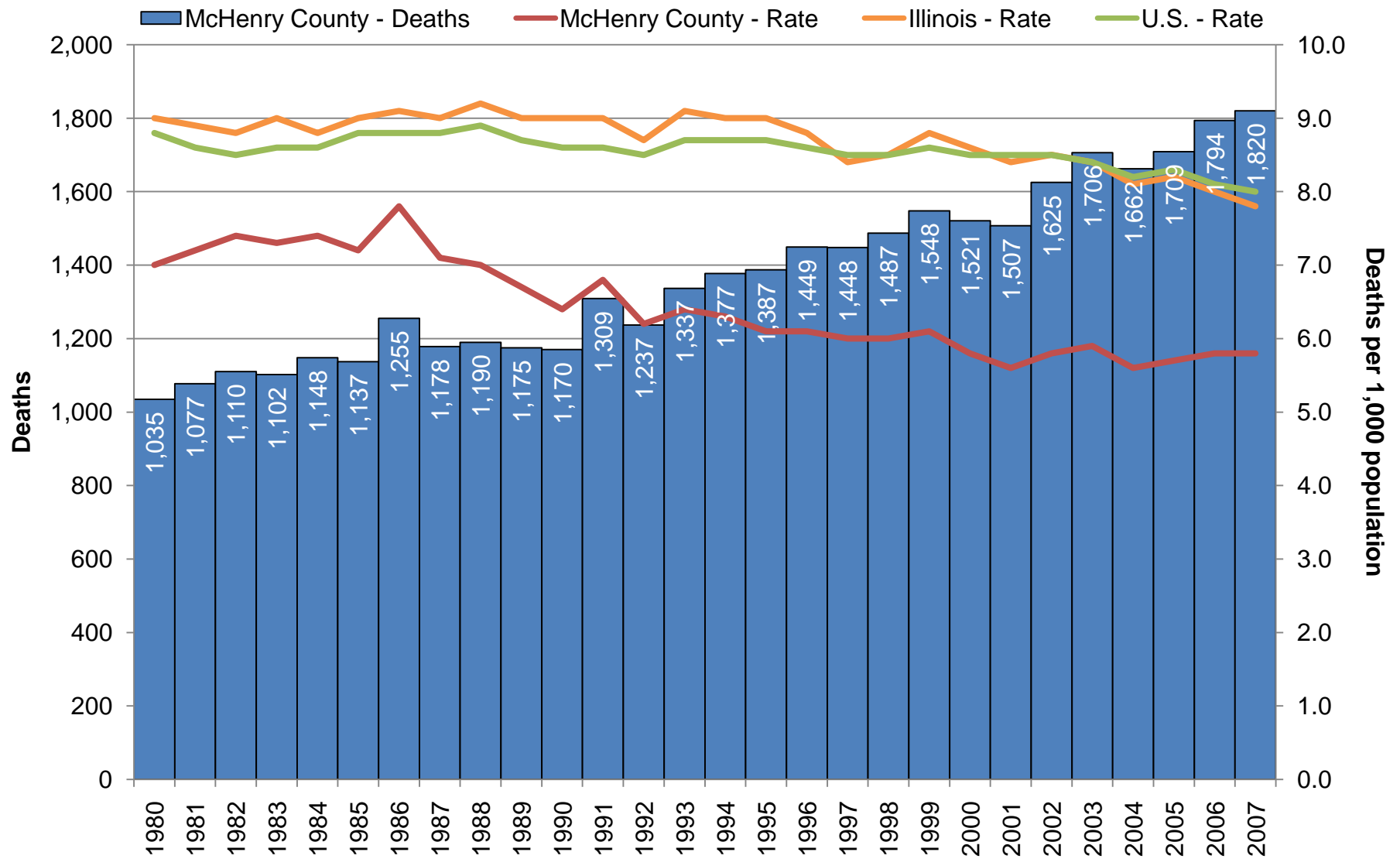
**Table 10.1: McHenry County, Illinois &
U.S.
Total Resident Deaths and Death Rates:
1980-2007**

Year	McHenry County		Illinois	U.S.
	Deaths	Rate ¹	Rate ¹	Rate ¹
2007	1,820	5.8	7.8	8.0
2006	1,794	5.8	8.0	8.1
2005	1,709	5.7	8.2	8.3
2004	1,662	5.6	8.1	8.2
2003	1,706	5.9	8.4	8.4
2002	1,625	5.8	8.5	8.5
2001	1,507	5.6	8.4	8.5
2000	1,521	5.8	8.6	8.5
1999	1,548	6.1	8.8	8.6
1998	1,487	6.0	8.5	8.5
1997	1,448	6.0	8.4	8.5
1996	1,449	6.1	8.8	8.6
1995	1,387	6.1	9.0	8.7
1994	1,377	6.3	9.0	8.7
1993	1,337	6.4	9.1	8.7
1992	1,237	6.2	8.7	8.5
1991	1,309	6.8	9.0	8.6
1990	1,170	6.4	9.0	8.6
1989	1,175	6.7	9.0	8.7
1988	1,190	7.0	9.2	8.9
1987	1,178	7.1	9.0	8.8
1986	1,255	7.8	9.1	8.8
1985	1,137	7.2	9.0	8.8
1984	1,148	7.4	8.8	8.6
1983	1,102	7.3	9.0	8.6
1982	1,110	7.4	8.8	8.5
1981	1,077	7.2	8.9	8.6
1980	1,035	7.0	9.0	8.8

¹Deaths per 1,000 population

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Figure 10.1: McHenry County, Illinois & U.S.
Total Resident Deaths & Death Rates: 1980-2007**



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

Table 10.2: McHenry County, Illinois & U.S.

Age-Adjusted Death Rate: 2007

Area	Crude Rate	Age-Adjusted Rate ¹
McHenry County	5.8	7.2
Illinois	7.8	7.6
U.S.	8.0	7.6

¹Deaths per 1,000 population adjusted to 2000 U.S. Standard Population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

Table 10.3: McHenry County & U.S. Death and Death Rates by Age Group: 2007

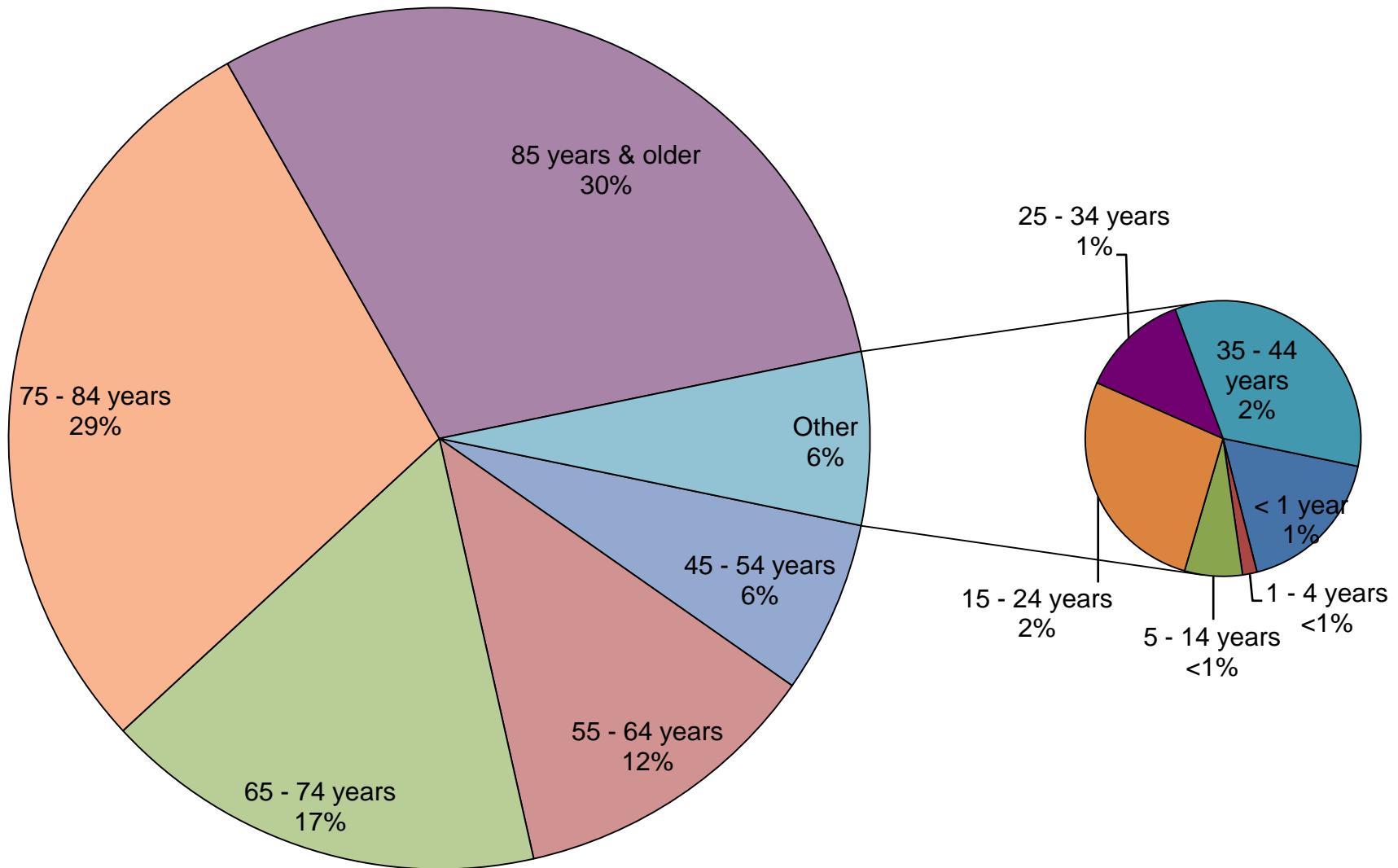
Year	McHenry County		U.S. Rate ¹
	Deaths	Rate ¹	
All Deaths	1,820	578.4	803.6
< 1 year	21	491.6	684.5
1-4 years	2	*11.3	28.6
5-14 years	8	*16.5	15.3
15-24 years	32	75.6	79.9
25-34 years	15	*35.2	104.9
35-44 years	40	80.3	184.4
45-54 years	118	241.5	420.9
55-64 years	214	703.1	877.7
65-74 years	303	1,819.2	2,011.3
75-84 years	522	5,243.6	5,011.6
85 years & older	545	14,960.2	12,946.5

¹Deaths per 100,000 population

*Rate is unreliable, which is defined as a rate with a numerator of 20 or less.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Figure 10.2: McHenry County
Deaths by Age Group: 2007**



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.4: McHenry County
Deaths by Cause: 2000-2007**

Cause	2007	2006	2005	2004	2003	2002	2001	2000
All Deaths	1,820	1,711	1,643	1,621	1,639	1,625	1,507	1,521
Infectious and parasite diseases	44	40	29	27	36	44	34	22
Septicemia	29	27	19	19	28	31	27	14
Viral hepatitis	2	3	2	2	1	7	2	2
HIV disease	1	1	2	1	2	1	1	3
Malignant neoplasms	493	501	428	441	446	429	410	396
Colorectal	41	43	41	35	50	54	51	37
Bronchus and lung	145	125	118	128	123	116	105	110
Female breast	41	43	36	25	42	35	34	30
Cervical	0	1	4	1	3	4	1	1
Prostate	29	23	12	11	24	19	22	18
Central nervous system	12	12	8	21	13	6	8	9
Diabetes mellitus	40	47	49	50	49	43	56	37
Alzheimer's disease	66	54	50	57	54	44	30	35
Major cardiovascular diseases	568	588	605	542	610	581	535	592
Heart disease	418	439	444	413	451	427	402	447
Cerebrovascular disease	110	93	99	95	119	109	85	104
Atherosclerosis	6	4	10	5	8	11	12	8
Aortic aneurysm/dissection	9	14	14	11	9	5	16	10
Respiratory diseases	158	146	160	146	130	128	121	127
Influenza & pneumonia	31	29	36	26	26	35	36	30
Chronic lower respiratory disease	94	77	91	83	74	76	59	73
Chronic liver disease & cirrhosis	26	18	16	18	24	14	15	14
Nephritis, nephrotic syndrome, nephrosis	43	33	20	33	33	32	18	19
Perinatal conditions	0	16	10	13	7	7	7	8
Congenital malformations	10	4	11	8	13	9	11	8
External causes	128	113	122	121	93	105	107	111
Accidents	89	82	87	85	72	74	75	82
Motor vehicle accidents	39	35	37	38	39	36	35	34
Suicide	31	24	25	22	14	18	21	19
Homicide	3	5	3	8	2	6	3	2
Population (for reference)	314,669	309,779	302,621	296,260	288,559	279,015	270,110	260,062

Note: Some disease definitions changed from ICD-9 to ICD-10 adopted in 1999. Minor terminology changes also occurred.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.5: McHenry County
Deaths by Cause: 1980-1999**

Cause	1999	1998	1997	1996	1995	1990	1985	1980
All Deaths	1,549	1,485	1,440	1,445	1,382	1,160	1,134	1,013
Heart Disease	424	421	402	412	408	376	428	416
Malignant Neoplasms	391	385	359	341	358	289	245	221
Lung	102	105	103	102	92	69	55	53
Colorectal	40	41	42	34	43	42	42	32
Female breast	39	38	30	24	41	29	27	21
Leukemia, Lymphoma & Hematopoietic	44	32	32	37	32	23	29	21
Cerebrovascular disease	120	119	116	108	94	96	97	93
Accidents	76	4	56	72	67	54	59	46
Motor vehicle accidents	43	26	34	51	42	32	45	34
Chronic obstructive pulmonary disease	74	67	69	73	68	50	43	17
Pneumonia & influenza	39	52	49	63	37	46	33	32
Diabetes mellitus	39	23	44	44	32	13	22	14
Cirrhosis of liver	20	19	18	13	18	14	12	21
Arteriosclerosis	17	10	14	14	20	15	16	14
Nephritis & nephrosis	21	25	18	15	17	11	6	6
Septicemia	21	11	11	15	9	10	4	3
Suicide	14	27	23	31	22	15	18	14
Homicide	3	2	5	5	2	2	1	2
Perinatal Conditions	14	13	8	6	11	9	11	14
Congenital anomalies	12	11	12	7	3	6	11	12
HIV infection	2	1	3	4	7	2	-	-
Population (for reference)	255,448	248,529	242,449	235,954	228,762	183,241	158,600	147,897

Note: Format and terminology follow Illinois Department of Public Health reports.

Source: Illinois Department of Public Health.

**Table 10.6: McHenry County, Illinois & U.S.
Deaths by Cause: 2007**

Cause	McHenry County		Illinois	U.S.
	Number	Rate ¹	Rate ¹	Rate ¹
All Causes	1,820	578.4	783.6	803.6
Cancer (malignant neoplasms)	493	156.7	188.0	186.6
Heart disease	418	132.8	201.3	204.3
Accidents (unintentional injuries)	120	38.1	42.3	51.9
Stroke (cerebrovascular disease)	110	35.0	45.7	45.1
Chronic lower respiratory diseases ²	94	29.9	37.0	42.4
Alzheimer's disease	66	21.0	21.3	24.7
Nephritis, nephrotic syndrome and nephrosis	43	13.7	19.8	15.4
Diabetes mellitus	40	12.7	22.2	23.7
Influenza & pneumonia	31	9.9	19.9	17.5
Suicide	31	9.9	8.6	11.5
Septicemia	29	9.2	16.4	11.5
Chronic liver disease & cirrhosis	26	8.3	8.1	9.7
Perinatal conditions	11	*3.5	5.4	4.8
Congenital malformations	10	*3.2	3.1	3.5
Atherosclerosis	6	*1.9	2.4	2.7
Homicide	3	*1.0	6.7	6.1
HIV infection	1	*0.3	2.4	3.7

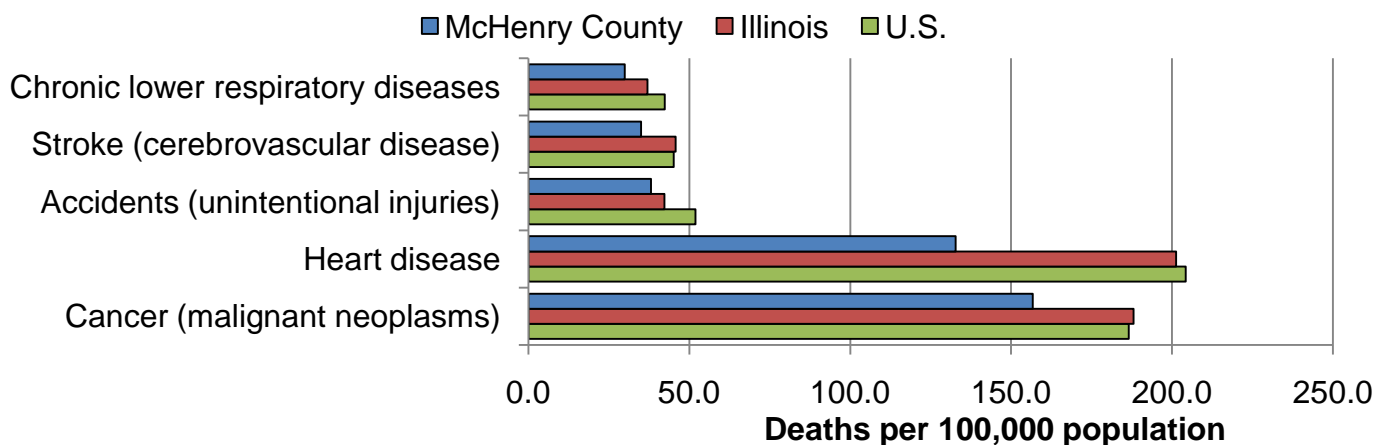
¹Rate per 100,000 population, not age-adjusted.

²Previously known as chronic obstructive pulmonary disease (COPD)

*Rate is unreliable, which is defined as a rate with a numerator of 20 or less.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Figure 10.3: McHenry County, Illinois & U.S.
Death Rate for Top Five Leading Causes of Death: 2007**



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

Changes in the classifying death by International Classification of Disease (ICD) ICD-9 to ICD-10 alter interpretation and comparison of rates.	
Cause	Comparability Ratio ICD-10:ICD-9
Stroke (Cerebrovascular disease)	1.06
Chronic Lower Respiratory Disease	1.05
Pneumonia & Influenza	0.7
Kidney disease	1.23
Septicemia	1.19

**Table 10.7: McHenry County, Illinois & U.S.
Age-Adjusted Death Rates¹ for Six Leading Causes: 1997 & 2007**

Cause	McHenry County		Illinois 2007	U.S. 2007
	2007	1997		
Cancer (malignant neoplasms)	190.8	147.2	186.0	178.4
Heart disease	169.1	161.3	192.9	190.9
Stroke (cerebrovascular disease)	45.5	47.4	43.9	42.2
Chronic lower respiratory diseases ²	39.1	27.2	36.7	40.8
Accidents (unintentional injuries)	30.3	20.6	33.1	39.4
Alzheimer's disease	28.8	*5.8	19.9	22.7

¹Rate per 100,000 population using 2000 U.S. standard population.

²Previously known as chronic obstructive pulmonary disease (COPD).

*Rate is unreliable, which is defined as a rate with a numerator of 20 or less.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.8: McHenry County
Deaths for Leading Causes as Percent of All:
2006-2007 Compared To 1996-1997**

Cause	2006-2007		1996-1997	
	Number	Percent	Number	Percent
All Causes	3,614	100%	2,897	100%
Cancer (malignant neoplasms)	994	27.5%	702	24.2%
Heart disease	857	23.7%	773	26.7%
Stroke (cerebrovascular disease)	203	5.6%	217	7.5%
Accidents (unintentional injury)	174	4.8%	117	4.0%
Chronic lower respiratory diseases ¹	171	4.7%	136	4.7%
Alzheimer's disease	120	3.3%	34	1.2%
Diabetes mellitus	87	2.4%	91	3.1%
Nephritis, nephrotic syndrome & nephrosis	77	2.1%	31	1.1%
Influenza & pneumonia	60	1.7%	113	3.9%
Septicemia	56	1.5%	27	0.9%
Suicide	55	1.5%	42	1.4%
Chronic liver disease & cirrhosis	44	1.2%	33	1.1%
Parkinson's disease	34	0.9%	24	0.8%
In situ & benign neoplasms	28	0.8%	10	0.3%
Perinatal conditions	27	0.7%	16	0.6%

¹Also referred to as chronic obstructive pulmonary disease (COPD). Beginning in 1999, this cause of death is classified as chronic lower respiratory diseases.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.9: McHenry County
Selected Death Causes by Gender: 2005-2007**

Cause	Female			Male		
	Number	Crude Rate ¹	Age-Adjusted Rate ²	Number	Crude Rate ¹	Age-Adjusted Rate ²
All Causes	2,755	597.9	646.2	2,568	522.3	839.9
Cancer (malignant neoplasms)	733	159.1	174.5	689	148.2	214.6
Heart disease	661	143.4	153.0	640	137.6	217.1
Stroke (cerebrovascular disease)	184	39.9	43.1	118	25.4	44.8
Chronic lower respiratory diseases ³	147	31.9	36.0	115	24.7	44.0
Alzheimer's disease	122	26.5	27.9	48	10.3	20.8
Accidents (unintentional injuries)	74	16.1	16.9	187	40.2	46.2
Diabetes mellitus	69	15.0	16.8	67	14.4	21.5
Influenza & pneumonia	53	11.5	12.3	43	9.2	15.8
Nephritis, nephrotic syndrome, & nephrosis	45	9.9	10.9	51	11.0	18.0
Suicide	17	*3.7	*3.6	63	13.5	13.6

¹Rate per 100,000 population, not age-adjusted.

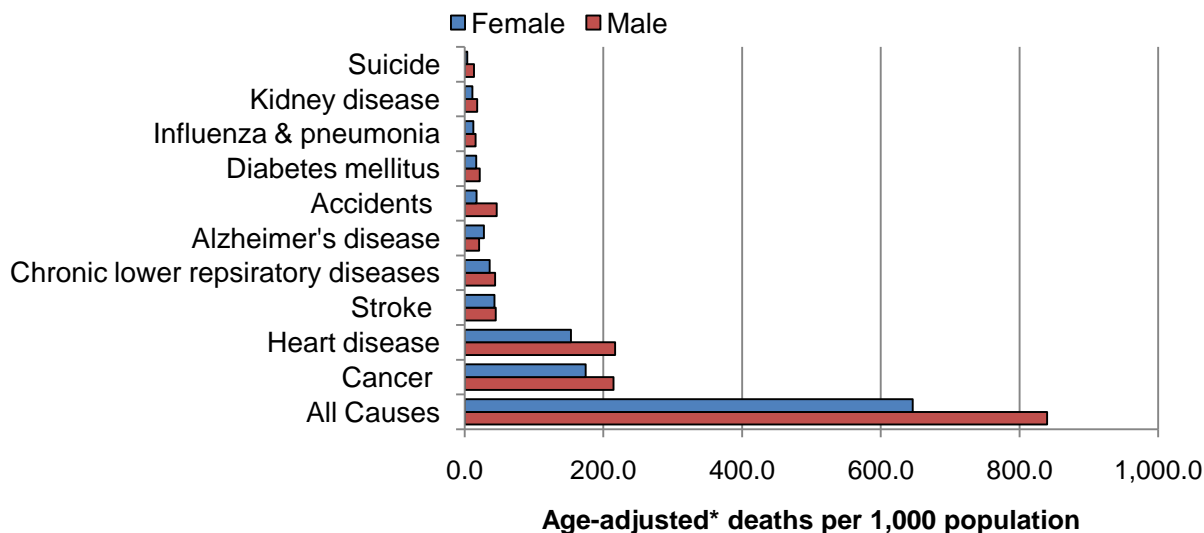
²Deaths per 1,000 population adjusted to 2000 U.S. Standard Population.

³Also referred to as chronic obstructive pulmonary disease (COPD). Beginning in 1999, this cause of death is classified as chronic lower respiratory diseases.

*Rate is unreliable, which is defined as a rate with a numerator of 20 or less.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Figure 10.4: McHenry County
Leading Causes of Death by Gender: 2005-2007**



*Adjusted to 2000 U.S. Standard Population

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

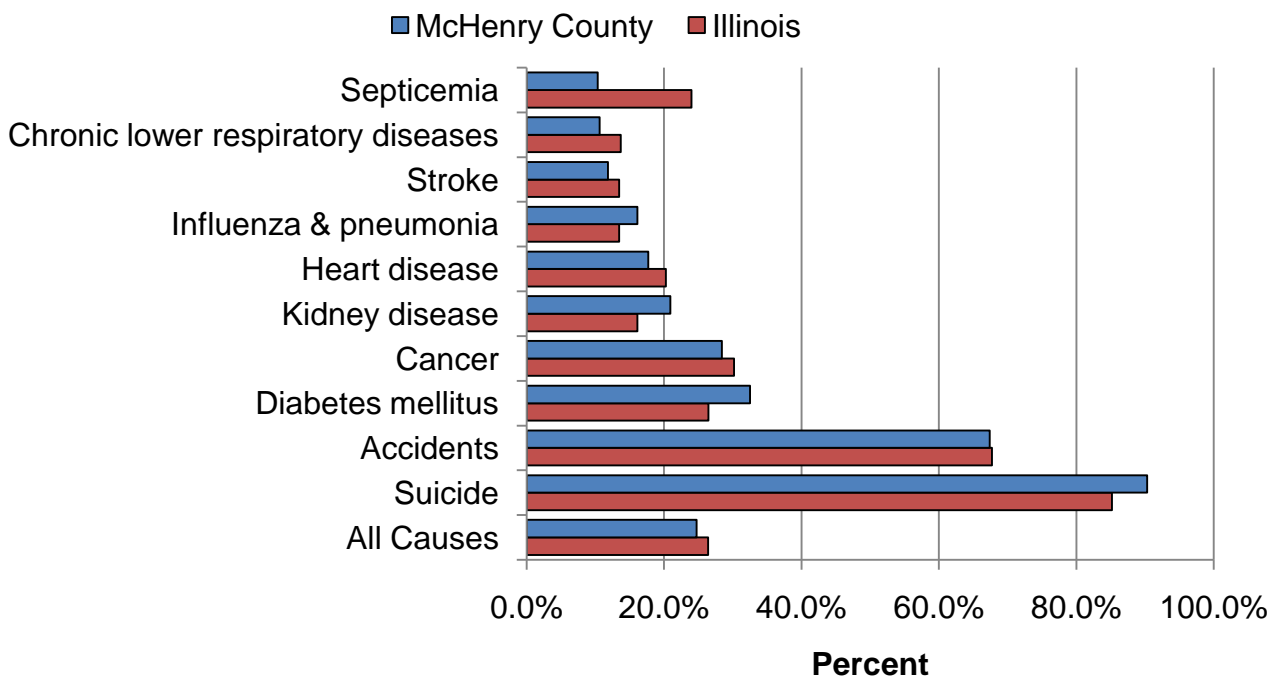
**Table 10.10: McHenry County & Illinois
Deaths Before 65 Years Old for Selected Causes: 2007**

Cause	McHenry County			Illinois
	Total Deaths	Before Age 65	Percent Under 65 Years	Percent Under 65 Years
All Causes	1,820	450	24.7%	26.4%
Cancer (malignant neoplasms)	493	140	28.4%	30.2%
Heart disease	418	74	17.7%	20.3%
Stroke (cerebrovascular disease)	110	13	11.8%	13.4%
Chronic lower respiratory diseases ¹	94	10	10.6%	13.7%
Accidents (unintentional injuries)	92	62	67.4%	67.7%
Nephritis, nephrotic syndrome, & nephrosis	43	9	20.9%	16.1%
Diabetes mellitus	40	13	32.5%	26.4%
Influenza & pneumonia	31	5	16.1%	13.5%
Suicide	31	28	90.3%	85.2%
Septicemia	29	3	10.3%	24.0%

¹Also referred to as chronic obstructive pulmonary disease (COPD). Beginning in 1999, this cause of death is classified as chronic lower respiratory diseases.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Figure 10.5: McHenry County & Illinois
Percent of Deaths Before Age 65 Years for Select Causes: 2007**



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.11: McHenry County
Years of Potential Life Lost¹ for Select
Causes of Death: 2006**

Cause	Total
Cancer (malignant neoplasms)	1,849
Accidents (unintentional injuries)	1,536
Perinatal conditions	1,035
Heart disease	916
Suicide	459
Congenital malformations	194

¹Before age 65

Source: Illinois Department of Public Health, IPLAN Data System

**Table 10.12: McHenry County
Number of Deaths by Race/Ethnicity¹:
1999-2007**

Year	White	Black	Other	Hispanic
2007	1,750	9	15	37
2006	1,725	12	13	37
2005	1,633	6	17	48
2004	1,596	8	9	46
2003	1,659	5	9	30
2002	1,565	9	14	32
2001	1,454	9	6	29
2000	1,484	4	6	21
1999	1,508	1	9	28

¹Except for Hispanic, all races are non-Hispanic and Hispanic can be of any race.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.13: McHenry County, Illinois & U.S.
Crude and Age-Adjusted Death Rates by Race/Ethnicity¹: 2007**

Area	Total		White		Black		Asian/ Pacific Islander		Hispanic	
	Crude Rate ²	Age-Adjusted Rate ³	Crude Rate ²	Age-Adjusted Rate ³	Crude Rate ²	Age-Adjusted Rate ³	Crude Rate ²	Age-Adjusted Rate ³	Crude Rate ²	Age-Adjusted Rate ³
McHenry County	578.4	719.3	654.7	735.1	*234.7	*861.8	*139.8	*243.9	110.0	386.0
Illinois	783.6	760.3	944.1	747.7	811.0	1,019.8	220.1	340.3	191.9	434.4
U.S.	803.6	760.2	964.1	763.3	750.7	978.6	313.7	415.2	297.8	546.1

¹Except for Hispanic, all races are non-Hispanic and Hispanic can be of any race.

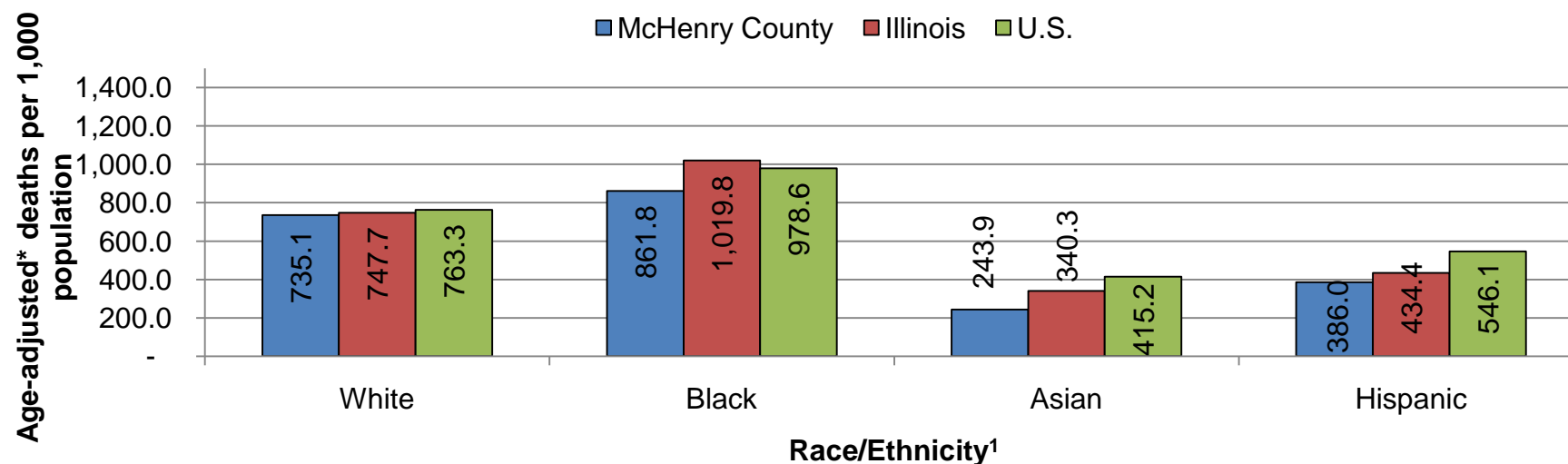
²Rate per 100,000 population, not age-adjusted.

³Deaths per 1,000 population adjusted to 2000 U.S. Standard Population.

*Rate is unreliable, which is defined as a rate with a numerator of 20 or less.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Figure 10.6: McHenry County, Illinois & U.S.
Death Rate by Race/Ethnicity: 2007**



¹Except for Hispanic, all races are non-Hispanic and Hispanic can be of any race.

*Adjusted to 2000 U.S. Standard Population

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.14: McHenry County, Illinois & U.S.
Age-Adjusted Death Rates¹ for Two Leading Causes of Death by Race/Ethnicity²: 2005-2007**

Cause	McHenry County				Illinois				U.S.			
	White	Black	Asian/ Pacific Islander	Hispanic	White	Black	Asian/ Pacific Islander	Hispanic	White	Black	Asian/ Pacific Islander	Hispanic
Cancer (malignant neoplasms)	193.9	*417.7	*97.1	75.1	188.8	243.9	66.8	99.0	184.6	222.8	108.0	118.9
Heart disease	186.1	*285.8	*50.7	116.1	201.5	273	89.2	106.8	200.7	263.1	107.2	145.3

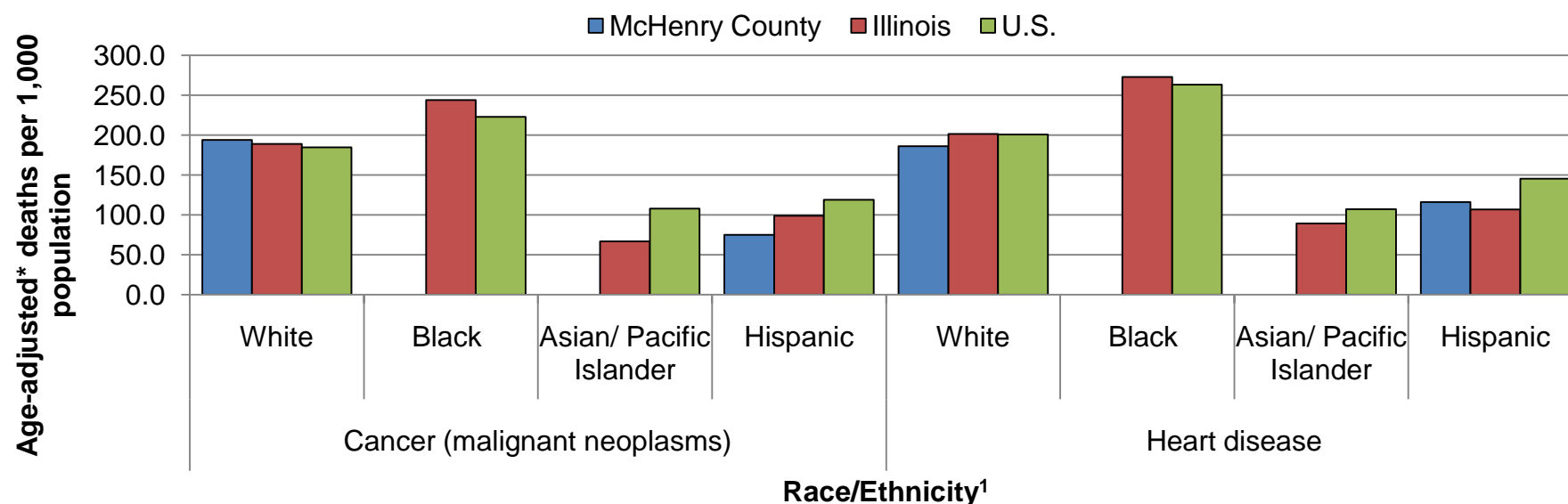
¹Deaths per 1,000 population adjusted to 2000 U.S. Standard Population.

²Except for Hispanic, all races are non-Hispanic and Hispanic can be of any race.

*Rate is unreliable, which is defined as a rate with a numerator of 20 or less.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Figure 10.7: McHenry County, Illinois & U.S.
Top Two Leading Causes of Death by Race/Ethnicity: 2005-2007**



¹Except for Hispanic, all races are non-Hispanic and Hispanic can be of any race.

*Adjusted to 2000 U.S. Standard Population

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.15: McHenry County
Leading Causes of Death by Race/Ethnicity: 2003-2007**

Race/Ethnicity¹ & Leading Causes of Death²	Number	Crude Rate	Age-Adjusted Rate
White			
1. Lung cancer	626	48.1	55.2
2. Cerebrovascular disease (stroke)	505	38.8	48.8
3. Acute myocardial infarction (heart attack)	417	32.1	38.0
4. Chronic lower respiratory diseases ³	349	26.8	33.5
5. Alzheimer's disease	275	21.1	27.2
6. Heart failure	242	18.6	23.6
7. Diabetes mellitus	222	17.1	20.5
8. Colorectal cancer	207	15.9	18.3
9. Breast cancer	182	14.0	15.5
10. Motor vehicle accidents	157	12.1	12.8
Other Races			
1. Lung cancer	6	*10.7	*19.9
Hispanic			
1. Motor vehicle accidents	25	16.5	19.1
2. Perinatal conditions	17	*11.3	*5.7
3. Congenital malformations	8	*5.3	*3.1
4. Acute myocardial infarction (heart attack)	7	*4.6	*23.0
5. Lung cancer	6	*4.6	*23.0
6. Diabetes mellitus	6	*4.6	*18.7

Note: Deaths were only listed for causes with more than 5 deaths.

¹Except for Hispanic, all races are non-Hispanic and Hispanic can be of any race.

²Leading causes of death are defined by ICD 113 groups. Top five causes of death are listed where there are 5 or more deaths from that cause.

³Also referred to as chronic obstructive pulmonary disease (COPD). Beginning in 1999, this cause of death is classified as chronic lower respiratory diseases.

*Rate is unreliable, which is defined as a rate with a numerator of 20 or less.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

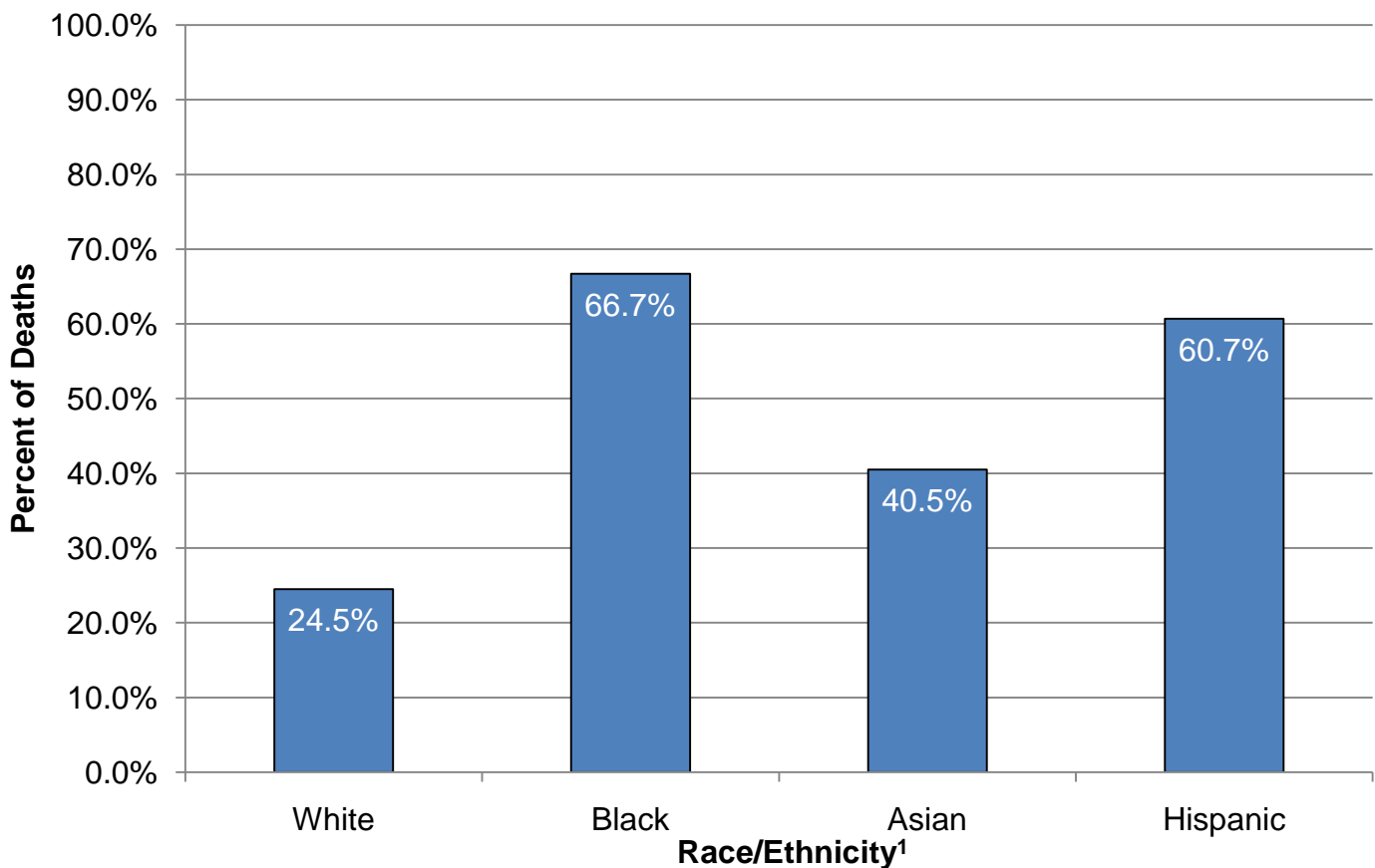
**Table 10.16: McHenry County
Deaths Before Age 65 by Race/Ethnicity:
2005-2007**

Race/Ethnicity¹	Total Deaths	Before Age 65	Percent Under 65 Years
All Deaths	5,323	1,370	25.7%
White	5,108	1,253	24.5%
Black	27	18	66.7%
Asian	42	17	40.5%
Hispanic	122	74	60.7%

¹Except for Hispanic, all races are non-Hispanic and Hispanic can be of any race.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Figure 10.8: McHenry County
Percent of Deaths Before Age 65 by Race/Ethnicity: 2005-2007**



¹Except for Hispanic, all races are non-Hispanic and Hispanic can be of any race.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.17: McHenry County
Leading Causes of Death by Age Group: 2003-2007**

Age Group/Leading Causes of Death	Number	Percent in Age Group
0-11 Months		
1. Perinatal conditions	55	55.6%
2. Congenital malformations	27	27.3%
1-14 Years		
1. Congenital malformations	5	10.6%
15-24 Years		
1. Motor vehicle accidents	69	48.9%
2. Accidental poisoning/exposure to noxious substances	17	12.1%
25-44 Years		
1. Motor vehicle accidents	43	10.9%
2. Accidental poisoning/exposure to noxious substances	41	10.4%
3. Suicide	32	8.1%
4. Breast cancer	14	3.5%
5. Diabetes mellitus	11	2.8%
45-64 Years		
1. Lung cancer	196	12.3%
2. Heart attack	97	6.1%
3. Breast cancer	68	4.3%
4. Colorectal cancer	61	3.8%
5. Diabetes mellitus	42	2.6%
65-74 Years		
1. Lung cancer	200	13.4%
2. Chronic respiratory diseases ²	78	5.2%
3. Heart attack	69	4.6%
4. Cerebrovascular disease (stroke)	69	4.6%
5. Diabetes mellitus	50	3.4%
75 Years & Older		
1. Cerebrovascular disease (stroke)	401	8.2%
2. Alzheimer's disease	267	5.4%
3. Heart attack	249	5.1%
4. Chronic respiratory diseases ²	243	4.9%
5. Lung cancer	234	4.8%

¹Leading causes of death are defined by ICD 113 groups. Top five causes of death are listed where there are 5 or more deaths from that cause.

²Previously known as chronic obstructive pulmonary disease (COPD).

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.18: McHenry County & Illinois
Age-Adjusted Site-Specific Cancer Mortality Rates: 2003-2007**

Cancer site	Male			Female		
	McHenry County		Illinois ¹	McHenry County		Illinois ¹
	Number	Rate ²	Rate ²	Number	Rate ²	Rate ²
All Sites	1,183	233.7	234.0	1,194	177.8	164.6
Lip, Oral Cavity and Pharynx	16	*2.9	3.4	12	*1.8	1.4
Esophagus	52	9.9	8.4	10	*1.5	1.7
Stomach	25	4.7	5.1	19	*2.8	2.5
Colon, Rectum and Anus	106	20.8	22.8	104	15.3	15.7
Liver	25	4.4	6.8	26	4.0	3.1
Pancreas	57	10.6	12.5	72	11.0	9.5
Larynx	0	*0.0	2.0	2	*0.2	0.5
Trachea, Bronchus and Lung	333	63.8	68.8	306	46.2	41.9
Melanoma of the skin	24	4.2	4.2	11	*1.6	2.0
Breast	1	*0.2	0.3	186	27.0	23.8
Cervix uteri	—	—	—	9	*1.3	2.3
Corpus uteri and Uterus	—	—	—	28	4.2	4.1
Ovary	—	—	—	69	10.4	9.0
Prostate	99	24.8	23.1	—	—	—
Bladder	38	8.3	8.2	20	*3	2.4
Kidney	26	6.6	6.3	10	*1.5	2.8
Brain and Nervous System	38	6.0	4.9	28	3.9	3.7
Hodgkin's Disease	3	*0.8	0.5	6	0.*9	0.4
Non-Hodgkin's Lymphomas	38	7.7	9.6	38	5.6	6.1
Multiple Myeloma	23	4.5	4.3	24	3.6	2.9
Leukemias	77	16.2	10.7	37	5.4	5.9

¹Whites only

²Age-adjusted rate per 100,000 population

*Rate is unreliable, which is defined as a rate with a numerator of 20 or less (20 or less events).

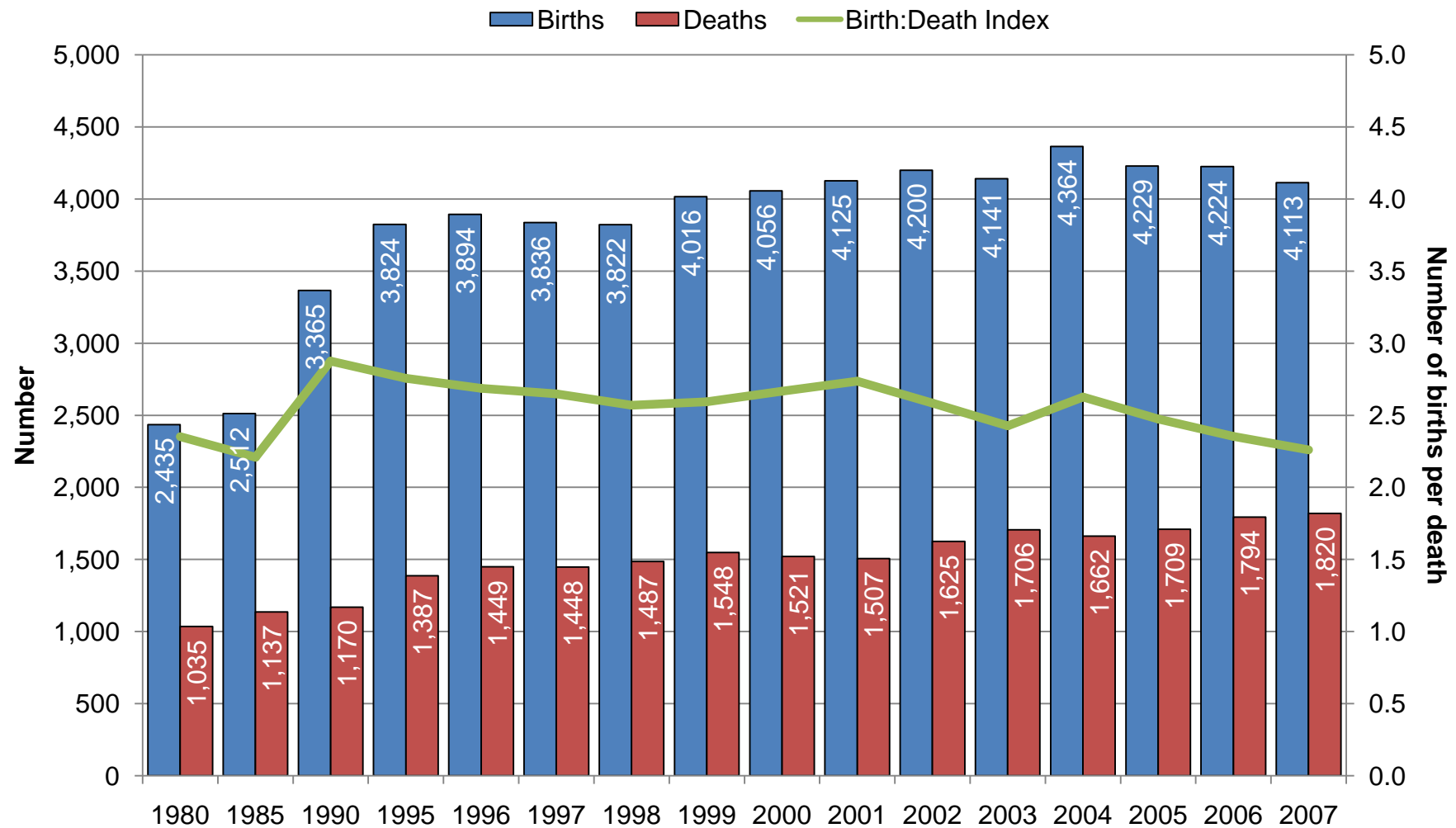
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database.

**Table 10.19: McHenry County
Birth:Death Index: 1980-2007**

Year	Births	Deaths	Birth:Death Index
2007	4,113	1,820	2.26
2006	4,224	1,794	2.35
2005	4,229	1,709	2.47
2004	4,364	1,662	2.63
2003	4,141	1,706	2.43
2002	4,200	1,625	2.58
2001	4,125	1,507	2.74
2000	4,056	1,521	2.67
1999	4,016	1,548	2.59
1998	3,822	1,487	2.57
1997	3,836	1,448	2.65
1996	3,894	1,449	2.69
1995	3,824	1,387	2.76
1990	3,365	1,170	2.88
1985	2,512	1,137	2.21
1980	2,435	1,035	2.35

Source: Illinois Department of Public Health for birth data; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database for death data.

**Figure 10.9: McHenry County
Birth:Death Index: 1980-2007**



Source: Illinois Department of Public Health for birth data; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database for death data.

Chapter 11: Health Status & Behaviors

Tables & Figures

- In 2007, 60% of McHenry County adults considered themselves in excellent or very good health, compared to 51% for the State. Approximately 3% said they were in poor health. These rates are comparable to previous surveys.

Table 11.1
- Over half (57%) of adults in McHenry County reported that they had all good mental health days during the past month, which was lower than the previous three studies in 1997, 2001 and 2004. Approximately 30% of adults experienced poor mental health days for less than a week during the last month and 14% experienced more than a week of poor mental health, which was up from the last three surveys.

Table 11.1
- The percent of adults in McHenry County experiencing poor physical health days for more than a week during the past month (12.1%) was higher than the previous survey (6.9%), while approximately two-thirds (66.8%) of adults experience good physical health days all month which remained relatively constant over the past three surveys.

Table 11.1
- The percent of people in McHenry County who perceived their general health as being excellent or very good in 2007 was greater than the percent of adults who had good mental health, but lower than the percent of adults who had good physical health.

Table 11.1
- Three out of ten McHenry County adults reported being diagnosed each with high cholesterol (31.2%) and high blood pressure (28.1%). One in four (23.8%) McHenry County adults reported being diagnosed with arthritis. A diagnosis of asthma was reported by 15.5% of adults and only 5.4% of adults reported being diagnosed with diabetes.

Table 11.2
- The adult prevalence of arthritis, asthma, and high blood pressure were higher in McHenry County than Illinois for 2007, while the prevalence of diabetes (types I and II) and high cholesterol were lower.

Table 11.2
- When applying national estimates to the McHenry County population, lower back pain, chronic joint symptoms, hypertension, arthritis, and migraines or severe headaches topped the list of chronic conditions affecting the County residents in 2008, all of which affected more than 67,000 adults.

Table 11.3
- Three in five (59.2%) adults in McHenry County in 2007 were overweight or obese, which was slightly lower than the State (62.0%).

Table 11.4
- One in five (20.7%) McHenry County adults were at risk for acute/binge drinking in 2007, which was slightly higher than Illinois (19.9%).

Table 11.4

- One in five (19.8%) of McHenry County adults in 2007 smoked, while one third (32.9%) of adults used to smoke. Compared to Illinois, McHenry County had proportionately fewer adults who have never smoked, while the County had proportionately more people who have quit smoking. Table 11.4
- The percent of McHenry County women 40 years and older that had a mammogram at some time during their life was slightly lower than Illinois, at 87.4% and 90.8%, respectively. However, McHenry County had a higher percentage of women who had a mammogram within the past year, at 69.5%, compared to Illinois at 64.0%. Table 11.5
- In 2007, 95.0% of McHenry County women reported having a Pap smear at some point in their life and 82.8% reported having one within the past year. Table 11.5
- In 2007, over half (57.4%) of McHenry County men 40 years and older had a PSA test to screen for prostate cancer and almost three quarters (74.1%) reported having a digital rectal exam to screen for colorectal cancers. Table 11.5
- In 2007, three in five (60.0%) McHenry County adults 50 years old and older reported having a colon/sigmoidoscopy to screen for colon cancers, which was higher than the State percent at 55.4%. Table 11.5
- In 2007, three-quarters (76.9%) of McHenry County adults reported visiting a dentist within the last year, compared to 10.6% who saw one within the past 1 to 2 years and 12.5% who saw a dentist 2 or more years ago. Overall, McHenry County adults frequented the dentist more often than the State in 2007. Table 11.6
- Almost three-quarters (73.5%) of McHenry County adults reported having dental insurance in 2007, which was above levels reported in 2004 and 2002. Table 11.6
- For the five-year period from 2003-2007, the cancer incidence for all cancers was higher among men at 522.6 new cancers per 100,000 men than to women at 430.3 new cancers per 100,000 women. Cancer incidence rates among men and women in McHenry County were lower than the gender-specific incidence rates for Illinois. Table 11.7
- Among men in 2003-2007, the highest cancer incidence rate was for prostate cancer at 156.1 per 100,000 men, followed by lung cancer at 79.4. Among females, the highest cancer incidence rate was for invasive breast cancer at 120.6 per 100,000 women, followed by lung cancer at 60.6. Table 11.8

<ul style="list-style-type: none"> Among men, liver and pancreatic cancer incidence rates were significantly lower in McHenry County compared to Illinois, while testicular cancer was significantly higher. Among women, the bladder cancer incidence rate was significantly higher in McHenry County than Illinois, while the in situ breast cancer incidence rate was significantly lower. 	Table 11.9
<ul style="list-style-type: none"> During 2003-2007, cancer incidence was significantly higher among men for oral cavity and pharynx, esophagus, stomach, lung and bronchus, skin melanoma, bladder, kidney and non-Hodgkin's lymphomas compared to females. Females had a significantly higher invasive breast cancer incidence than men during the same 5-year period in McHenry County. 	Table 11.10
<ul style="list-style-type: none"> In 2009, the most commonly reported communicable disease was chronic or resolved hepatitis C, varicella (chickenpox), pertussis (whooping cough), and salmonellosis. 	Table 11.11
<ul style="list-style-type: none"> Sexually transmitted disease (STD) rates for McHenry County were much lower than Illinois. 	Table 11.12
<ul style="list-style-type: none"> In McHenry County, the rate of reported chlamydia cases generally increased from 1990 to 2008, although 2008 saw a 12% decrease from the previous year. The rate of reported gonorrhea cases in 2008 decreased from the previous year – going from 17.7 cases per 100,000 population to 9.6. 	Table 11.12 Figure 11.1
<ul style="list-style-type: none"> Two fewer cases of AIDS and HIV (non-AIDS) were reported in 2009 from the previous year and there were 82 people living with AIDS in McHenry County in 2009. 	Table 11.13
<ul style="list-style-type: none"> Overall, there was an increase in the number of children tested for lead and a decrease in the percent of high blood lead levels in McHenry County from 1995 to 2008. In 2008, the blood lead level that required further investigation was decreased from 15 µg/dL to 10 µg/dL. In 2008, the percent of children with elevated blood lead levels was <1% regardless of which cutoff value was used. 	Table 11.14 Figure 11.2
<ul style="list-style-type: none"> In 2002, only 42% of two year olds received their basic series of immunizations in McHenry County, which was much lower than the State percentage (excluding Chicago) at 57.8%. For every year from 1994 to 2002, the percent of two year olds with the basic series of immunizations was lower in McHenry County compared to Illinois (excluding Chicago). 	Table 11.14

- For the 3-year period of 2005-2007, approximately 10% of children 5 years and younger had at least one disability, which was lower than the U.S. rate. Of the population 5-15 years old, approximately 5.3% had at least one disability and 4.6% had a mental disability, which was slightly lower than the U.S. Among adults 16-64 years old, 7.3% had at least one disability, with physical disabilities being the most common followed by employment disabilities. Of the population of 65 years and older in McHenry County, approximately one-third have a disability and one-quarter have a physical disability from 2005-2007. Table 11.17
- When applying national estimates to the 2009 population of McHenry County, 48,487 adults in McHenry County suffered from at least one mental disorder and approximately 2 in 5 adults between 18-54 year olds and those 55 years and older suffered from a mental disorder. Simple phobias, major depressive episodes, unipolar major depressive disorder, agoraphobia and severe cognitive impairments top the list and each disorder affected over 6,500 adults in the County during 2009. Table 11.18
Figure 11.3
- When applying national estimates to the 2009 population of McHenry County, approximately 22,369 residents 12 years and older have used an illicit substance in the past month and 9,437 residents have used an illicit substance other than marijuana in the past month. Marijuana, pain relievers (used nonmedically), tranquilizers, cocaine (including crack), and stimulants (including methamphetamine) topped the list of most commonly used illicit drugs in 2009. Table 11.19
- When applying national estimates to the 2009 population of McHenry County, the prevalence of illicit drug use was highest among 18 to 25 year olds, where approximately one in five (21.2%) used any illicit drug in the past month and 8.3% used any illicit drug other than marijuana in the past month. Table 11.19
- When applying national estimates to the 2009 population of McHenry County, an estimated 71,984 residents 12 years old and older smoked tobacco during the past month. Of those who smoked, cigarettes (84% of tobacco users) were the most commonly smoked followed by cigars (18.9% of tobacco users). The highest prevalence of tobacco users was among 18 to 25 year olds where two in five (41.6%) used tobacco in the past month. Table 11.19
- When applying national estimates to the 2009 population of McHenry County, it was estimated that 135,432 residents 12 years and older drank alcohol during the past month. Of those who drank alcohol, 45.1% are considered binge alcohol users and 12.9% are considered heavy drinkers. Table 11.19

- When applying national estimates to the 2009 population of McHenry County, 14,366 males aged 12 and older used illicit drugs in the past month compared to 8,735 women. Among racial/ethnic groups, 20,153 of non-Hispanic Whites used an illicit drug in the past month, followed by 2,024 Hispanics and 287 non-Hispanic Blacks. Table 11.20
- In 2008, over half (54%) of high school seniors in McHenry County drank alcohol and one in five smoked cigarettes and used marijuana. This can be compared to 6th graders where only 2% smoked cigarettes, 7% drank alcohol and 2% used marijuana. All of these rates for high school seniors decreased from the previous survey done in 2006. Table 11.21
Figure 11.4
- For 2008, 9% of high school seniors used over-the-counter performance enhancing drugs and uppers, such as Ritalin, and 8% reported using cocaine (including crack), psychedelics, such as LSD, other prescription narcotics, such as OxyContin and Ketamine in the past year. These rates were higher for McHenry County seniors compared to Illinois for 2008. Table 11.22
- During 2008, 8% of 8th graders reported using inhalants during the past month – this rate was higher than any other grade level in McHenry County and higher than the rate for Illinois 8th graders. Table 11.22
- During 2008, 18% of 8th graders and 14% of 12th graders carried a weapon. Table 11.23
- During 2008, 11% of McHenry County 12th graders reported selling illegal drugs, 16% reported being drunk or high at school, 20% reported drinking and driving, and 21% drove while high. Table 11.23
- In 2008, Driving Under the Influence (DUI) arrests number 1,259 in McHenry County - a rate of 520.9 arrests per 100,000 people 16 years and older. This rate was 8.5% higher than the Illinois rate, at 479.9. Since 1998, the DUI arrest rate declined, but remained higher than the Illinois. Table 11.24
Figure 11.5

**Table 11.1: McHenry County & Illinois
Percent of Health Status: 1997-2007**

Response	Percent of Population 18 Years & Older				
	McHenry County				Illinois 2007
	2007	2004	2001	1997	
Rating of General Health					
Excellent/Very good	60.4%	61.2%	58.6%	66.8%	50.8%
Good/Fair	36.9%	37.7%	38.7%	31.9%	45.4%
Poor	2.8%	1.1%	2.7%	1.3%	3.8%
Days Mental Health Not Good Within Past Month					
None	57.0%	62.5%	68.1%	59.5%	62.1%
1-7 days	29.3%	27.4%	23.5%	27.4%	25.8%
8-30 days	13.7%	10.1%	8.5%	13.1%	12.1%
Days Physical Health Not Good Within Past Month					
None	66.8%	66.0%	65.4%	69.1%	61.5%
1-7 days	21.1%	27.1%	21.3%	22.1%	26.1%
8-30 days	12.1%	6.9%	13.3%	8.8%	12.4%

Source: Illinois Department of Public Health, Behavioral Risk Factor Survey.

**Table 11.2: McHenry County & Illinois
Prevalence of Selected Conditions: 2007**

Condition ¹	Percent of Population 18 Years & Older	
	McHenry County	Illinois
Arthritis	23.8%	19.3%
Asthma	15.5%	12.8%
Diabetes	5.4%	8.8%
High blood pressure	28.1%	27.9%
High cholesterol	31.2%	36.7%

¹Self-reported existence of conditions which were diagnosed by respondent's health professional.

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Survey.

**Table 11.3: McHenry County
Estimated Number of Adults with Select Diseases/Conditions: 2009**

Disease/ Condition	18-44 Years		45-64 Years		65-74 Years		75 Years & Older		All Adults	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Selected Circulatory Diseases										
Heart Disease	4.4%	4,938	13.1%	11,524	25.8%	5,090	36.9%	5,496	11.5%	27,048
Hypertension	8.7%	9,765	32.6%	28,677	53.8%	10,613	59.3%	8,833	24.7%	57,888
Stroke	0.6%	673	2.5%	2,199	6.4%	1,263	12.1%	1,802	2.5%	5,937
Selected Respiratory Diseases										
Emphysema	0.3%	337	2.6%	2,287	5.8%	1,144	7.4%	1,102	2.1%	4,870
Asthma	7.6%	8,530	7.8%	6,861	8.4%	1,657	6.9%	1,028	7.7%	18,076
Hay fever	6.4%	7,183	10.0%	8,797	7.9%	1,558	6.2%	923	7.9%	18,461
Sinusitis	10.3%	11,561	16.2%	14,250	14.7%	2,900	12.4%	1,847	13.0%	30,558
Chronic bronchitis	2.8%	3,143	5.6%	4,926	6.5%	1,282	6.2%	923	4.4%	10,274
Selected Sensory Problems										
Hearing trouble	6.4%	7,183	17.6%	15,482	28.4%	5,602	44.6%	6,643	14.9%	34,910
Vision trouble	5.3%	5,949	10.8%	9,500	10.3%	2,032	16.5%	2,458	8.5%	19,939
Absence of all natural teeth	2.2%	2,469	7.3%	6,422	20.8%	4,103	28.0%	4,171	7.3%	17,165
Other Diseases and Conditions										
Diabetes	3.0%	3,367	12.7%	11,172	20.5%	4,044	19.2%	2,860	9.1%	21,443
Ulcers	4.8%	5,387	9.7%	8,533	13.1%	2,584	11.7%	1,743	7.8%	18,247
Kidney disease	1.0%	1,122	2.0%	1,759	3.7%	730	6.5%	968	1.9%	4,579
Liver disease	0.8%	898	2.3%	2,023	1.6%	316	1.3%	194	1.5%	3,431
Arthritis	8.1%	,091	30.2%	26,566	48.4%	9,548	54.2%	8,073	22.7%	53,278
Chronic joint symptoms	16.8%	8,856	36.9%	32,459	43.2%	8,522	48.9%	7,284	28.6%	67,121
Migraines or severe headaches	19.7%	22,111	15.0%	13,195	6.9%	1,361	5.6%	834	16.0%	37,501
Neck pain	13.0%	14,591	19.1%	16,802	15.2%	2,999	13.7%	2,041	15.5%	36,433
Lower back pain	24.5%	27,498	32.6%	28,677	30.1%	5,938	33.9%	5,049	28.6%	67,162
Face or jaw pain	5.2%	5,836	5.6%	4,926	3.9%	769	3.2%	477	5.1%	12,008
POPULATION (for reference)	112,238		87,966		19,727		14,895		234,826	

Source: Estimates based on U.S. rates from National Center for Health Statistics, *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2009*, Series 10: Number 249, 2010. U.S. rates have been applied to U.S. Census Bureau, Population Division, 2009 Census estimates for McHenry County.

**Table 11.4: McHenry County & Illinois
Self-Reported Health Behaviors: 2007**

Health Behaviors	Percent of Populations 18 Years & Older	
	McHenry County	Illinois
Obesity		
Underweight/Normal	40.8%	38.0%
Overweight	35.7%	37.6%
Obese	23.5%	24.4%
Drinking		
At risk for acute/binge drinking ¹	20.7%	19.9%
Smoking Status		
Current smoker	19.8%	20.2%
Former smoker	32.9%	23.5%
Non-smoker	47.4%	56.3%

¹ Consumed five or more drinks on at least one occasion within past month.

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Survey.

**Table 11.5: McHenry County & Illinois
Utilization of Cancer Screening Procedures: 2007**

Procedure	Percent of Populations 18 Years & Older	
	McHenry County	Illinois
Women		
Had a mammogram, ages 40+	87.4%	90.8%
Within past year	69.5%	64.0%
Had a Pap smear	95.0%	93.4%
Within past year	82.8%	79.3%
Men, Ages 40 Years & Older		
Had PSA test	57.4%	55.0%
Had digital rectal exam	74.1%	73.4%
All Adults , Ages 50 Years & Older		
Had colon/sigmoidoscopy	60.0%	55.4%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Survey.

**Table 11.6: McHenry County & Illinois
Percent of Adults by Reported Oral Health Indicators:
2002-2007**

Indicator	McHenry County			Illinois
	2007	2004	2002	2004
Last Dental Visit				
Within the last year	76.9%	76.5%	77.4%	71.4%
Within the last 1-2 years	10.6%	9.7%	9.8%	11.3%
More than 2 years ago	12.5%	13.8%	12.9%	17.2%
Has Dental Insurance				
Yes	73.5%	72.7%	67.7%	NA
No	26.5%	27.3%	32.3%	NA

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Survey.

**Table 11.7: McHenry County & Illinois
Cancer Incidence¹, All Sites: 2003-2007**

Area	Gender	
	Male	Female
McHenry County	522.6	430.3
Illinois	576.7	446.8
Illinois (Whites only)	562.3	432.5

¹Age-adjusted rate per 100,000 population

Source: Illinois Department of Public Health, Illinois Cancer Registry.

**Table 11.8: McHenry County & Illinois
Age-Adjusted Cancer Incidence by Site: 2003-2007**

Cancer site	Male			Female		
	McHenry County	Illinois ¹		McHenry County	Illinois ¹	
	Number	Rate ²	Rate ²	Number	Rate ²	Rate ²
All Sites	3,140	552.6	562.3	3,117	446.8	432.5
Oral cavity and pharynx	101	16.3	15.8	48	6.9	6.1
Esophagus	56	10.3	9.5	15	2.2	2.0
Stomach	46	8.7	9.5	23	3.4	4.5
Colon and rectum	324	59.0	63.8	335	49.5	45.6
Liver	28	4.6	7.4	17	2.7	2.3
Pancreas	54	9.8	14.1	64	9.9	10.5
Lung and bronchus	422	79.4	88.9	402	60.6	59.7
Bones and joints	3	0.4	1.1	6	0.8	0.8
Melanoma of the skin	141	22.7	20.9	115	15.5	14.2
Breast-invasive only	9	1.6	1.2	867	120.6	123.6
Cervix	—	—	—	45	6.3	8.0
Corpus and uterus	—	—	—	223	31.4	26.9
Ovary	—	—	—	99	14.0	13.8
Prostate	888	156.1	144.1	—	—	—
Testis	63	8.3	5.9	—	—	—
Urinary bladder (includes in situ)	221	42.0	42.5	92	14.4	10.9
Kidney and renal pelvis	149	24.6	22.3	78	11.2	11.8
Brain and nervous system	55	7.6	8.1	57	7.9	6.1
Hodgkin's disease	25	3.6	3.4	12	1.6	2.6
Non-Hodgkin's lymphomas	144	24.1	25.1	110	15.9	17.0
Multiple myeloma	35	6.4	6.5	36	5.2	4.2
Leukemias	83	15.3	17.7	83	11.9	10.1
All other sites	293	51.9	54.7	390	55.0	51.9

¹Whites only

²Age-adjusted rate per 100,000 population

Source: Illinois Department of Public Health, Illinois Cancer Registry.

**Table 11.9: McHenry County & Illinois
Cancer Incidence Rates That Vary Significantly
from State: 2003-2007**

Gender/ Cancer Site	Incidence Rate ¹		Comparison
	McHenry County	Illinois	
Male			
Liver	4.6	7.4	Lower
Pancreas	9.8	14.1	Lower
Testis	8.3	5.9	Higher
Female			
Bladder	14.4	10.9	Higher
Breast, in situ	24.4	31.0	Lower

¹Age-adjusted rate per 100,000 population

Source: Illinois Department of Public Health, Illinois Cancer Registry.

**Table 11.10: McHenry County
Cancer Incidence Rates that Vary Significantly Between
Genders: 2003-2007**

Cancer Site	Incidence Rate ¹		Gender With Highest Rate
	Male	Female	
Oral Cavity & Pharynx	16.3	6.9	Males
Esophagus	10.3	2.2	Males
Stomach	8.7	3.4	Males
Lung & Bronchus	79.4	60.6	Males
Skin Melanomas	22.7	15.5	Males
Invasive Breast	1.6	120.6	Females
Bladder	42.0	14.4	Males
Kidney	24.6	11.2	Males
Non-Hodgkin's Lymphoma	24.1	15.9	Males

¹Age-adjusted rate per 100,000 population

Source: Illinois Department of Public Health, Illinois Cancer Registry.

**Table 11.11: McHenry County
Leading Reported Communicable Diseases¹: 2004-2009**

Disease	2009	2008	2007	2006	2005	2004
Hepatitis C, Chronic or Resolved	86	60	99	97	94	2
Pertussis	51	23	8	11	28	170
Salmonellosis	47	34	44	35	47	30
Rabies, Potential Human Exposure	26	92	57	24	8	27
Campylobacteriosis ²	NA	5	43	35	41	36
Non-Bacterial Aseptic Meningitis	0	3	52	25	44	29
Varicella (Chicken Pox)	53	68	5	1	4	0
Hepatitis B, Chronic & Acute	12	15	23	22	17	0
Giardiasis	8	10	16	12	9	6
Shigellosis	9	8	6	8	7	12
Lyme Disease	6	3	6	8	7	6
Streptococcal Disease, Invasive Group A	7	6	2	8	6	4
Cryptosporidiosis	7	7	7	4	3	2
Blastomycosis ²	NA	1	3	6	5	7
Shiga Toxin-Producing E. coli O157:H7	5	3	4	3	0	4
Hepatitis A, Acute	5	3	4	2	3	4
Legionellosis	2	4	5	3	1	2

¹Except sexually transmitted diseases, number of confirmed cases

²Removed from the Nationally Notifiable Diseases List in 2009.

Source: McHenry County Department of Health, Illinois Notifiable Disease Surveillance System (INEDSS).

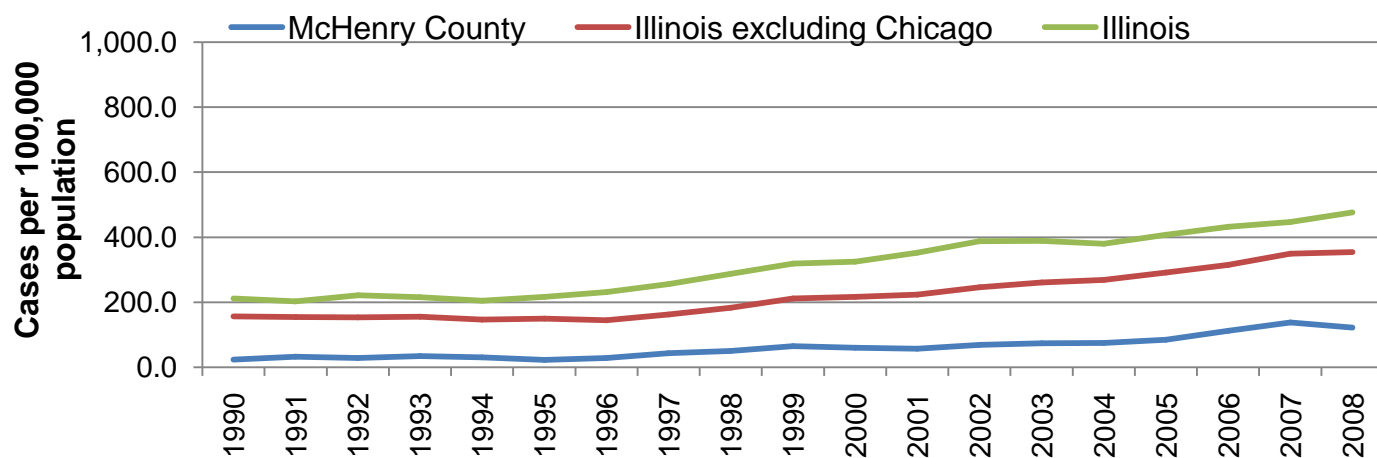
**Table 11.12: McHenry County & Illinois
Sexually Transmitted Diseases, Number and Rate of Chlamydia and Gonorrhea: 1990-2008**

Year	Chlamydia				Gonorrhea			
	McHenry County		Illinois excluding Chicago Rate ¹	Illinois Rate ¹	McHenry County		Illinois excluding Chicago Rate ¹	Illinois Rate ¹
	Number	Rate ¹			Number	Rate ¹		
2008	317	121.9	353.9	476.4	25	9.6	106.7	166.5
2007	358	137.7	349.6	446.6	46	17.7	120.0	167.6
2006	290	111.5	314.4	431.5	46	17.7	108.1	162.5
2005	219	84.2	290.9	407.1	34	13.1	106.4	161.2
2004	193	74.2	268.6	379.9	42	16.1	101.5	165.8
2003	192	73.8	260.7	388.9	50	19.2	101.8	175.7
2002	178	68.4	246.0	387.3	28	10.8	107.2	193.5
2001	148	56.9	223.6	352.0	24	9.2	101.8	193.4
2000	156	60.0	215.9	324.9	19	7.3	104.4	199.8
1999	119	64.9	211.5	318.5	16	8.7	103.7	211.2
1998	92	50.2	183.2	287.5	25	13.6	96.6	196.8
1997	79	43.1	162.1	255.3	9	4.9	83.4	170.8
1996	52	28.4	144.4	230.8	7	3.8	81.1	169.1
1995	41	22.4	149.8	216.3	14	7.6	105.9	179.5
1994	55	30.0	146.0	204.1	13	7.1	112.2	214.4
1993	62	33.8	155.3	215.2	15	8.2	107.5	232.6
1992	51	27.8	152.8	220.9	9	4.9	125.1	256.1
1991	58	31.7	154.5	202.1	7	3.8	141.3	295.9
1990	43	23.5	156.3	211.2	13	7.1	159.6	334.1

¹Cases per 100,000 population

Source: Illinois Department of Public Health.

**Figure 11.1: McHenry County & Illinois
Rate of Reported Chlamydia Cases: 1990-2008**



Source: Illinois Department of Public Health.

**Table 11.13: McHenry County & Illinois
AIDS and HIV Cases: 2008 & 2009**

Cases	McHenry County	Illinois
AIDS		
Reported in 2009	5	764
Reported in 2008	7	1,221
Living	82	17,878
Cumulative cases ¹	139	36,781
HIV (Non-AIDS)		
Reported in 2009	6	1,386
Reported in 2008	8	1,686
Cases, July 1999-Dec 2009	44	15,649

¹ January 1981 through December 2009.

Source: Illinois Department of Public Health, Illinois AIDS/HIV Surveillance Reports.

**Table 11.14: McHenry County
Childhood Blood Lead Levels: 1999-2008**

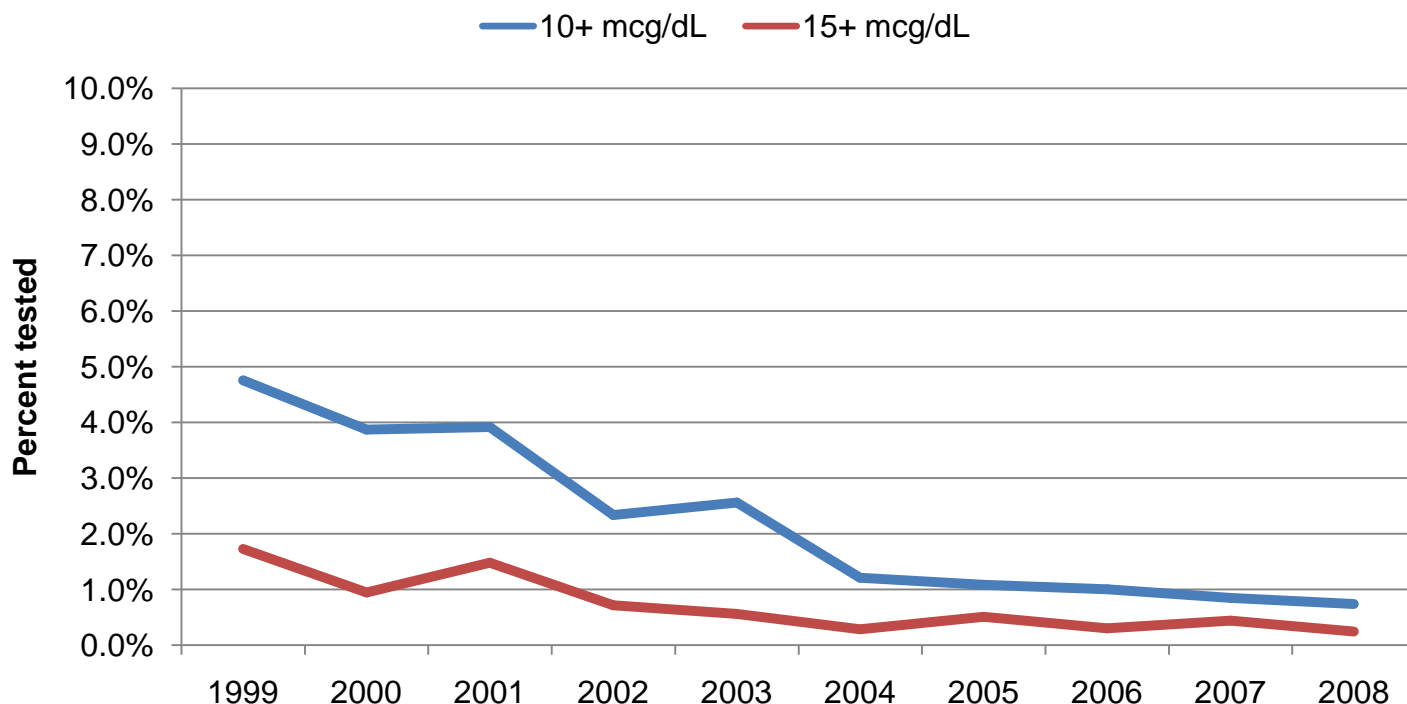
Year	Number Tested	Levels (µg/dL) ¹			10+ Number	Percent Tested	15+ Number	Percent Tested
		10-14	15-19	20+				
2008	2,439	12	2	4	18	0.7%	6	0.2%
2007	2,709	11	5	7	23	0.8%	12	0.4%
2006	2,294	16	5	2	23	1.0%	7	0.3%
2005	1,756	10	4	5	19	1.1%	9	0.5%
2004	1,734	16	3	2	21	1.2%	5	0.3%
2003	1,600	32	8	1	41	2.6%	9	0.6%
2002	1,668	27	8	4	39	2.3%	12	0.7%
2001	1,353	33	11	9	53	3.9%	20	1.5%
2000	1,059	31	8	2	41	3.9%	10	0.9%
1999	925	28	9	7	44	4.8%	16	1.7%

¹Blood lead levels are measured in micrograms per deciliter (µg/dL or mcg/dL)

Note: In 2008, the cutoff for required investigation of elevated childhood blood lead levels was decreased to 10 µg /dL from 15µg/dL.

Source: Illinois Department of Public Health, Illinois Lead Program Surveillance Report.

**Figure 11.2: McHenry County
Percent of Childhood Blood Lead Tests That Were Elevated: 1999-2008**



Source: Illinois Department of Public Health, Illinois Lead Program Surveillance Report.

**Table 11.15: McHenry County & Illinois
Immunization Levels at Age Two¹: 1994-
2002**

Year	McHenry County	Illinois Excluding Chicago
2002	42.0%	57.8%
2001	51.0%	72.4%
2000	38.0%	78.8%
1999	42.0%	77.6%
1998	42.0%	80.8%
1997	55.0%	77.5%
1996	64.0%	67.0%
1995	64.0%	58.9%
1994	57.0%	51.0%

¹Reflects percent of two-year olds who received the basic series of vaccinations (initial and most critical doses of diphtheria, tetanus, and pertussis; polio; measles, mumps and rubella). State figures represent assessments conducted at public clinics in downstate Illinois.

Source: Illinois Department of Public Health, IPLAN Data System.

**Table 11.16: McHenry County & Illinois
Immunization Rates Among Three-Year Olds: 2005**

Series¹	Percent Immunized²	
	McHenry County	Illinois
DTP, Polio, MMR (4:3:1)	65.5%	54.4%
DTP, Polio, Hib, MMR (4:3:3:1)	64.5%	53.4%
DTP, Polio, Hib, MMR, Hep B (4:3:3:1:3)	63.2%	53.4%

¹Series are as follows:

4:3:1 =4 doses of diphtheria, tetanus, and pertussis (DTP), 3 doses of polio (IPV), 1 dose of measles, mumps and rubella (MMR).

4:3:3:1 =Includes all above plus 3 doses of Haemophilus influenza type b (Hib).

4:3:3:1:3 =Includes all above plus 3 doses of Hepatitis B (Hep B).

²Based on a sample of 2,685 children ages 24-36 months seen in McHenry County Health Department public health clinics.

Source: Illinois Department of Public Health.

**Table 11.17: McHenry County & U.S.
Disability Status by Age Group: 2005-2007**

Disability Status by Age Group	McHenry County		U.S.
	Number	Percent	Percent
Population 5 Years & Older			
With a disability	27,521	9.6%	15.1%
Population 5 to 15 Years Old			
With a disability	2,851	5.3%	6.3%
Sensory	377	0.7%	1.2%
Physical	430	0.8%	1.1%
Mental	2,474	4.6%	5.1%
Self-care	430	0.8%	0.9%
Population 16 to 64 Years Old			
With a disability	14,946	7.3%	12.3%
Sensory	3,481	1.7%	2.8%
Physical	8,804	4.3%	7.3%
Mental	5,119	2.5%	4.7%
Self-care	2,457	1.2%	2.2%
Going outside home	3,481	1.7%	3.2%
Employment disability	7,985	3.9%	7.1%
Population 65 Years & Older			
With a disability	9,597	34.1%	40.9%
Sensory	3,771	13.4%	16.5%
Physical	7,064	25.1%	31.3%
Mental	2,336	8.3%	12.3%
Self-care	2,055	7.3%	10.4%
Going outside home	4,503	16.0%	17.6%

Note: Individuals could report more than one disability.

Clarification: disability status reported most recently in 2005-2007 ACS, not reported for 2005-2009 or 2006-2008 ACS.

Source: U.S Census Bureau, 2005-2007 American Community Survey 3-Year Estimates.

DISABILITY DEFINITIONS Difficulty with-

Sensory:	Blindness, deafness, or a severe vision or hearing impairment.
Physical:	A condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting or carrying.
Mental:	Learning, remembering or concentration.
Self-care:	Dressing, bathing or getting around inside the home.
Outside home:	Going outside the home alone to shop or visit a doctor's office.
Employment:	Working at a job or business.

**Table 11.18: McHenry County
Estimated One-Year Prevalence of Select Mental Disorders in Adults (18 Year and Older) by
Age Group: 2009**

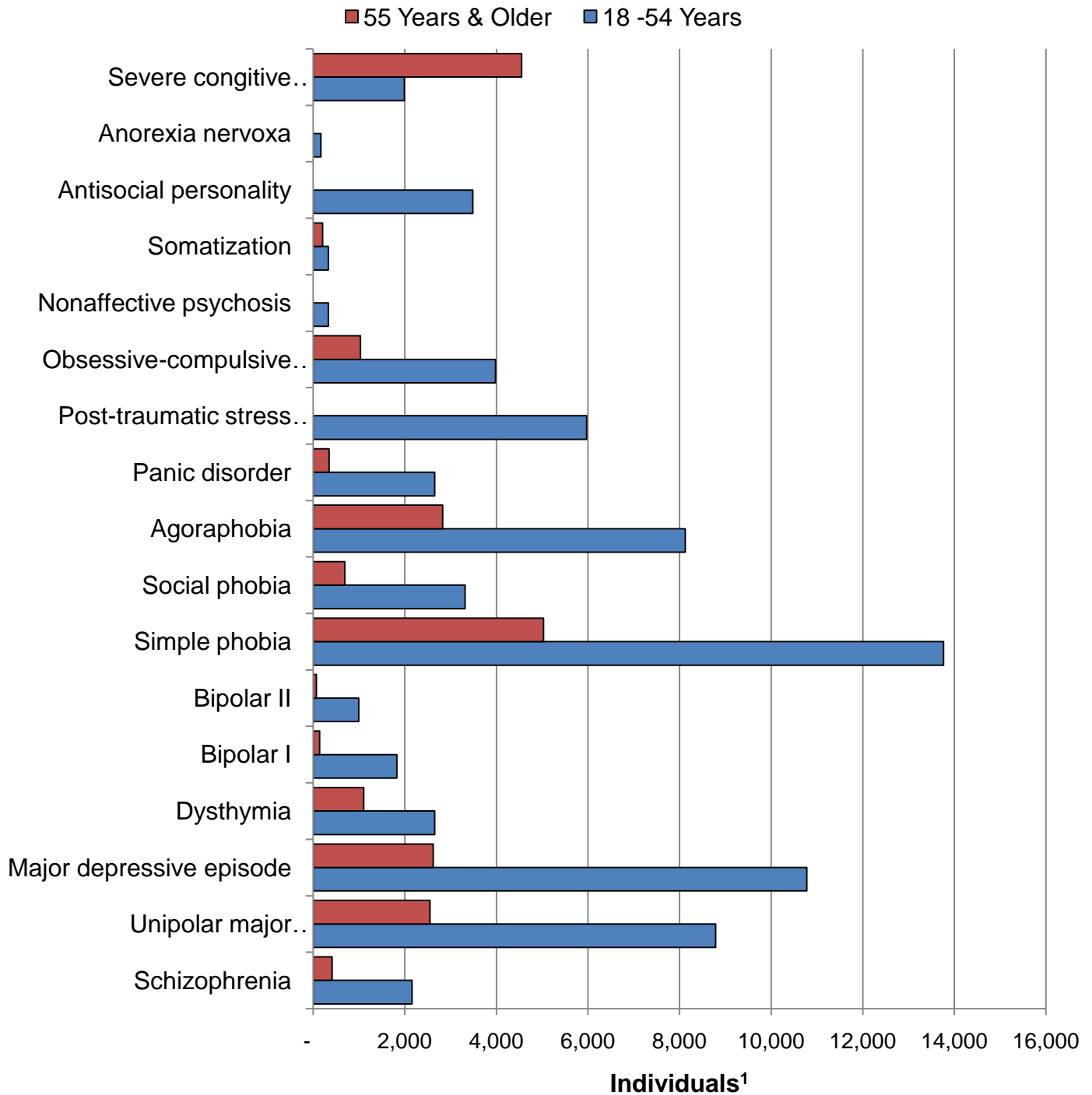
Mental Disorder ¹	Total Adults	Age Group			
		18-54 Years		55 Years & Older	
	Number	Percent	Number	Percent	Number
Any DIS disorder	48,487	21.0%	34,835	19.8%	13,652
Schizophrenia	2,570	1.3%	2,156	0.6%	414
Any mood disorder	14,811	7.1%	11,777	4.4%	3,034
Unipolar major depressive disorder	11,343	5.3%	8,792	3.7%	2,551
Major depressive episode	13,402	6.5%	10,782	3.8%	2,620
Dysthymia	3,757	1.6%	2,654	1.6%	1,103
Bipolar I	1,963	1.1%	1,825	0.2%	138
Bipolar II	1,064	0.6%	995	0.1%	69
Any anxiety disorder	35,064	16.4%	27,204	11.4%	7,860
Simple phobia	18,801	8.3%	13,768	7.3%	5,033
Social phobia	4,007	2.0%	3,318	1.0%	689
Agoraphobia	10,955	4.9%	8,128	4.1%	2,827
Panic disorder	2,999	1.6%	2,654	0.5%	345
Post-traumatic stress disorder	5,972	3.6%	5,972	—	—
Obsessive-compulsive disorder	5,015	2.4%	3,981	1.5%	1,034
Nonaffective psychosis	332	0.2%	332	—	—
Somatization	539	0.2%	332	0.3%	207
Antisocial personality	3,483	2.1%	3,483	0.0%	—
Anorexia nervosa	166	0.1%	166	0.0%	—
Severe cognitive impairment	6,542	1.2%	1,991	6.6%	4,551
POPULATION	234,826	165,879		68,947	

¹Individuals may have multiple disorders concurrently.

Note: DIS = Diagnostic Interview Schedule.

Source: Derived from *Mental Health: A Report of the Surgeon General, 1999*, as applied to U.S. Census Bureau, Population Division, 2009 Census estimates for McHenry County. Addictive disorders not included.

Figure 11.3: McHenry County
Estimated One-Year Prevalence of Select Mental Disorders in Adults by Age Group: 2009



*Individuals may have multiple disorders concurrently.

Source: Derived from *Mental Health: A Report of the Surgeon General, 1999*, as applied to U.S. Census Bureau, Population Division, 2009 Census estimates for McHenry County. Addictive disorders not included.

**Table 11.19: McHenry County
Estimated Number of People with Past Month Substance Use by Age Group: 2009**

Substance	Total Number Ages 12+	Age Groups					
		12-17 Years		18-25 Years		26 Year & Older	
		Percent	Number	Percent	Number	Percent	Number
Any Illicit drug ¹	22,369	10.0%	3,066	21.2%	6,384	6.3%	12,919
Any illicit drug except marijuana ²	9,437	4.5%	1,389	8.3%	2,503	2.7%	5,545
Marijuana	17,027	7.3%	2,233	18.1%	5,450	4.6%	9,344
Cocaine	1,670	0.3%	86	1.4%	415	0.6%	1,169
Crack	514	0.0%	10	0.1%	35	0.2%	469
Heroin	197	0.1%	16	0.2%	58	0.1%	123
Hallucinogens	1,270	0.9%	269	1.8%	553	0.2%	448
LSD	150	0.1%	43	0.3%	86	0.0%	21
PCP	57	0.0%	15	0.0%	4	0.0%	38
Ecstasy	764	0.5%	144	1.1%	338	0.1%	282
Inhalants	614	1.0%	304	0.4%	133	0.1%	177
Psychotherapeutics ³	7,152	3.1%	958	6.3%	1,899	2.1%	4,295
Pain relievers	5,421	2.7%	810	4.8%	1,435	1.6%	3,176
OxyContin®	524	0.3%	86	0.5%	157	0.1%	281
Tranquilizers	2,051	0.6%	177	1.8%	552	0.6%	1,322
Stimulants	1,321	0.5%	160	1.3%	377	0.4%	784
Methamphetamine	524	0.1%	45	0.2%	74	0.2%	405
Sedatives	383	0.2%	48	0.3%	75	0.1%	260
Tobacco ⁴	71,984	11.6%	3,550	41.6%	12,528	27.3%	55,906
Cigarettes	60,490	8.9%	2,719	35.8%	10,782	23.0%	46,989
Smokeless Tobacco	8,825	2.3%	715	6.1%	1,841	3.1%	6,269
Cigars	13,592	4.0%	1,215	11.4%	3,439	4.4%	8,938
Pipe Tobacco	2,155	0.9%	287	1.7%	523	0.7%	1,345
Alcohol	135,432	14.7%	4,496	61.8%	18,611	54.9%	112,325
Binge alcohol use ⁵	61,121	8.8%	2,700	41.7%	12,544	22.4%	45,877
Heavy alcohol use ⁶	17,463	2.1%	642	13.7%	4,133	6.2%	12,688
POPULATION	265,364		30,538		30,093		204,733

¹Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

²Illicit drugs other than marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

³Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizer, stimulants or sedatives and does not include over-the-counter drugs.

⁴Tobacco Products include cigarettes, smokeless tobacco, cigars or pipe tobacco.

⁵Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

⁶Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2009. Local estimates derived from U.S. Census Bureau, Population Division, 2009 Census estimates for McHenry County applied to national proportions.

Table 11.20: McHenry County
Estimated Number of People 12 Years and Older with Past Month Substance Use by Race/Ethnicity and Gender: 2009

Substance	Race/Ethnicity ¹						Gender			
	White		Black		Hispanic		Male		Female	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Any Illicit drug ²	8.8%	20,153	9.6%	287	7.9%	2,024	10.8%	14,366	6.6%	8,735
Marijuana	6.8%	15,573	7.8%	233	5.8%	1,486	8.6%	11,440	4.8%	6,352
Cocaine	0.6%	1,374	0.9%	27	0.6%	154	0.9%	1,197	0.4%	529
Crack	0.1%	229	0.6%	18	0.2%	51	0.3%	399	0.1%	132
Hallucinogens	0.5%	1,145	0.5%	15	0.6%	154	0.6%	798	0.4%	529
Inhalants	0.2%	458	0.2%	6	0.4%	102	0.3%	399	0.2%	265
Psychotherapeutics ³	3.0%	6,870	2.0%	60	2.4%	615	3.1%	4,124	2.4%	3,176
Pain relievers	2.2%	5,038	1.6%	48	1.8%	461	2.4%	3,193	1.8%	2,382
Tobacco ⁴	29.6%	67,788	26.5%	791	23.2%	5,945	33.5%	44,562	22.2%	29,380
Cigarettes	24.5%	56,108	22.8%	681	21.2%	5,432	25.3%	33,654	21.4%	28,321
Smokeless Tobacco	4.5%	10,306	0.9%	27	1.0%	256	6.7%	8,912	0.3%	397
Cigars	5.2%	11,909	7.2%	215	4.7%	1,204	8.7%	11,573	2.0%	2,647
Alcohol	56.7%	129,850	42.8%	1,278	41.7%	10,685	57.6%	76,620	46.5%	61,539
Binge alcohol use ⁵	24.8%	56,795	19.8%	591	25.0%	6,406	31.6%	42,035	16.1%	21,307
Heavy alcohol use ⁶	7.9%	18,092	4.5%	134	5.2%	1,332	10.3%	13,701	3.5%	4,632
POPULATION	229,013		2,985		25,624		133,021		132,343	

¹Race/ethnicity is based on people 12 years and older. White and Black are non-Hispanic.

²Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

³Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizer, stimulants or sedatives and does not include over-the-counter drugs.

⁴Tobacco Products include cigarettes, smokeless tobacco, cigars or pipe tobacco.

⁵Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

⁶Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, *National Survey on Drug Use and Health, 2009*. Local estimates derived from U.S. Census Bureau, Population Division, 2009 Census estimates applied to national proportions.

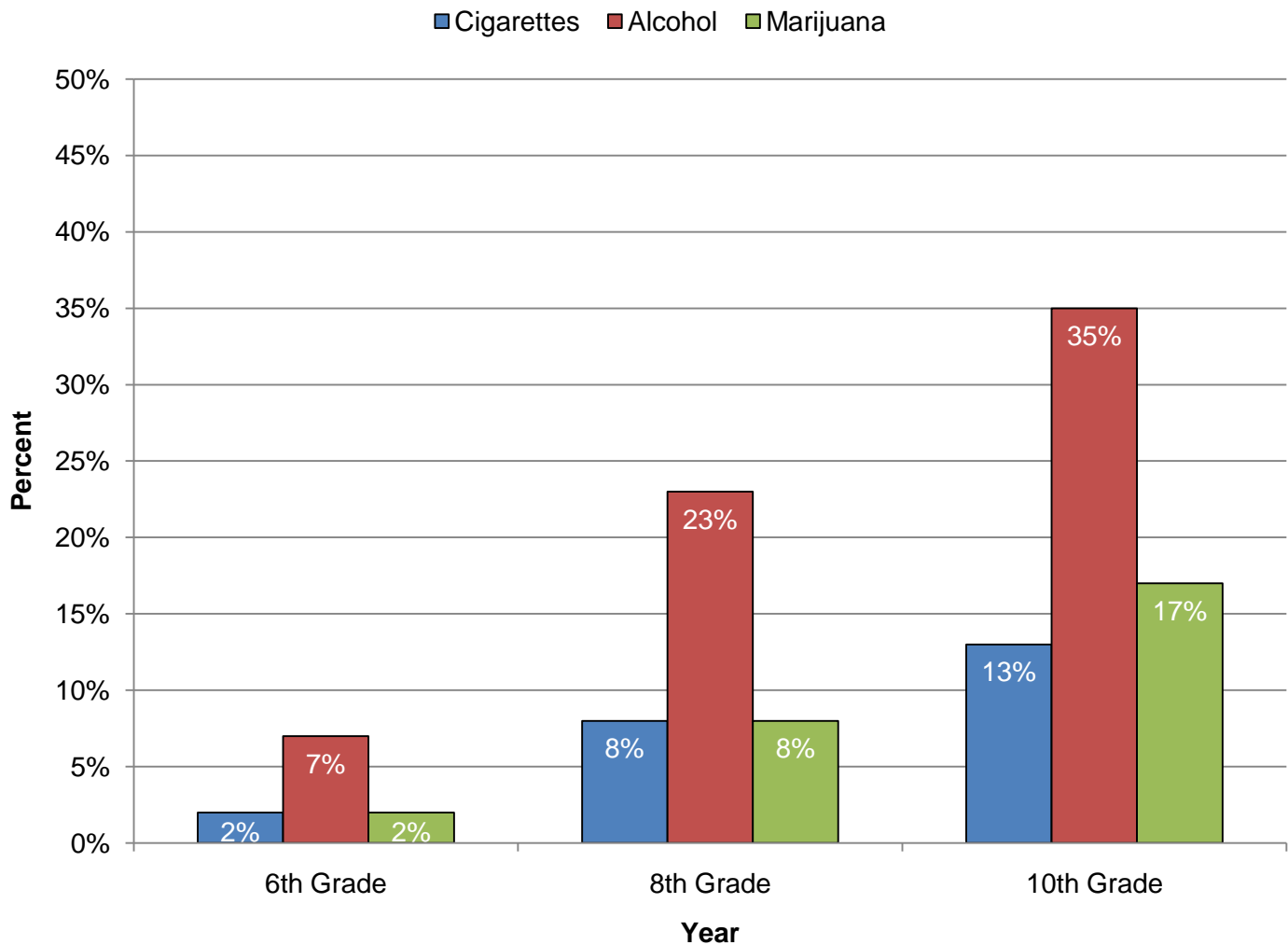
**Table 11.21: McHenry County
Youth Substance Use of “Gateway Drugs”¹ by Grade Level: 2006 & 2008**

Substance	Percent Reporting Using During the Past Month							
	6th Grade		8th Grade		10th Grade		12th Grade	
	2008	2006	2008	2006	2008	2006	2008	2006
Cigarettes	2%	0%	8%	11%	13%	16%	23%	25%
Alcohol	7%	11%	23%	24%	35%	40%	54%	56%
Marijuana	2%	1%	8%	9%	17%	18%	24%	26%

¹ Gateway drugs include cigarettes, alcohol and marijuana. Their use does not always lead to other drugs but a connection exists between use/abuse of other drugs and first using cigarettes, alcohol and/or marijuana.

Source: Illinois Youth Survey (IYS). (2010). County Report: McHenry County, Illinois. Chestnut Health Systems: Normal, IL.

**Figure 11.4: McHenry County
Youth Substance Use of “Gateway Drugs” By Grade Level: 2008**



Source: Illinois Youth Survey (IYS). (2010). County Report: McHenry County, Illinois. Chestnut Health Systems: Normal, IL.

**Table 11.22: McHenry County & Illinois
Use of Select Substances by Grade Level: 2008**

Substance	Percent Reporting Use Past Year					
	McHenry County Grade Level			Illinois Grade Level		
	8th	10th	12th	8th	10th	12th
Cocaine/Crack	4%	4%	8%	2%	3%	6%
Psychedelics (LSD)	0%	3%	8%	1%	2%	3%
Weight loss, over-the-counter	2%	4%	5%	2%	3%	5%
Performance enhancing (OTC)	4%	6%	9%	3%	5%	8%
Steroids	0%	0%	0%	1%	0%	1%
Methamphetamines	0%	0%	0%	1%	0%	1%
Ecstasy (MDMA)	1%	1%	3%	2%	2%	3%
Heroin	1%	1%	0%	1%	1%	1%
Other Prescription Drugs						
OxyContin, Ketamine, etc.	4%	4%	8%	3%	5%	6%
Uppers (Ritalin, etc.)	2%	5%	9%	1%	3%	4%
Downers (Valium, etc.)	1%	4%	6%	1%	3%	5%
Percent Reporting Use Past Month						
Inhalants	8%	3%	2%	6%	3%	2%

Source: Illinois Youth Survey (IYS). (2010). County Report: McHenry County, Illinois. Chestnut Health Systems: Normal, IL.

**Table 11.23: McHenry County
Student Characteristics by Grade Level: 2008**

Characteristic	Percent Reporting Use Past Year		
	Grade Level		
	8th	10th	12th
Carried a weapon	18%	16%	14%
Sold illegal drugs	2%	9%	11%
Been drunk or high at school	8%	11%	16%
Gambled for money or anything of value	24%	38%	43%
Drove car when drinking alcohol	NA	8%	20%
Drove car when using marijuana or other illegal drug	NA	8%	21%

Source: Illinois Youth Survey (IYS). (2010). County Report: McHenry County, Illinois. Chestnut Health Systems: Normal, IL.

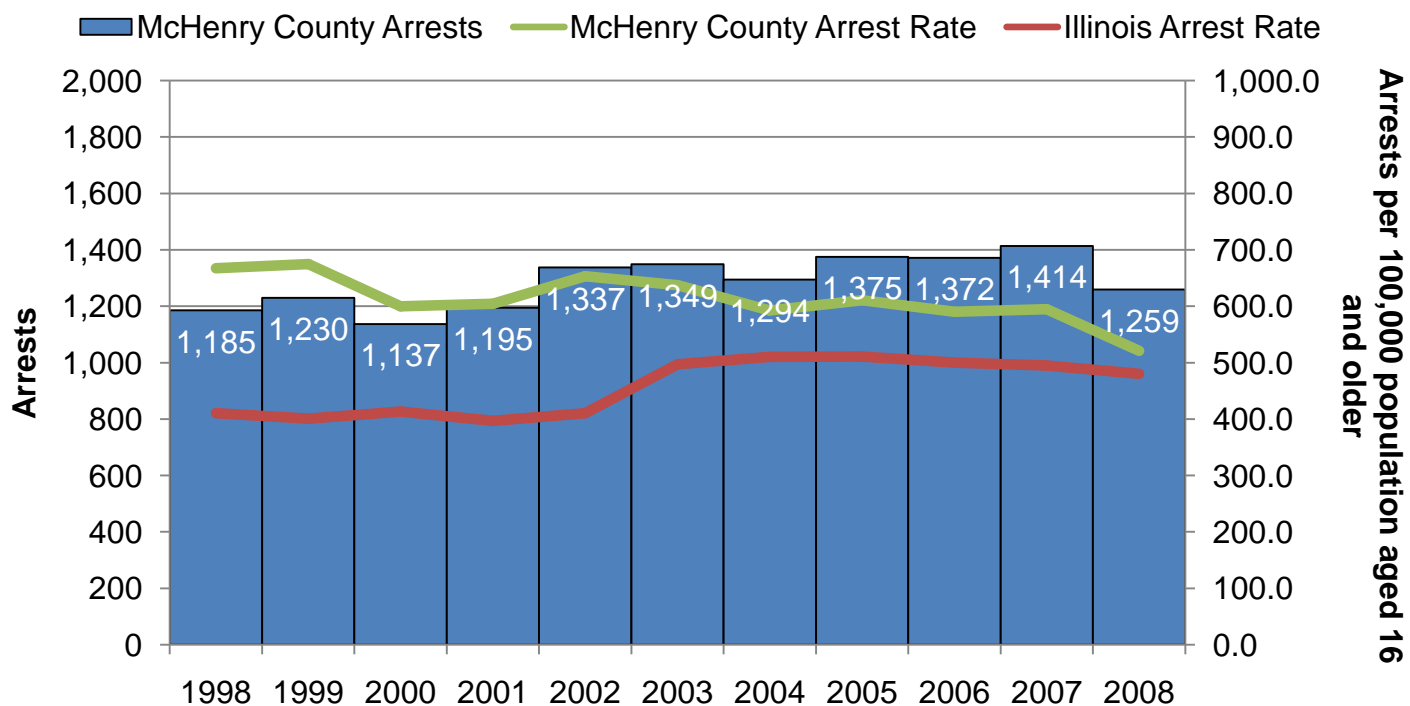
**Table 11.24: McHenry County & Illinois
Driving Under the Influence (DUI)
Arrests: 1998-2008**

Year	McHenry County		Illinois
	Number	Rate ¹	Rate ¹
2008	1,259	520.9	479.9
2007	1,414	594.4	494.9
2006	1,372	590.1	499.8
2005	1,375	610.6	510.6
2004	1,294	592.4	510.1
2003	1,349	637.0	497.2
2002	1,337	653.3	410.4
2001	1,195	604.2	396.9
2000	1,137	599.6	412.9
1999	1,230	674.5	400.6
1998	1,185	667.1	410.5

¹Number of arrests per 100,000 population ages 16 years old and older using Census estimates.

Source: Illinois Secretary of State, Illinois DUI Fact Books.

**Figure 11.5: McHenry County & Illinois
Driving Under the Influence (DUI) Arrests: 1998-2008**



Source: Illinois Secretary of State, Illinois DUI Fact Books.

Chapter 12: Health Resources & Utilization

Tables & Figures

- Nine in ten (92.4%) McHenry County adults had some kind of health care coverage in 2007, which was more than Illinois at 85%. Fewer reported that they had a usual health care provider, at 84.8%. About 8% of adults avoided going to the doctor because of cost, which was slightly higher than the percent in the previous two surveys conducted in 2004 and 2001, but lower than the State at 12.8%.
Table 12.1
- In 2007, 28,455 people 65 years and older and 4,211 disabled people in McHenry County were enrolled in Medicare Part A, Medicare Part B or both.
Table 12.2
- Compared to the U.S., McHenry County residents in 2009 were hospitalized at a slightly lower rate of 1,157.0 per 10,000 population compared to 1,168.7 for the U.S. The discharge rate among women was 39.7% higher than among men in McHenry County.
Table 12.3
- The highest rate of hospitalization by age of McHenry County residents occurred among those 75 years and older at 5,008.4 discharges per 10,000 population in 2009, which was 8.6% higher than Illinois at 4,611.5.
Table 12.4
- The leading reasons for hospitalization in 2009 (excluding birth-related reasons) were psychoses, joint replacement/reattachment of a lower extremity, digestive disorders, alcohol/drug abuse and dependence, and chest pain.
Table 12.5
- Of the leading twenty-five reasons for hospitalization in 2009, psychoses resulted in the most number of patient days with 14,271, while rehabilitation without complication or comorbid conditions resulted in the longest average stay at 12.7 days.
Table 12.5
- Of the leading twenty-five reasons for hospitalization in 2009, major joint replacement/reattachment of a lower extremity had the highest total charges at \$47,537,478; while percutaneous cardiovascular procedure with drug-eluting stent resulted in the highest average cost per discharge at \$55,535.
Table 12.5

- Each of the top five leading reasons for hospitalization among McHenry County residents decreased by 2% or more from 2008 to 2009. The top five leading reasons for hospitalization in 2009 were normal newborn, vaginal delivery without complications, psychoses, major joint replacement/reattachment of a lower extremity, and digestive disorders. The number of discharges increased for each of the following reasons: alcohol/drug abuse and dependence (1.1%), rehabilitation (5.0%), nutritional/metabolic disorders (4.8%), percutaneous cardiovascular procedure with drug-eluting stent (7.7%), and heart failure /shock with and without complications (9.3%).

Table 12.6

- Excluding birth-related reasons, the discharge rate for McHenry County was higher than Illinois for the following reasons: joint replacement/reattachment of a lower extremity, percutaneous cardiovascular procedure with drug-eluting stent, circulatory disorders (excluding heart attack) and medical back problems. Illinois had a higher discharge rate than McHenry County for the following top reasons: psychoses, digestive disorders, alcohol/drug abuse and dependence, chest pain, and rehabilitation.

Table 12.7

- Among women in 2009, the top five reasons for hospitalization (excluding birth-related reasons) included psychoses, joint replacement/reattachment of a lower extremity, digestive disorders, uterine and adnexa procedures for a nonmalignancy, and nutritional and metabolic disorders, each with over 280 discharges in 2009.

Table 12.8

- Among men in 2009, the top five reasons for hospitalization, (excluding birth-related reasons) included psychoses, joint replacement/reattachment of a lower extremity, alcohol/drug abuse or dependence, digestive disorders, and percutaneous cardiovascular procedure with drug-eluting stent, each with over 280 discharges in 2009.

Table 12.9

- Besides birth-related diagnoses, McHenry County infants and toddlers (0-4 years) were most often hospitalized for bronchitis and asthma, nutritional and metabolic disorders, and simple pneumonia and pleurisy during 2009. Among McHenry County children 5 to 17 years old in 2009, the leading reasons for hospitalization included psychoses, appendectomy, vaginal delivery, digestive disorders, and depression.

Table 12.10

- Among McHenry County adults aged 18-44 during 2009, the top five reasons for hospitalization excluding birth-related reasons included psychoses, alcohol/drug abuse or dependence, digestive disorders, uterine and adnexa procedures for a nonmalignancy, and poisoning/toxic effects of drugs. Among older McHenry County adults aged 45-64 years during 2009, the top five reasons for hospitalization included joint replacement/reattachment of a lower extremity, psychoses, digestive disorders, alcohol/drug abuse or dependence, and chest pain.

Table 12.10

- Among McHenry County residents 65-74 years old during 2009, the top five reasons for hospitalizations included joint replacement/reattachment of a lower extremity, digestive disorders, rehabilitation, percutaneous cardiovascular procedure with drug-eluting stent, and circulatory disorders (excluding heart attack) in 2009. Among residents 75 years and older, the leading causes of hospitalization included joint replacement/reattachment of a lower extremity, heart failure and shock, rehabilitation, digestive disorders, and nutritional and metabolic disorders during 2009. Table 12.10
- There were four hospitals located in McHenry County-Centegra Hospital-McHenry (formerly Northern Illinois Medical Center (NIMC)), Centegra Hospital-Woodstock (formerly Memorial Medical Center (MMC)), Centegra Specialty Hospital-Woodstock, and Mercy Harvard Memorial Hospital during 2009. Among the four hospitals, there were 20,766 admissions and 95,509 patient days for an average stay of 4.6 days. Of the four hospitals, Centegra Hospital-McHenry had the most admissions at 11,225 and Mercy Harvard Memorial Hospital had the fewest admissions with 751. The average stay was longest at Mercy Harvard Memorial Hospital with 15.7 days. Table 12.11
- In 2009, among the four hospitals in McHenry County, Centegra Hospital-McHenry had the most outpatient visits (292,107) and emergency room patients (29,130), as well as the most inpatient (2,130) and outpatient surgeries (5,676). Centegra Hospital-McHenry also performed the most CT scans (28,126), MRI scans (7,026), ultrasounds (18,026), and mammography (23,710) compared to other hospitals in the County, and was the only hospital to do PET scans. Centegra Hospital-Woodstock delivered the most babies in 2009 of all the hospitals with 1,105 births. Table 12.11
- In McHenry County the eleven registered long-term care facilities (LTCF) reported 861 residents at the end of 2009. During 2009, there were a total of 2,875 admissions to LTCF and 2,859 discharges. Of the eleven LTCF, Alden-Terrace of McHenry Rehab had the most residents at the end of 2009 with 190, as well as the most admissions and discharges in 2009 with 794 and 767, respectively. Table 12.12
- In 2009, the most common primary diagnosis among LTCF residents in McHenry County was circulatory system diagnoses, which accounted for 22.8% followed by mental illness at 13.5%. Approximately 20.6% of all residents in 2009 were diagnosed with at least one mental illness. Table 12.13

- The majority (84.9%) of LTCF residents were in nursing homes compared to intermediate care facilities for individuals with developmental disabilities (ICF/DD) or sheltered care. Among nursing home residents, 77.6% are 75 years or older, 72.6% are women, 99.0% are White, and 98.4% are non-Hispanic. Among nursing care residents, 55.0% pay with Medicaid, 24.6% pay with private funds, and 17.1% pay with Medicare. Almost all residents of ICF/DD pay with Medicaid (89.9%), while 90.0% of those in sheltered care pay with private funds.

Table 12.14
- As of December 2010 in McHenry County, there were seven licensed assisted living and shared housing facilities, which totaled 506 units and 120 Alzheimer's disease units.

Table 12.15
- According to the American Medical Association in 2008, there were 348 physicians practicing in McHenry County. Of those physicians, 12.6% were family medicine/general practice, 36.8% were medical specialties and 21.3% were surgical specialties. The population per physician for all patient care and for each of its divisions was substantially higher than the U.S. rate. The population per physician in McHenry County (914.1) was more than double that of the U.S. (410.9) during 2008.

Table 12.16
- As of May 2010, a total of 476 physicians were practicing in McHenry County according to the American Medical Association. Of those, 19.5% specialized in internal medicine, 13.7% in family medicine and 9.5% in pediatrics.

Table 12.17

**Table 12.1: McHenry County & Illinois
Health Care Utilization Measures: 1997, 2001, 2004 & 2007**

Indicator	Percent of Population 18 Years & Older				
	McHenry County				Illinois
	2007	2004	2001	1997	2007
Have health coverage	92.4%	93.0%	88.7%	83.6%	85.0%
Have usual person as health care provider	84.8%	84.4%	83.4%	NA	82.7%
Avoided doctor due to cost	8.1%	7.5%	7.6%	9.0%	12.8%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey.

**Table 12.2: McHenry County
Medicare Enrollment: 2007**

Coverage Type	Number
Aged 65 Years & Older	
Health Insurance (Part A)	28,346
Supplemental Medical (Part B)	26,729
Part A and/or Part B	28,455
Disabled	
Health Insurance (Part A)	4,211
Supplemental Medical (Part B)	3,644
Part A and/or Part B	4,211

Source: Center for Medicare and Medicaid Services, Medicare Enrollment Reports, Medicare County Enrollment as of July 1, 2007; U.S. Census Bureau, 2009 Estimates used for population denominator.

**Table 12.3: McHenry County & U.S.
Resident Hospital Discharge Rates by Age
Groups and Gender: 2006 & 2009**

Age/Gender	McHenry County 2009		U.S. 2006 Rate ²
	Number ¹	Rate ²	
Total	37,134	1,157.0	1,168.7
Gender			
Female	21,531	1,350.1	1,375.3
Male	15,603	966.2	954.9
Age Group³			
0-17 years	5,878	682.4	378.2
18-44 years	9,381	835.8	861.2
45-64 years	9,191	1,044.8	1,161.2
65 years & older	12,684	3,663.6	3,507.9

¹Excludes newborns

²Rate per 10,000 population.

³Age groups for U.S. are 0-14 and 15-44 years old.

Source: McHenry County rates computed using discharge data from Illinois Hospital Association, COMPdata and U.S. Census Bureau, Population Division, 2009 Census estimates. U.S. rates from National Health Statistics Reports (no. 5), *2006 National Hospital Discharge Survey, July 30, 2008*.

**Table 12.4: McHenry County & Illinois
Resident Hospital Discharge Rates by Age
groups and Gender: 2009**

Age/Gender	McHenry County		Illinois Rate ²
	Number ¹	Rate ²	
Total	37,134	1,157.0	1,251.3
Gender			
Female	21,531	1,350.1	1,432.9
Male	15,603	966.2	1,064.1
Age Group			
0-4 years	4,457	2,046.3	2,214.7
5-17 years	1,421	220.8	254.8
18-44 years	9,381	835.8	846.8
45-64 years	9,191	1,044.8	1,196.6
65-74 years	5,224	2,648.1	2,452.5
75 years & older	7,460	5,008.4	4,611.5

¹Excludes newborns

²Rate per 10,000 population.

Source: Rates computed using discharge data from Illinois Hospital Association, COMPdata and U.S. Census Bureau, Population Division, 2009 Census estimates.

**Table 12.5: McHenry County
Leading Hospitalization Reasons, Average Stay and Average Charges: 2009**

Rank	DRG	Description	Discharge	Patient Days	Average Stay (Days)	Charges	
						Total	Average
1	795	Normal newborn	2,704	5,533	2.0	\$8,007,846	\$2,961
2	775	Vaginal delivery without complicating diagnoses	2,074	4,061	2.0	\$15,449,958	\$7,449
3	885	Psychoses	1,737	14,271	8.2	\$24,825,029	\$14,292
4	470	Major joint replacement or reattachment of lower extremity without MCC	1,050	3,459	3.3	\$47,537,478	\$45,274
5	392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	986	2,464	2.5	\$14,457,197	\$14,662
6	766	Cesarean section without CC/MCC	864	2,740	3.2	\$12,536,246	\$14,510
7	897	Alcohol/Drug abuse or dependence without rehabilitation therapy without MCC	628	1,939	3.1	\$5,741,066	\$9,142
8	794	Neonate with other significant problems	575	1,385	2.4	\$2,807,279	\$4,882
9	313	Chest pain	509	761	1.5	\$6,890,998	\$13,538
10	945	Rehabilitation with CC/MCC	484	6,163	12.7	\$17,713,246	\$36,598
11	641	Nutritional and miscellaneous metabolic disorders without MCC	438	1,191	2.7	\$5,614,502	\$12,818
12	247	Percutaneous cardiovascular procedure with drug-eluting stent without MCC	407	837	2.1	\$22,602,718	\$55,535
13	765	Cesarean section with CC/MCC	395	1,824	4.6	\$7,817,270	\$19,791
14	287	Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC	394	995	2.5	\$9,553,169	\$24,247
15	194	Simple pneumonia and pleurisy with CC	388	1,555	4.0	\$7,745,480	\$19,963
16	743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	387	792	2.0	\$8,105,280	\$20,944
17	552	Medical back problems without MCC	367	1,045	2.8	\$5,686,643	\$15,495
T-18	291	Heart failure and shock with MCC	340	2,009	5.9	\$11,208,344	\$32,966
T-18	310	Cardiac arrhythmia and conduction disorders without CC/MCC	340	848	2.5	\$4,924,203	\$14,483
20	603	Cellulitis without MCC	333	1,056	3.2	\$4,473,629	\$13,434
21	690	Kidney and urinary tract infections without MCC	316	891	2.8	\$4,340,303	\$13,735
22	312	Syncope and collapse	297	764	2.6	\$5,817,158	\$19,586
23	195	Simple pneumonia and pleurisy without CC/MCC	286	797	2.8	\$3,759,059	\$13,144
24	774	Vaginal delivery with complicating diagnoses	257	678	2.6	\$2,722,052	\$10,592
25	292	Heart failure and shock with CC	252	1,024	4.1	\$4,806,576	\$19,074

MCC/CC = (Major) Complications or Comorbid Conditions

Source: Illinois Hospital Association, COMPdata.

**Table 12.6: McHenry County
Leading Hospitalization Reasons: 2008 & 2009**

DRG	Description	2009	2008	Percent Change
795	Normal newborn	2,704	2,778	-2.7%
775	Vaginal delivery without complicating diagnoses	2,074	2,116	-2.0%
885	Psychoses	1,737	1,776	-2.2%
470	Major joint replacement or reattachment of lower extremity without MCC	1,050	1,079	-2.7%
392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	986	1,045	-5.6%
766	Cesarean section without CC/MCC	864	869	-0.6%
897	Alcohol/Drug abuse or dependence without rehabilitation therapy without MCC	628	621	+1.1%
794	Neonate with other significant problems	575	565	+1.8%
313	Chest pain	509	688	-26.0%
945	Rehabilitation with CC/MCC	484	461	+5.0%
641	Nutritional and miscellaneous metabolic disorders without MCC	438	418	+4.8%
247	Percutaneous cardiovascular procedure with drug-eluting stent without MCC	407	378	+7.7%
765	Cesarean section with CC/MCC	395	418	-5.5%
287	Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC	394	475	-17.1%
194	Simple pneumonia and pleurisy with CC	388	388	0.0%
743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	387	458	-15.5%
552	Medical back problems without MCC	367	436	-15.8%
291	Heart failure and shock with MCC	340	255	+33.3%
310	Cardiac arrhythmia and conduction disorders without CC/MCC	340	380	-10.5%
603	Cellulitis without MCC	333	386	-13.7%
690	Kidney and urinary tract infections without MCC	316	354	-10.7%
312	Syncope and collapse	297	298	-0.3%
195	Simple pneumonia and pleurisy without CC/MCC	286	322	-11.2%
774	Vaginal delivery with complicating diagnoses	257	283	-9.2%
292	Heart failure and shock with CC	252	236	+6.8%

MCC/CC = (Major) Complications or Comorbid Conditions

Source: Illinois Hospital Association, COMPdata.

**Table 12.7: McHenry County & Illinois
Leading Hospital Discharge Rates by Reason: 2009**

DRG	Description	Discharge	Rate ¹	
			McHenry County	Illinois
795	Normal newborn	2,704	84.2	102.2
775	Vaginal delivery without complicating diagnoses	2,074	64.6	83.2
885	Psychoses	1,737	54.1	74.7
470	Major joint replacement or reattachment of lower extremity without MCC	1,050	32.7	31.2
392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	986	30.7	32.4
766	Cesarean section without CC/MCC	864	26.9	29.6
897	Alcohol/Drug abuse or dependence without rehabilitation therapy without MCC	628	19.6	27.7
794	Neonate with other significant problems	575	17.9	25.6
313	Chest pain	509	15.9	19.8
945	Rehabilitation with CC/MCC	484	15.1	17.4
641	Nutritional and miscellaneous metabolic disorders without MCC	438	13.6	17.0
247	Percutaneous cardiovascular procedure with drug-eluting stent without MCC	407	12.7	10.9
765	Cesarean section with CC/MCC	395	12.3	16.0
287	Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC	394	12.3	12.2
194	Simple pneumonia and pleurisy with CC	388	12.1	16.5
743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	387	12.1	13.6
552	Medical back problems without MCC	367	11.4	9.1
291	Heart failure and shock with MCC	340	10.6	14.8
310	Cardiac arrhythmia and conduction disorders without CC/MCC	340	10.6	10.8
603	Cellulitis without MCC	333	10.4	18.5
690	Kidney and urinary tract infections without MCC	316	9.8	16.3
312	Syncope and collapse	297	9.3	12.4
195	Simple pneumonia and pleurisy without CC/MCC	286	8.9	12.4

MCC/CC = (Major) Complications or Comorbid Conditions

¹Discharges per 10,000 population

Source: Illinois Hospital Association, COMPdata.

**Table 12.8: McHenry County
Top 25 Hospitalization Reasons for Females: 2009**

Rank	DRG	Description	Discharge	Percent Within Gender
FEMALE				
–	–	All Reasons	21,531	100.0%
1	775	Vaginal delivery without complicating diagnoses	2,074	9.6%
2	795	Normal newborn	1,337	6.2%
3	885	Psychoses	921	4.3%
4	766	Cesarean section without CC/MCC	864	4.0%
5	470	Major joint replacement or reattachment of lower extremity without MCC	663	3.1%
6	392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	630	2.9%
7	765	Cesarean section with CC/MCC	395	1.8%
8	743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	387	1.8%
9	641	Nutritional and miscellaneous metabolic disorders without MCC	287	1.3%
10	945	Rehabilitation with CC/MCC	276	1.3%
11	794	Neonate with other significant problems	274	1.3%
12	774	Vaginal delivery with complicating diagnoses	257	1.2%
13	313	Chest pain	253	1.2%
14	897	Alcohol/Drug abuse or dependence without rehabilitation therapy without MCC	247	1.1%
15	690	Kidney and urinary tract infections without MCC	238	1.1%
16	552	Medical back problems without MCC	212	1.0%
17	194	Simple pneumonia and pleurisy with CC	203	0.9%
18	603	Cellulitis without MCC	183	0.8%
T-19	291	Heart failure and shock with MCC	174	0.8%
T-19	310	Cardiac arrhythmia and conduction disorders without CC/MCC	174	0.8%
21	312	Syncope and collapse	167	0.8%
22	287	Circulatory disorders except acute myocardial infarction, with cardiac catheterizations without MCC	163	0.8%
23	781	Other antepartum diagnoses with medical complications	158	0.7%
24	191	Chronic obstructive pulmonary disease with CC	149	0.7%
25	195	Simple pneumonia and pleurisy without CC/MCC	140	0.7%

MCC/CC = (Major) Complications or Comorbid Conditions

Source: Illinois Hospital Association, COMPdata.

**Table 12.9: McHenry County
Top 25 Hospitalization Reasons for Males: 2009**

Rank	DRG	Description	Discharges	Percent Within Gender
MALE				
–	–	All Reasons	15,603	72.5%
1	795	Normal newborn	1,367	6.3%
2	885	Psychoses	816	3.8%
3	470	Major joint replacement or reattachment of lower extremity without MCC	387	1.8%
4	897	Alcohol/Drug abuse or dependence without rehabilitation therapy without MCC	381	1.8%
5	392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	356	1.7%
6	794	Neonate with other significant problems	301	1.4%
7	247	Percutaneous cardiovascular procedure with drug-eluting stent without MCC	282	1.3%
8	313	Chest pain	256	1.2%
9	287	Circulatory disorders except acute myocardial infarction, with cardiac catheterization with MCC	231	1.1%
10	945	Rehabilitation with CC/MCC	208	1.0%
11	194	Simple pneumonia and pleurisy with CC	185	0.9%
T-12	310	Cardiac arrhythmia and conduction disorders without CC/MCC	166	0.8%
T-12	291	Heart failure and shock with MCC	166	0.8%
14	552	Medical back problems without MCC	155	0.7%
15	641	Nutritional and miscellaneous metabolic disorders without MCC	151	0.7%
16	603	Cellulitis without MCC	150	0.7%
17	195	Simple pneumonia and pleurisy without CC/MCC	146	0.7%
18	312	Syncope and collapse	130	0.6%
19	292	Heart failure and shock with CC	127	0.6%
20	871	Septicemia or severe sepsis without mechanical ventilation 96+ hours with MCC	125	0.6%
21	203	Bronchitis and asthma without CC/MCC	106	0.5%
22	918	Poisoning and toxic effects of drugs without MCC	100	0.5%
23	793	Full term neonate with major problems	98	0.5%
T-25	193	Simple pneumonia and pleurisy with MCC	97	0.5%
T-25	293	Heart failure and shock without CC/MCC	97	0.5%

MCC/CC = (Major) Complications or Comorbid Conditions

Source: Illinois Hospital Association, COMPdata.

**Table 12.10: McHenry County
Top 10 Hospitalization Reasons by Age Group: 2009**

Rank	DRG	Description	Discharges	Percent Within Age Group
0-4 years				
–	–	All Reasons	4,457	100.0%
1	795	Normal newborn	2,704	60.7%
2	794	Neonate with other significant problems	574	12.9%
3	793	Full term neonate with major problems	174	3.9%
4	792	Prematurity without major problems	151	3.4%
5	791	Prematurity with major problems	102	2.3%
6	790	Extreme immaturity or respiratory distress syndrome, neonate	75	1.7%
7	203	Bronchitis and Asthma without CC/MCC	73	1.6%
8	789	Neonates, died or transferred to another acute care facility	67	1.5%
9	641	Nutritional and miscellaneous metabolic disorders without MCC	52	1.2%
10	195	Simple pneumonia and pleurisy without CC/MCC	47	1.1%
5-17 Years				
–	–	All Reasons	1,421	100.0%
1	885	Psychoses	382	26.9%
2	343	Appendectomy without complicated principal diagnosis without CC/MCC	65	4.6%
3	775	Vaginal delivery without complicating diagnoses	44	3.1%
4	392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	44	3.1%
5	881	Depressive neuroses	41	2.9%
6	203	Bronchitis and Asthma without CC/MCC	38	2.7%
7	101	Seizures without MCC	31	2.2%
8	195	Simple pneumonia and pleurisy without CC/MCC	30	2.1%
9	194	Simple pneumonia and pleurisy with CC	28	2.0%
10	641	Nutritional and miscellaneous metabolic disorders without MCC	25	1.8%
18-44 Years				
–	–	All Reasons	9,381	100.0%
1	775	Vaginal delivery without complicating diagnoses	2,027	21.6%
2	766	Cesarean section without CC/MCC	856	9.1%
3	885	Psychoses	827	8.8%
4	765	Cesarean section with CC/MCC	392	4.2%
5	897	Alcohol/Drug abuse or dependence without rehabilitation therapy without MCC	297	3.2%
6	392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	274	2.9%
7	774	Vaginal delivery with complicating diagnoses	248	2.6%
8	743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	176	1.9%
9	781	Other antepartum diagnoses with medical complications	147	1.6%
10	918	Poisoning and toxic effects of drugs without MCC	107	1.1%

Continued on next page

**Table 12.10: McHenry County
Top 10 Hospitalization Reasons by Age Group: 2009 (continued)**

Rank	DRG	Description	Discharges	Percent Within Age Group
45-64 Years				
–	–	All Reasons	9,191	100.0%
1	470	Major joint replacement or reattachment of lower extremity without MCC	449	4.9%
2	885	Psychoses	419	4.6%
3	392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	323	3.5%
4	897	Alcohol/Drug abuse or dependence without rehabilitation therapy without MCC	285	3.1%
5	313	Chest pain	249	2.7%
6	247	Percutaneous cardiovascular procedure with drug-eluting stent without MCC	204	2.2%
7	743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	188	2.0%
8	287	Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC	169	1.8%
9	310	Cardiac arrhythmia and conduction disorders without CC/MCC	128	1.4%
T-10	603	Cellulitis without MCC	121	1.3%
T-10	552	Medical back problems without MCC	121	1.3%
65-74 Years				
–	–	All Reasons	5,224	100.0%
1	470	Major joint replacement or reattachment of lower extremity without MCC	331	6.3%
2	392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	132	2.5%
3	945	Rehabilitation with CC/MCC	131	2.5%
4	247	Percutaneous cardiovascular procedure with drug-eluting stent without MCC	110	2.1%
5	287	Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC	98	1.9%
6	310	Cardiac arrhythmia and conduction disorders without CC/MCC	97	1.9%
7	313	Chest pain	87	1.7%
T-8	190	Chronic obstructive pulmonary disease with MCC	77	1.5%
T-8	291	Heart failure and shock with MCC	77	1.5%
10	191	Chronic obstructive pulmonary disease with CC	73	1.4%
75 Years & Older				
–	–	All Reasons	7,460	100.0%
1	470	Major joint replacement or reattachment of lower extremity without MCC	252	3.4%
2	291	Heart failure and shock with MCC	223	3.0%
3	945	Rehabilitation with CC/MCC	217	2.9%
4	392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	177	2.4%
5	641	Nutritional and miscellaneous metabolic disorders without MCC	163	2.2%
6	690	Kidney and urinary tract infections without MCC	161	2.2%
7	292	Heart failure and shock with CCC	149	2.0%
8	312	Syncope and collapse	134	1.8%
9	194	Simple pneumonia and pleurisy with CC	133	1.8%
10	293	Heart failure and shock without CC/MCC	125	1.7%

MCC/CC = (Major) Complications or Comorbid Conditions

Source: Illinois Hospital Association, COMPdata.

**Table 12.11: McHenry County
Summary of Hospital Characteristics: 2009**

Indicator	McHenry County	Centegra Hospital-McHenry	Centegra Hospital - Woodstock	Centegra Specialty Hospital-Woodstock	Mercy Harvard Memorial Hospital
Licensed beds	287	181	106	84 ¹	65 ¹
Staffed beds	164	78	86	53 ¹	70 ¹
Admissions	20,766	11,225	7,169	1,621	751
Patient days	95,509	45,535	24,780	13,587	11,607
Observation days	6,871	3,944	2,764	0	163
Average stay	4.6	4.4	3.8	8.4	15.7
Outpatient visits	571,697	292,107	200,751	9,782	69,057
Births	2,027	922	1,105	0	0
Inpatient surgeries	4,014	2,130	1,640	0	244
Outpatient surgeries	10,273	5,676	3,648	0	949
Emergency patients	56,166	29,130	21,397	0	5,639
CT scans	47,243	28,126	17,295	0	1,822
MRI scans	12,197	7,026	4,820	0	351
Ultrasound exams	31,149	18,026	11,623	0	1,500
PET scans	592	592	0	0	0
Mammographies	38,171	23,710	13,844	0	617

¹Includes long-term care

Source: 2009 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

**Table 12.12: McHenry County
Long-Term Care Facilities: 2009**

Long-Term Care Facility	Residents Jan. 1	Admissions	Discharges	Residents Dec. 31
Total Residents	845	2,875	2,859	861
Alden Terrace of McHenry Rehab	163	794	767	190
Centegra Specialty Hospital Woodstock	24	612	622	14
Crystal Pines Rehab & HCC	104	125	127	102
Fair Oaks Health Care Center	40	87	86	41
Florence Nursing Home	37	93	84	46
Fountains at Crystal Lake	68	657	669	56
Hearthstone Manor	105	172	176	101
Mercy Harvard Hospital	29	177	182	24
Sheltered Village	87	4	5	86
Valley Hi Nursing Home	125	55	57	123
Woodstock Residence	63	99	84	78

Source: Illinois Health Facilities and Services Review Board, 2009 Long-Term Care Facility Data Profiles.

**Table 12.13: McHenry County
Long-Term Care Residents by Primary Diagnosis:
2009**

Primary Diagnosis	Number	Percent
Neoplasms	14	1.6%
Endocrine/Metabolic	25	2.9%
Blood Disorders	0	0.0%
Nervous System Non-Alzheimer	86	10.0%
Alzheimer's Disease	50	5.8%
Mental Illness	116	13.5%
Developmental Disability	94	10.9%
Circulatory System	196	22.8%
Respiratory System	35	4.1%
Digestive System	27	3.1%
Genitourinary System Disorders	22	2.6%
Skin Disorders	7	0.8%
Musculo-skeletal Disorders	65	7.6%
Injuries and Poisonings	25	2.9%
Other Medical Conditions	66	7.7%
Non-Medical Conditions	32	3.7%
Total Diagnosed with Mental Illness	177	20.6%

Source: Illinois Health Facilities and Services Review Board, 2009 Long-Term Care Facility Data Profiles.

**Table 12.14: McHenry County
Selected Characteristics of Long-Term Care Residents: 2009**

Characteristic	Total		Nursing Care		ICF/DD		Sheltered Care	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Residents	861	100.0%	731	100.0%	86	100.0%	44	100.0%
Gender								
Male	248	28.8%	200	27.4%	48	55.8%	0	0.0%
Female	613	71.2%	531	72.6%	38	44.2%	44	100.0%
Age Group								
<18 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%
18-44 years	43	5.0%	13	1.8%	30	34.9%	0	0.0%
45-64 years	41	4.8%	33	4.5%	7	8.1%	1	2.3%
65-74 years	94	10.9%	83	11.4%	10	11.6%	1	2.3%
75-84 years	213	24.7%	198	27.1%	7	8.1%	8	18.2%
85 years & older	403	46.8%	369	50.5%	0	0.0%	34	77.3%
Race								
Asian	5	0.6%	4	0.5%	1	1.2%	0	0.0%
American Indian	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Black	10	1.2%	3	0.4%	7	8.1%	0	0.0%
Hawaiian/Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%
White	846	98.3%	724	99.0%	78	90.7%	44	100.0%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Ethnicity								
Hispanic	15	1.7%	12	1.6%	3	3.5%	0	0.0%
non-Hispanic	846	98.3%	719	98.4%	83	96.5%	44	100.0%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Payment Source								
Medicare	125	14.5%	125	17.1%	0	0.0%	0	0.0%
Medicaid	487	56.6%	402	55.0%	85	98.8%	0	0.0%
Other public	10	1.2%	7	1.0%	0	0.0%	3	6.8%
Insurance	17	2.0%	17	2.3%	0	0.0%	0	0.0%
Private pay	221	25.7%	180	24.6%	1	1.2%	40	90.9%
Charity Care	1	0.1%	0	0.0%	0	0.0%	1	2.3%

ICF/DD: Intermediate care facilities for individuals with developmental disabilities.

Source: Illinois Health Facilities and Services Review Board, 2009 Long-Term Care Facility Data Profiles.

**Table 12.15: McHenry County
Licensed Assisted Living and Shared Housing Facilities: December 2010**

Name	City	Total Number of Units¹	Number of Alzheimer's Disease Units¹
Autumn Leaves of Crystal Lake	Crystal Lake	36	36
Bickford-Crystal Lake Cottage	Crystal Lake	66	16
Fountains at Crystal Lake	Crystal Lake	135	15
Fox Point	McHenry	97	0
Fox Point Manor	McHenry	40	40
Hearthstone Manor	Woodstock	74	0
Sunrise of Crystal Lake	Crystal Lake	58	13
Total		506	120

¹Units may have up to 2 residents.

Source: Illinois Department of Public Health, Division of Assisted Living, Assisted Living/Shared Housing Licensed Establishments.

**Table 12.16: McHenry County & U.S.
Physicians and Population Per Physician: 2008¹**

Physician Type	McHenry County		U.S. Population Per Physician
	Number	Population Per Physician	
Total Patient Care	348	914.1	410.9
Office-Based Practice			
Family medicine/general practice	44	7,230.0	4,034.8
Medical specialties	128	2,485.3	1,461.5
Surgical specialties	74	4,298.9	2,434.8
Other specialties	73	4,357.8	2,055.6
Hospital-Based Practice	29	10,969.6	1,653.9

¹McHenry County Population of 318,118 based on U.S. Census 2008 estimate.
American Medical Association physician counts for December 31, 2008.

Source: American Medical Association, *Physician Characteristics and Distribution in the U.S.* 2010 Edition.

**Table 12.17: McHenry County
Number of Physicians by Specialty: May 2010**

Specialty	Number	Percent	Specialty	Number	Percent
Total	476	100.0%			
Internal medicine	93	19.5%	Nephrology	2	0.4%
Family medicine	65	13.7%	Adult reconstructive orthopedics	1	0.2%
Pediatrics	45	9.5%	Allergy and immunology	1	0.2%
Obstetrics & gynecology	33	6.9%	Child neurology	1	0.2%
Anesthesiology	23	4.8%	Clinical laboratory immunology (allergy & immunology)	1	0.2%
Emergency medicine	21	4.4%	Clinical neurophysiology	1	0.2%
General surgery	21	4.4%	Clinical pathology	1	0.2%
Unspecified	16	3.4%	Critical care medicine (anesthesiology)	1	0.2%
Orthopedic surgery	15	3.2%	Dermatologic surgery	1	0.2%
Psychiatry	15	3.2%	Foot and ankle orthopedics	1	0.2%
Diagnostic radiology	10	2.1%	Hand surgery (orthopedics)	1	0.2%
General practice	10	2.1%	Infectious disease	1	0.2%
Anatomic/Clinical pathology	8	1.7%	Nueroradiology	1	0.2%
Ophthalmology	7	1.5%	Obstetrics	1	0.2%
Otolaryngology	7	1.5%	Other specialty	1	0.2%
Cardiovascular disease	6	1.3%	Pain management	1	0.2%
Child & adolescent psychiatry	6	1.3%	Physical medicine and rehabilitation	1	0.2%
Internal medicine/Pediatrics	6	1.3%	Pulmonary & critical care medicine	1	0.2%
Neurology	6	1.3%	Rheumatology	1	0.2%
Radiology	5	1.1%	Sleep medicine	1	0.2%
Plastic surgery	4	0.8%	Sports medicine (orthopedic surgery)	1	0.2%
Radiation oncology	4	0.8%	Urgent care medicine	1	0.2%
Urology	4	0.8%			
Dermatology	3	0.6%			
Gastroenterology	3	0.6%			
Hand surgery	3	0.6%			
Neurological surgery	3	0.6%			
Occupational medicine	3	0.6%			
Allergy	2	0.4%			
Endocrinology, diabetes & metabolism	2	0.4%			
Gynecology	2	0.4%			
Hematology/Oncology	2	0.4%			

Source: American Medical Association, Physicians by specialty within county

Chapter 13: Environment

Tables & Figures

- The warmest month on average between 1999 and 2009 in McHenry County was July with an average high of 81.6°F, while the coolest month on average was January with an average high of 29.6°F and an average low of 13.5°F. Table 13.1
Figure 13.1
- On average between 1999 and 2009 in McHenry County, June was the wettest month with 4.88 inches of precipitation and January was the driest with 1.32 inches. December had the highest monthly average snowfall with 12.21 inches of snow and ice closely followed by January with 11.77 inches of snow and ice. Table 13.2
Figure 13.2
- The Environmental Protection Agency (EPA) regulates 56 facilities in McHenry County that produce and release air pollutants, 10 facilities reported toxic releases, 123 reported hazardous waste activities and 2 waste sites that are part of an existing Superfund. No facilities were regulated for radioactivity. Table 13.3
- There are 35 community water systems that serve homes and 34 water systems that serve the same population but not year round, such as schools. There are 288 water systems that serve different people, such as retail stores and restaurants. Table 13.3
- In 2009, 125,868 pounds of toxic chemicals were released in McHenry County, and 48.7% of those were released into the air and 13.2% were released on-site to land. The total weight of toxic agents released has decreased since 2004. Table 13.4

Figure 13.3
- In 2008, 83.9% of days had good air quality and 16.1% had moderate air quality in McHenry County. On average from 1998 to 2008, 85.1% of days during a year were of good air quality, 13.3% were of moderate air quality and 1.6% of days were unhealthy for sensitive groups, such as those with lung disease, older adults, and children. Table 13.5
Figure 13.4
- Based on data from 1998 to 2008, the main air pollutant was ozone (O₃) on 80.1% of days and particulate matter <2.5µm (PM_{2.5}) was the main air pollutant on the remaining 19.9% of days on average. The percent of days when ozone was the main pollutant generally decreased from 1998 to 2008 and the percent of days where PM_{2.5} was the main pollutant has increased. Table 13.6
Figure 13.5
- The most common point source emission released in McHenry County was volatile organic compounds (VOCs) for every year from 1990 to 2002. In 2002, there were 609 tons of VOCs emitted. Table 13.7
Figure 13.6

- Of the 1,154 homes that have been tested for radon from 2003 to 2006, 345 (29.9%) had levels of 4pCi/L or more (U.S. EPA's action level for radon in the home). Among zip codes with more than 5 homes tested, the 60081 zip code (includes the village of Spring Grove) had the highest percent of homes with high levels of radon at 52.9%. Zip codes 60013 (includes the city of Cary) and 60014 (includes part of the City of Crystal Lake) had the most mitigation systems with 39 and 26, respectively, during 2005-2006.

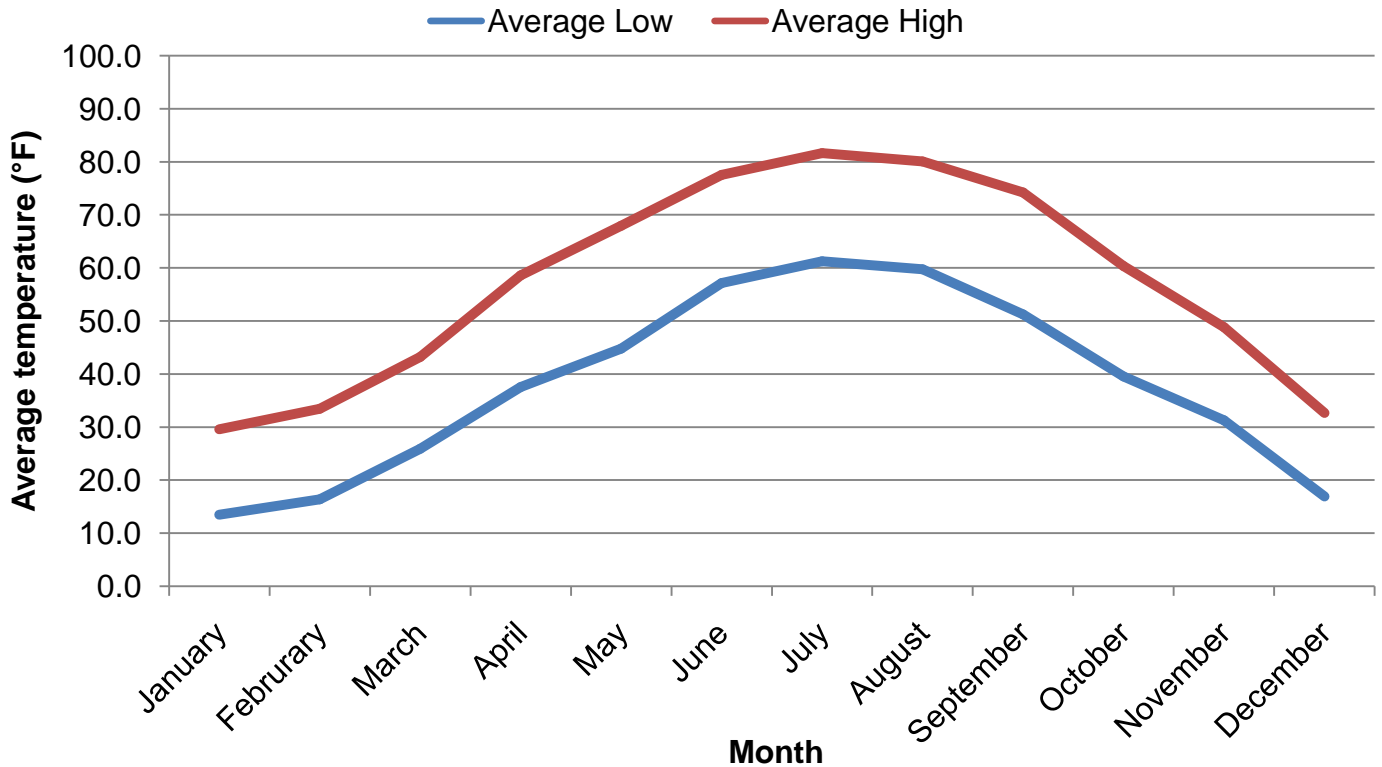
Table 13.8
Figure 13.7

Table 13.1: McHenry Stratton Lock & Dam
Average Monthly Temperature (°F):
1999-2009

Month	Average Low	Average High
January	13.5	29.6
February	16.4	33.4
March	25.9	43.2
April	37.5	58.6
May	44.8	67.9
June	57.1	77.5
July	61.3	81.6
August	59.8	80.1
September	51.2	74.2
October	39.5	60.3
November	31.3	48.8
December	16.9	32.7

Source: Illinois Department of Natural Resources.

Figure 13.1: McHenry Stratton Lock & Dam
Average Monthly High & Low Temperatures: 1999-2009



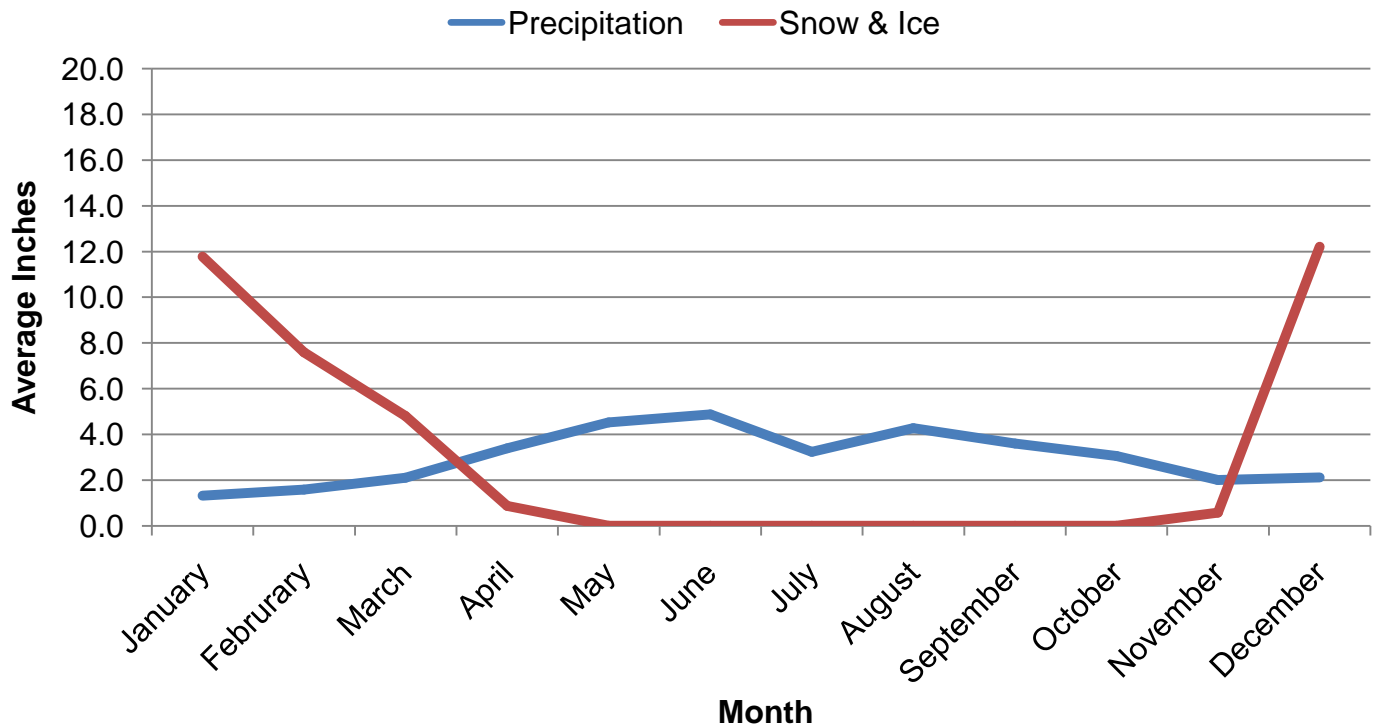
Source: Illinois Department of Natural Resources.

**Table 13.2: McHenry Stratton Lock & Dam
Average Monthly Precipitation & Snow Fall:
1999-2009**

Month	Monthly Average (Inches)	
	Precipitation	Snow & Ice
January	1.32	11.77
February	1.58	7.59
March	2.10	4.80
April	3.40	0.87
May	4.52	0.00
June	4.88	0.00
July	3.24	0.00
August	4.27	0.00
September	3.60	0.00
October	3.06	0.00
November	2.00	0.57
December	2.12	12.21

Source: Illinois Department of Natural Resources.

**Figure 13.2: McHenry Stratton Lock & Dam
Average Monthly Precipitation & Snow Fall: 1999-2009**



Source: Illinois Department of Natural Resources.

**Table 13.3: McHenry County
EPA Regulated Facilities Summary**

Characteristic	Number
AIR	
Facilities that produce and release air pollutants	56
AIR Minor	53
AIR Major	1
AIR Synthetic Minor	2
TOXICS	
Facilities that reported toxic releases	10
WASTE	
Facilities reported hazardous waste activities	123
Other Hazardous Waste Activities	1
Conditionally Exempt Small Quantity Generators (CESQGs)	31
Unspecified Universe	21
Small Quantity Generators (SQGs)	31
Sites with generation, management, and minimization of hazardous waste	0
Potential hazardous waste sites that are part of Superfund that exist	2
Superfund National Priorities List (NPL)	1
Superfund	1
RADIATION	
Facilities regulated for radiation and radioactivity	0
WATER	
Facilities issued permits to discharge to waters of the U.S.	22
National Pollutant Discharge Elimination System (NPDES) Non-majors	20
National Pollutant Discharge Elimination System (NPDES) Majors	2
Water Systems	357
Transient non-community water systems that do not consistently serve the same people (e.g. rest stops, gas stations)	288
Community water systems that serve same people year-round (e.g. homes)	35
Non-transient non-community water systems that serves the same people, but not year-round (e.g. schools)	34

Source: U.S. Environmental Protection Agency, Envirofacts. Last Updated on Oct 09, 2010.

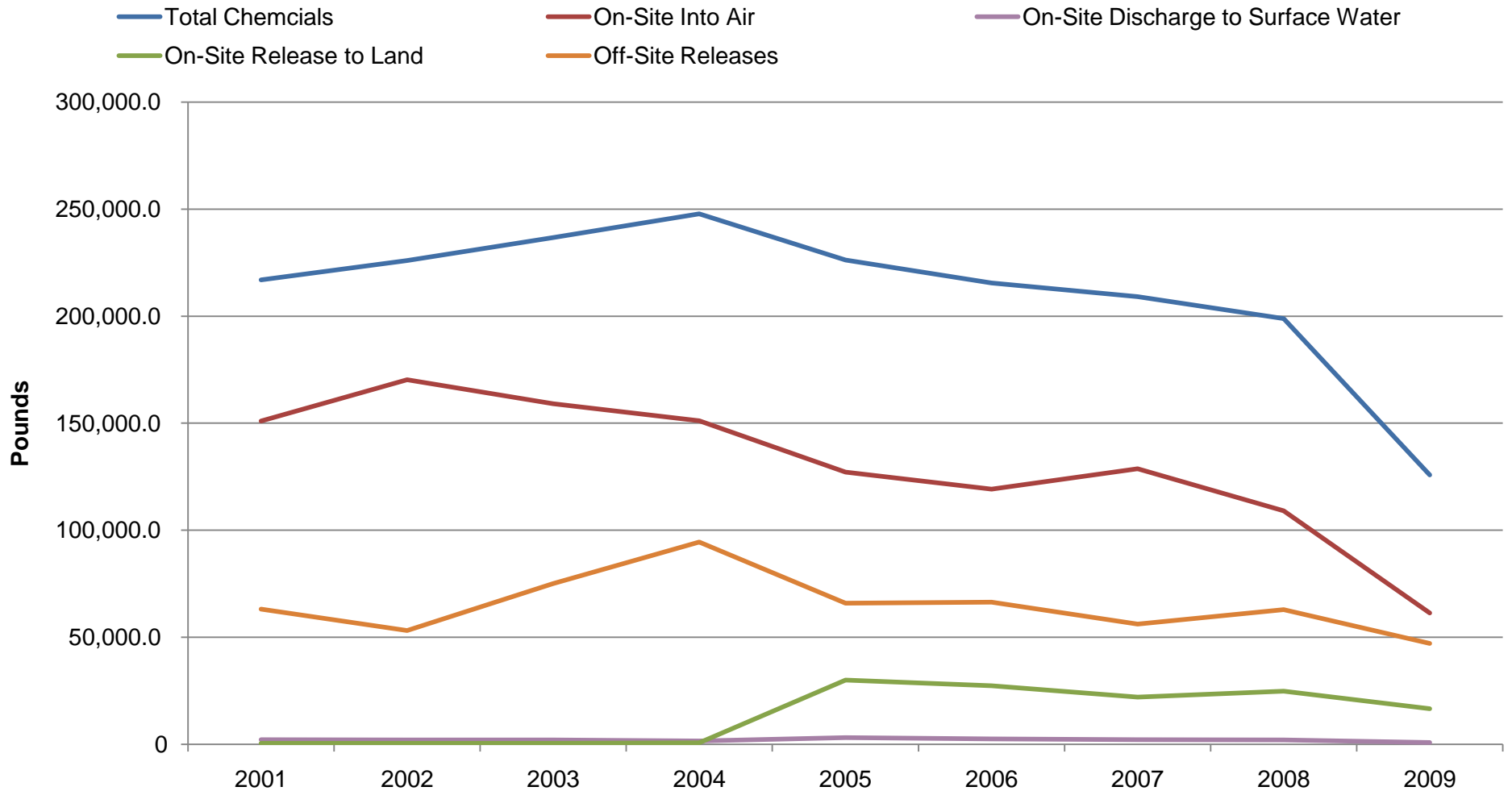
**Table 13.4: McHenry County
Toxic Agents¹ Disposed or Released for All Facilities (In Pounds): 2001-2009**

Discharge/Release	2009	2008	2007	2006	2005	2004	2003	2002	2001
Total Chemicals Released	125,868.7	198,837.2	209,067.1	215,422.9	226,180.1	247,747.4	236,705.9	225,972.5	216,880.5
On-site releases	78,721.5	135,900.0	152,938.8	149,046.9	160,212.0	153,228.3	161,556.9	172,751.9	153,664.0
Into Air	61,288.5	109,034.7	128,678.8	119,193.6	127,055.4	151,028.1	158,979.9	170,229.9	150,979.0
Discharge to surface water	775.0	2,071.0	2,185.0	2,534.0	3,158.6	1,489.2	2,067.0	2,022.0	2,185.0
Underground injection	0	0	0	0	0	0	0	0	0
Released to land	16,658.0	24,794.3	22,075.0	27,319.2	29,998.0	711.0	510.0	500.0	500.0
Off-site releases	47,147.2	62,937.2	56,128.3	66,376.0	65,968.1	94,519.1	75,149.0	53,220.6	63,216.5

¹2001 core chemicals

Source: U.S. Environmental Protection Agency, Toxic Release Inventory On-site and Off-site Reported Disposed of or Otherwise Released (in pounds), Trend Report for Facilities in All Industries, for 2001 Core Chemicals, McHenry County, Illinois, 2001-2009.

**Figure 13.3: McHenry County
Toxic Agents Disposed or Released: 2001-2009**



Source: U.S. Environmental Protection Agency, Toxic Release Inventory On-site and Off-site Reported Disposed of or Otherwise Released (in pounds), Trend Report for Facilities in All Industries for 2001 Core Chemicals, McHenry County, Illinois, 2001 - 2009.

**Table 13.5: McHenry County
Air Quality Index: 1998-2008**

Year	Percent of Days When Air Quality Was:			
	Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy
2008	83.9%	16.1%	0.0%	0.0%
2007	76.4%	22.7%	0.8%	0.0%
2006	92.1%	7.9%	0.0%	0.0%
2005	79.5%	17.3%	3.3%	0.0%
2004	89.2%	10.8%	0.0%	0.0%
2003	88.2%	10.2%	1.6%	0.0%
2002	81.3%	14.3%	4.4%	0.0%
2001	81.8%	16.3%	1.9%	0.0%
2000	84.4%	14.5%	1.1%	0.0%
1999	88.4%	8.0%	3.3%	0.3%
1998	90.7%	7.9%	1.4%	0.0%
Average	85.1%	13.3%	1.6%	0.0%

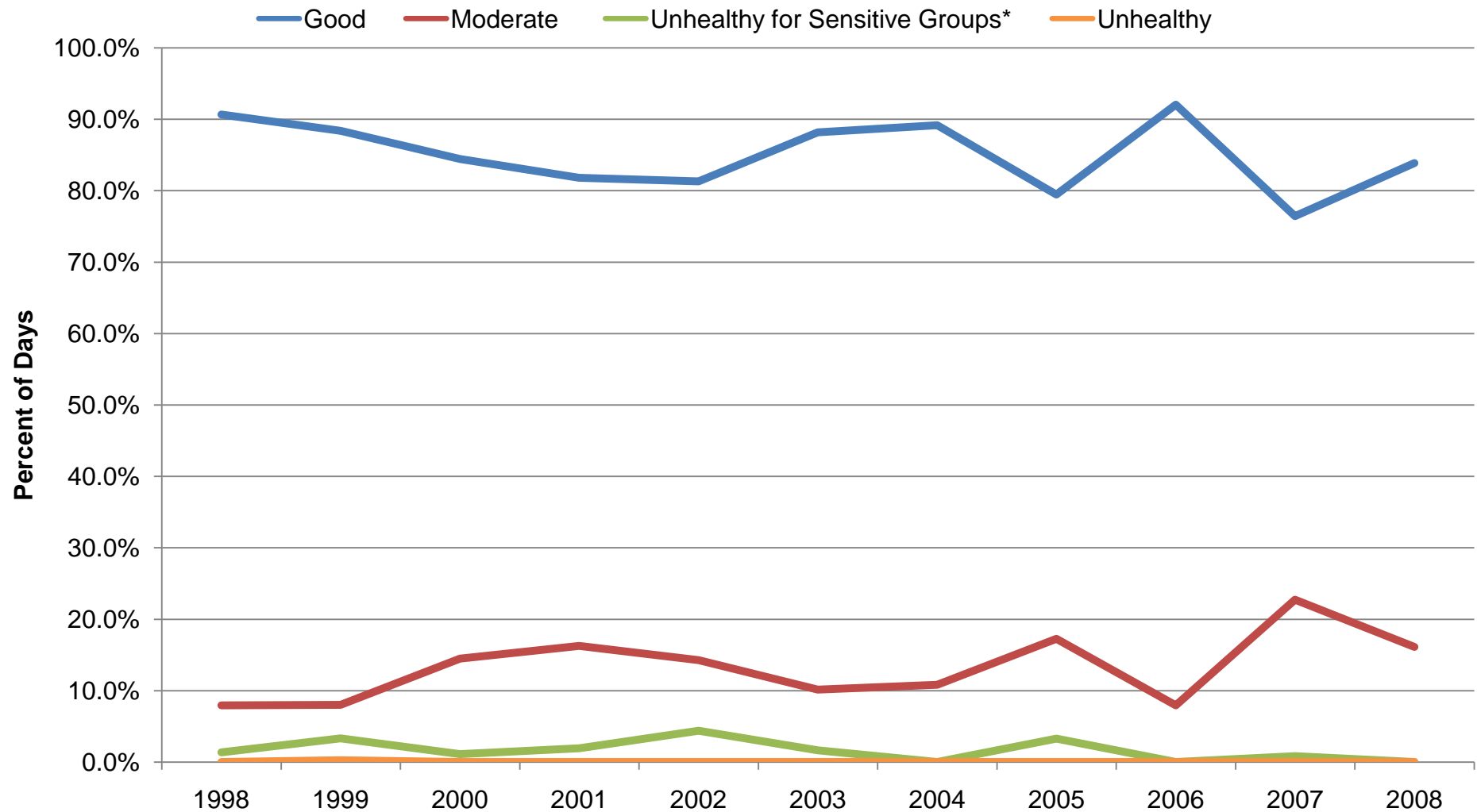
Source: U.S. Environmental Protection Agency, Air Quality Index Report.

Understanding the Air Quality Index

Rating	Index Score	Interpretation
Good	0-50	Air quality is considered satisfactory, and air pollution poses little or no risk
Moderate	51-100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people.
Unhealthy for sensitive groups	101-150	Although general public is not likely to be affected at this AQI range, people with lung disease, older adults and children are at a greater risk from exposure to ozone, whereas people with heart and lung disease, older adults and children are at a greater risk from the presence of particles in the air
Unhealthy	151-200	Everyone may begin to experience some adverse health effects, and members of the sensitive groups may experience more serious effects.
Very Unhealthy	201-300	This would trigger a health alert signifying that everyone may experience more serious health effects.
Hazardous	>300	This would trigger health warnings of emergency conditions. The entire population is more likely to be affected.

Source: U.S. Environmental Protection Agency.

**Figure 13.4: McHenry County
Percent of Days by Air Quality Index Classification: 1998-2008**



*Sensitive groups include but are not limited to people with lung disease, older adults, and children.

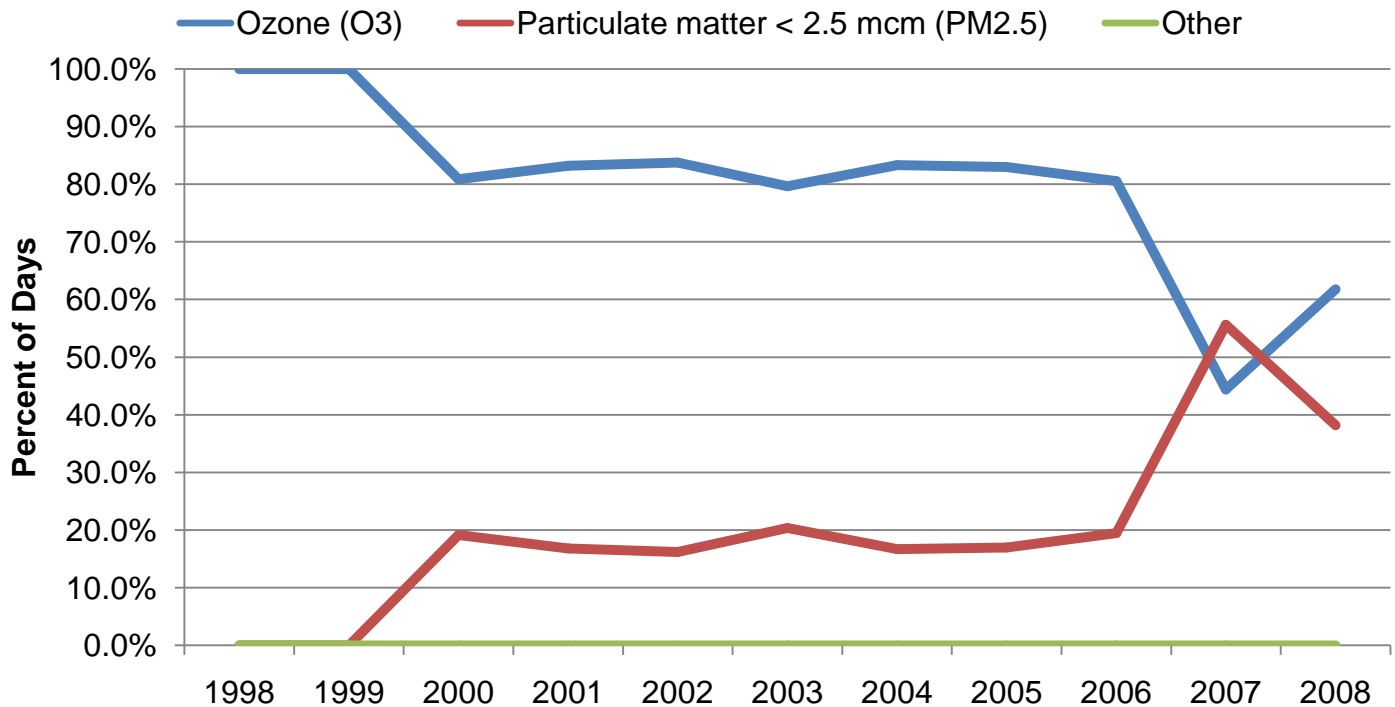
Source: U.S. Environmental Protection Agency, Air Quality Index Report.

**Table 13.6: McHenry County
Percent of Days by Main Air Pollutant
According to Air Quality Index: 1998-2008**

Year	Ozone (O ₃)	Particulate Matter < 2.5 µm (PM _{2.5})	Other
2008	61.8%	38.2%	0.0%
2007	44.4%	55.6%	0.0%
2006	80.5%	19.5%	0.0%
2005	83.0%	17.0%	0.0%
2004	83.3%	16.7%	0.0%
2003	79.7%	20.3%	0.0%
2002	83.8%	16.2%	0.0%
2001	83.2%	16.8%	0.0%
2000	80.9%	19.1%	0.0%
1999	100.0%	0.0%	0.0%
1998	100.0%	0.0%	0.0%
Average Days	80.1%	19.9%	0.0%

Source: U.S. Environmental Protection Agency, Air Quality Index Report.

**Figure 13.5: McHenry County
Percent of Days by Main Air Pollutant According to Air Quality Index: 1998-2008**



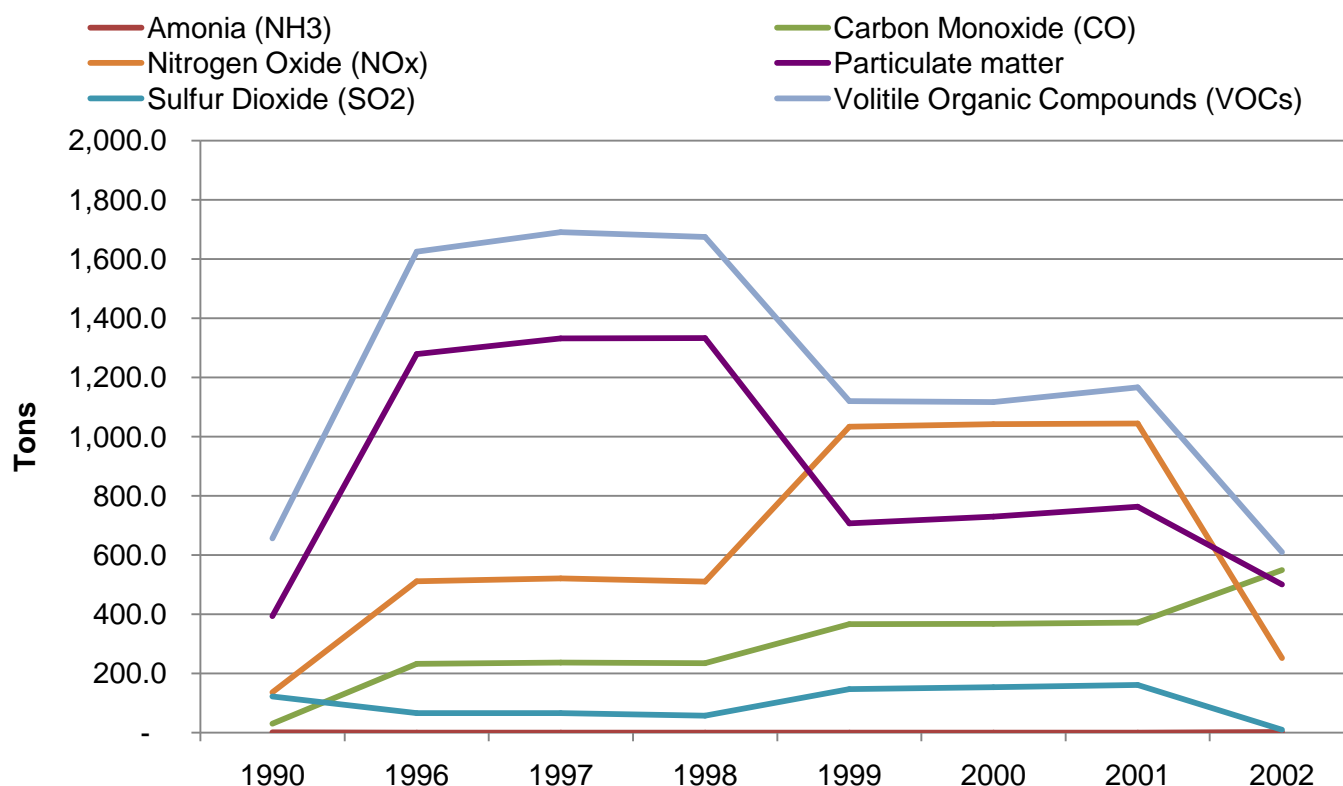
Source: U.S. Environmental Protection Agency, Air Quality Index Report.

**Table 13.7: McHenry County
Point Source Emissions (In Tons): 1990-2002**

Pollutant	2002	2001	2000	1999	1998	1997	1996	1990
Ammonia (NH ₃)	2.2	0.0	0.0	0.0	0.1	0.1	0.1	0.9
Carbon Monoxide (CO)	549	372	367	366	234	237	232	30.0
Nitrogen Oxide (NO _x)	252	1,044	1,042	1,033	510	521	511	136
Particulate matter	500	763	729	707	1,333	1,332	1,279	393
Sulfur Dioxide (SO ₂)	10.0	161.0	153.0	147.0	57.1	66.2	66.3	122.0
Volatile Organic Compounds (VOCs)	609	1,166	1,116	1,120	1,674	1,690	1,625	656

Source: U.S. Environmental Protection Agency, National Emission Inventory database.

**Figure 13.6: McHenry County
Point Source Emissions by Pollutant: 1990-2002**



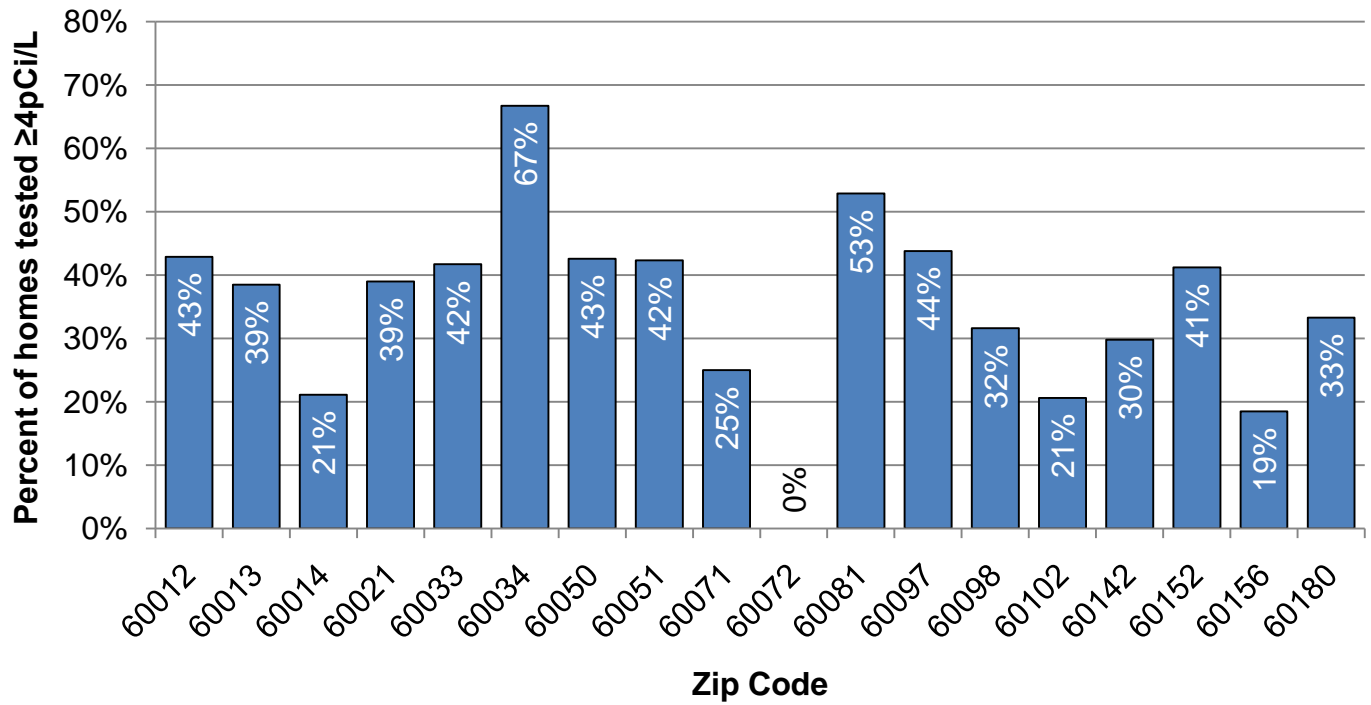
Source: U.S. Environmental Protection Agency, National Emission Inventory database.

**Table 13.8: McHenry County Zip Codes
Number of Homes Tested for Radon Exposure and Number of
Mitigation Systems: 2003-2006**

Zip Code (Major community in zip code)	2003-2006			2005-2006
	Number of Homes Tested	Number of Homes Tested $\geq 4\text{pCi/L}$	Percent of Homes Tested $\geq 4\text{pCi/L}$	Number of Mitigation Systems
60012 (Crystal Lake)	91	39	42.9%	13
60013 (Cary)	156	60	38.5%	39
60014 (Crystal Lake)	223	47	21.1%	26
60021 (Fox River Grove)	41	16	39.0%	7
60033 (Harvard)	12	5	41.7%	3
60034 (Hebron)	3	2	66.7%	0
60050 (McHenry)	54	23	42.6%	12
60051 (McHenry)	26	11	42.3%	3
60071 (Richmond)	4	1	25.0%	0
60072 (McHenry)	3	0	0.0%	0
60081 (Spring Grove)	34	18	52.9%	10
60097 (Wonder Lake)	16	7	43.8%	2
60098 (Woodstock)	79	25	31.6%	9
60102 (Algonquin)	189	39	20.6%	19
60142 (Huntley)	57	17	29.8%	3
60152 (Marengo)	17	7	41.2%	1
60156 (Lake In The Hills)	146	27	18.5%	10
60180 (Union)	3	1	33.3%	0
Total	1,154	345	29.9%	157

Source: Illinois Emergency Management Agency (IEMA), Radon in Your County.

**Figure 13.7: McHenry County Zip Codes
Percent of Homes Tested With High Levels of Radon: 2003-2006**



Source: Illinois Emergency Management Agency, Radon in Your County.

Glossary

Age-adjusted cancer incidence rate: Weighted average of the age-specific cancer incidence rate, where the weights are the proportions of the people in the corresponding age groups of a standard population. For this report, we use the 2000 U.S. Standard population. This adjustment is done in order to eliminate the effect of different age distributions in the population over time or between different populations.

Age-adjusted death (or mortality) rate: A weighted average of the age-specific death rate, where the weights are proportions of people in the corresponding age groups of a standard million population. Age-adjusted death rates in this report use the 2000 U.S. Standard population. This adjustment is done in order to eliminate the effect of different age distributions in the population over time or between different populations.

Age-specific fertility rate: Number of live births by mothers within a specific age group divided by the number of females within the same age group within a given population and time period.

Assisted Living Facility: A home, building, residence or any other place where sleeping accommodations are provided for at least three unrelated adults, at least 80% of whom are 55 years of age or older and where units are homelike and assistance with daily living activities are provided. Assisted living facilities are licensed under the Assisted Living and Shared Housing Act (210 ILCS 9/).

At risk for acute/binge drinking: The Behavioral Risk Factor Surveillance System defines at risk for acute/binge drinking as consuming four or more alcoholic drinks per occasion for women and five or more for men during the past 30 days.

Average (or mean): The sum of a group of numbers divided by the quantity of numbers

Birth rate: Number of births per population, usually per 100,000 population, for a given period of time.

Cancer incidence rate: Number of new cancers of specific site/type occurring in a specified population during a given period of time, usually expressed as the number of cancers per 100,000 population.

Comorbid (or comorbidity): presence of one or more conditions or diseases in addition to the primary disease or conditions.

Death (or mortality) rate: Number of deaths per population, usually per 100,000 population, for a given period of time.

DRG (Diagnosis Related Groups): A classification system which uses diagnosis information to establish hospital payments under Medicare.

Ethnicity: A social group characterized by distinctive social and cultural traditions, maintained within the group from generation to generation. For reporting purposes, this is typically kept separate from race. Currently, the U.S. Census tracks Hispanic/non-Hispanic

Family: The U.S. Census Bureau defines family as a group of two or more people who reside together and who are related by birth, marriage, or adoption.

Fertility rate: Number of live births divided by the number of females of child-bearing age (15-44 years) within a given population and time period.

Frequency: Number of events in a given population in a specified period of time.

Group Quarters: The U.S. Census Bureau classifies all people not living in households as living in group quarters. There are two types of group quarters: institutional (i.e. correctional facilities, nursing homes and mental hospitals) and non-institutional (i.e. college dormitories, group homes, shelters).

Household: The U.S. Census Bureau defines a household all the people who occupy a housing unit as their usual place of residence.

Householder: The U.S. Census Bureau defines a householder as the person whose name the home is owned, being bought or rented.

Housing unit: The U.S. Census Bureau defines a housing unit as a house, an apartment, a mobile home or trailer, a group of rooms, or a single room occupied as a separate living quarters, or if vacant, intended for occupancy as separate living quarters. Separate living quarters are those in which the occupants live separately from any other individuals in the building and which have direct access from outside the building or through a common hall. For vacant units, the criteria of separateness and direct access are applied to the intended occupants whenever possible.

Incidence: The number of new cases during a given period in a specified population.

Income to poverty ratio: People and families are classified as being poverty if their income is less than the poverty threshold. If their income is less than half the poverty threshold, they are below 50% (or 0.50) of poverty. The greater the ratio of income to poverty, the more people fall under the category because higher ratios include more people with higher incomes.

Intermediate care for developmentally disabled (ICF/DD): According to the Illinois Department of Public Health, Office of Health Care Regulation, a facility of three or more people or a distinct part serving residents of which more than 50 percent are developmentally disabled is classified as ICF/DD.

Kessner Index: An index of adequacy of prenatal care based on trimester of entry, number of prenatal visits and gestational age of infant at birth.

Kotelchuck Index: An index of adequacy of prenatal care utilization based on month of entry, number of prenatal visits and gestational age of infant birth. Index categories are based on the ratio of observed to expected visits based on gestational age and month of entry. Index categories are as follows: Inadequate-received less than 50% of expected visits; intermediate (50-79%); adequate (80-109%); and adequate plus (110% or more).

Linguistically Isolated Household: A household is linguistically isolated if all adults speak a language other than English and none speaks English "very well".

Long-Term Care Facility: A private home, institution, building, residence or any other place, or a county home for the infirm and chronically ill, which provides personal care, sheltered care, or nursing for 3 or more people, not related to the owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities, homes, institutions or other places operated by or under the authority of the Illinois Department of Veterans Affairs. Long-term care facilities are licensed under the Nursing Home Care Act (210 ILCS 45/).

Median: The middle value of an ordered set of values.

Medicaid: A Federal and state-funded program that provides health insurance to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

Medicare: Federal government administered health insurance for people age 65 years or older, under the age of 65 years with certain disabilities and people of any age with End-Stage Renal Disease.

Mortality: Number of deaths during a specified time period in a specified population

Nativity: Number of births during a specified time period in a specified population

Nursing care (skilled nursing care): According to the Illinois Department of Public Health, Office of Health Care Regulation, a skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Per capita personal income (PCPI): The personal income of the residents, which is the total income received by people from participation in production, transfer payments and government interest, of an area divided by the population of the area for a given period of time, normally one year.

Percent change: Difference between a final value and an initial or reference value divided by the initial or reference value. A positive percent change corresponds to an increasing trend; a negative percent change corresponds to a decreasing trend.

Poverty: The U.S. Census Bureau calculates poverty status by using a set of dollar value thresholds (poverty thresholds) that vary by family size and composition to determine who is in poverty. If a family's total income is less than the dollar value of the appropriate threshold, then that family and every individual in that family are considered to be in poverty.

Poverty rate: the percentage of people (or families) whose income falls at or below the official poverty threshold amount set by the .U.S Census Bureau.

Prevalence: The proportion of people in a population who have a particular disease or attribute at a specified point in time (point prevalence) or over specified period of time (period prevalence).

Race: Current U.S. Census includes African American, Asian and Pacific Islander, Native American and Native Alaskan, Hawaiian, White, and Other as race categories. Ethnicity is reported separately. Individuals self-report their race category.

Rate (or crude rate): The frequency with which an event occurs in a defined population in a specified period of time.

Sheltered care: According to the Illinois Department of Public Health, Office of Health Care Regulation, a facility which provides maintenance (i.e. food, shelter, laundry services) and personal care (i.e. assistance with meals, dressing, bathing, and general supervision and oversight) is classified as a sheltered care facility.

Site-specific cancer mortality: Number of deaths due to cancer localized to a specific anatomical location, or site.

Statistical significance: A mathematical measure comparing groups or relationships. A difference or relationship is said to be statistically significant if it is large enough or strong enough not to be due to chance alone.

Years of Potential Life Lost (YPLL): A measure of impact of premature mortality on a population. It is calculated as the sum of the differences between some predetermined minimum or desired life span and the age of death for individuals who died earlier than that predetermined age. The desired age is usually set at 65 years.

2010 MCHENRY COUNTY HEALTHY COMMUNITY STUDY HOUSEHOLD SURVEY



Prepared for
Mc Henry County Healthy Community Partners

Prepared by
Health Systems Research
University of Illinois
College of Medicine at Rockford
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MCHERNY COUNTY HEALTHY COMMUNITY 2010 SURVEY

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Chapter 1 INTRODUCTION, METHODOLOGY AND RESPONDENT CHARACTERISTICS

Introduction

In order to assess community needs, the McHenry County Healthy Community 2010 partners contracted with Health Systems Research of the University of Illinois–Rockford to conduct a household survey. The survey asked residents about community characteristics, needed improvements, availability of services, land use, transportation, employment, health care access and health status. Survey results are intended to complement three other Healthy Community studies, focus groups, key informants and community analysis, to provide a comprehensive look at the county's most pressing concerns.

The Healthy Community 2010 project is headed up by the McHenry County Department of Health with funding and assistance from an additional 18 partners: Advocate Good Shepherd, Centegra Health System, Environmental Defenders of McHenry County, First Congregational Church of Crystal Lake, Latino Connection (Crystal Lake Chamber), Leadership Greater McHenry County, League of United Latin American Citizens, McHenry County College, McHenry County Community Foundation, McHenry County Conservation District, McHenry County Mental Health Board, Pioneer Center, Senior Services Associates Inc., Sherman Hospital, United Way of Greater McHenry County, Village of Prairie Grove, Woodstock Christian Life, and Woodstock Community Unit School District #200.

Health Systems Research specializes in community needs assessments for health and human services in northwest Illinois. In 2006, the McHenry County Healthy Community partners commissioned a similar survey.

Methodology

Representatives from the Healthy Community partner organizations worked with Health System Research staff to develop an eight-page survey questionnaire that covered topics of concern and interest regarding community needs. Besides questions with prescribed multiple choice answers, a final open-ended question allowed individuals to offer comments about any related topic. Where possible, questions from the 2006 survey were replicated so that comparisons could be made between the two surveys.

In an effort to encourage response from the Hispanic population, the survey was translated into Spanish. A message at the top of the English-language cover letter, written in Spanish, instructed persons who wished assistance or a copy of Spanish version of the survey to call the Latino Connection of the Crystal Lake Chamber of Commerce.

Intended to represent all McHenry County residents, a random sample was drawn proportional to the population living in each zip code. When zip codes crossed county lines, only addresses in the McHenry County portion were included.

In early May 2010, surveys were sent to 8,000 randomly selected residential addresses, approximately one in thirteen households throughout the county. Businesses and institutionalized persons, such as nursing home residents, were excluded from the sample. In addition to the survey, the survey packet included a cover letter explaining the survey's purpose

and urging participation and a postage-paid envelope addressed to Health Systems Research for return of the survey. No identifying marks were used on surveys or envelopes to assure respondents that their responses would be anonymous. The survey and cover letter are shown in Appendix I of this report.

The partners developed numerous promotional pieces about the survey including flyers, radio interviews, and newspapers articles. This publicity began prior to the survey mailing and continued for six weeks after households received surveys.

Response

At the cut-off date of July 12, 2010, approximately two months after the initial mailing, 1,128 surveys were returned for an overall response rate of 14.1%. Of the 1,128 returned surveys, 1,109 were “usable” (13.9%); non-usable includes the surveys left blank or residents had recently moved out of the county (survey had been forwarded to new address).

Survey response varied by zip code of residence (Table 1.1). While no zip code area surpassed a 20% return, two zips achieved a survey return rate of 17.9%: Crystal Lake (60012) and Richmond (60071). Two more areas exceeded 15%, Woodstock (60098) at 15.9% and Marengo (60152) at 15.5%. The second Crystal Lake zip code area of 60014 also returned surveys at a better-than-average rate, 14.7%.

Table 1.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
SAMPLE AND RESPONDENTS BY ZIP CODE

Zip Code	Place	Sent	Received	Percent	Grouped Area
Total		7,998*	1,109	13.9%	---
60010	Barrington	58	8	13.8%	Southeast
60012	Crystal Lake	280	50	17.9%	Crystal Lake
60013	Cary	662	86	13.0%	Southeast
60014	Crystal Lake	1,246	183	14.7%	Crystal Lake
60021	Fox River Grove	135	10	7.4%	Southeast
60033	Harvard	353	37	10.5%	Rural
60034	Hebron	62	8	12.9%	Rural
60039	Crystal Lake	17	0	0.0%	Crystal Lake
60042	Island Lake	136	18	13.2%	Central
60050	McHenry	814	87	10.7%	Central
60051	McHenry	550	67	12.2%	Central
60071	Richmond	106	19	17.9%	Rural
60072	Ringwood	26	2	7.7%	Rural
60081	Spring Grove	229	26	11.4%	Rural
60097	Wonder Lake	297	33	11.1%	Rural
60098	Woodstock	743	118	15.9%	Rural
60102	Algonquin	624	79	12.7%	Southeast
60142	Huntley	552	72	13.0%	Southeast
60152	Marengo	348	54	15.5%	Rural
60156	Lake in the Hills	720	64	8.9%	Southeast
60180	Union	40	5	12.5%	Rural
No zip code given		---	83	---	---

*Additional three sent but not located in McHenry County.

Respondent Characteristics

The demographic description of McHenry County survey respondents resembles many household surveys with a stronger response among females, older persons, and residents with a higher level of education (Table 1.2). In this survey, females outnumber males about 3:2, with females accounting for 62.3% of the respondents. One-quarter (26.6%) are ages 65 years and older and almost half (46.6%) are 45-64 years old. One in five (19.9%) respondents has earned a graduate/professional degree, while an additional quarter (24%) holds a bachelor's degree. Overwhelmingly, at 92.5%, respondents are white, non-Hispanic, with the remainder being mostly Hispanic (3%) or Asian (1.9%).

Table 1.2
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT CHARACTERISTICS

Characteristic	Number	Percent ¹
Total	1,109	100.0%
GENDER		
Male	399	37.7%
Female	660	62.3%
No answer	50	---
AGE GROUP		
18 – 29	51	4.6%
30 – 44	244	22.1%
45 – 64	514	46.6%
65 – 74	172	15.6%
75+	121	11.0%
No answer	7	---
RACE/ETHNICITY		
White, non-Hispanic	1,006	92.5%
Black/African American, non-Hispanic	4	0.4%
Hispanic/Latino	33	3.0%
Asian	21	1.9%
Multi-racial	10	0.9%
Other	14	1.3%
No answer	21	---
EDUCATION		
Less than high school	18	1.6%
High school diploma, including GED	203	18.6%
Some college, no degree	282	25.8%
Associate or technical degree	110	10.1%
Bachelor's degree	262	24.0%
Graduate/professional degree	218	19.9%
No answer	16	---

¹Based on respondents who answered questions.

Information about survey's households shows that one-fifth (22.3%) of household members are under the age of 18, one-ninth (11.8%) are 18-29 years old, half (49.4%) 30-64 and the remaining sixth (16.6%) seniors 65 years and older (Table 1.3). More than one-third (36.1%) are married couple families with children living at home, while another third (32.7%) are married couples with no children at home. Ranking third highest among household structures are single persons living alone (13.5%). Representing similar proportions are single parents, 6.2% of all respondents and unmarried persons living together at 5.6%.

In 7.7% of respondents' homes, a language besides English is spoken, roughly divided among Spanish (3.1%) and other languages (4%). About one in twelve (8.7%) households receives some form of financial assistance for at least one person in the home.

Table 1.3
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
HOUSEHOLD CHARACTERISTICS

Characteristic	Number	Percent ¹
AGES OF HOUSEHOLD MEMBERS		
Total	2,841	100.0%
0 – 12 years	386	13.6%
13 – 17 years	246	8.7%
18 – 29 years	335	11.8%
30 – 44 years	480	16.9%
45 – 64 years	924	32.5%
65 – 74 years	300	10.6%
75+ years	170	6.0%
HOUSEHOLD STRUCTURE		
Total ²	1,109	100.0%
Married couple with child at home	400	36.1%
Married couple, no child at home	363	32.7%
Single parent	69	6.2%
Unmarried persons living together	62	5.6%
Single person living alone	150	13.5%
Grandparent(s) raising grandchildren	14	1.3%
Two or more families living together	12	1.1%
Same sex partners living together	5	0.5%
Other	27	2.4%
LANGUAGE AND HOME		
Speak language other than English	84	7.7%
Spanish	34	3.1%
Other than Spanish	44	4.0%
FINANCIAL ASSISTANCE		
Aid received by at least one family member	94	8.7%

¹Based on respondents who answered questions.

²Respondents could select more than one.

Representativeness of Respondent Characteristics

The usefulness of survey data depends on how well the sample and respondents match the population as a whole. Surveys were sent to a sample of households which, because the sample was randomly selected, means that households receiving the surveys were an accurate reflection of the entire population. However, not all groups return the surveys at the same rate. Non response, which is the failure to complete or return a survey, presents major challenges in survey research because non-respondents may hold different views than respondents. To what degree the respondents represent all McHenry County households is not known, although a good way to judge whether respondents are an adequate representation is by comparing their demographics to the actual makeup of the county as described in the U.S. Census.

Comparing respondent characteristics to the county as described in the U.S. Census Bureau's 2006-2008 American Community Survey confirms that survey respondents are more commonly female, white, better educated and older than McHenry County residents as a whole (Table 1.4). Two-thirds (62.3%) of respondents are females whereas they comprise slightly less than half (49.8%) of the county's population. Non-whites make up 7.4% of the respondent sample, half the county's actual percentage (15.6%). Twice as many respondents have completed a post-bachelor degree (19.9%) as exist in the county (9.7%), while far fewer survey respondents have a high school diploma or less (20.2%) than occurs in the county (37.5%). More than one-quarter (26.6%) of respondents are 65 years and older, substantially more than the 16.4% reported by the Census.

Table 1.4
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT CHARACTERISTICS COMPARED TO CENSUS

Characteristic	Respondents		McHenry Co. Census 2006 – 2008 ¹
	Number	Percent	Percent
GENDER			
Male	399	37.7%	50.2%
Female	660	62.3%	49.8%
RACE/ETHNICITY OF HOUSEHOLDER			
White, non-Hispanic	1,006	92.5%	84.4%
Hispanic	33	3.0%	10.9%
Asian	21	1.9%	2.6%
Other	28	2.5%	2.1%
EDUCATION²			
Less than high school	18	1.6%	8.9%
High school diploma	203	18.6%	28.6%
Some college, no degree	282	25.8%	23.9%
Associate degree	110	10.1%	7.3%
Bachelor's degree	262	24.0%	21.6%
Graduate/professional	218	19.9%	9.7%
AGE GROUP OF RESPONDENT²			
18 – 29	51	4.6%	2.3%
30 – 44	244	22.1%	40.6%
45 – 64	514	46.6%	40.7%
65+	293	26.6%	16.4%
AGE GROUP OF HOUSEHOLD MEMBERS			
0 – 12	386	13.6%	19.3%
13 – 17	246	8.7%	7.9%
18 – 29	335	11.8%	15.5%
30 – 44	480	16.9%	22.4%
45 – 64	924	32.5%	25.2%
65 – 74	300	10.6%	5.4%
75+	170	6.0%	4.3%

¹Source: U.S. Census Bureau, 2006 – 2008 American Community 3-Year Estimates.
Census education percents reflect population 25 years and older.

²For age of respondents, census data use “householder” age (under 25, 25 – 44, 45 – 64, 65+). Census education percents reflect population 25 years and older.

Chapter 2 COMMUNITY NEEDS

Improvements for a Healthier Community

The survey's first question asked respondents to indicate how their community could be improved to make it a healthier place to live. From a list of 17 topics, respondents could mark up to five choices or write in a topic not listed. The average number of improvements checked was 4.5.

As seen in Table 2.1, job availability was the number one improvement chosen at 46.8%, followed by traffic flow (41.9%), biking/walking paths (37.2%), roads (33.0%), protection of natural resources (32.6%), and public transportation (32.2%).

Table 2.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
COMMUNITY IMPROVEMENTS NEEDED

Response	2010		2006
	Number	Percent	Percent
Job availability	519	46.8%	29.6%
Traffic flow	465	41.9%	60.2%
Biking/walking paths	412	37.2%	---
Roads	366	33.0%	---
Protection of natural resources	362	32.6%	---
Public transportation	357	32.2%	37.0%
Businesses, stores	300	27.1%	29.7%
Crime prevention	283	25.5%	19.5%
Entertainment, arts	270	24.3%	28.1%
Affordable housing	259	23.4%	---
Programs for elderly	245	22.1%	17.8%
Parks, recreation	231	20.8%	22.4%
Schools	208	18.8%	19.7%
Health care	204	18.4%	21.5%
Youth/teen behavior	158	14.2%	15.9%
Mental health care	106	9.6%	6.8%
Tolerance of differences	77	6.9%	10.9%
Other (write in)	105	9.5%	7.5%

Around one-quarter chose businesses/stores (27.1%), crime prevention (25.5%), entertainment/arts (24.3%), affordable housing (23.4%) and programs for the elderly (22.1%). Fewer would like to see improvements in parks/recreation (20.8%), schools (18.8%), health care

(18.4%), and youth/teen behavior (14.2%). Less than 10% of respondents marked mental health care (9.6%) or tolerance of differences (6.9%) as needed improvements.

Nearly one in ten (9.5%) wrote in an improvement not listed. Thirteen mentioned tax relief and five each described getting rid of illegal immigrants, needing a community center/YMCA, and needing more activities for teens. Four respondents each said that more sidewalks are needed and a dog park would be welcome.

A similar question about needed improvements was asked in 2006, though several new choices were added for the current survey. The proportion naming job availability rose from 29.6% in 2006 up to 46.8% and first place in 2010. On the other hand the level of concern with traffic flow dropped from 60.2% in 2006 down to 41.9% and second place in 2010.

The top improvements by demographic group are detailed in Table 2.2 where the leading concern for 14 of the 23 groups was job availability. Traffic flow came in first for respondents with an Associate or Bachelor's degree, residents of the Southeast area, males, and respondents married with no children at home. Both participants age 18-44 and those with a Graduate degree ranked biking/walking paths first for needed community improvements. Public transportation stood in the first spot for respondents age 75 and older and those who are single living alone.

Table 2.2
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
COMMUNITY IMPROVEMENTS NEEDED
TOP THREE IMPROVEMENTS BY DEMOGRAPHIC GROUP

AGE GROUP	Top Three Improvements
18 - 44	Biking/walking paths (49.5%), traffic flow (41.7%), job availability (40.0%)
45 - 64	Job availability (54.5%), traffic flow (45.3%), biking/walking paths (38.5%)
65 - 74	Job availability (40.7%), traffic flow (38.4%), roads (36.0%)
75+	Public transportation (47.9%), programs for elderly (47.1%), job availability (38.8%)
EDUCATION	
H.S. or less	Job availability (53.4%), traffic flow (37.6%), public transportation (34.8%)
Some college	Job availability (56.0%), traffic flow (37.2%), public transportation (34.0%)
Associate degree	Traffic flow (48.2%), job availability (47.3%), biking/walking paths (45.5%)
Bachelor's degree	Traffic flow (46.2%), biking/walking paths (45.0%), protect natural resources (40.8%)
Graduate degree	Biking/walking paths (44.0%), traffic flow (43.1%), protect natural resources (37.6%)
RESIDENCE	
Rural	Job availability (49.7%), biking/walking paths (36.8%), roads (36.1%)
Southeast	Traffic flow (47.6%), job availability (44.5%), public transportation (36.1%)
Central	Job availability (47.1%), traffic flow (42.4%), biking/walking paths (37.2%), protect natural resources (37.2%)
Crystal Lake	Job availability (45.9%), traffic flow (45.5%), biking/walking paths (39.9%)
GENDER	
Male	Traffic flow (50.4%), job availability (43.6%), roads (40.4%)
Female	Job availability (48.6%), biking/walking paths (39.2%), traffic flow (36.5%)
HOUSEHOLD	
Married w/kids	Job availability (48.5%), traffic flow (45.8%), biking/walking paths (43.3%)
Married no kids	Traffic flow (45.2%), job availability (42.5%), protect natural resources (37.3%)
Single parent	Job availability (62.3%), public transportation (42.0%), traffic flow (39.1%)
Single living alone	Public transportation (44.7%), job availability (43.3%), programs for elderly (37.3%)
RACE/ETHNIC	
White, non-Hispanic	Job availability (46.5%), traffic flow (42.6%), biking/walking paths (37.0%)
Non-white	Job availability (50.0%), public transportation (41.5%), biking/walking paths (37.8%)
FINANCIAL ASSISTANCE	
Yes	Job availability (56.4%), traffic flow (40.4%), affordable housing (40.4%)
No	Job availability (45.9%), traffic flow (42.3%), biking/walking paths (37.4%)

Certain groups led more often than others for endorsing the different improvement choices (Table 2.3). Respondents age 18-44 displayed the highest percentages of all groups for biking/walking paths, entertainment/arts, parks/recreation, and schools. Seniors age 75 and older endorsed public transportation, crime prevention, and programs for the elderly more often than other types of respondents. For the topics of roads and traffic flow, males expressed the most desire for their improvement. More often than others, single parents marked youth/teen behavior and job availability as needed community improvements. Those respondents who receive financial assistance were more likely than other types of respondents to indicate improvement needed in the areas of affordable housing and mental health care.

Table 2.3
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
COMMUNITY IMPROVEMENTS NEEDED
TOP THREE DEMOGRAPHIC GROUPS BY IMPROVEMENT

Improvement	Top Three Demographic Groups
Affordable housing	Financial assistance (40.4%), single parent (34.8%), HS or less (34.8%)
Biking/walking paths	18-44 (49.5%), Associate degree (45.5%), Bachelor's degree (45.0%)
Businesses, stores	Rural (35.4%), single living alone (30.7%), HS or less (30.3%)
Crime prevention	75+ (34.7%), non-white (32.9%), Southeast (31.0%)
Entertainment, arts	18-44 (32.2%), graduate degree (31.7%), married w/children at home (30.0%)
Health care	HS or less (28.1%), 65-74 (26.7%), 75+ (24.8%)
Job availability	Single parent (62.3%), financial assistance (56.4%), some college (56.0%)
Mental health care	Financial assistance (20.2%), single parent (14.5%), some college (13.1%)
Parks, recreation	18-44 (34.9%), Graduate degree (31.2%), married w/children at home (27.0%)
Programs for elderly	75+ (47.1%), single living alone (37.3%), 65-74 (34.9%)
Protection of natural resources	Bachelor's degree (40.8%), Graduate degree (37.6%), married no children at home (37.3%)
Public transportation	75+ (47.9%), single living alone (44.7%), single parent (42.0%)
Roads	Male (40.4%), Bachelor's degree (37.4%), Central (36.6%)
Schools	18-44 (32.2%), married w/children at home (28.3%), Graduate degree (24.8%)
Tolerance of differences	65-74 (9.9%), non-white (9.8%), Graduate degree (9.2%)
Traffic flow	Male (50.4%), Associate degree (48.2%), Southeast (47.6%)
Youth/teen behavior	Single parent (21.7%), non-white (18.3%), some college (17.7%)

Community Issues Needing Greater Attention

Another set of questions instructed respondents to choose up to five of the 26 issues which they feel need greater attention in their community to improve the health and quality of life. The mean number of issues checked was 3.87. In the 2006 survey a similar question was asked but respondents were able to choose all applicable issues, so comparisons between the years are not exact.

Leading the list of issues needing greater community attention was high health care costs at 49.1%, followed by gangs/delinquency/youth violence (37.2%), crime prevention (31.2%), and affordable housing (25.6%) (Table 2.4). Fewer respondents marked services for caregivers (17.8%), services for single parents (17.1%), services for two parent working families (17.0%), alcohol/substance abuse (16.6%), domestic violence (14.3%), mental health services/education (12.6%), and special education for children (12.4%).

Further down on the list were special recreation programs for physically/mentally challenged adults (11.3%), school dropouts (11.2%), child abuse (10.6%), supported employment for the handicapped (10.6%), special recreation programs for physically/mentally challenged children (10.2%), and literacy (10.1%). Issues receiving less than 10% support included services for grandparents raising grandchildren (8.7%), teen pregnancy (8.0%), crisis counseling (7.1%), elder abuse (6.0%), discrimination based on race (5.6%), bereavement counseling (3.2%), discrimination based on sexual orientation (2.6%), social services for minorities (2.6%), and sexually transmitted diseases (2.0%).

Nearly one in ten (9.9%) respondents wrote in an issue not listed. The complete comments are included in Appendix III. Twelve participants described wanting lower taxes, while eight commented on the need to address the illegal immigrants in the area. Six respondents each thought the community needed to focus on jobs and address multiple families living in single family housing.

Table 2.4
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
COMMUNITY ISSUES NEEDING GREATER ATTENTION

Response	2010		2006 Percent
	Number	Percent	
High health care costs	545	49.1%	51.5%
Gangs, delinquency, youth violence	413	37.2%	32.3%
Crime prevention	346	31.2%	19.9%
Affordable housing	284	25.6%	31.8%
Services for caregivers	197	17.8%	24.2%
Services for single parents	190	17.1%	21.0%
Services for two parent working families	189	17.0%	17.4%
Alcohol/substance abuse	184	16.6%	19.4%
Domestic violence	159	14.3%	15.3%
Mental health services/education	140	12.6%	---
Special education for children	137	12.4%	16.2%
Special recreation programs for physically/ mentally challenged adults	125	11.3%	14.9%
School dropouts	124	11.2%	12.9%
Child abuse	117	10.6%	13.4%
Supported employment for handicapped	118	10.6%	12.7%
Special recreation programs for physically/ mentally challenged children	113	10.2%	15.0%
Literacy (Illiteracy in 2006)	112	10.1%	11.0%
Services for grandparents raising grandchildren	96	8.7%	---
Teen pregnancy	89	8.0%	9.4%
Crisis counseling	79	7.1%	8.4%
Elder abuse	67	6.0%	---
Discrimination based on race	62	5.6%	---
Bereavement counseling	35	3.2%	8.5%
Discrimination based on sexual orientation	29	2.6%	---
Social services for minorities	29	2.6%	---
Sexually transmitted diseases, AIDS	22	2.0%	---
Other issues (write in)	110	9.9%	7.3%

Note: In 2010 survey, respondents could select up to five choices where in 2006, respondents could select all applicable areas.

Although comparisons between the survey administrations are not exact, a sizeable increase between 2006 and 2010 appears for crime prevention. In addition, the top two issues (high health care costs and gangs/delinquency/youth violence) remained the same from 2006 to 2010.

The top issues needing attention by demographic group are detailed in Table 2.5. High health care costs ranked number one for all groups except single parents who were most concerned with services for single parents. In second place for nearly all groups was gangs/delinquency/youth violence. However, Crystal Lake area residents ranked affordable housing second, crime prevention was second for non-whites, and single parents had high health care costs in the second spot.

Crime prevention ranked third for 16 of the demographic groups and gangs/delinquency/youth violence came in third for Crystal Lake residents, single parents, and non-whites. Affordable housing was in the third spot for those receiving financial assistance and with an Associate degree. Services for caregivers ranked third for seniors age 75 and older and services for two parent working families came in third for respondents age 18-44.

Table 2.5
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
COMMUNITY ISSUES NEEDING GREATER ATTENTION
TOP THREE ISSUES BY DEMOGRAPHIC GROUP

AGE GROUP	Top Three Issues
18 - 44	High health care costs (40.3%), gangs (31.5%), services for two parent working families (30.8%)
45 - 64	High health care costs (51.0%), gangs (39.1%), crime prevention (31.1%)
65 - 74	High health care costs (52.3%), gangs (40.7%), crime prevention (32.6%)
75+	High health care costs (57.9%), gangs (38.0%), services for caregivers (34.7%)
EDUCATION	
H.S. or less	High health care costs (62.0%), gangs (39.4%), crime prevention (37.6%)
Some college	High health care costs (48.6%), gangs (41.8%), crime prevention (32.6%)
Associate degree	High health care costs (49.1%), gangs (34.5%), affordable housing (27.3%)
Bachelor's degree	High health care costs (44.7%), gangs (37.0%), crime prevention (27.1%)
Graduate degree	High health care costs (41.7%), gangs (30.7%), crime prevention (30.7%)
RESIDENCE	
Rural	High health care costs (51.7%), gangs (40.4%), crime prevention (32.5%)
Southeast	High health care costs (48.9%), gangs (39.8%), crime prevention (35.7%)
Central	High health care costs (55.2%), gangs (32.6%), crime prevention (29.1%)
Crystal Lake	High health care costs (43.3%), affordable housing (40.8%), gangs (32.2%)
GENDER	
Male	High health care costs (53.9%), gangs (37.8%), crime prevention (34.1%)
Female	High health care costs (46.4%), gangs (36.2%), crime prevention (29.8%)
HOUSEHOLD	
Married w/kids	High health care costs (46.8%), gangs (37.0%), crime prevention (30.0%)
Married no kids	High health care costs (51.8%), gangs (38.6%), crime prevention (32.1%)
Single parent	Services for single parents (50.7%), high health care costs (43.5%), gangs (37.7%)
Single living alone	High health care costs (49.3%), gangs (38.0%), crime prevention (38.0%)
RACE/ETHNIC	
White, non-Hispanic	High health care costs (49.0%), gangs (38.0%), crime prevention (30.8%)
Non-white	High health care costs (47.6%), crime prevention (37.8%), gangs (29.3%)
FINANCIAL ASSISTANCE	
Yes	High health care costs (48.9%), gangs (34.0%), affordable housing (34.0%)
No	High health care costs (48.9%), gangs (37.6%), crime prevention (32.6%)

Table 2.6 reveals the groups expressing the greatest concern for each issue. Among demographic groups, single parents were the most concerned about crisis counseling, services for grandparents raising grandchildren, services for single parents, and special recreation programs for physically/mentally challenged children. Non-whites led in marking domestic violence, discrimination based on race, social services for minorities, and teen pregnancy. Singles living alone are most concerned of all groups about bereavement counseling, crime prevention, elder abuse, and special recreation programs for physically/mentally challenged adults. Literacy and school dropouts were issues noted most often by Rural residents, while affordable housing was ranked highest by Crystal Lake residents.

Table 2.6
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
COMMUNITY ISSUES NEEDING GREATER ATTENTION
TOP THREE DEMOGRAPHIC GROUPS BY ISSUE

Issue	Top Three Demographic Groups
Affordable housing	Crystal Lake (40.8%), single parent (34.8%), financial assistance (34.0%)
Alcohol/substance abuse	Some college (22.0%), single parent (18.8%), married w/children at home (18.5%)
Bereavement counseling	Single, live alone (9.3%), non-white (7.3%), 75+ (5.0%), HS or less (5.0%)
Child abuse	Associate degree (14.5%), Crystal Lake (13.3%), Graduate degree (12.8%)
Crime prevention	Single living alone (38.0%), non-white (37.8%), HS or less (37.6%)
Crisis counseling	Single parent (11.6%), Associate degree (10.0%) non-white (9.8%)
Discrimination based on race	Non-white (23.2%), Graduate degree (8.7%), 18-44 (8.1%)
Discrimination based on sexual orientation	Central (4.7%), 18-44 (4.7%), non-white (3.7%)
Domestic violence	Non-white (18.3%), Crystal Lake (17.6%), HS or less (16.7%)
Elder abuse	Single living alone (14.0%), 65-74 (12.8%), HS or less (8.6%)
Gangs, delinquency, youth violence	Some college (41.8%), 65-74 (40.7%), Rural (40.4%)
High health care costs	HS or less (62.0%), 75+ (57.9%), Central (55.2%)
Literacy	Rural (13.9%), Graduate degree (12.8%), Bachelor's degree (12.6%)
Mental health services/education	Financial assistance (23.4%), Associate degree (15.5%), 45-64 (15.0%)
School dropouts	Rural (14.9%), Graduate degree (14.7%), non-white (14.6%)
Services for caregivers	75+ (34.7%), HS or less (25.3%), 65-74 (23.8%)

Table 2.6 (cont'd.)
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
COMMUNITY ISSUES NEEDING GREATER ATTENTION
TOP THREE DEMOGRAPHIC GROUPS BY ISSUE

Issue	Top Three Demographic Groups
Services for grandparents raising grandchildren	Single parent (14.5%), 65-74 (14.0%), HS or less (13.1%)
Services for single parents	Single parent (50.7%), financial assistance (29.8%), 18-44 (24.7%)
Services for two parent working families	18-44 (30.8%), non-white (28.0%), married w/children at home (28.0%)
Sexually transmitted diseases, AIDS	65-74 (4.1%), HS or less (3.2%), some college (2.8%)
Social services for minorities	Non-white (13.4%), single parent (5.8%), Graduate degree (5.0%)
Special education for children	18-44 (17.6%), Central (14.5%), married w/children at home (14.3%)
Special recreation programs for physically/mentally challenged adults	Single living alone (16.7%), 75+ (15.7%), HS or less (15.4%)
Special recreation programs for physically/mentally challenged children	Single parent (14.5%), Central (14.0%), 18-44 (12.5%)
Supported employment for handicapped	65-74 (19.8%), single living alone (18.0%), Central (15.1%)
Teen pregnancy	Non-white (18.3%), single living alone (10.7%), Rural (10.6%)

Chapter 3 COMMUNITY CHARACTERISTICS

A list of 19 characteristics of healthy communities was presented to participants who were asked to rate each as excellent, good, fair, or poor, or answer with don't know/does not apply. Response percentages and mean ratings for each characteristic are presented in Table 3.1. For many characteristics high percentages of respondents answered with don't know/does not apply or did not answer (ranging from 13.8% to 60.3%), most likely due to their lack of familiarity with the topic. Based on this response pattern, examining mean scores rather than percentages will be more descriptive.

Leading the list of topics with the highest mean score was quality of the local park district and recreational services at 2.75 (on a scale of 1 - 4 with 4 = Excellent and 1 = Poor). Others following closely behind include availability of dental care services (2.65), availability of health care services (2.64), availability of college education (2.61), and quality of the local community or village services (2.56).

Community characteristics falling in the good to fair range are availability of daycare for children under five (2.45), availability of preventative health care (2.45), availability of social services (2.40), access to local government decision makers (2.31), and availability of day/after school/summer care for children 5+ (2.30).

Somewhat lower mean ratings were seen for availability of activities/services for senior citizens (2.25), availability of cultural activities/arts (2.21), availability of information to find services (2.16), availability of mental health care services (2.11), availability of activities/services for youth/teens (2.06), cooperation among local governments (2.02), and availability of services for disabled persons (2.01).

The lowest mean ratings which fell under 2.00, equivalent to a rating of fair, were availability of transportation for elderly and disabled (1.91) and availability of employment opportunities (1.54).

Twelve of the 19 characteristics were included in the 2006 survey. Mean ratings increased between the survey administrations for seven of the characteristics, rising appreciably from 2006 to 2010 for quality of local park district and recreational services, access to local government decision makers, availability of cultural activities/arts, and cooperation among local governments. Lower ratings were seen in the current survey for four characteristics, but especially for availability of social services and availability of activities/services for youth/teens. Ratings remained the same between years for availability of health care services.

Table 3.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RATINGS OF COMMUNITY CHARACTERISTICS

Characteristic	Excell- ent	Good	Fair	Poor	DK/ DNA	No Answer	2010	2006
							Mean ¹	
Quality of your local park district and recreational services	13.3%	45.2%	20.5%	7.3%	4.4%	9.4%	2.75	2.66
Availability of dental care services	8.6%	41.8%	19.8%	7.8%	12.4%	9.6%	2.65	---
Availability of health care services	8.6%	43.6%	23.7%	7.3%	7.7%	9.2%	2.64	2.64
Availability of college education	6.6%	40.5%	22.4%	6.9%	13.6%	10.1%	2.61	---
Quality of your local community or village services	7.9%	39.5%	25.4%	9.6%	7.8%	9.8%	2.56	2.52
Availability of daycare for children under 5 years of age	3.7%	19.0%	12.6%	7.1%	47.4%	10.1%	2.45	---
Availability of preventative health care	5.5%	31.2%	25.0%	9.8%	18.1%	10.4%	2.45	2.51
Availability of social services	2.8%	25.5%	24.4%	7.2%	29.3%	10.7%	2.40	2.48
Access to local government decision makers	3.7%	26.5%	25.8%	12.5%	21.2%	10.3%	2.31	2.19
Availability of day/after school/summer care for children 5+	3.2%	16.1%	13.9%	9.6%	46.9%	10.4%	2.30	---
Availability of activities/services for senior citizens	2.5%	20.0%	20.6%	11.3%	36.5%	9.0%	2.25	2.27
Availability of cultural activities, arts	4.5%	24.9%	27.1%	18.0%	14.8%	10.7%	2.21	2.07
Availability of information to find services	3.2%	23.3%	29.2%	17.7%	15.9%	10.8%	2.16	---
Availability of mental health care services	1.7%	14.2%	18.8%	12.4%	42.0%	10.9%	2.11	---
Availability of activities/services for youth/teens	2.5%	14.9%	21.3%	16.7%	34.2%	10.5%	2.06	2.15
Cooperation among local governments	1.6%	16.1%	26.4%	17.8%	26.6%	11.5%	2.02	1.94
Availability of services for disabled persons	1.4%	9.9%	16.1%	12.4%	49.9%	10.4%	2.01	1.96
Availability of transportation for the elderly and disabled	1.5%	13.2%	18.3%	21.0%	36.1%	9.9%	1.91	1.85
Availability of employment opportunities	0.2%	5.0%	28.3%	38.6%	16.9%	11.0%	1.54	---

¹ Scale where 4=Excellent, 3=Good, 2=Fair, 1=Poor. DK/DNA and No answer excluded from mean rating calculations.

Table 3.2 reveals the demographic groups with three highest and lowest means for each community characteristic. Crystal Lake respondents displayed the highest mean rating for nine of the characteristics, while participants with a graduate degree led for four topics. Alternately, single parents and respondents receiving financial assistance each had eight characteristics for which they provided the lowest mean rating among all groups.

Education level appears related to ratings of nearly all community characteristics (except cooperation among local governments and college education) such that participants with a Bachelor's or Graduate degree rated the characteristics higher than respondents without a four-year college degree.

An additional demographic variation occurred for the answers given by whites and non-whites for several characteristics. Whites gave much higher ratings than non-whites for the following: availability of dental care (+.29), availability of preventative health care (+.29), availability of college education (+.28), availability of health care (+.25), availability of information to find services (+.23), availability of mental health care (+.19), and availability of social services (+.15).

Among types of households, single parents' mean ratings were lowest for all topics except daycare for children under five and day/after school/summer care for children 5+.

For all community characteristics, respondents receiving financial assistance displayed a much lower mean rating than their counterparts who have not utilized financial assistance.

Table 3.2
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
COMMUNITY CHARACTERISTICS
MEAN RATINGS FROM THREE HIGHEST AND THREE LOWEST DEMOGRAPHIC GROUPS

Characteristic	Highest 3 Groups	Lowest 3 Groups
Access to local government decision makers	Graduate degree (2.50) 75+ (2.48) Bachelor's degree (2.45)	Single parent (1.98) HS or less (2.15) Some college (2.17)
Cooperation among local governments	75+ (2.22) Crystal Lake (2.17) Associate degree (2.15)	Financial assistance (1.81) Single parent (1.82) Central (1.86)
Availability of social services	Graduate degree (2.59) Bachelor's degree (2.54) Crystal Lake (2.53)	Single parent (2.13) HS or less (2.21) Financial assistance (2.25)
Availability of daycare for children under 5 years of age	Southeast (2.65) Bachelor's degree (2.60) Crystal Lake (2.57)	Financial assistance (2.18) Central (2.24) Rural (2.29)
Availability of day/after school/summer care for children 5+	Crystal Lake (2.57) Bachelor's degree (2.49) Southeast (2.48)	Rural (2.03) Financial assistance (2.05) Single living alone (2.07)
Availability of activities/services for youth/teens	Crystal Lake (2.36) 75+ (2.25) Bachelor's degree (2.21)	Single parent (1.73) Rural (1.81) HS or less (1.88)
Availability of activities/services for senior citizens	Central (2.50) 75+ (2.49) 18-44 (2.44)	Rural (2.01) Some college (2.07) Single parent (2.09)
Availability of services for disabled persons	Crystal Lake (2.33) 75+ (2.31) Graduate degree (2.24)	Financial assistance (1.68) Single parent (1.72) HS or less (1.83)
Availability of cultural activities, arts	Crystal Lake (2.62) 75+ (2.43) Married, no kids (2.34)	Financial assistance (1.89) Central (1.91) Non-white (1.95)
Availability of college education	Crystal Lake (2.87) 75+ (2.78) 65-74 (2.77)	Financial assistance (2.25) Non-white (2.35) Central (2.41)
Availability of health care services	Graduate degree (2.83) Crystal Lake (2.81) Southeast (2.76)	Single parent (2.29) Financial assistance (2.31) Non-white (2.41) HS or less (2.41)
Availability of dental care services	Graduate degree (2.82) Crystal Lake (2.82) Southeast (2.79)	Single parent (2.24) Financial assistance (2.28) HS or less (2.32)
Availability of preventative health care	Crystal Lake (2.63) Bachelor's degree (2.61) Southeast (2.57)	Single parent (2.00) Financial assistance (2.18) Non-white (2.18)

Table 3.2 (cont'd)
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
COMMUNITY CHARACTERISTICS

MEAN RATINGS FROM THREE HIGHEST AND THREE LOWEST DEMOGRAPHIC GROUPS

Characteristic	Highest 3 Groups	Lowest 3 Groups
Availability of information to find services	75+ (2.32) Bachelor's degree (2.30) Graduate degree (2.27)	Single parent (1.75) Non-white (1.95) Financial assistance (2.00)
Availability of transportation for the elderly and disabled	Central (2.11) Bachelor's degree (2.06) Crystal Lake (2.01)	Financial assistance (1.72) Single parent (1.73) Associate degree (1.80) Southeast (1.80)
Availability of employment opportunities	Bachelor's degree (1.77) Crystal Lake (1.71) 75+ (1.67)	Central (1.41) Some college (1.41) Financial assistance (1.42)
Quality of your local park district and recreational services	Crystal Lake (3.08) 75+ (2.91) Bachelor's degree (2.83)	Single parent (2.49) Financial assistance (2.52) Central (2.52)
Quality of your local community or village services	Crystal Lake (2.85) Southeast (2.67) Bachelor's degree (2.67)	Financial assistance (2.27) Rural (2.29) Single parent (2.39)

Note: Mean score from 1 = poor to 4 = excellent.

The final question in this section allowed participants to write in detail about the ways that the characteristics they rated as fair or poor could be improved to make them excellent or good. More than one-third (38.1%) included a comment. The complete comments can be read in Appendix III.

Among the most common comments were

- 57 respondents described needing more jobs in the area
- 53 suggested that the community needs a comprehensive list of service providers compiled in a format which can be distributed to local residents
- 34 proposed expanding recreation opportunities by improving their park district or adding their area to an existing park district
- 32 respondents said the area needs better local public transportation
- 31 expressed the need for more cultural activities in the area.

Other topics described by more than 15 respondents include the following: offer more activities for teens (28), better communication with local government officials (23), general dissatisfaction with local government officials (20), area services/activities are too expensive (18), and need local transportation for senior citizens (16).

Chapter 4 LAND USE

Given six statements concerning use of the area's land and water, participants were asked to answer with agree, disagree, or not sure for each statement. Five of the six questions were asked in 2006 (excluding water conservation). Full results are presented in Table 4.1.

Eight in ten (80.3%) respondents agree that preserving open space is as important as residential or commercial growth, down a bit from 89.0% in 2006. Agreeing that maintaining our present natural areas such as forests, prairies or wetlands is more important than acquiring new ones were two-thirds (66.4%) of participants similar to the 68.2% agreement in 2006. Over half (56.2%) also agree that government should require residents to use water conservation practices. Around one-third of respondents voiced agreement that they are pleased with the way that land has been developed in McHenry County (35.5%), landowners should be allowed to use their land however they want (33.0%), and they are willing to pay higher taxes to preserve wetlands and other environmentally sensitive areas (31.1%). Improvement in agreement from 2006 was seen for being pleased with the way land has been developed, though a large drop in agreement occurred for being willing to pay higher taxes to preserve environmentally sensitive areas.

Table 4.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
LAND USE STATEMENTS

Statement	Agree		Disagree		Not Sure		No Answer	
	2010	2006	2010	2006	2010	2006	2010	2006
I am pleased with the way that land has been developed in McHenry Co.	35.5%	21.8%	29.5%	52.8%	28.0%	23.1%	7.0%	2.3%
Landowners should be allowed to use their land however they want.	33.0%	30.3%	45.6%	52.3%	15.3%	15.5%	6.0%	1.9%
I am willing to pay higher taxes to preserve wetlands and other environmentally sensitive areas.	31.1%	42.0%	44.4%	35.3%	18.2%	20.7%	6.3%	2.0%
Maintaining our present natural areas such as forests, prairies or wetlands is more important than acquiring new ones.	66.4%	68.2%	12.4%	14.8%	15.3%	15.3%	5.9%	1.7%
Preserving open space is as important as residential or commercial growth.	80.3%	89.0%	7.5%	4.8%	6.6%	4.1%	5.6%	2.1%
Government should require residents to use water conservation practices.	56.2%	----	19.1%	----	18.7%	----	6.0%	----

Differences in views on land use and water conservation issues are apparent among the varying demographic groups (Table 4.2). Most pleased with the way that land has been developed in McHenry County are respondents with a Bachelor's degree (42.7%), residents of Crystal Lake (42.1%), and those married with children at home (41.0%). Voicing the least agreement include participants receiving financial assistance at 24.5% agreement, followed by respondents earning a high school degree or less (26.2%) and single parents (29.0%).

Strongly believing that landowners should be allowed to use their land however they want are participants with a high school degree or less (46.2%), respondents receiving financial assistance (42.6%), and residents of Rural areas (41.7%). On the other hand, far fewer said that they agreed with landowner rights who are Crystal Lake residents (25.3%) or have earned a graduate (26.6%) or Bachelor's (27.1%) degree.

Willing to pay higher taxes to preserve wetlands and other environmentally sensitive areas at the highest levels are participants with a graduate (45.9%) or Bachelor's (39.7%) degree and residents of Crystal Lake (37.8%). Under one-quarter of the following groups said they would be willing to pay higher taxes to preserve sensitive areas: HS or less (16.7%), non-white (20.7%), and some college (24.8%).

Most agreeable that maintaining the present natural areas is more important than acquiring new ones are respondents receiving financial assistance (75.5%), seniors age 65-74 (73.8%), and those with a high school degree or less (73.3%). Agreement levels with the approach are much lower for participants earning a graduate degree (56.9%), young adults age 18-44 (61.4%), and non-whites (63.4%).

Nearly 90% of survey participants in the following demographic groups say that preserving open space is as important as residential or commercial growth: single parents (87.0%), seniors age 75 and older (86.8%), and respondents receiving financial assistance (85.1%). The least support for the statement was seen among non-whites (74.4%), persons with a high school degree or less (75.6%), and residents of Rural areas (77.5%).

Allowing the government to require residents to use water conservation practices was most popular among Southeast area residents (65.2%), single parents (63.8%), and those earning a graduate degree (63.8%). However, under half of survey participants with a high school degree or less (47.1%), single living alone (48.7%), or living in a Rural area (48.7%) agree with the government requiring residents to use water conservation practices.

Table 4.2
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
PERCENT AGREEMENT WITH LAND USE STATEMENTS BY DEMOGRAPHIC GROUPS

Group	Pleased w/ land dev. in McHenry Co.	Landowner to use land however they want	Pay higher taxes to preserve wetlands	Maintain present natural areas	Preserving open space is as important as growth	Government require water conservation
AGE GROUP						
18 – 44	40.3%	40.7%	33.6%	61.4%	79.3%	58.0%
45 – 64	34.2%	29.6%	32.5%	66.0%	79.8%	54.1%
65 – 74	30.8%	34.3%	27.9%	73.8%	79.7%	55.2%
75+	37.2%	27.3%	25.6%	69.4%	86.8%	63.6%
EDUCATION						
H.S. or less	26.2%	46.2%	16.7%	73.3%	75.6%	47.1%
Some college	32.3%	32.6%	24.8%	69.1%	79.8%	57.1%
Associate degree	36.4%	32.7%	27.3%	68.2%	80.0%	54.5%
Bachelor's degree	42.7%	27.1%	39.7%	64.1%	82.1%	57.6%
Graduate degree	40.8%	26.6%	45.9%	56.9%	84.4%	63.8%
RESIDENCE						
Rural	29.8%	41.7%	32.5%	65.2%	77.5%	48.7%
Southeast	38.9%	29.2%	26.6%	69.0%	82.1%	65.2%
Central	33.7%	37.2%	32.6%	72.1%	82.0%	51.2%
Crystal Lake	42.1%	25.3%	37.8%	65.7%	84.5%	62.2%
GENDER						
Male	34.8%	36.1%	31.8%	65.2%	77.7%	55.1%
Female	36.8%	31.2%	30.5%	67.9%	82.7%	58.2%
HOUSEHOLD						
Married w/kids	41.0%	32.3%	28.5%	65.0%	79.0%	55.0%
Married no kids	35.3%	31.2%	34.0%	66.3%	81.6%	60.0%
Single parent	29.0%	37.7%	34.8%	66.7%	87.0%	63.8%
Single living alone	32.0%	30.7%	31.3%	66.0%	80.0%	48.7%
RACE/ETHNIC						
White, non-Hispanic	35.7%	32.3%	32.2%	67.0%	80.8%	56.0%
Non-white	40.2%	39.0%	20.7%	63.4%	74.4%	62.2%
FINANCIAL ASSISTANCE						
Yes	24.5%	42.6%	28.7%	75.5%	85.1%	59.6%
No	37.0%	32.1%	31.5%	65.4%	79.9%	55.9%

Chapter 5 TRANSPORTATION

Nine ideas for spending McHenry County transportation funds were listed with instructions to respondents to identify what should be the three highest priorities. Among all respondents the average number of ideas checked was 2.60. The same question was asked in 2006 so results from both years are presented in Table 5.1.

Leading among the ideas, by far, was improving existing highways by widening and/or upgrading intersections which was marked by 61.0% of survey participants. Fewer supported adding and improving pedestrian paths, sidewalks and bike paths (39.4%), establishing scheduled bus service among major McHenry County communities (33.9%), and building or extending a limited access (possibly interstate) highway through the county (32.1%).

Fewer than three in ten chose as priorities establishing new train stations, increasing frequency of service and commuter parking (28.0%), expanding on-call PACE transit, Dial-a-Ride (24.7%), and creating more and improved “park and ride” sites for buses to Cook, Kane, Lake including Metra (19.6%). Respondents voiced minimal support for expanding a subsidized taxi, van voucher program (9.2%) or improving car and van pooling to major work destinations (6.0%).

The full description of “other” responses is found in Appendix III. Priorities mentioned by more than five residents include repair existing roads (8), need more roads across the Fox River (7), offer transportation to the airports (7), and add bicycle lanes (5).

Table 5.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
TRANSPORTATION PRIORITIES

Response	2010		2006 Percent
	Number	Percent	
Improving existing highways by widening and/or upgrading intersections.	676	61.0%	69.5%
Adding and improving pedestrian paths, sidewalks and bike paths.	437	39.4%	37.1%
Establishing scheduled bus service among major McHenry County communities.	376	33.9%	33.9%
Building or extending a limited access (possibly interstate) highway through the county.	356	32.1%	36.7%
Establishing new train stations, increasing frequency of service and commuter parking.	310	28.0%	27.0%
Expand on-call PACE transit, Dial-a-Ride	274	24.7%	24.2%
Creating more and improved “park and ride” sites for buses to Cook, Kane, Lake sites including Metra.	217	19.6%	19.7%
Expanding a subsidized taxi, van voucher program.	102	9.2%	6.8%
Improving car and van pooling to major work destinations.	67	6.0%	7.8%
Other (write in)	72	6.5%	4.7%

In the 2006 survey, improving existing highways also led among the ideas, though a decrease in support occurred between the survey administrations moving from 69.5% down to 61.0%. The percentage who chose building or extending a limited access highway through the county also decreased between the years from 36.7% in 2006 to 32.1% in the current survey.

Preferences for the top four transportation priorities vary by demographic group as seen in Table 5.2. Males were more likely than females to choose improving existing highways by widening and/or upgrading intersections as a transportation priority, while whites were more supportive of this priority than non-whites as were married respondents versus not married. Among age groups, seniors age 75 and older voiced the least support for widening and/or upgrading intersections as a priority and geographically, Rural residents were least supportive.

The popularity of adding and improving pedestrian paths, sidewalks and bike paths is greater among females than males and increases with more education. Interest in making this a priority also declines with increasing age.

Establishing scheduled bus service among major McHenry County communities is viewed more positively by females than males, non-whites than whites, and by respondents receiving financial assistance over persons not receiving assistance. In addition, interest in access to scheduled bus service increases with age and is high among unmarried and less educated survey participants.

More in favor of designating as a priority the building or extending a limited access highway through the county are certain groups: males, married respondents, and Central and Southeast area residents. Among age groups, support for this priority is highest among the youngest participants age 18-44.

Table 5.2
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
TOP FOUR TRANSPORTATION PRIORITIES BY DEMOGRAPHIC GROUPS

Group	Improve highways, widening/upgrading	Pedestrian paths, sidewalks, bike paths	Scheduled bus service	Building or extending a highway in county
AGE GROUP				
18 – 44	62.7%	55.3%	27.8%	38.3%
45 – 64	60.3%	38.9%	33.1%	32.3%
65 – 74	66.3%	26.7%	34.9%	28.5%
75+	52.9%	21.5%	51.2%	20.7%
EDUCATION				
H.S. or less	63.8%	29.0%	39.8%	31.2%
Some college	58.5%	38.7%	38.7%	32.3%
Associate degree	53.6%	38.2%	34.5%	31.8%
Bachelor's degree	63.0%	43.9%	28.6%	36.3%
Graduate degree	63.8%	45.4%	29.4%	28.4%
RESIDENCE				
Rural	57.6%	42.1%	34.4%	29.1%
Southeast	63.0%	37.6%	34.8%	35.7%
Central	61.0%	34.9%	31.4%	39.0%
Crystal Lake	65.7%	45.1%	36.5%	29.6%
GENDER				
Male	71.4%	36.3%	28.3%	40.9%
Female	55.5%	42.3%	37.6%	27.7%
HOUSEHOLD				
Married w/kids	66.8%	46.3%	31.3%	38.8%
Married no kids	63.0%	35.3%	31.8%	32.3%
Single parent	47.8%	43.5%	44.9%	29.0%
Single living alone	54.7%	29.3%	40.7%	24.0%
RACE/ETHNIC				
White, non-Hispanic	62.5%	39.8%	33.5%	32.4%
Non-white	47.6%	34.1%	41.5%	34.1%
FINANCIAL ASSISTANCE				
Yes	56.4%	41.5%	50.0%	27.7%
No	61.8%	38.7%	32.4%	33.1%

Chapter 6 HEALTH CARE AVAILABILITY

Access to Health Care

To determine the population's access to consistent care, respondents were asked whether there is a particular person or place where they usually go when they are sick or need advice about health. More than nine in ten (91.4%) do have somewhere to go when they are sick or need help, though 5.8% do not (Table 6.1). In the 2006 survey a slightly higher percentage at 7.6% indicated they did not have regular access to a doctor or clinic.

A doctor's office or private clinic is the location of choice for 82.3% of respondents. Far fewer usually go to an immediate care center (4.1%), the Family Health Partnership Clinic (2.8%), VA hospital or clinic (0.9%), hospital emergency department (0.5%), or health department (0.2%). Answers were similar in 2006, except for use of an immediate care center which doubled from 2.0% in 2006 to 4.1% in the current survey.

Table 6.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
PERSON OR PLACE TO GO WHEN SICK OR NEED HEALTH ADVICE

Response	2010		2006 Percent
	Number	Percent	
No, I do not have a regular doctor or clinic	64	5.8%	7.6%
Yes, I usually go to			
A doctor's office or private clinic	913	82.3%	84.5%
Family Health Partnership Clinic	31	2.8%	2.3%
Hospital emergency department	6	0.5%	1.0%
Health department	2	0.2%	0.1%
Immediate care center	45	4.1%	2.0%
VA hospital or clinic	10	0.9%	1.1%
Other	7	0.6%	0.2%
No answer	31	2.8%	1.1%
Total	1,109	100.0%	100.0%

Disparities exist among demographic groups as to their ability to access health care (Table 6.2). Top groups with no regular doctor include single respondents living alone (12.4%), single parents (12.1%), persons receiving financial assistance (11.1%), age 18-44 (9.2%), and respondents with only some college education (8.6%). Groups with the best access to health care as measured by lacking a doctor are participants with a graduate degree (0.9%), age 65-74 (2.4%), married with no children at home (3.7%), residents of Crystal Lake (4.0%), and married with children at home (4.6%).

Table 6.2
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
HIGHEST AND LOWEST GROUPS WITH NO PLACE TO GO WHEN SICK

Highest	Percent	Lowest	Percent
Single living alone	12.4%	Graduate degree	0.9%
Single parent	12.1%	Age 65-74	2.4%
Yes, financial assistance	11.1%	Married, no children at home	3.7%
Age 18-44	9.2%	Crystal Lake	4.0%
Some college	8.6%	Married w/children at home	4.6%

The breakdown of demographic groups for the top three health care locations is presented in Table 6.3. Those who visit a doctor's office or private clinic at the highest levels include respondents with a graduate degree (91.5%), Crystal Lake residents (90.3%), age 65-74 (89.9%), and those married without children at home (89.0%). The Family Health Partnership Clinic is most often utilized by participants with a high school education or less (6.5%), non-whites (6.2%), and residents living in the Central area of the county (4.8%). Most often listing an immediate care clinic as the place they go when they need care were respondents age 18-44 (9.2%), single parents (7.6%), non-whites (7.4%), and participants married with children at home (6.6%).

Table 6.3
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
TOP THREE LOCATIONS WHEN SICK OR NEED HEALTH ADVICE
BY DEMOGRAPHIC GROUP

Group	Dr. Office/ Private Clinic	Family Health Partnership Clinic	Immediate care
AGE GROUP			
18 – 44	77.8%	2.5%	9.2%
45 – 64	86.3%	3.4%	2.6%
65 – 74	89.9%	2.4%	2.4%
75+	87.1%	2.6%	0.9%
EDUCATION			
H.S. or less	79.1%	6.5%	3.7%
Some college	80.7%	1.1%	4.8%
Associate degree	87.3%	3.6%	1.8%
Bachelor's degree	87.1%	2.3%	4.7%
Graduate degree	91.5%	1.9%	3.8%
RESIDENCE			
Rural	82.3%	4.1%	3.8%
Southeast	85.6%	2.6%	3.5%
Central	81.2%	4.8%	3.6%
Crystal Lake	90.3%	0.4%	4.9%
GENDER			
Male	83.9%	4.1%	3.6%
Female	85.4%	2.2%	4.2%
HOUSEHOLD			
Married w/kids	85.2%	2.0%	6.6%
Married no kids	89.0%	3.7%	2.3%
Single parent	74.2%	1.5%	7.6%
Single living alone	80.0%	2.8%	1.4%
RACE/ETHNIC			
White, non-Hispanic	85.5%	2.6%	3.9%
Non-white	77.8%	6.2%	7.4%
FINANCIAL ASSISTANCE			
Yes	74.4%	3.3%	4.4%
No	85.5%	2.9%	4.1%

Barriers to Care

The next questions asked about the inability to receive medical, dental, or mental health care and the reasons for such problems. To begin, respondents were asked whether, at any time in the past year, they or a family member were unable to receive needed medical, dental, or mental health care. More than one in seven (14.5%) reported being unable to receive needed care for themselves or a family member (Table 6.4).

Table 6.4
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
UNABLE TO RECEIVE MEDICAL/DENTAL/MENTAL HEALTH CARE

Response	Number	Percent
Yes	161	14.5%
No	903	81.4%
No answer	45	4.1%
Total	1,109	100.0%

By far, respondents receiving financial assistance are the most likely - at 40.4% - to report being unable to access needed care, followed by single parents (27.7%), participants with a high school degree or less (23.8%) or some college (21.6%), Central residents (20.4%), and non-whites (20.3%) (Table 6.5).

Table 6.5
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
YES, UNABLE TO RECEIVE CARE BY DEMOGRAPHIC GROUP

Group	Percent	Group	Percent
AGE GROUP		RESIDENCE	
18-44	18.2%	Rural	19.0%
45-64	17.8%	Southeast	10.9%
65-74	7.2%	Central	20.4%
75+	6.3%	Crystal Lake	13.5%
EDUCATION		HOUSEHOLD	
HS or less	23.8%	Married w/kids	13.6%
Some college	21.6%	Married no kids	10.3%
Associate degree	11.8%	Single parent	27.7%
Bachelor's degree	8.0%	Single living alone	16.7%
Graduate degree	8.1%	RACE/ETHNIC	
GENDER		White	14.3%
Male	12.7%	Non-white	20.3%
Female	16.7%	FINANCIAL ASSISTANCE	
		Yes	40.4%
		No	12.5%

Given a list of nine reasons for not receiving care, respondents who indicated difficulty accessing care were asked to mark all that applied to their family's situation – separately for each type of care including medical, dental, and mental health (Table 6.6).

Table 6.6
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
REASONS KEPT FROM RECEIVING CARE¹

Response	Medical	Dental	Mental Health
Have no regular provider	15.5%	21.7%	8.7%
Long wait to get appointment	11.2%	6.2%	4.3%
Lack of insurance	45.3%	63.4%	18.6%
Deductible or co-pay unaffordable	28.0%	26.7%	9.3%
Lack of prescription coverage	31.7%	12.4%	6.8%
Provider would not take Public Aid/Medicaid	9.9%	11.8%	5.6%
Language/cultural barriers	1.2%	1.2%	0.0%
No transportation	4.3%	3.7%	0.6%
Services not available in the County	5.6%	4.3%	3.7%

¹ Percent of those who said they were unable to receive care.

Nearly half (45.3%) of survey participants with difficulty accessing medical care cited lack of insurance as a reason contributing to their family's situation, while fewer marked lack of prescription coverage (31.7%), and deductible or co-pay unaffordable (28.0%). Fewer noted that they have no regular provider (15.5%), a long wait to get an appointment (11.2%), provider would not take Public Aid/Medicaid (9.9%), services not available in the county (5.6%), had no transportation (4.3%), and language/cultural barriers (1.2%).

For the topic of dental care, lack of insurance also led among the listed reasons but at a much higher percentage of 63.4%. An unaffordable deductible or co-pay came in second with 26.7% choosing this reason and having no regular provider (21.7%) was third. Some respondents also cited lack of prescription coverage (12.4%), provider would not take Public Aid/Medicaid (11.8%), and long wait to get an appointment (6.2%). Only a few had difficulty accessing dental care due to unavailability of services in the county (4.3%), lack of transportation (3.7%) or language/cultural barriers (1.2%).

The main reason that has kept respondents or their family members from accessing mental health care was also lack of insurance, but at a lower level - 18.6% - than for medical and dental care. Under 10% noted an unaffordable deductible or co-pay (9.3%), no regular provider (8.7%), lack of prescription coverage (6.8%), provider would not take Public Aid/Medicaid (5.6%), long wait to get an appointment (4.3%), services not available in the county (3.7%), and lack of transportation (0.6%).

Health Insurance Coverage

Another measure of access to care is the extent of health insurance coverage in the McHenry County population. Survey participants were asked to indicate how many persons in their home, in four different age groups, are not presently covered by any health insurance such as major medical insurance, HMO, PPO, Medicare, VA, TRICARE, or Medicaid, FamilyCare, KidCare. A separate question allowed respondents to indicate that everyone in their household has health coverage. A similar question was asked in 2006.

Nearly one in twelve (8.2%) household members is not covered by any type of health insurance (Table 6.7). This is a slight rise since the 7.1% seen in 2006. The uninsured level among 18-29 year old household members is extremely high at 24.2%, three times the next lowest level of 8.8% for persons age 30-64. A significant rise in uninsured 18-29 year olds took place since 2006 (16.9%). Only 3.8% of children age 0-17 are not covered currently, while just a handful (0.9%) of seniors age 65 and older have no health insurance.

Two-thirds (64.8%) of respondents checked that everyone in the household has health coverage. The 2006 question was asked in a slightly different way, possibly explaining the much higher level of 84.8% covered.

Table 6.7
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
UNINSURED HOUSEHOLD MEMBERS

Response	2010		2006
	Number	Percent	Percent
Persons ages 0-17 not covered	24	3.8%	5.8%
Persons ages 18-29 not covered	81	24.2%	16.9%
Persons ages 30-64 not covered	123	8.8%	7.4%
Persons ages 65+ not covered	4	0.9%	0.3%
Total	232	8.2% ¹	7.1% ¹
Everyone in household has coverage	719	64.8% ²	84.8% ²

¹Percent of household members.

²Percent of respondents.

Chapter 7 PHYSICAL HEALTH STATUS

General Health

Asked to rate their general health as excellent, good, fair, poor, the majority (58.4%) said that their health was good (Table 7.1). More than one in five (21.4%) rated their health as excellent, while fewer described their health as fair (14.9%) and only 2.2% said that they are experiencing poor health. A similar question asked in 2006 offered different answer choices so a direct comparison is not possible, though 2006 responses are also shown in Table 7.1.

Table 7.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT HEALTH STATUS

Response	2010		2006 Percent
	Number	Percent	
Excellent	237	21.4%	13.8%
Very good	---	---	35.4%
Good	648	58.4%	35.6%
Fair	165	14.9%	11.6%
Poor	24	2.2%	2.7%
No answer	35	3.2%	0.9%
Total	1,109	100.0 %	100.0 %

Table 7.2 breaks down respondent health status by demographic characteristics. As one might expect, the percentage rating their health as excellent decreases with age falling from 34.4% for 18-44 year olds down to only 7.0% for seniors age 75 and older. More than one-third (35.1%) of respondents age 75+ rated their health as only fair.

Respondents with a Bachelor's or graduate degree were more than twice as likely as less educated respondents to describe their health as excellent, while females responded more positively than males and whites reported a greater percentage of excellent ratings than non-whites. Additionally, survey participants not receiving financial assistance reported excellent health more often than their counterparts receiving financial assistance. Respondents with the highest levels of excellent health include those with a graduate degree (36.0%), 18-44 year olds (34.4%), with a Bachelor's degree (32.4%), and married with children at home (28.1%).

Describing their health as poor at the highest level - 5.6% - are respondents who receive financial assistance. Others with higher than average levels of poor health include Central area residents (4.8%), single parents (4.5%), seniors age 75+ (4.4%), and persons with some college (4.1%). Only 0.4% of Crystal Lake residents and respondents with a Bachelor's degree rated their general health as poor.

Table 7.2
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT HEALTH STATUS BY DEMOGRAPHIC GROUP

Group	Excellent	Good	Fair	Poor
AGE GROUP				
18 – 44	34.4%	55.8%	8.8%	1.1%
45 – 64	21.1%	63.1%	13.3%	2.4%
65 – 74	13.2%	65.3%	19.2%	2.4%
75+	7.0%	53.5%	35.1%	4.4%
EDUCATION				
H.S. or less	9.4%	58.0%	29.7%	2.8%
Some college	14.1%	63.6%	18.2%	4.1%
Associate degree	15.5%	71.8%	9.1%	3.6%
Bachelor's degree	32.4%	58.6%	8.6%	0.4%
Graduate degree	36.0%	55.0%	8.1%	0.9%
RESIDENCE				
Rural	17.7%	64.2%	14.6%	3.5%
Southeast	23.5%	61.7%	13.2%	1.6%
Central	25.1%	56.3%	13.8%	4.8%
Crystal Lake	24.7%	55.9%	18.9%	0.4%
GENDER				
Male	19.5%	64.0%	14.7%	2.2%
Female	23.9%	57.9%	15.6%	2.7%
HOUSEHOLD				
Married w/kids	28.1%	61.2%	9.7%	1.0%
Married no kids	20.5%	61.1%	16.2%	2.3%
Single parent	19.7%	62.1%	13.6%	4.5%
Single living alone	14.6%	56.3%	27.1%	2.1%
RACE/ETHNIC				
White, non-Hispanic	22.7%	60.5%	14.7%	2.2%
Non-white	16.3%	58.8%	21.3%	3.8%
FINANCIAL ASSISTANCE				
Yes	14.4%	56.7%	23.3%	5.6%
No	23.1%	60.8%	14.3%	1.8%

Prevalence of Selected Diseases and Conditions

The survey asked whether respondents or anyone else in their household have ever had any of the 24 listed diseases or conditions. Respondents were to specify the age group (0-17, 18-29, 30-64, 65+) of the person(s) affected. Leading the list is high blood pressure/hypertension which has affected 20.0% of respondents and their household members, followed by high cholesterol at 17.1%, and arthritis or rheumatism affecting 13.4% (Table 7.3). Rounding out the top ten include chronic back pain or disc disorders (13.2%), obesity (8.8%), chronic sinus (8.7%), asthma (8.7%), digestive or stomach disorders (8.3%), migraine headaches (7.6%), and cancer (6.8%). Next on the list were deafness or other hearing problems (6.2%), dental problems untreated (6.1%), diabetes (6.1%), heart disease (5.9%), skin disorders (5.2%), ADD or ADHD (4.3%), respiratory illness (3.7%), alcohol or substance abuse (3.6%), and blindness/serious vision problems (2.0%). Under 2% of household members have ever been affected by developmental/delayed disabilities (1.6%), Alzheimer's disease (1.5%), stroke (1.0%), autism spectrum disorder (0.5%), or traumatic brain injury (0.3%).

The rate of high blood pressure/hypertension, the top condition, increased noticeably since the last survey, from 16.1% in 2006 up to 20.0% currently. The percentage also rose slightly for high cholesterol from 15.0% to 17.1%. Additionally, though numbers are small, the percentage affected by Alzheimer's disease doubled from 2006 to 2010. Other increases between the years were quite small.

The only major decline occurred for chronic sinus which dropped nearly in half from 16.3% in the 2006 survey to 8.7% in 2010, though allergies and hay fever were included in the chronic sinus listing in 2006.

Respondents were also given the opportunity to write in any diseases or conditions not listed which have affected household members. Several were mentioned by more than two respondents and included multiple sclerosis (10), fibromyalgia (7), thyroid condition (5), depression (5), lupus (5), dementia (3), epilepsy (3), bipolar (3), and knee problems (3). The complete list is found in Appendix III.

Age breakdowns for those affected by the diseases or conditions are found in Table 7.4 and the top five diseases or conditions for each age group are displayed in Table 7.5. In the youngest age group, age 0-17 years, asthma is the most common (14.1%) followed by ADD/ADHD (9.2%), chronic sinus (5.2%), developmental/delayed disabilities (4.0%), and skin disorders (3.0%). Leading among persons 18-29 is ADD/ADHD at 9.9% affected, followed by migraine headaches at 8.4%. Other top problems for the age group include dental problems untreated (7.8%), chronic back pain or disc disorders (7.8%), and asthma (7.8%).

Ranking first for middle-aged adults, age 30-64, is high blood pressure/hypertension (21.2%), while high cholesterol placed second at 19.3%. Fewer suffer from chronic back pain or disc disorders (16.0%), obesity (11.2%), and arthritis or rheumatism (11.2%). High blood pressure/hypertension also placed first for seniors age 65 and older at 51.9%, more than double that seen for 30-64 year olds. More than four in ten seniors have been affected by arthritis or rheumatism (44.5%) or high cholesterol (41.5%). Rounding out the top five for seniors are chronic back pain or disc disorders (25.7%) and heart disease (21.1%).

Table 7.3
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
DISEASE OR CONDITION IN THE HOUSEHOLD

Disease/Condition	2010		2006
	Number	Percent	Percent
High blood pressure, hypertension	568	20.0%	16.1%
High cholesterol	487	17.1%	15.0%
Arthritis or rheumatism	380	13.4%	12.2%
Chronic back pain or disc disorders	375	13.2%	11.4%
Obesity	251	8.8%	7.5%
Chronic sinus	248	8.7%	16.3%
Asthma	248	8.7%	9.0%
Digestive or stomach disorders	235	8.3%	6.7%
Migraine headaches	217	7.6%	7.0%
Cancer	194	6.8%	5.7%
Deafness or other hearing problems	175	6.2%	5.7%
Dental problems untreated	173	6.1%	5.4%
Diabetes	172	6.1%	4.7%
Heart disease	167	5.9%	5.3%
Skin disorders	149	5.2%	5.8%
ADD or ADHD	121	4.3%	4.2%
Respiratory illness (COPD, chronic bronchitis, or emphysema)	104	3.7%	2.8%
Alcohol or substance abuse	101	3.6%	4.0%
Blindness, serious vision problems	58	2.0%	2.0%
Developmental/delayed disabilities	45	1.6%	---
Alzheimer's disease	42	1.5%	0.6%
Stroke	27	1.0%	1.4%
Autism spectrum disorder	14	0.5%	0.7%
Traumatic brain injury (TBI)	9	0.3%	0.3%
Other	96	3.4%	1.9%

Table 7.4
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
DISEASE OR CONDITION IN THE HOUSEHOLD BY AGE GROUP¹

Disease or Condition	Age Group				Total
	0 - 17	18 - 29	30 - 64	65+	
ADD or ADHD	9.2%	9.9%	1.9%	0.6%	4.3%
Alcohol or substance abuse	1.4%	6.3%	4.5%	1.7%	3.6%
Alzheimer's disease	0.0%	0.0%	0.9%	6.2%	1.5%
Arthritis or rheumatism	0.2%	3.0%	11.2%	44.5%	13.4%
Asthma	14.1%	7.8%	7.1%	7.0%	8.7%
Autism spectrum disorder	1.3%	0.3%	0.3%	0.3%	0.5%
Blindness, serious vision problems	0.2%	0.0%	2.1%	6.0%	2.0%
Cancer	0.3%	1.5%	6.8%	19.6%	6.8%
Chronic back pain or disc disorders	0.5%	7.8%	16.0%	25.7%	13.2%
Chronic sinus	5.2%	5.7%	9.1%	14.5%	8.7%
Deafness or other hearing problems	1.3%	1.2%	4.7%	20.6%	6.2%
Dental problems untreated	1.9%	7.8%	7.0%	7.9%	6.1%
Developmental/delayed disabilities	4.0%	1.8%	0.6%	1.3%	1.6%
Diabetes	1.1%	1.8%	5.3%	17.9%	6.1%
Digestive or stomach disorders	2.5%	6.9%	8.6%	16.0%	8.3%
Heart disease	0.2%	0.6%	4.6%	21.1%	5.9%
High blood pressure, hypertension	0.2%	7.5%	21.2%	51.9%	20.0%
High cholesterol	0.6%	5.1%	19.3%	41.5%	17.1%
Migraine headaches	2.4%	8.4%	10.5%	5.7%	7.6%
Obesity	2.4%	4.5%	11.2%	13.6%	8.8%
Respiratory illness (COPD, chronic bronchitis, or emphysema)	0.8%	0.9%	3.5%	10.0%	3.7%
Skin disorders	3.0%	6.0%	4.4%	10.2%	5.2%
Stroke	0.0%	0.3%	0.4%	4.5%	1.0%
Traumatic brain injury (TBI)	0.0%	0.6%	0.1%	1.1%	0.3%
Other	2.1%	4.8%	3.6%	3.6%	3.4%

¹ Population in survey by age group: 0-17 (632), 18-29 (335), 30-64 (1,404), 65+ (470), Total (2,841).

The prevalence of ADD/ADHD drops dramatically after age 29 and is nearly absent in persons age 65 and older, which is not typical for many of the diseases and conditions. For 15 of the 24 diseases or conditions, the percentage suffering from the ailment increases dramatically with age. Seniors age 65 and older suffer at the highest levels for the following 18 diseases or conditions: Alzheimer's disease, arthritis or rheumatism, blindness, cancer, chronic back pain, chronic sinus, deafness or other hearing problems, dental problems untreated, diabetes, digestive or stomach disorders, heart disease, high blood pressure/hypertension, high cholesterol, obesity, respiratory illness, skin disorders, stroke, and traumatic brain injury.

Other trends include ADD/ADHD and alcohol/substance abuse peaking in the 18-29 age group, while children age 0-17 led for asthma, autism spectrum disorder, and developmental/delayed disabilities. Household members age 30-64 experienced only migraine headaches at the highest level.

Table 7.5
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
TOP FIVE HOUSEHOLD DISEASES OR CONDITIONS
BY AGE GROUP

Age Group	Rank	Disease or Condition	Percent
0 – 17	1.	Asthma	14.1%
	2.	ADD/ADHD	9.2%
	3.	Chronic sinus	5.2%
	4.	Developmental/delayed disabilities	4.0%
	5.	Skin disorders	3.0%
18 – 29	1.	ADD/ADHD	9.9%
	2.	Migraine headaches	8.4%
	3.	Dental problems untreated	7.8%
	3.	Chronic back pain	7.8%
	3.	Asthma	7.8%
30 – 64	1.	High blood pressure/hypertension	21.2%
	2.	High cholesterol	19.3%
	3.	Chronic back pain or disc disorders	16.0%
	4.	Obesity	11.2%
	4.	Arthritis or rheumatism	11.2%
65+	1.	High blood pressure/hypertension	51.9%
	2.	Arthritis or rheumatism	44.5%
	3.	High cholesterol	41.5%
	4.	Chronic back pain or disc disorders	25.7%
	5.	Heart disease	21.1%

Chapter 8 MENTAL HEALTH STATUS

Mental Health Diagnoses

In order to gauge the range of mental health problems affecting the survey population, seven psychiatric diagnoses were listed and respondents were asked to mark all for which they had received a diagnosis from a health care professional. The greatest mental health problem for the survey population has been depression, affecting 14.4% of respondents (Table 8.1), followed closely by anxiety at 12.3%. Far fewer respondents have been diagnosed with panic disorder (2.1%), bipolar disorder (1.4%), obsessive-compulsive disorder (0.8%), or phobia (0.1%). None of the respondents indicated a schizophrenia diagnosis. A handful wrote in other problems not originally listed which can be found in Appendix III.

Table 8.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT MENTAL HEALTH DIAGNOSES

Response	Number	Percent
Depression	160	14.4%
Anxiety	136	12.3%
Panic disorder	23	2.1%
Bipolar disorder (Manic/Depressive)	16	1.4%
Obsessive-compulsive disorder	9	0.8%
Phobia	1	0.1%
Schizophrenia	0	0.0%

An analysis of the depression and anxiety data shows differences in diagnosis levels among demographic groups (Table 8.2). Reported depression levels are much higher for respondents under age 65, participants without a four-year college degree, females, single persons versus marrieds, and respondents receiving financial assistance. Demographic relationships are similar for anxiety with higher levels for respondents under age 65, persons without a four-year college degree, females, single parents, and persons receiving financial assistance.

For both depression and anxiety, single parents were much more likely than all other groups to report a diagnosis – 29.0% for depression and 21.7% for anxiety (Tables 8.3 and 8.4). Nearly one-quarter (23.4%) of respondents receiving financial assistance also indicated that they have been diagnosed with depression. Under 10% of seniors age 75+ (8.3%) and age 65-74 (8.7%) and participants with a graduate degree (9.6%) reported a history of depression.

Other groups with high anxiety levels include respondents with some college (16.7%), age 18-44 (16.3%), receiving financial assistance (16.0%), and Crystal Lake residents (15.5%). Few seniors age 75+ (4.1%) and age 65-74 (7.6%) have been diagnosed with anxiety.

Table 8.2
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
LEVELS OF DEPRESSION AND ANXIETY BY DEMOGRAPHIC GROUP

Group	Depression	Anxiety
AGE GROUP		
18 – 44	14.9%	16.3%
45 – 64	17.5%	13.6%
65 – 74	8.7%	7.6%
75+	8.3%	4.1%
EDUCATION		
H.S. or less	17.2%	13.6%
Some college	19.1%	16.7%
Associate degree	15.5%	12.7%
Bachelor's degree	10.7%	8.4%
Graduate degree	9.6%	10.1%
RESIDENCE		
Rural	16.9%	12.6%
Southeast	13.5%	11.6%
Central	17.4%	13.4%
Crystal Lake	14.6%	15.5%
GENDER		
Male	10.3%	9.3%
Female	18.0%	14.8%
HOUSEHOLD		
Married w/kids	12.3%	13.0%
Married no kids	12.3%	9.6%
Single parent	29.0%	21.7%
Single living alone	18.7%	12.0%
RACE/ETHNIC		
White, non-Hispanic	14.6%	12.6%
Non-white	12.2%	8.5%
FINANCIAL ASSISTANCE		
Yes	23.4%	16.0%
No	13.5%	11.6%

Table 8.3
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
HIGHEST AND LOWEST DEPRESSION LEVELS

Depression						
Highest		Percent		Lowest		Percent
Single parent		29.0%		Age 75+		8.3%
Yes, financial assistance		23.4%		Age 65-74		8.7%
Some college		19.1%		Graduate degree		9.6%
Single living alone		18.7%		Male		10.3%
Female		18.0%		Bachelor's degree		10.7%

Table 8.4
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
HIGHEST AND LOWEST ANXIETY LEVELS

Anxiety				
Highest	Percent		Lowest	Percent
Single parent	21.7%		Age 75+	4.1%
Some college	16.7%		Age 65-74	7.6%
Age 18-44	16.3%		Bachelor's degree	8.4%
Yes, financial assistance	16.0%		Non-white	8.5%
Crystal Lake	15.5%		Male	9.3%

Seeking Professional Help

Another set of questions asked about thoughts of seeking professional help for any personal or emotional problem and following through with accessing help. More than one in five (22.5%) respondents said that they had thought about seeking professional help of whom 50.6% actually sought that help for their personal or emotional problem (Table 8.5).

In the 2006 survey, a slightly higher percentage at 26.9% said that they had thought about seeking help, though a similar percentage at 49.1% said they actually sought help for their problem.

Table 8.5
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT THOUGHTS OF AND
ACTUALLY SEEKING PROFESSIONAL HELP

Response	Thought about seeking help ¹		Actually sought help ²	
	Number	Percent	Number	Percent
Yes	249	22.5%	126	50.6%
No	802	72.3%	117	47.0%
No answer	58	5.2%	6	2.4%
Total	1,109	100.0%	249	100.0%

¹ Percent of the total sample (N=1,109).

² Percent of those who thought about seeking help (N=249).

As seen in the demographic breakdowns in Table 8.6, thoughts of seeking professional help drop significantly after age 64 but rates of actually seeking help are similar among age groups. Geographically, Central area residents are slightly more likely to both think about seeking help and follow through with accessing help. The presence of children also appears related to thoughts of help such that single parents and married couples with children at home more often reported thinking about seeking professional help.

A gender difference exists with females much more likely than males to have thoughts of seeking help but much less likely than males to obtain needed help. The situation is similar for respondents receiving financial assistance who are also more likely than those not receiving assistance to think about needing help but less often access the professional help they seem to need.

Interestingly, respondents with a graduate degree were least likely among the educational groups to indicate thoughts of seeking help, but most likely to report that they actually sought needed help.

Table 8.6
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT THOUGHTS OF AND ACTUALLY SEEKING PROFESSIONAL HELP
BY DEMOGRAPHIC GROUP

Group	Thought About Help ¹	Actually Sought Help ²
AGE GROUP		
18 – 44	28.5%	51.9%
45 – 64	27.5%	52.6%
65 – 74	13.7%	50.0%
75+	7.3%	50.0%
EDUCATION		
H.S. or less	20.9%	38.6%
Some college	27.5%	52.8%
Associate degree	26.7%	48.1%
Bachelor's degree	23.8%	53.4%
Graduate degree	19.8%	61.5%
RESIDENCE		
Rural	23.5%	47.8%
Southeast	23.7%	58.3%
Central	28.2%	60.4%
Crystal Lake	22.1%	44.7%
GENDER		
Male	16.4%	60.3%
Female	28.2%	49.4%
HOUSEHOLD		
Married w/kids	28.0%	51.9%
Married no kids	14.7%	56.0%
Single parent	45.5%	55.2%
Single living alone	19.3%	55.6%
RACE/ETHNIC		
White, non-Hispanic	23.7%	52.3%
Non-white	23.8%	52.6%
FINANCIAL ASSISTANCE		
Yes	34.1%	45.2%
No	22.5%	52.7%

¹ Percent of the total sample (N=1,109).

² Percent of those who thought about seeking help (N=249).

Suicide

Information about respondent suicidal ideation and attempts was also sought through the survey. About one in eleven (9.0%) respondents reports ever thinking about or attempting suicide (Table 8.7). At the greatest risk for suicidal thoughts or attempts are single parents (16.7%), singles living alone (13.6%), persons with some college (13.4%), and Rural area residents (12.0%). Least affected by suicidal consideration or attempts are seniors age 75 and older (6.4%), non-whites (6.7%), Southeast area residents (7.2%), and respondents with a graduate degree (7.3%).

Table 8.7
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT SUICIDAL THOUGHTS/ATTEMPT STATUS

Response	Number	Percent
Yes	100	9.0%
No	931	83.9%
No answer	78	7.0%
Total	1,109	100.0%

Of those who said they had thought about or attempted suicide, 82.0% described only thinking about it and 9.0% have made an actual suicide attempt (Table 8.8).

Table 8.8
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT SUICIDAL IDEATION OR ATTEMPT

Response	Number	Percent
Only thought about it	82	82.0%
Actually attempted	9	9.0%
No answer	9	9.0%
Total	100	100.0%

Chapter 9 FAMILY ISSUES

Problems with Children

To better understand issues respondents are dealing with related to their child(ren) under age 18, a list of potential problems was presented and survey participants were asked to mark all that apply to their family's situation. Responses were analyzed only for the 346 respondents who indicated that they have at least one child in their home under age 18. As seen in Table 9.1, attention deficit disorder (13.0%) and learning disabilities (11.8%) stood at the top of the list, followed by anxiety/nervousness (7.8%) and speech/language problems (7.2%). Other problems affecting some respondents' children include aggressive/violent behavior (5.8%), bed wetting (5.5%), bullying (5.5%), extreme discomfort in social situations (4.0%), major temper tantrums (3.8%), alcohol/drug use (3.5%), serious parent and child conflict (3.5%), and eating disorder/self image (3.2%). A handful of respondents indicated difficulty with their child(ren) in the areas of tobacco use (2.0%), serious school-related problems (1.4%), running away from home (1.2%), self mutilation (0.9%), and sexual orientation (0.3%).

Table 9.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
CHILD PROBLEMS¹

Response	Number	Percent
Attention deficit disorder (ADD) or with hyperactivity (ADHD)	45	13.0%
Learning disabilities	41	11.8%
Anxiety, nervousness	27	7.8%
Speech/language problems	25	7.2%
Aggressive or violent behavior	20	5.8%
Bed wetting	19	5.5%
Bullying	19	5.5%
Extreme discomfort in social situations	14	4.0%
Major temper tantrums	13	3.8%
Alcohol or drug use (including misuse of prescription drugs)	12	3.5%
Serious parent and child conflict	12	3.5%
Eating disorder/self image	11	3.2%
Tobacco use (cigarettes or chewing)	7	2.0%
Serious school-related problems	5	1.4%
Child ran away from home	4	1.2%
Self mutilation	3	0.9%
Sexual orientation	1	0.3%
Gang issues	0	0.0%

¹ Percent of respondents with child(ren) under 18 at home (N=346).

Abuse

Asked whether during the past year they had been physically, emotionally, financially, or sexually abused by someone, 5.7% responded that yes, they had been a victim (Table 9.2). In 2006 the percentage was slightly lower at 4.9%, though financial abuse was added to the types of abuse in the current survey which could explain the slight uptick in abuse reporting for 2010. Reports of abuse were highest, by far, for single parents where nearly one in five (19.4%) have been abused by someone. Other groups disproportionately affected by abuse include non-whites (9.2%), persons with some college (9.4%), and respondents receiving financial assistance (13.5%).

Table 9.2
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT ABUSE EXPERIENCE

Response	2010		2006 Percent
	Number	Percent	
Yes	63	5.7%	4.9%
No	969	87.4%	94.1%
No answer	77	6.9%	1.0%
Total	1,109	100.0%	100.0%

Those reporting abuse were next asked to specify the type of abuse by choosing all that apply to their situation from a list of four. More than two-thirds (68.3%) of those who had been abused were emotionally abused which includes intimidation, coercion, isolation, threats, or degradation (Table 9.3). Just under half (47.6%) reported that they were financially exploited, while far fewer had been physically abused (14.3%) or sexually abused (1.6%). In 2006 nearly all abuse victims cited emotional abuse and a much greater percentage had been a victim of sexual abuse.

Table 9.3
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
TYPE OF ABUSE EXPERIENCED

Response	2010		2006 Percent ¹
	Number	Percent ¹	
Emotionally abused (intimidated, coerced, isolated, threatened or degraded)	43	68.3%	95.0%
Financially exploited	30	47.6%	---
Physically abused (hit slapped, kicked or physically hurt)	9	14.3%	17.5%
Sexually abused (forced to have sexual activity)	1	1.6%	12.5%

¹ Percent of those indicating abuse.

Assisting Another Adult

Asked whether they are responsible for another adult who needs assistance daily or regularly with activities of daily living, 11.1% answered with yes (Table 9.4). The level of 10.4% in 2006 is slightly lower, though the question then asked about assisting an adult in McHenry County.

Table 9.4
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONSIBLE FOR ASSISTING ANOTHER ADULT

Response	2010		2006 Percent
	Number	Percent	
Yes	123	11.1%	10.4%
No	904	81.5%	89.0%
No answer	82	7.4%	0.6%
Total	1,109	100.0%	100.0%

Certain groups are much more likely to be responsible for assisting another adult on a daily basis as seen in Table 9.5. Two age groups, 45-64 and 75+, are most often finding themselves in a caregiving situation, while nearly twice as many residents of Rural and Central areas are serving as caregivers than residents of other areas of the county. Level of education is related to caregiving such that persons with a high school degree or less are most often functioning as caregivers. In addition, respondents receiving financial assistance are caregivers to another adult at much higher levels than respondents not receiving assistance, while single parents and married respondents without children at home are more apt than other households to be responsible for assisting another adult.

Table 9.5
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONSIBLE FOR ASSISTING ANOTHER ADULT BY DEMOGRAPHIC GROUP

Group	Percent	Group	Percent
AGE GROUP		RESIDENCE	
18-44	4.3%	Rural	15.0%
45-64	17.2%	Southeast	8.8%
65-74	7.5%	Central	16.4%
75+	14.7%	Crystal Lake	8.4%
EDUCATION		HOUSEHOLD	
HS or less	18.2%	Married w/kids	8.9%
Some college	13.3%	Married no kids	14.8%
Associate degree	9.6%	Single parent	17.5%
Bachelor's degree	11.2%	Single living alone	7.4%
Graduate degree	6.4%	RACE/ETHNIC	
GENDER		White	11.8%
Male	10.0%	Non-white	13.3%
Female	13.2%	FINANCIAL ASSISTANCE	
		Yes	21.2%
		No	10.8%

Survey participants who are regularly caring for another adult were next asked to mark the applicable categories describing the reason for the help and the age group of the adult being helped. As seen in Table 9.6, the number one group needing help is older adults age 65+ (58.5%), followed by physically disabled persons age 18-64 (17.9%), and older adults age 18-64 (11.4%). The percentage helping both older adults and the physically disabled in the 18-64 age range has increased since 2006, though the proportion of area residents aiding mentally ill adults age 18-64 dropped in half between 2006 and 2010.

Table 9.6
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
REASONS FOR NEEDING HELP¹

Response	2010				2006	
	18-64		65+		18-64	65+
	No.	Pct.	No.	Pct.	Pct.	Pct.
Older adult needing help	14	11.4%	72	58.5%	4.8%	63.1%
Developmentally disabled	9	7.3%	1	0.8%	7.1%	1.2%
Physically disabled	22	17.9%	10	8.1%	8.3%	9.5%
Mentally ill	6	4.9%	5	4.1%	11.9%	2.4%

¹ Percent of those helping another adult (N=123 in 2010).

Asked whether the adult needing help lives on their own, with the respondent, or in a group residence or home, most (43.9%) live with the respondent, slightly fewer live on their own (39.8%), and 11.4% live in a group residence or home. In 2006, a higher percentage at 16.7% were in a group residence or home and fewer - 35.7% - were living with respondents.

Chapter 10
EMPLOYMENT & FINANCIAL PROBLEMS

Current Job

Asked about their primary work location, similar numbers work in McHenry County (31.3%), work outside of McHenry County (30.7%), or do not currently work (32.6%) (Table 10.1).

Table 10.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT PRIMARY WORK LOCATION

Response	Number	Percent
In McHenry County	347	31.3%
Out of McHenry County	340	30.7%
I don't currently work	362	32.6%
No answer	60	5.4%
Total	1,109	100.0%

Demographic differences exist for work location as seen in Table 10.2. Nearly half of (48.8%) of respondents age 18-44 work outside McHenry County, while the percentage is lower at 38.2% for respondents age 45-64. Eight in ten participants age 65-74 (79.6%) and age 75+ (85.3%) do not currently work. Geographically, Crystal Lake and Rural area residents are more likely than respondents living in other areas to be working in McHenry County. A gender difference with females more likely to work in McHenry County and males more likely to work outside of the county.

Table 10.2
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT PRIMARY WORK LOCATION
BY DEMOGRAPHIC GROUP

Group	In McHenry County	Outside McHenry County	Don't Currently Work
AGE GROUP			
18 – 44	40.2%	48.8%	11.0%
45 – 64	40.7%	38.2%	21.1%
65 – 74	12.3%	8.0%	79.6%
75+	12.1%	2.6%	85.3%
EDUCATION			
H.S. or less	33.2%	18.8%	48.0%
Some college	30.3%	27.7%	41.9%
Associate degree	33.0%	40.8%	26.2%
Bachelor's degree	36.0%	40.8%	23.2%
Graduate degree	32.7%	39.3%	28.0%
RESIDENCE			
Rural	44.3%	23.3%	32.4%
Southeast	24.0%	40.3%	35.7%
Central	29.0%	38.3%	32.7%
Crystal Lake	36.8%	28.7%	34.5%
GENDER			
Male	25.9%	39.4%	34.7%
Female	37.4%	28.7%	33.9%
HOUSEHOLD			
Married w/kids	40.4%	44.3%	15.3%
Married no kids	25.9%	25.3%	48.9%
Single parent	41.2%	42.6%	16.2%
Single living alone	27.0%	18.2%	54.7%
RACE/ETHNIC			
White, non-Hispanic	32.5%	31.7%	35.8%
Non-white	42.1%	44.7%	13.2%
FINANCIAL ASSISTANCE			
Yes	37.0%	35.9%	27.2%
No	32.6%	32.8%	34.6%

Respondents who are currently working were next given eight job-related statements and asked to check “yes” or “no” related to their employment situation. More than two-thirds (68.4%) of respondents feel secure in their job (Table 10.3). Believing that they need further education to improve or advance in their job are 31.4% of survey participants, while 17.2% think they need retraining to find a new job.

Nearly half (45.7%) of workers would ride the train to work if the stations were convenient and accessible, though fewer would ride a bus (36.2%) or ride their bike to work if there was a connecting path to their employer (31.4%). In terms of getting to work, 30.6% believe they are driving too far to their job and 27.8% work at multiple job sites.

Only two similar job-related statements were asked in 2006. In the prior survey, fewer respondents answered that they were driving too far for their job (23.3%) and that they felt secure in their job (60.7%).

Table 10.3
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT EMPLOYMENT SITUATION¹

Response	Yes	No	No Answer
I feel secure in my job, that I will have this or a similar job available.	68.4%	27.7%	3.9%
I would ride the train to work if the stations were convenient and accessible.	45.7%	49.3%	4.9%
I would ride a bus to work if stops were convenient and accessible.	36.2%	58.2%	5.5%
I need further training or education to improve or advance in my job.	31.4%	64.2%	4.4%
I would ride my bike to work if there was a connecting path to my employer.	31.4%	63.6%	4.9%
I am driving too far to my job.	30.6%	65.1%	4.4%
I work at multiple sites.	27.8%	66.7%	5.5%
I need retraining to find a new job.	17.2%	78.3%	4.5%

¹ Responses only from those who are currently working.

Full results for the employment statements by demographic group are presented in Table 10.4 and a summary of the top and bottom three groups for each statement can be found in Table 10.5. Job security is highest for the youngest (18-44) and oldest (75+) survey participants with more than three-fourths of those employed in these age groups saying that they feel secure in their job. A four-year college degree also appears related to feelings of job security since respondents with a Bachelor’s degree or graduate degree indicated most often that they think they will have theirs or a similar job. Married respondents with children expressed more job security than persons living in other types of households, whites are more confident than non-whites when it comes to job security, and more financially stable participants indicate that they feel secure in their job.

As might be expected, few respondents age 75 and older said they need further training or education to improve or advance in their job. However, that is not the case for single parents, financial aid recipients, and non-whites who led with nearly half needing further training to advance. Respondents with just some college more often require training or education to advance than persons with other levels of education.

Among age groups, seniors age 65-74 expressed the greatest need for retraining to find a new job. Level of education is also related to retraining in that the need for retraining decreases with increasing education. Single parents and respondents receiving financial assistance also have a greater than average desire to access job retraining.

Respondents under age 65 are more likely than their older counterparts to feel they are driving too far to their job. Geographically, Central area residents reported driving too far at a higher level than respondents living in other areas of the county. Also believing they drive a great distance to their job are participants with an Associate degree, single parents, and non-whites.

Interest in riding the train to work if stations were convenient and accessible peaks for non-whites, single parents, and financial aid recipients, while the idea is much more popular with respondents under age 65 than those over age 65.

Just over half of non-whites, respondents receiving financial assistance, and single parents supported riding a bus to work, percentages much higher than for their white or more affluent counterparts. Additionally, residents living in the Central area of the county are more interested in riding the bus to work than residents of other areas.

Respondents age 75 and older have no interest in riding their bike to work if there was a connecting path to their employer, but the idea does appeal to one-third of workers under age 65. Other demographic differences were not significant.

Working at multiple sites is more common for males than females and for financial assistance recipients over non-recipients. Central and Crystal Lake residents are also more likely than Rural and Southeast residents to work at multiple sites.

Table 10.4
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT EMPLOYMENT SITUATION BY DEMOGRAPHIC GROUP¹

Group	Secure in job	Further edu/train for job	Retrain to find new job	Driving too far	Ride train to work	Ride bus to work	Ride bike to work	Work at multiple sites
AGE GROUP								
18 – 44	77.6%	36.2%	16.4%	32.2%	53.1%	36.5%	36.1%	31.3%
45 – 64	67.7%	31.7%	18.3%	32.4%	47.5%	38.2%	33.2%	28.4%
65 – 74	58.6%	32.1%	27.6%	25.0%	25.0%	42.9%	24.1%	22.2%
75+	78.6%	7.7%	7.7%	23.1%	25.0%	66.7%	0.0%	33.3%
EDUCATION								
H.S. or less	57.0%	36.8%	33.0%	29.0%	37.2%	38.5%	32.3%	26.4%
Some college	64.7%	44.7%	26.3%	34.0%	48.7%	42.0%	36.9%	31.1%
Associate degree	64.0%	38.4%	18.1%	40.5%	51.4%	41.1%	37.0%	26.0%
Bachelor's degree	77.2%	28.0%	12.8%	33.0%	54.0%	36.4%	29.1%	30.3%
Graduate degree	81.8%	21.4%	6.2%	26.5%	46.2%	35.0%	32.6%	29.1%
RESIDENCE								
Rural	69.8%	33.9%	19.9%	31.1%	46.4%	39.9%	32.4%	27.0%
Southeast	74.6%	31.6%	18.1%	30.6%	48.9%	36.2%	33.5%	27.7%
Central	69.5%	37.5%	20.4%	42.3%	52.4%	45.2%	29.8%	32.4%
Crystal Lake	73.9%	29.8%	15.0%	28.0%	47.1%	33.6%	37.9%	33.1%
GENDER								
Male	68.5%	29.5%	18.3%	35.2%	50.0%	35.9%	34.0%	34.9%
Female	73.0%	35.3%	18.5%	30.4%	47.2%	39.8%	33.8%	26.3%

Table 10.4 (cont'd)
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
RESPONDENT EMPLOYMENT SITUATION BY DEMOGRAPHIC GROUP¹

Group	Secure in job	Further edu/train for job	Retrain to find new job	Driving too far	Ride train to work	Ride bus to work	Ride bike to work	Work at multiple sites
HOUSEHOLD								
Married w/kids	76.0%	33.2%	16.5%	30.5%	48.1%	34.3%	32.4%	30.3%
Married no kids	68.6%	25.9%	15.6%	32.1%	48.2%	39.6%	31.9%	24.8%
Single parent	58.9%	47.3%	33.9%	40.0%	58.2%	50.9%	34.5%	32.7%
Single living alone	66.1%	39.0%	20.3%	30.5%	42.1%	42.1%	37.3%	37.3%
RACE/ETHNIC								
White, non-Hispanic	72.3%	31.1%	17.7%	31.5%	46.6%	36.6%	33.4%	29.2%
Non-white	61.7%	45.0%	22.0%	39.0%	64.4%	54.4%	28.8%	28.8%
FINANCIAL ASSISTANCE								
Yes	61.2%	46.3%	29.9%	34.8%	56.1%	53.1%	36.4%	42.4%
No	72.2%	31.5%	16.7%	32.4%	47.9%	37.2%	32.9%	27.3%

¹ Responses only from those who are currently working.

Table 10.5
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
PERCENTAGES FOR HIGHEST AND LOWEST THREE GROUPS
RESPONDENT EMPLOYMENT SITUATION

Statement	Highest 3 Groups	Lowest 3 Groups
I feel secure in my job, that I will have this or a similar job available.	Age 75+ (78.6%) Age 18-44 (77.6%) Bachelor's degree (77.2%)	HS degree or less (57.0%) Age 65-74 (58.6%) Single parent (58.9%)
I would ride the train to work if the stations were convenient and accessible.	Non-white (64.4%) Single parent (58.2%) Yes, financial asst. (56.1%)	Age 75+ (25.0%) Age 65-74 (25.0%) HS degree or less (37.2%)
I would ride a bus to work if stops were convenient and accessible.	Age 75+ (66.7%) Non-white (54.4%) Yes, financial asst. (53.1%)	Crystal Lake (33.6%) Married, kids (34.3%) Graduate degree (35.0%)
I need further training or education to improve or advance in my job.	Single parent (47.3%) Yes, financial asst. (46.3%) Non-white (45.0%)	Age 75+ (7.7%) Graduate degree (21.4%) Married, no kids (25.9%)
I would ride my bike to work if there was a connecting path to my employer.	Crystal Lake (37.9%) Single living alone (37.3%) Associate degree (37.0%)	Age 75+ (0.0%) Age 65-74 (24.1%) Non-white (28.8%)
I am driving too far to my job.	Age 75+ (23.1%) Age 65-74 (25.0%) Graduate degree (26.5%)	Central (42.3%) Associate degree (40.5%) Single parent (40.0%)
I work at multiple sites.	Yes, financial asst. (42.4%) Single living alone (37.3%) Male (34.9%)	Age 65-74 (22.2%) Married, no kids (24.8%) Associate degree (26.0%)
I need retraining to find a new job.	Single parent (33.9%) HS degree or less (33.0%) Yes, financial asst. (29.9%)	Graduate degree (6.2%) Age 75+ (7.7%) Bachelor's degree (12.8%)

Financial Problems

Eight financial problems which households face were listed and respondents were instructed to mark each situation which they or someone in their home had experienced during the past year (Table 10.6). Nearly one-quarter (23.9%) of survey households have lacked money for basic needs in the past year, while slightly fewer have had someone without a job for 30 days or more (21.6%) or someone who experienced an involuntary job loss (20.2%). One in ten (9.5%) respondents reported that their household needed legal help but could not afford it and 6.8% said someone in their household had been a victim of identity theft. Smaller numbers of household members became divorced, separated, or widowed (4.7%), filed bankruptcy (3.2%), or experienced a home foreclosure (2.9%).

The change from 2006 is notable for three of the four statements asked in both surveys. In 2006, 12.1% each experienced an involuntary job loss or had no job for 30 days or more, but these percentages rose to 20.2% and 21.6%, respectively for 2010. Additionally, although the numbers are small, bankruptcy filings doubled from 1.6% in 2006 up to 3.2% in 2010.

Table 10.6
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
HOUSEHOLD FINANCIAL PROBLEMS

Response	2010		2006 Percent
	Number	Percent	
Lack of money for basic needs	265	23.9%	---
No job for 30 days or more	240	21.6%	12.1%
Experienced an involuntary job loss	224	20.2%	12.1%
Needed legal help but could not afford	105	9.5%	---
Became divorced, separated or widowed	52	4.7%	4.6%
Identity theft	75	6.8%	---
Bankruptcy filed	35	3.2%	1.6%
Foreclosure of home	32	2.9%	---

Descriptions for the “other” response, included by 8.5% of respondents, are found in Appendix III. Mentioned by ten or more participants were that high property taxes are a burden (14), they experienced reduced hours/reduced pay over the last year (11), and they were impacted by costly health problems (10).

Answers for the top three financial problems - lack of money, no job for 30+ days, and involuntary job loss - are presented by demographic group in Table 10.7. Lacking money for basic needs at the highest levels are households with respondents who receive financial assistance (48.9%), are single parents (43.5%), have a high school degree or less (41.2%), are non-white (32.9%), or are single living alone (32.0%). Best off, that is, those who were least likely to indicate lack of money include households where the respondent has a graduate degree (9.6%), is married without children at home (12.1%), age 75+ (14.0%), or has a Bachelor’s degree (16.8%).

Respondents receiving financial assistance also led, by far, for the percentage in a household affected by no job for 30 days or more - 41.5%. Closer to one-quarter of the following groups had someone in their home affected by long-term job loss: non-white (29.3%), age 45-64 (27.2%), Central area residents (26.7%), and married with children at home (26.3%).

The proportion experiencing an involuntary job loss was led, once again, by respondents receiving financial assistance. The 40.4% affected was much higher than for the remaining top five which include age 45-64 (25.1%), married with children at home (24.5%), Central area (24.4%), and high school degree or less (23.5%).

Table 10.7
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
TOP THREE HOUSEHOLD FINANCIAL PROBLEMS BY DEMOGRAPHIC GROUP

Group	Lack money for basic needs	Involuntary job loss	No job 30+ days
AGE GROUP			
8 – 44	30.5%	22.4%	25.8%
45 – 64	23.7%	25.1%	27.2%
65 – 74	20.3%	11.0%	10.5%
75+	14.0%	8.3%	5.0%
EDUCATION			
H.S. or less	41.2%	23.5%	20.8%
Some college	27.0%	23.0%	25.2%
Associate degree	27.3%	16.4%	17.3%
Bachelor's degree	16.8%	17.6%	23.3%
Graduate degree	9.6%	17.9%	19.3%
RESIDENCE			
Rural	30.1%	20.5%	22.8%
Southeast	19.1%	21.0%	20.4%
Central	25.6%	24.4%	26.7%
Crystal Lake	20.6%	15.0%	16.7%
GENDER			
Male	21.1%	22.3%	23.1%
Female	25.5%	19.2%	21.1%
HOUSEHOLD			
Married w/kids	25.5%	24.5%	26.3%
Married no kids	12.1%	17.3%	19.7%
Single parent	43.5%	18.8%	20.3%
Single living alone	32.0%	11.3%	11.3%
RACE/ETHNIC			
White, non-Hispanic	23.0%	19.9%	20.8%
Non-white	32.9%	19.5%	29.3%
FINANCIAL ASSISTANCE			
Yes	48.9%	40.4%	41.5%
No	21.3%	18.3%	19.6%

Chapter 11 OPEN-ENDED COMMENTS

Survey participants were given the opportunity to comment about survey issues or other aspects of their experience living in McHenry County. More than one in five (20.1%) chose to write in comments. These may be found verbatim in Appendix III. The comments provide additional depth to the structured results by allowing survey participants to describe personal or local needs in their own words.

Topics mentioned by more than five respondents are listed in Table 11.1. Comments were dominated by pleas to decrease property taxes (28). Another issue as mentioned by 19 respondents was the need for good paying jobs in McHenry County. A number of respondents (17) also described ways in which McHenry County schools need to be improved and 13 respondents talked about needing help but not qualifying for services. The next two topics are related with respondents wanting to keep the rural character of the county (12) and complaining that there is too much traffic (11). Local residents also want governments to spend tax dollars more wisely (10) while also not wanting any of their tax dollars spent to help illegal immigrants (10).

Table 11.1
MCHENRY COUNTY HEALTHY COMMUNITY 2010 SURVEY
TOP OPEN-ENDED CATEGORIES¹

Response	Number
Decrease property taxes	28
Need good paying jobs in McHenry County	19
Improve schools	17
Need help but do not qualify	13
Keep rural character of McHenry County	12
Too much traffic	11
Spend tax dollars more wisely	10
Tax dollars should not help illegal immigrants	10
Enjoy living in McHenry County	9
Deport illegal immigrants/need immigration enforcement	8
More “green” initiatives	8
Re-assess housing stock to lower property tax burden	7
Add bike paths	7
Concerned that crime is increasing	7
Need affordable health care	7
Cut government spending	7

¹ More than six mentions.

Concern also exists around the topic of enforcing immigration laws (8) and the perceived increase in crime in the county (7). Desire for more “green” initiatives in the county was voiced by eight participants, while adding bike paths is an improvement that was noted by seven. Rounding out the list are re-assessing the housing stock to lower the property tax burden (7), cutting government spending (7), and needing affordable health care (7).

On a positive note, nine respondents described reasons that they enjoy living in McHenry County.

Appendix I

COVER LETTER AND SURVEY INSTRUMENT



Working together for a
Healthier McHenry County

Si usted necesita que alguien le traduzca o ayude con las preguntas por favor llame al 815-382-0200, línea directa de un representante de la Conexión Latina de la Cámara de Comercio de Crystal Lake.

May 2010

Dear McHenry County Neighbor,

Your help is needed to improve the quality of life in McHenry County. Nineteen local organizations have joined together to develop this survey for households like yours to complete. What you tell us will guide community planning efforts and funding decisions.

Your home was one of 8,000 randomly selected in the county to receive this. The survey is anonymous with no way to trace your responses back to you. Your answers will be combined with other local residents to understand local views on a variety of topics.

This should be completed by someone 18 years or older. Please mark the response which best expresses the views or situation of your household. You may skip any question you prefer not to answer and feel free to offer additional written comments. The completed survey should be returned in the enclosed envelope. No stamp is needed.

For questions or help, call Health Systems Research toll-free at 1.800.854.4461. Assistance for Spanish speaking residents is available at the number listed above.

By taking about 10-15 minutes of your time, you are letting us know how to create a healthier McHenry County.

Thank you.

McHenry County Healthy Community Partners

*Advocate Good Shepherd • Centegra Health System • Environmental Defenders of McHenry County
First Congregational Church of Crystal Lake • Latino Connection (Crystal Lake Chamber)
Leadership Greater McHenry County • League of United Latin American Citizens • McHenry County College
McHenry County Community Foundation • McHenry County Conservation District
McHenry County Department of Health • McHenry County Mental Health Board • Pioneer Center
Senior Services Associates, Inc. • Sherman Hospital • United Way of Greater McHenry County
Village of Prairie Grove • Woodstock Christian Life • Woodstock School District 200*



Working together for a
Healthier McHenry County

McHENRY COUNTY HEALTHY COMMUNITIES 2010

YOUR COMMUNITY

1-5. Please check UP TO FIVE things that you would like to see **improved** to make your community a healthier place to live. **(Mark up to five)**

- | | |
|--|--|
| <input type="radio"/> (1) Affordable housing | <input type="radio"/> (10) Programs for elderly |
| <input type="radio"/> (2) Biking/walking paths | <input type="radio"/> (11) Protection of natural resources |
| <input type="radio"/> (3) Businesses, stores | <input type="radio"/> (12) Public transportation |
| <input type="radio"/> (4) Crime prevention | <input type="radio"/> (13) Roads |
| <input type="radio"/> (5) Entertainment, arts | <input type="radio"/> (14) Schools |
| <input type="radio"/> (6) Health care | <input type="radio"/> (15) Tolerance of differences |
| <input type="radio"/> (7) Job availability | <input type="radio"/> (16) Traffic flow |
| <input type="radio"/> (8) Mental health care | <input type="radio"/> (17) Youth/teen behavior |
| <input type="radio"/> (9) Parks, recreation | <input type="radio"/> (18) Other (write in) _____ |

6-10. Please mark UP TO FIVE issues which you feel need **greater attention** in your community to improve the health and quality of life. **(Mark up to five)**

- | | |
|--|--|
| <input type="radio"/> (1) Affordable housing | <input type="radio"/> (17) Services for grandparents raising grandchildren |
| <input type="radio"/> (2) Alcohol/substance abuse | <input type="radio"/> (18) Services for single parents |
| <input type="radio"/> (3) Bereavement counseling | <input type="radio"/> (19) Services for two parent working families |
| <input type="radio"/> (4) Child abuse | <input type="radio"/> (20) Sexually transmitted diseases, AIDS |
| <input type="radio"/> (5) Crime prevention | <input type="radio"/> (21) Social services for minorities |
| <input type="radio"/> (6) Crisis counseling | <input type="radio"/> (22) Special education for children |
| <input type="radio"/> (7) Discrimination based on race | <input type="radio"/> (23) Special recreation programs for physically/mentally challenged adults |
| <input type="radio"/> (8) Discrimination based on sexual orientation | <input type="radio"/> (24) Special recreation programs for physically/mentally challenged children |
| <input type="radio"/> (9) Domestic violence | <input type="radio"/> (25) Supported employment for handicapped |
| <input type="radio"/> (10) Elder abuse | <input type="radio"/> (26) Teen pregnancy |
| <input type="radio"/> (11) Gangs, delinquency, youth violence | <input type="radio"/> (27) Other issues (write in) _____ |
| <input type="radio"/> (12) High health care costs | |
| <input type="radio"/> (13) Literacy | |
| <input type="radio"/> (14) Mental health services/education | |
| <input type="radio"/> (15) School dropouts | |
| <input type="radio"/> (16) Services for caregivers | |

- 11-29. Below are some characteristics of healthy communities. For each, please mark whether you find these to be excellent, good, fair or poor in your community. You may also mark "don't know, does not apply."

	<u>Your Rating</u>				Don't know/ Does not apply
	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	
11. Access to local government decision makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Cooperation among local governments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Availability of . . .</u>					
13. Social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Daycare for children under 5 years of age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Day/after school/summer care for children 5 years+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Activities/services for youth/teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Activities/services for senior citizens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Services for disabled persons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Cultural activities, arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. College education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Dental care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Preventative health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Mental health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Information to find services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Transportation for the elderly and disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Employment opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Quality of . . .</u>					
28. Your local park district and recreational services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Your local community or village services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. If you rated any of these characteristics above as fair or poor, please tell what is needed or should be improved to make these excellent or good in your community.

LAND USE

- 31-36. Please indicate whether you Agree, Disagree or are Not Sure about each statement.

	<u>Agree</u>	<u>Disagree</u>	<u>Not Sure</u>
31. I am pleased with the way that land has been developed in McHenry County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Landowners should be allowed to use their land however they want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I am willing to pay higher taxes to preserve wetlands and other environmentally sensitive areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Maintaining our present natural areas such as forests, prairies or wetlands is more important than acquiring new ones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Preserving open space is as important as residential or commercial growth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Government should require residents to use water conservation practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRANSPORTATION

37-39. If you were to choose the highest priorities for spending McHenry County transportation funds, which THREE would you choose? **(Mark only three)**

- ☐ (1) Improving existing highways by widening and/or upgrading intersections.
- ☐ (2) Building or extending a limited access (possibly interstate) highway through the county.
- ☐ (3) Adding and improving pedestrian paths, sidewalks and bike paths.
- ☐ (4) Establishing new train stations, increasing frequency of service and commuter parking.
- ☐ (5) Improving car and van pooling to major work destinations.
- ☐ (6) Expanding a subsidized taxi, van voucher program.
- ☐ (7) Creating more and improved "park and ride" sites for buses to Cook, Kane, Lake sites including Metra.
- ☐ (8) Establishing scheduled bus service among major McHenry County communities.
- ☐ (9) Expand on-call PACE transit, Dial-a-Ride
- ☐ (10) Other (write in) _____

EMPLOYMENT

40. Where is your primary work location? **(Mark only one)**

- ☐ (1) In McHenry County ☐ (2) Out of McHenry County ☐ (3) I don't currently work

41-48. For each statement, check whether "yes" or "no" best describes your current employment situation. Do NOT answer if you are not employed or retired.

	<u>Yes</u>	<u>No</u>
41. I feel secure in my job, that I will have this or a similar job available.	<input type="radio"/>	<input type="radio"/>
42. I need further training or education to improve or advance in my job.	<input type="radio"/>	<input type="radio"/>
43. I need retraining to find a new job.	<input type="radio"/>	<input type="radio"/>
44. I am driving too far to my job.	<input type="radio"/>	<input type="radio"/>
45. I would ride the train to work if the stations were convenient and accessible.	<input type="radio"/>	<input type="radio"/>
46. I would ride a bus to work if stops were convenient and accessible.	<input type="radio"/>	<input type="radio"/>
47. I would ride my bike to work if there was a connecting path to my employer.	<input type="radio"/>	<input type="radio"/>
48. I work at multiple sites.	<input type="radio"/>	<input type="radio"/>

FINANCIAL

49-57. Many households face difficult financial problems. Please mark each situation which you or someone in your home have experienced during the past year.

- | | |
|--|---|
| 49. <input type="radio"/> Identity theft | 54. <input type="radio"/> Experienced an involuntary job loss |
| 50. <input type="radio"/> Needed legal help but could not afford | 55. <input type="radio"/> No job for 30 days or more |
| 51. <input type="radio"/> Bankruptcy filed | 56. <input type="radio"/> Became divorced, separated or widowed |
| 52. <input type="radio"/> Foreclosure of home | 57. <input type="radio"/> Other (write in) _____ |
| 53. <input type="radio"/> Lack of money for basic needs | |

HEALTH

58. Would you say your health, in general, is . . . **(Mark one)**

- ☐ (1) Excellent ☐ (2) Good ☐ (3) Fair ☐ (4) Poor

59. Is there a particular person or place where you usually go when you are sick or need advice about health? **(Mark one)**

- ☐ (1) **No**, I do not have a regular doctor or clinic
OR

Yes, I usually go to: (please choose ONE of the following)

- | | |
|---|--|
| <input type="radio"/> (2) A doctor's office or private clinic | <input type="radio"/> (6) Immediate care center |
| <input type="radio"/> (3) Family Health Partnership Clinic | <input type="radio"/> (7) VA hospital or clinic |
| <input type="radio"/> (4) Hospital emergency department | <input type="radio"/> (8) Other (write in) _____ |
| <input type="radio"/> (5) Health department | |

60. During the past year, have you ever been unable to receive medical, dental or mental health care that was needed for yourself or a family member?

- ☐ (1) Yes ☐ (2) No (Skip to Q. 71)

61-70. If YES, what reason(s) kept you or family members from receiving care? **(Mark all that apply)**

	<u>Medical</u>	<u>Dental</u>	<u>Mental Health</u>
61. Have no regular provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Long wait to get appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Lack of insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Deductible or co-pay unaffordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Lack of prescription coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Provider would not take Public Aid/Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Language/cultural barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. No transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Services not available in the County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Other (write in) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71-94. Does anyone in your household have, or have they had, any of the diseases or conditions listed? Please mark the age group for each person who **has or had** this disease or condition

<u>Disease/Condition</u>	Ages 0-17		Ages 18-29		Ages 30-64		Ages 65+	
	Child One	Child Two	Adult One	Adult Two	Adult One	Adult Two	Senior One	Senior Two
71. ADD or ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Alzheimer's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Arthritis or rheumatism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Autism spectrum disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Blindness, serious vision problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Chronic back pain or disc disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Chronic sinus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Deafness or other hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Dental problems untreated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Developmental/delayed disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Digestive or stomach disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. High blood pressure, hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Migraine headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Respiratory illness (COPD, chronic bronchitis, or emphysema)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Skin disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Traumatic Brain Injury (TBI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (write in)								
95. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

96-97. In the past year, did you think about seeking professional help for any personal or emotional problems?

- ☐ (1) Yes → Did you actually seek professional help? ☐ (1) Yes ☐ (2) No
☐ (2) No

98-105. Have you ever been diagnosed by a health care professional with . . . **(Mark all that apply)**

- | | |
|---|---|
| 98. <input type="radio"/> Anxiety | 102. <input type="radio"/> Panic disorder |
| 99. <input type="radio"/> Bipolar disorder (Manic/Depressive) | 103. <input type="radio"/> Phobia |
| 100. <input type="radio"/> Depression | 104. <input type="radio"/> Schizophrenia |
| 101. <input type="radio"/> Obsessive-compulsive disorder | 105. <input type="radio"/> Other (write in) _____ |

106-107. Have you ever thought about or attempted suicide?

- ☐ (1) Yes → ☐ (1) Only thought about it ☐ (2) Actually attempted suicide
☐ (2) No

108-112. How many persons in your home are **not** presently covered by any health insurance such as major medical insurance, HMO, PPO, Medicare, VA, TRICARE, or Medicaid/Family Care/KidCare?

Please enter the **number** of persons **not covered**

- | | |
|---|---|
| 108. _____ Persons ages 0-17 not covered | 110. _____ Persons ages 30-64 not covered |
| 109. _____ Persons ages 18-29 not covered | 111. _____ Persons ages 65+ not covered |

112. ☐ Check here if everyone in household has health coverage.

OTHER FAMILY ISSUES

113-131. Which of the following are problems for your child or children under 18? **(Mark all that apply)**

- | | |
|--|--|
| 113. <input type="radio"/> Aggressive or violent behavior | 122. <input type="radio"/> Gang issues |
| 114. <input type="radio"/> Alcohol or drug use (including misuse of prescription drugs) | 123. <input type="radio"/> Learning disabilities |
| 115. <input type="radio"/> Anxiety, nervousness | 124. <input type="radio"/> Major temper tantrums |
| 116. <input type="radio"/> Attention deficit disorder (ADD) or with hyperactivity (ADHD) | 125. <input type="radio"/> Self mutilation |
| 117. <input type="radio"/> Bed wetting | 126. <input type="radio"/> Serious parent and child conflict |
| 118. <input type="radio"/> Bullying | 127. <input type="radio"/> Serious school-related problems |
| 119. <input type="radio"/> Child ran away from home | 128. <input type="radio"/> Sexual orientation |
| 120. <input type="radio"/> Eating disorder/self image | 129. <input type="radio"/> Speech/language problems |
| 121. <input type="radio"/> Extreme discomfort in social situations | 130. <input type="radio"/> Tobacco use (cigarettes or chewing) |
| | 131. <input type="radio"/> Other (write in) _____ |

132. During the past year, have you been physically, emotionally, financially or sexually abused by someone?

- ☐ (1) Yes ☐ (2) No (Go to Q. 137)

133-136. If YES, how? **(Mark all that apply)**

133. ☐ Physically abused (hit slapped, kicked or physically hurt)
134. ☐ Emotionally abused (intimidated, coerced, isolated, threatened or degraded)
135. ☐ Sexually abused (forced to have sexual activity)
136. ☐ Financially exploited

137-147. Are you responsible for another adult who needs assistance daily or regularly with activities of daily living?

- ☐ (1) Yes → Are they? **(Mark all categories that apply by age group)**
☐ (2) No (Go to Q.149)

<u>Reason for help</u>	<u>18-64</u>	<u>65+</u>
138. <input type="radio"/> Older adult needing help	<input type="radio"/>	<input type="radio"/>
140. <input type="radio"/> Developmentally disabled	<input type="radio"/>	<input type="radio"/>
142. <input type="radio"/> Physically disabled	<input type="radio"/>	<input type="radio"/>
144. <input type="radio"/> Mentally ill	<input type="radio"/>	<input type="radio"/>
146. <input type="radio"/> Other (write in) _____	<input type="radio"/>	<input type="radio"/>

148. Do they live

- ☐ (1) On their own, alone or with others ☐ (3) In a group residence or home
☐ (2) At home with you ☐ (4) Other (write in) _____

DEMOGRAPHICS

149. What is your gender? ☐ (1) Male ☐ (2) Female

150. What is your zip code? _____

151-157. **Including yourself**, how many persons in each age group live in your home?

- | | | |
|-----------------------|-----------------------|-----------------------|
| 151. _____ Ages 0-12 | 154. _____ Ages 30-44 | 156. _____ Ages 65-74 |
| 152. _____ Ages 13-17 | 155. _____ Ages 45-64 | 157. _____ Ages 75+ |
| 153. _____ Ages 18-29 | | |

158. Please circle **your** age group in the categories above.

159. What is the highest grade that you finished in school?
- ☐ (1) Less than high school ☐ (3) Some college, no degree ☐ (5) Bachelor's degree
☐ (2) High school or GED ☐ (4) Associate degree ☐ (6) Graduate or professional degree
160. Of what racial or ethnic group do you consider yourself?
- ☐ (1) White (non-Hispanic) ☐ (3) Hispanic/Latino ☐ (5) American Indian (non-Hispanic)
☐ (2) Black/African American (non-Hispanic) ☐ (4) Asian (non-Hispanic) ☐ (6) Multi-racial
☐ (7) Other (write in) _____
- 161-162. Do you speak a language in your home other than English?
- ☐ (1) Yes → ☐ (1) Spanish ☐ (2) Other (write in) _____
☐ (2) No
- 163-171. How would you describe the relationships of those in your home? **(Mark all that apply)**
- | | |
|---|--|
| 163. <input type="radio"/> Married couple, with children at home | 168. <input type="radio"/> Unmarried persons living together |
| 164. <input type="radio"/> Married couple, no children at home | 169. <input type="radio"/> Single person, living alone |
| 165. <input type="radio"/> Single parent | 170. <input type="radio"/> Same sex partners living together |
| 166. <input type="radio"/> Grandparent(s) raising grandchild(ren) | 171. <input type="radio"/> Same sex partners, with children |
| 167. <input type="radio"/> Two or more families living together | 172. <input type="radio"/> Other (write in) _____ |
173. Did anyone in your home receive any financial assistance in the past year such as TANF, Township Assistance, Public Aid, Medical Card, Food Stamps, SSI or other types of aid? Do not include Medicare or Social Security.
- ☐ (1) Yes ☐ (2) No ☐ (3) Not sure
174. Is there anything else you would like to tell us?

Thank you for your help.

Study #20100009 approved by the University of Illinois College of Medicine Institutional Review Board (IRB) on 4/15/2010. Research Support Services may be reached at 1.815.395.5942.



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Si usted necesita que alguien le traduzca o ayude con las preguntas por favor llame al 815-382-0200, línea directa de un representante de la Conexión Latina de la Cámara de Comercio de Crystal Lake.

Mayo 2010

Estimado Vecino del Condado de McHenry,

Se necesita su ayuda para mejorar la calidad de vida en el condado de McHenry. Diecinueve organizaciones locales se han unido para desarrollar una encuesta para hogares como el de usted. Lo que usted nos diga, guiara los esfuerzos comunitarios de planificación y las decisiones sobre fondos.

Su hogar es uno de 8,000 elegidos al azar en el condado para recibir esto. La encuesta es anónima, no hay manera de rastrear sus respuestas hacia usted. Sus respuestas serán combinadas con las de residentes locales para entender las vistas locales sobre una variedad de temas.

Esto deberá ser completado por alguien mayor de 18 años de edad. Por favor marquen la respuesta que mejor describa las vistas o situaciones de su hogar. Usted se puede brincar cualquier pregunta que prefiera no contestar y siéntase libre de ofrecer comentarios adicionales escritos. La encuesta completada deberá ser devuelta en el sobre incluido. No necesita estampilla.

Para preguntas o ayuda, llame a Investigaciones de Sistemas de Salud (Health Systems Research) al 1.800.854.4461. Ayuda para residentes que hablan español está disponible en el número mencionado arriba.

Al tomar 10-15 minutos de su tiempo, usted nos está haciendo saber cómo crear un condado de McHenry más saludable.

Gracias.

Socios de una Comunidad Saludable del Condado de McHenry

*Advocate Good Shepherd • Centegra Health System • Environmental Defenders of McHenry County
First Congregational Church of Crystal Lake • Latino Connection (Crystal Lake Chamber)
Leadership Greater McHenry County • League of United Latin American Citizens • McHenry County College
McHenry County Community Foundation • McHenry County Conservation District
McHenry County Department of Health • McHenry County Mental Health Board • Pioneer Center
Senior Services Associates, Inc. • Sherman Hospital • United Way of Greater McHenry County
Village of Prairie Grove • Woodstock Christian Life • Woodstock School District 200*



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COMUNIDADES SALUDABLES DEL CONDADO DE MCHENRY 2010

SU COMUNIDAD

1-5. Por favor marque **HASTA CINCO** cosas que le gustaría ver **mejoradas** para hacer de su comunidad un lugar más saludable para vivir. **(Marque hasta cinco)**

- | | |
|---|---|
| <input type="radio"/> (1) Vivienda asequible | <input type="radio"/> (10) Programas para ancianos |
| <input type="radio"/> (2) Rutas para bicicletas/caminar | <input type="radio"/> (11) Protección de los recursos naturales |
| <input type="radio"/> (3) Negocios, tiendas | <input type="radio"/> (12) Transportación pública |
| <input type="radio"/> (4) Prevención de crimen | <input type="radio"/> (13) Carreteras |
| <input type="radio"/> (5) Entretenimiento, artes | <input type="radio"/> (14) Escuelas |
| <input type="radio"/> (6) Cuidados de salud | <input type="radio"/> (15) Tolerancia de diferencias |
| <input type="radio"/> (7) Disponibilidad de empleos | <input type="radio"/> (16) Flujo de tráfico |
| <input type="radio"/> (8) Cuidado de salud mental | <input type="radio"/> (17) Comportamiento de Jóvenes/Adolescentes |
| <input type="radio"/> (9) Parques, recreación | <input type="radio"/> (18) Otros (escríbalos) |

6-10. Por favor marque **HASTA CINCO** temas los cuales siente que necesitan **atención inminente** en su comunidad para mejorar la salud y calidad de vida. **(Marque hasta cinco)**

- | | |
|---|---|
| <input type="radio"/> (1) Vivienda asequible | <input type="radio"/> (17) Servicios para abuelos criando sus nietos |
| <input type="radio"/> (2) Abuso de alcohol/substancias | <input type="radio"/> (18) Servicios para padres solteros |
| <input type="radio"/> (3) Consejería de duelo | <input type="radio"/> (19) Servicios para familias de dos padres trabajando |
| <input type="radio"/> (4) Abuso infantil | <input type="radio"/> (20) Enfermedades Sexuales transmisibles, SIDA |
| <input type="radio"/> (5) Prevención de Crimen | <input type="radio"/> (21) Servicios sociales para minorías |
| <input type="radio"/> (6) Consejería de crisis | <input type="radio"/> (22) Educación especial para niños |
| <input type="radio"/> (7) Discriminación basada en raza | <input type="radio"/> (23) Programas de recreación especial para adultos con retos físicos/mentales |
| <input type="radio"/> (8) Discriminación basada en orientación sexual | <input type="radio"/> (24) Programas de recreación especial para niños con retos físicos/mentales |
| <input type="radio"/> (9) Violencia doméstica | <input type="radio"/> (25) Apoyo de empleo para discapacitados |
| <input type="radio"/> (10) Abuso de mayores | <input type="radio"/> (26) Embarazo de adolescentes |
| <input type="radio"/> (11) Gangas, delincuencia, violencia juvenil | <input type="radio"/> (27) Otros temas (escríbalos) |
| <input type="radio"/> (12) Altos costos de cuidado de salud | |
| <input type="radio"/> (13) Alfabetismo | |
| <input type="radio"/> (14) Servicios/educación de salud mental | |
| <input type="radio"/> (15) Abandono de estudios | |
| <input type="radio"/> (16) Servicios para prestadores de cuidados | |

11-29. Enseguida están algunas características de comunidades saludables. Para cada una, por favor marque ya sea que usted las encuentra ser excelente, bueno, regular o deficiente en su comunidad. También puede marcar “no sé, no aplica.”

	<u>Su clasificación</u>				<u>No sé/ No aplica</u>
	<u>Excelente</u>	<u>Bueno</u>	<u>Reg.</u>	<u>Defic.</u>	
11. Acceso a los que toman decisiones en del gobierno local	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Cooperación de los gobiernos locales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Disponibilidad de . . .</u>					
13. Servicios sociales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Cuidado diurno para niños menores de 5 años	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Cuidado después de clase/verano para niños de 5+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Actividades/servicios para jóvenes/adolescentes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Actividades/servicios para ancianos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Servicios para personas discapacitadas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Actividades culturales, artes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Educación de colegio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Servicios de salud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Servicios de cuidado dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Cuidados de salud preventiva	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Servicios de cuidado de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Información para encontrar servicios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Transportación para ancianos y discapacitados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Buenos trabajos (oportunidades de empleo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Calidad de . . .</u>					
28. Su distrito de parques y servicios recreacionales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Servicios de su comunidad local o municipal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Si usted calificó alguna de éstas características arriba como regular o deficiente, por favor diga qué es necesario o debería mejorar para hacerlos excelente o bueno en su comunidad.

USO DE LA TIERRA

31-36. Por favor indique si está De Acuerdo, Desacuerdo o No Seguro sobre cada declaración.

	<u>Acuerdo</u> <u>Desacuerdo</u> <u>No Seguro</u>		
	<u>Acuerdo</u>	<u>Desacuerdo</u>	<u>No Seguro</u>
31. Estoy satisfecho con la manera que la tierra ha sido desarrollada en McHenry County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. A los dueños de terreno debería permitírseles usar su terreno como ellos quieran.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Estoy dispuesto a pagar impuestos más altos para preservar los pantanos y otras áreas sensitivas del medio ambiental.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Mantener nuestras actuales áreas naturales tales como bosques, praderas o pantanos es más importante que adquirir nuevas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. La preservación de los espacios abiertos naturales es tan importante como el crecimiento residencial o comercial. ☐ ☐ ☐
36. El gobierno debería requerir a los residentes hacer uso de prácticas de conservación de agua. ☐ ☐ ☐

TRANSPORTACIÓN

37-39. Si usted pudiera escoger las prioridades mayores para gastar los fondos de transportación del Condado de McHenry, cuáles TRES escogería? **(Marque solo tres)**

- ☐ (1) Perfeccionar las carreteras existentes haciéndolas más anchas y/o mejorar intersecciones.
- ☐ (2) Construyendo o extendiendo una autopista de acceso limitado (posiblemente interestatal) a través del condado.
- ☐ (3) Agregando y mejorando rutas para peatones, aceras y rutas para bicicletas.
- ☐ (4) Estableciendo nuevas estaciones de tren, aumentando la frecuencia de servicio y estacionamiento para usuarios.
- ☐ (5) Mejorando el compartir autos y vans a destinos mayores de trabajo.
- ☐ (6) Expandiendo un programa de taxi subsidiado, vales para van.
- ☐ (7) Creando más y mejorados sitios de “estacione y viaje” para autobuses a sitios en Cook, Kane, Lake incluyendo Metra.
- ☐ (8) Estableciendo itinerarios de servicio de autobús entre comunidades mayores del Condado de McHenry.
- ☐ (9) Expandir – transito de llamado de PACE, Llame-y-Viaje
- ☐ (10) Otro (escríbalo) _____

EMPLEO

40. Donde está su localidad primaria de trabajo? **(Marque solo una)**

- ☐ (1) En el Condado de McHenry ☐ (2) Fuera del Condado de McHenry ☐ (3) No Trabajo

41-48. Para cada declaración, marque ya sea “sí” o “no” a según describa su situación actual de empleo. No conteste si no está empleado o está retirado.

- | | <u>Yes</u> | <u>No</u> |
|---|-----------------------|-----------------------|
| 41. Siento seguridad en mi trabajo, que siempre tendré disponible éste trabajo o uno similar. | <input type="radio"/> | <input type="radio"/> |
| 42. Necesito más entrenamiento o educación para mejorar o avanzar en mi trabajo. | <input type="radio"/> | <input type="radio"/> |
| 43. Necesito re-entrenamiento para encontrar un nuevo trabajo. | <input type="radio"/> | <input type="radio"/> |
| 44. Tengo que conducir muy lejos a mi trabajo. | <input type="radio"/> | <input type="radio"/> |
| 45. Yo usaría el tren a mi trabajo si las estaciones fueran convenientes y accesibles. | <input type="radio"/> | <input type="radio"/> |
| 46. Yo tomaría el autobús a mi trabajo si hubiera paradas convenientes y accesibles. | <input type="radio"/> | <input type="radio"/> |
| 47. Montaría mi bicicleta al trabajo si hubiera una ruta conectando a mi trabajo. | <input type="radio"/> | <input type="radio"/> |
| 48. Trabajo en sitios múltiples. | <input type="radio"/> | <input type="radio"/> |

FINANZAS

49-57. Muchos hogares enfrentan problemas financieros difíciles. Por favor marque cada situación que usted o alguien en su hogar haya experimentado durante el año pasado.

- | | |
|--|--|
| 49. <input type="radio"/> Robo de identidad | 54. <input type="radio"/> Experimentó pérdida de empleo involuntario |
| 50. <input type="radio"/> Necesitó ayuda legal, no podía pagar | 55. <input type="radio"/> No trabajó por 30 días o más |
| 51. <input type="radio"/> Se declaró en bancarrota | 56. <input type="radio"/> Se divorció, se separó o enviudó |
| 52. <input type="radio"/> Juicio hipotecario de la casa | 57. <input type="radio"/> Otro (escriba) |
| 53. <input type="radio"/> Falta de dinero para necesidad básicas | |
-

SALUD

58. Diría que su salud, en general, es . . . **(Marque una)**

- ☐ (1) Excelente ☐ (2) Buena ☐ (3) Regular ☐ (4) Pobre

59. Hay una persona o lugar en particular donde acude usualmente cuando está enfermo o necesita consejos sobre su salud? **(Marque una)**

- ☐ (1) **No**, no tengo un doctor o clínica regular
☐

Si, usualmente voy a: (por favor escoja una de las siguientes)

- | | |
|---|---|
| <input type="radio"/> (2) Una oficina de doctor o clínica privada | <input type="radio"/> (6) Centro de cuidado inmediato |
| <input type="radio"/> (3) Family Health Partnership Clinic | <input type="radio"/> (7) Hospital o clínica de Veteranos |
| <input type="radio"/> (4) Departamento de emergencia de hospital | <input type="radio"/> (8) Otro (escribalo) |
| <input type="radio"/> (5) Departamento de salud | |
-

60. Durante el pasado año, ha podido recibir cuidado médico, dental o cuidado de salud mental que necesitó para usted o alguien de su familia?

- ☐ (1) Si ☐ (2) No (Pase a la pregunta #71)

61-70. Si "SI", que razón(es) impidió que usted o su familia recibieran cuidado? **(Marque las que apliquen)**

	<u>Medica</u>	<u>Dental</u>	<u>Salud Mental</u>
61. No tengo un proveedor regular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Larga espera para una cita	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Falta de aseguranza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Deducible o co-pago inaccesible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Falta de cobertura de medicamentos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. El proveedor no acepta Ayuda Pública/Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Barreras culturales o de lenguaje	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. No transportación	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Servicios no disponibles en el Condado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Otro (escribalo) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71-94. Alguien en su hogar tiene, o ha tenido, alguna de las enfermedades o condiciones enlistadas?
 Por favor marque el grupo de edad de cada persona que tiene o ha tenido esa enfermedad o condición.

	<u>Enfermedad/Condición</u>	Edad 0-17		Edad 18-29		Edad 30-64		Edad 65+	
		Niño Uno	Niño Dos	Adulto Uno	Adulto Dos	Adulto Uno	Adulto Dos	Mayor Uno	Mayor Dos
71.	ADD o ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72.	Abuso de alcohol o sustancias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73.	Enfermedad de Alzhéimer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74.	Artritis o reumatismo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75.	Asma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76.	Autismo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77.	Ceguera, problemas serios de la vista	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78.	Cáncer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79.	Dolor de espalda crónico o discos herniados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80.	Sinusitis Crónica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81.	Sordera u otros problemas auditivos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82.	Problemas dentales sin tratar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83.	Desabilidades de retraso/desarrollo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84.	Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85.	Desordenes digestivos/estomacales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86.	Enfermedad del corazón	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87.	Alta presión/hipertensión	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88.	Colesterol alto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89.	Migrañas/dolores de cabeza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90.	Obesidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91.	Enfermedad Respiratoria (COPD, bronquitis crónica, o enfisema)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92.	Desordenes de la piel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93.	Derrame cerebral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94.	Herida Traumática Cerebral (TBI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otra (escríbala)									
95.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

96-97. En el pasado año, pensó en buscar ayuda profesional para algún problema personal o emocional?

- ☐ (1) Si → Buscó ayuda profesional? ☐ (1) Si ☐ (2) No
☐ (2) No

98-105. Alguna vez ha sido diagnosticado por un profesional de cuidado de salud con? . . . **(Marque todas las que apliquen)**

- | | |
|--|---|
| 98. <input type="radio"/> Ansiedad | 102. <input type="radio"/> Desorden de pánico |
| 99. <input type="radio"/> Desorden Bipolar (Maniaco/Depresivo) | 103. <input type="radio"/> Fobia |
| 100. <input type="radio"/> Depresión | 104. <input type="radio"/> Esquizofrenia |
| 101. <input type="radio"/> Desorden compulsivo de obsesivo | 105. <input type="radio"/> Otro (escribalo) _____ |

106-107. Alguna vez ha pensado o intentado suicidarse?

- ☐ (1) Si → ☐ (1) Solo lo pensé ☐ (2) Actualmente intenté suicidarme
☐ (2) No

108-112. Cuántas personas en su hogar no están actualmente cubiertas con alguna aseguranza de salud tales como una aseguranza medica mayor, HMO, PPO, Medicare, VA, TRICARE, o Medicaid/Family Care/KidCare?

Por favor escriba el número de personas que no tienen cobertura

- | | |
|---|---|
| 108. _____ Personas de 0-17 no cubiertas | 110. _____ Personas de 30-64 no cubiertas |
| 109. _____ Personas de 18-29 no cubiertas | 111. _____ Personas de 65+ no cubiertas |

112. ☐ Marque aquí si todas las personas en el hogar están cubiertas.

OTROS ASUNTOS FAMILIARES

113-131. Cuál de los siguientes son problemas para su niño o niños menores de 18? **(Marque todos los que apliquen)**

- | | |
|---|--|
| 113. <input type="radio"/> Comportamiento agresivo o violento | 122. <input type="radio"/> Asuntos de gangas |
| 114. <input type="radio"/> Abuso de alcohol y drogas (incluyendo mal uso de drogas de prescripción) | 123. <input type="radio"/> Desabilidad de aprendizaje |
| 115. <input type="radio"/> Ansiedad, Nerviosismo | 124. <input type="radio"/> Rabietas de temperamento importantes |
| 116. <input type="radio"/> Desorden de Deficiencia de Atención (ADD) o con hiperactividad (ADHD) | 125. <input type="radio"/> Auto-mutilación |
| 117. <input type="radio"/> Orinarse en la cama | 126. <input type="radio"/> Conflictos serios de padres e hijos |
| 118. <input type="radio"/> Camorrista/peleonero | 127. <input type="radio"/> Problemas serios con relación escolar |
| 119. <input type="radio"/> Huidas de casa | 128. <input type="radio"/> Orientación Sexual |
| 120. <input type="radio"/> Desorden alimenticio/auto-estima | 129. <input type="radio"/> Problemas del habla y lenguaje |

121. ☐ Incomodidad extrema en situaciones sociales

130. ☐ Uso de tabaco (cigarros o masticar)

131. ☐ Otros (escríbalos) _____

132. Durante el pasado año, ha sido usted abusado física, emocional, financiera o sexualmente por alguien?

☐ (1) Si ☐ (2) No (Pase a la pregunta 137)

133-136. Si "SI", cómo? **(Marque todas las que apliquen)**

133. ☐ Abusado físicamente (cacheteado, pateado o lastimado físicamente)

134. ☐ Abusado emocionalmente (intimidado, coaccionado, aislado, amenazado o degradado)

135. ☐ Abusado Sexualmente (forzado a tener actividad sexual)

136. ☐ Explotado financieramente

137-147. Es usted responsable de otro adulto que necesita asistencia diariamente o regularmente con actividades de la vida diaria?

☐ (1) Si → Son? **(Marque todas las categorías que apliquen según edad)**

<input type="radio"/> (2) No (Ir a P.149)	<u>Razón por ayuda</u>	<u>18-64</u>	<u>65+</u>
	138. <input type="radio"/> Adulto mayor que necesita ayuda	<input type="radio"/>	<input type="radio"/>
	140. <input type="radio"/> Discapacidad de desarrollo	<input type="radio"/>	<input type="radio"/>
	142. <input type="radio"/> Discapacidad física	<input type="radio"/>	<input type="radio"/>
	144. <input type="radio"/> Enfermedad mental	<input type="radio"/>	<input type="radio"/>
	146. <input type="radio"/> Otra (escríbala) _____	<input type="radio"/>	<input type="radio"/>

148. Ellos viven

☐ (1) Por sí mismos, solos o con otros

☐ (3) En residencia/hogar de grupo

☐ (2) En el hogar con usted

☐ (4) Otro (escríbalo) _____

DEMOGRÁFICOS

149. Cuál es su género/sexo? ☐ (1) Masculino ☐ (2) Femenino

150. Cuál es su código postal? _____

151-157. **Incluyéndose usted**, cuántas personas en cada grupo viven en su casa?

151. _____ Edad 0-12

154. _____ Edad 30-44

156. _____ Edad 65-74

152. _____ Edad 13-17

155. _____ Edad 45-64

157. _____ Edad 75+

153. _____ Edad 18-29

158. Por favor circule su edad en las categorías arriba.

159. Cuál es el grado escolar más alto que terminó en la escuela?

- ☐ (1) Menos que Secundaria ☐ (3) Algo de colegio, no título ☐ (5) Bachillerato
☐ (2) Secundaria o GED ☐ (4) Título Asociado ☐ (6) Graduado, o título profesional

160. De que raza o grupo étnico se considera?

- ☐ (1) Blanco (no-Hispano) ☐ (3) Hispano/Latino ☐ (5) Indio Americano (no-Hispano)
☐ (2) Negro/Afro Americano (no-Hispano) ☐ (4) Asiático (no-Hispano) ☐ (6) Multi-racial
☐ (7) Otro (escríbalo) _____

161-162. Habla usted otro idioma en su hogar aparte de Inglés?

- ☐ (1) Si → ☐ (1) Español ☐ (2) Otro (escríbalo) _____
☐ (2) No

163-171. Como describiría la relación de las personas en su hogar? **(Marque todas las que apliquen)**

163. ☐ Pareja Casada, con hijos en casa 168. ☐ Personas no casadas viviendo juntas
 164. ☐ Pareja Casada, no hijos en casa 169. ☐ Persona soltera, viviendo solo(a)
 165. ☐ Padre/Madre Soltero(a) 170. ☐ Compañeros del mismo sexo viviendo juntos
 166. ☐ Abuelo/Abuela(s) criando nietos 171. ☐ Compañeros del mismo sexo viviendo juntos, con hijos en casa
 167. ☐ Dos o más familias viviendo juntas 172. ☐ Otro (escríbalo) _____

172. Alguien en su hogar recibió alguna asistencia financiera en el pasado año tal como TANF, Asistencia del Township, Ayuda Pública, Tarjeta Médica, Estampillas de Comida, SSI u otros tipos de ayuda? No incluya Medicare o Seguro Social.

- ☐ (1) Si ☐ (2) No ☐ (3) No se

173. Hay algo más que le gustaría decirnos?

Gracias por su ayuda.

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“Translation courtesy of: Pedro Enriquez.”

Appendix II

SURVEY FREQUENCIES

MCHENRY COUNTY HEALTHY COMMUNITY 2010
FREQUENCIES
(N=1,109)

1-5. Please check UP TO FIVE things that you would like to see **improved** to make your community a healthier place to live. (Mark up to five)

Response	2010		2006
	Number	Percent	Percent
Affordable housing	259	23.4%	---
Biking/walking paths	412	37.2%	---
Businesses, stores	300	27.1%	29.7%
Crime prevention	283	25.5%	19.5%
Entertainment, arts	270	24.3%	28.1%
Health care	204	18.4%	21.5%
Job availability	519	46.8%	29.6%
Mental health care	106	9.6%	6.8%
Parks, recreation	231	20.8%	22.4%
Programs for elderly	245	22.1%	17.8%
Protection of natural resources	362	32.6%	---
Public transportation	357	32.2%	37.0%
Roads	366	33.0%	---
Schools	208	18.8%	19.7%
Tolerance of differences	77	6.9%	10.9%
Traffic flow	465	41.9%	60.2%
Youth/teen behavior	158	14.2%	15.9%
Other (write in)	105	9.5%	7.5%

- 6-10. Please mark UP TO FIVE issues which you feel need **greater attention** in your community to improve the health and quality of life. (Mark up to five) (In 2006, directed to choose all applicable, so not limited to top five.)

Response	2010		2006 Percent
	Number	Percent	
Affordable housing	284	25.6%	31.8%
Alcohol/substance abuse	184	16.6%	19.4%
Bereavement counseling	35	3.2%	8.5%
Child abuse	117	10.6%	13.4%
Crime prevention	346	31.2%	19.9%
Crisis counseling	79	7.1%	8.4%
Discrimination based on race	62	5.6%	---
Discrimination based on sexual orientation	29	2.6%	---
Domestic violence	159	14.3%	15.3%
Elder abuse	67	6.0%	---
Gangs, delinquency, youth violence	413	37.2%	32.3%
High health care costs	545	49.1%	51.5%
Literacy (Illiteracy in 2006)	112	10.1%	11.0%
Mental health services/education	140	12.6%	---
School dropouts	124	11.2%	12.9%
Services for caregivers	197	17.8%	24.2%
Services for grandparents raising grandchildren	96	8.7%	---
Services for single parents	190	17.1%	21.0%
Services for two parent working families	189	17.0%	17.4%
Sexually transmitted diseases, AIDS	22	2.0%	---
Social services for minorities	29	2.6%	---
Special education for children	137	12.4%	16.2%
Special recreation programs for physically/mentally challenged adults	125	11.3%	14.9%
Special recreation programs for physically/mentally challenged children	113	10.2%	15.0%
Supported employment for handicapped	118	10.6%	12.7%
Teen pregnancy	89	8.0%	9.4%
Other issues (write in)	110	9.9%	7.3%

11-29. Below are some characteristics of healthy communities. For each, please mark whether you find these to be excellent, good, fair or poor in your community. You may also mark “don’t know, does not apply.”

11. Access to local government decision makers

Response	2010		2006 Percent
	Number	Percent	
Excellent	41	3.7%	2.8%
Good	294	26.5%	22.7%
Fair	286	25.8%	26.4%
Poor	139	12.5%	15.4%
Don’t know/does not apply	235	21.2%	28.6%
No answer	114	10.3%	4.1%
Total	1,109	100.0%	100.0%
Mean Rating	2.31		2.19

12. Cooperation among local governments

Response	2010		2006 Percent
	Number	Percent	
Excellent	18	1.6%	1.0%
Good	178	16.1%	13.6%
Fair	293	26.4%	26.0%
Poor	197	17.8%	19.0%
Don’t know/does not apply	295	26.6%	34.8%
No answer	128	11.5%	5.7%
Total	1,109	100.0%	100.0%
Mean Rating	2.02		1.94

13. Availability of social services

Response	2010		2006 Percent
	Number	Percent	
Excellent	31	2.8%	3.2%
Good	283	25.5%	28.1%
Fair	271	24.4%	23.1%
Poor	80	7.2%	5.7%
Don’t know/does not apply	325	29.3%	35.3%
No answer	119	10.7%	4.7%
Total	1,109	100.0%	100.0%
Mean Rating	2.40		2.48

14. Availability of daycare for children under 5 years of age

Response	2010	
	Number	Percent
Excellent	41	3.7%
Good	211	19.0%
Fair	140	12.6%
Poor	79	7.1%
Don't know/does not apply	526	47.4%
No answer	112	10.1%
Total	1,109	100.0%
Mean Rating	2.45	

15. Availability of day/after school/summer care for children 5 years+

Response	2010	
	Number	Percent
Excellent	35	3.2%
Good	179	16.1%
Fair	154	13.9%
Poor	106	9.6%
Don't know/does not apply	520	46.9%
No answer	115	10.4%
Total	1,109	100.0%
Mean Rating	2.30	

16. Availability of activities/services for youth/teens

Response	2010		2006 Percent
	Number	Percent	
Excellent	28	2.5%	2.6%
Good	165	14.9%	18.7%
Fair	236	21.3%	23.7%
Poor	185	16.7%	14.7%
Don't know/does not apply	379	34.2%	35.1%
No answer	116	10.5%	5.2%
Total	1,109	100.0%	100.0%
Mean Rating	2.06		2.15

17. Availability of activities/services for senior citizens

Response	2010		2006 Percent
	Number	Percent	
Excellent	28	2.5%	3.5%
Good	222	20.0%	18.5%
Fair	229	20.6%	24.8%
Poor	125	11.3%	10.2%
Don't know/does not apply	405	36.5%	38.3%
No answer	100	9.0%	4.7%
Total	1,109	100.0%	100.0%
Mean Rating	2.25		2.27

18. Availability of services for disabled persons

Response	2010		2006 Percent
	Number	Percent	
Excellent	16	1.4%	0.4%
Good	110	9.9%	11.0%
Fair	178	16.1%	16.2%
Poor	137	12.4%	13.2%
Don't know/does not apply	553	49.9%	54.4%
No answer	115	10.4%	4.9%
Total	1,109	100.0%	100.0%
Mean Rating	2.01		1.96

19. Availability of cultural activities, arts

Response	2010		2006 Percent
	Number	Percent	
Excellent	50	4.5%	3.7%
Good	276	24.9%	20.8%
Fair	300	27.1%	32.3%
Poor	200	18.0%	22.6%
Don't know/does not apply	164	14.8%	14.8%
No answer	119	10.7%	5.8%
Total	1,109	100.0%	100.0%
Mean Rating	2.21		2.07

20. Availability of college education

Response	2010	
	Number	Percent
Excellent	73	6.6%
Good	449	40.5%
Fair	248	22.4%
Poor	76	6.9%
Don't know/does not apply	151	13.6%
No answer	112	10.1%
Total	1,109	100.0%
Mean Rating	2.61	

21. Availability of health care services

Response	2010		2006 Percent
	Number	Percent	
Excellent	95	8.6%	10.6%
Good	483	43.6%	41.3%
Fair	263	23.7%	24.8%
Poor	81	7.3%	8.1%
Don't know/does not apply	85	7.7%	10.1%
No answer	102	9.2%	5.1%
Total	1,109	100.0%	100.0%
Mean Rating	2.64		2.64

22. Availability of dental care services

Response	2010	
	Number	Percent
Excellent	95	8.6%
Good	464	41.8%
Fair	220	19.8%
Poor	87	7.8%
Don't know/does not apply	137	12.4%
No answer	106	9.6%
Total	1,109	100.0%
Mean Rating	2.65	

23. Availability of preventative health care

Response	2010		2006 Percent
	Number	Percent	
Excellent	61	5.5%	7.8%
Good	346	31.2%	32.6%
Fair	277	25.0%	24.7%
Poor	109	9.8%	10.1%
Don't know/does not apply	201	18.1%	19.7%
No answer	115	10.4%	5.2%
Total	1,109	100.0%	100.0%
Mean Rating	2.45		2.51

24. Availability of mental health care services

Response	2010	
	Number	Percent
Excellent	19	1.7%
Good	157	14.2%
Fair	209	18.8%
Poor	137	12.4%
Don't know/does not apply	466	42.0%
No answer	121	10.9%
Total	1,109	100.0%
Mean Rating	2.11	

25. Availability of information to find services

Response	2010	
	Number	Percent
Excellent	35	3.2%
Good	258	23.3%
Fair	324	29.2%
Poor	196	17.7%
Don't know/does not apply	176	15.9%
No answer	120	10.8%
Total	1,109	100.0%
Mean Rating	2.16	

26. Availability of transportation for the elderly and disabled

Response	2010		2006 Percent
	Number	Percent	
Excellent	17	1.5%	0.7%
Good	146	13.2%	12.2%
Fair	203	18.3%	15.5%
Poor	233	21.0%	21.0%
Don't know/does not apply	400	36.1%	46.5%
No answer	110	9.9%	4.1%
Total	1,109	100.0%	100.0%
Mean Rating	1.91		1.85

27. Availability of employment opportunities

Response	2010	
	Number	Percent
Excellent	2	0.2%
Good	56	5.0%
Fair	314	28.3%
Poor	428	38.6%
Don't know/does not apply	187	16.9%
No answer	122	11.0%
Total	1,109	100.0%
Mean Rating	1.54	

28. Quality of your local park district and recreational services

Response	2010		2006 Percent
	Number	Percent	
Excellent	147	13.3%	11.8%
Good	501	45.2%	40.7%
Fair	227	20.5%	23.1%
Poor	81	7.3%	8.9%
Don't know/does not apply	49	4.4%	10.2%
No answer	104	9.4%	5.3%
Total	1,109	100.0%	100.0%
Mean Rating	2.75		2.66

29. Quality of your local community or village services

Response	2010		2006 Percent
	Number	Percent	
Excellent	88	7.9%	6.7%
Good	438	39.5%	40.3%
Fair	282	25.4%	29.3%
Poor	106	9.6%	9.0%
Don't know/does not apply	86	7.8%	9.6%
No answer	109	9.8%	5.1%
Total	1,109	100.0%	100.0%
Mean Rating	2.56		2.52

30. If you rated any of these characteristics above as fair or poor, please tell what is needed or should be improved to make these excellent or good in your community.

Comments are in Appendix III.

31-36. Please indicate whether you Agree, Disagree or are Not Sure about each statement.

31. I am pleased with the way that land has been developed in McHenry County.

Response	2010		2006 Percent
	Number	Percent	
Agree	394	35.5%	21.8%
Disagree	327	29.5%	52.8%
Not sure	310	28.0%	23.1%
No answer	78	7.0%	2.3%
Total	1,109	100.0%	100.0%

32. Landowners should be allowed to use their land however they want.

Response	2010		2006 Percent
	Number	Percent	
Agree	366	33.0%	30.3%
Disagree	506	45.6%	52.3%
Not sure	170	15.3%	15.5%
No answer	67	6.0%	1.9%
Total	1,109	100.0%	100.0%

33. I am willing to pay higher taxes to preserve wetlands and other environmentally sensitive areas.

Response	2010		2006 Percent
	Number	Percent	
Agree	345	31.1%	42.0%
Disagree	492	44.4%	35.3%
Not sure	202	18.2%	20.7%
No answer	70	6.3%	2.0%
Total	1,109	100.0%	100.0%

34. Maintaining our present natural areas such as forests, prairies or wetlands is more important than acquiring new ones.

Response	2010		2006 Percent
	Number	Percent	
Agree	736	66.4%	68.2%
Disagree	138	12.4%	14.8%
Not sure	170	15.3%	15.3%
No answer	65	5.9%	1.7%
Total	1,109	100.0%	100.0%

35. Preserving open space is as important as residential or commercial growth.

Response	2010		2006 Percent
	Number	Percent	
Agree	891	80.3%	89.0%
Disagree	83	7.5%	4.8%
Not sure	73	6.6%	4.1%
No answer	62	5.6%	2.1%
Total	1,109	100.0%	100.0%

36. Government should require residents to use water conservation practices.

Response	2010	
	Number	Percent
Agree	623	56.2%
Disagree	212	19.1%
Not sure	207	18.7%
No answer	67	6.0%
Total	1,109	100.0%

37-39. If you were to choose the highest priorities for spending McHenry County transportation funds, which THREE would you choose? (Mark only three)

Response	2010		2006
	Number	Percent	Percent
Improving existing highways by widening and/or upgrading intersections.	676	61.0%	69.5%
Building or extending a limited access (possibly interstate) highway through the county.	356	32.1%	36.7%
Adding and improving pedestrian paths, sidewalks and bike paths.	437	39.4%	37.1%
Establishing new train stations, increasing frequency of service and commuter parking.	310	28.0%	27.0%
Improving car and van pooling to major work destinations.	67	6.0%	7.8%
Expanding a subsidized taxi, van voucher program.	102	9.2%	6.8%
Creating more and improved "park and ride" sites for buses to Cook, Kane, Lake sites including Metra.	217	19.6%	19.7%
Establishing scheduled bus service among major McHenry County communities.	376	33.9%	33.9%
Expand on-call PACE transit, Dial-a-Ride	274	24.7%	24.2%
Other (write in)	72	6.5%	4.7%

EMPLOYMENT

40. Where is your primary work location? (Mark only one)

Response	2010	
	Number	Percent
In McHenry County	347	31.3%
Out of McHenry County	340	30.7%
I don't currently work	362	32.6%
No answer	60	5.4%
Total	1,109	100.0%

41-48. For each statement, check whether “yes” or “no” best describes your current employment situation. Do NOT answer if you are not employed or retired.

41. I feel secure in my job, that I will have this or a similar job available.

Response	2010		2006 Percent
	Number	Percent	
Yes	470	68.4%	60.7%
No	190	27.7%	28.4%
No answer	27	3.9%	11.0%
Total	687	100.0%	100.0%

42. I need further training or education to improve or advance in my job.

Response	2010	
	Number	Percent
Yes	216	31.4%
No	441	64.2%
No answer	30	4.4%
Total	687	100.0%

43. I need retraining to find a new job.

Response	2010	
	Number	Percent
Yes	118	17.2%
No	538	78.3%
No answer	31	4.5%
Total	687	100.0%

44. I am driving too far to my job.

Response	2010		2006 Percent
	Number	Percent	
Yes	210	30.6%	23.2%
No	447	65.1%	66.7%
No answer	30	4.4%	10.1%
Total	687	100.0%	100.0%

45. I would ride the train to work if the stations were convenient and accessible.

Response	2010	
	Number	Percent
Yes	314	45.7%
No	339	49.3%
No answer	34	4.9%
Total	687	100.0%

46. I would ride a bus to work if stops were convenient and accessible.

Response	2010	
	Number	Percent
Yes	249	36.2%
No	400	58.2%
No answer	38	5.5%
Total	687	100.0%

47. I would ride my bike to work if there was a connecting path to my employer.

Response	2010	
	Number	Percent
Yes	216	31.4%
No	437	63.6%
No answer	34	4.9%
Total	687	100.0%

48. I work at multiple sites.

Response	2010	
	Number	Percent
Yes	191	27.8%
No	458	66.7%
No answer	38	5.5%
Total	687	100.0%

FINANCIAL

49-57. Many households face difficult financial problems. Please mark each situation which you or someone in your home have experienced during the past year.

Response	2010		2006 Percent
	Number	Percent	
Identity theft	75	6.8%	---
Needed legal help but could not afford	105	9.5%	---
Bankruptcy filed	35	3.2%	1.6%
Foreclosure of home	32	2.9%	---
Lack of money for basic needs	265	23.9%	---
Experienced an involuntary job loss	224	20.2%	12.1%
No job for 30 days or more	240	21.6%	12.1%
Became divorced, separated or widowed	52	4.7%	4.6%
Other	94	8.5%	2.5%

HEALTH

58. Would you say your health, in general, is . . . (Mark one)

Response	2010		2006 Percent
	Number	Percent	
Excellent	237	21.4%	13.8%
Very good	---	---	35.4%
Good	648	58.4%	35.6%
Fair	165	14.9%	11.6%
Poor	24	2.2%	2.7%
No answer	35	3.2%	0.9%
Total	1,109	100.0%	100.0%

59. Is there a particular person or place where you usually go when you are sick or need advice about health? (Mark one)

Response	2010		2006 Percent
	Number	Percent	
No, I do not have a regular doctor or clinic	64	5.8%	7.6%
Yes, I usually go to			
A doctor's office or private clinic	913	82.3%	84.5%
Family Health Partnership Clinic	31	2.8%	2.3%
Hospital emergency department	6	0.5%	1.0%
Health department	2	0.2%	0.1%
Immediate care center	45	4.1%	2.0%
VA hospital or clinic	10	0.9%	1.1%
Other	7	0.6%	0.2%
No answer	31	2.8%	1.1%
Total	1,109	100.0%	100.0%

60. During the past year, have you ever been unable to receive medical, dental or mental health care that was needed for yourself or a family member?

Response	2010	
	Number	Percent
Yes	161	14.5%
No	903	81.4%
No answer	45	4.1%
Total	1,109	100.0%

- 61-70. If YES, what reason(s) kept you or family members from receiving care? (Mark all that apply)

Response	Medical		Dental		Mental Health	
	No.	Pct.	No.	Pct.	No.	Pct.
Have no regular provider	25	2.3%	35	3.2%	14	1.3%
Long wait to get appointment	18	1.6%	10	0.9%	7	0.6%
Lack of insurance	73	6.6%	102	9.2%	30	2.7%
Deductible or co-pay unaffordable	45	4.1%	43	3.9%	15	1.4%
Lack of prescription coverage	51	4.6%	20	1.8%	11	1.0%
Provider would not take Public Aid/Medicaid	16	1.4%	19	1.7%	9	0.8%
Language/cultural barriers	2	0.2%	2	0.2%	0	0.0%
No transportation	9	0.8%	7	0.6%	1	0.1%
Services not available in the County	9	0.8%	7	0.6%	6	0.5%
Other (write in)	7	0.6%	7	0.6%	0	0.0%

71-95. Does anyone in your household have, or have they had, any of the diseases or conditions listed? Please mark the age group for each person who **has or had** this disease or condition.

71. ADD or ADHD

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	58	9.2%	8.6%
Ages 18-29	33	9.9%	3.5%
Ages 30-64	27	1.9%	
Ages 65+	3	0.6%	0.7%
Total	121	4.3%	4.2%

Percents are based on total persons in the particular age group.

72. Alcohol or substance abuse

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	9	1.4%	1.8%
Ages 18-29	21	6.3%	4.8%
Ages 30-64	63	4.5%	
Ages 65+	8	1.7%	4.8%
Total	101	3.6%	4.0%

Percents are based on total persons in the particular age group.

73. Alzheimer's disease

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	0	0.0%	0.0%
Ages 18-29	0	0.0%	0.7%
Ages 30-64	13	0.9%	
Ages 65+	29	6.2%	3.1%
Total	42	1.5%	0.6%

Percents are based on total persons in the particular age group.

74. Arthritis or rheumatism

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	1	0.2%	0.2%
Ages 18-29	13	3.9%	9.8%
Ages 30-64	157	11.2%	
Ages 65+	209	44.5%	39.7%
Total	380	13.4%	12.2%

Percents are based on total persons in the particular age group.

75. Asthma

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	89	14.1%	11.1%
Ages 18-29	26	7.8%	7.2%
Ages 30-64	100	7.1%	
Ages 65+	33	7.0%	7.5%
Total	248	8.7%	9.0%

Percents are based on total persons in the particular age group.

76. Autism spectrum disorder (Autism or Asperger's Disease in 2006)

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	8	1.3%	1.6%
Ages 18-29	1	0.3%	0.3%
Ages 30-64	4	0.3%	
Ages 65+	1	0.3%	1.0%
Total	14	0.5%	0.7%

Percents are based on total persons in the particular age group.

77. Blindness, serious vision problems

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	1	0.2%	0.6%
Ages 18-29	0	0.0%	1.7%
Ages 30-64	29	2.1%	
Ages 65+	28	6.0%	4.1%
Total	58	2.0%	2.0%

Percents are based on total persons in the particular age group.

78. Cancer

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	2	0.3%	0.4%
Ages 18-29	5	1.5%	5.8%
Ages 30-64	95	6.8%	
Ages 65+	92	19.6%	22.6%
Total	194	6.8%	5.7%

Percents are based on total persons in the particular age group.

79. Chronic back pain or disc disorders

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	3	0.5%	1.0%
Ages 18-29	26	7.8%	14.4%
Ages 30-64	225	16.0%	
Ages 65+	121	25.7%	21.6%
Total	375	13.2%	11.4%

Percents are based on total persons in the particular age group.

80. Chronic sinus

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	33	5.2%	11.1%
Ages 18-29	19	5.7%	8.5%
Ages 30-64	128	9.1%	
Ages 65+	68	14.5%	14.7%
Total	248	8.7%	16.3%

Percents are based on total persons in the particular age group.

81. Deafness or other hearing problems

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	8	1.3%	1.9%
Ages 18-29	4	1.2%	4.0%
Ages 30-64	66	4.7%	
Ages 65+	97	20.6%	19.9%
Total	175	6.2%	5.7%

Percents are based on total persons in the particular age group.

82. Dental problems untreated (Dental problems not cared for in 2006)

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	12	1.9%	1.4%
Ages 18-29	26	7.8%	7.1%
Ages 30-64	98	7.0%	
Ages 65+	37	7.9%	8.2%
Total	173	6.1%	5.4%

Percents are based on total persons in the particular age group.

83. Developmental/delayed disabilities

Response	2010		
	Number	Percent	
Ages 0-17	25	4.0%	
Ages 18-29	6	1.8%	0.8%
Ages 30-64	8	0.6%	
Ages 65+	6	1.3%	
Total	45	1.6%	

Percents are based on total persons in the particular age group.

84. Diabetes

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	7	1.1%	0.6%
Ages 18-29	6	1.8%	4.7%
Ages 30-64	75	5.3%	
Ages 65+	84	17.9%	13.7%
Total	172	6.1%	4.7%

Percents are based on total persons in the particular age group.

85. Digestive or stomach disorders

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	16	2.5%	1.4%
Ages 18-29	23	6.9%	8.3%
Ages 30-64	121	8.6%	
Ages 65+	75	16.0%	11.6%
Total	235	8.3%	6.7%

Percents are based on total persons in the particular age group.

86. Heart disease

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	1	0.2%	0.0%
Ages 18-29	2	0.6%	3.9%
Ages 30-64	65	4.6%	
Ages 65+	99	21.1%	21.6%
Total	167	5.9%	5.3%

Percents are based on total persons in the particular age group.

87. High blood pressure, hypertension

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	1	0.2%	0.4%
Ages 18-29	25	7.5%	18.6%
Ages 30-64	298	21.2%	
Ages 65+	244	51.9%	45.2%
Total	568	20.0%	16.1%

Percents are based on total persons in the particular age group.

88. High cholesterol

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	4	0.6%	0.2%
Ages 18-29	17	5.1%	16.6%
Ages 30-64	271	19.3%	
Ages 65+	195	41.5%	36.3%
Total	487	17.1%	15.0%

Percents are based on total persons in the particular age group.

89. Migraine headaches

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	15	2.4%	1.8%
Ages 18-29	28	8.4%	10.1%
Ages 30-64	147	10.5%	
Ages 65+	27	5.7%	4.1%
Total	217	7.6%	7.0%

Percents are based on total persons in the particular age group.

90. Obesity

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	15	2.4%	0.8%
Ages 18-29	15	4.5%	9.9%
Ages 30-64	157	11.2%	
Ages 65+	64	13.6%	7.5%
Total	251	8.8%	7.5%

Percents are based on total persons in the particular age group.

91. Respiratory illness (COPD, chronic bronchitis, or emphysema)

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	5	0.8%	0.6%
Ages 18-29	3	0.9%	3.0%
Ages 30-64	49	3.5%	
Ages 65+	47	10.0%	6.5%
Total	104	3.7%	2.8%

Percents are based on total persons in the particular age group.

92. Skin disorders

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	19	3.0%	5.8%
Ages 18-29	20	6.0%	4.7%
Ages 30-64	62	4.4%	
Ages 65+	48	10.2%	3.4%
Total	149	5.2%	5.8%

Percents are based on total persons in the particular age group.

93. Stroke

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	0	0.0%	0.0%
Ages 18-29	1	0.3%	0.3%
Ages 30-64	5	0.4%	
Ages 65+	21	4.5%	5.1%
Total	27	1.0%	1.4%

Percents are based on total persons in the particular age group.

94. Traumatic Brain Injury (TBI)

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	0	0.0%	0.2%
Ages 18-29	2	0.6%	0.2%
Ages 30-64	2	0.1%	
Ages 65+	5	1.1%	0.0%
Total	9	0.3%	0.3%

Percents are based on total persons in the particular age group.

95. Other

Response	2010		2006 Percent
	Number	Percent	
Ages 0-17	13	2.1%	0.8%
Ages 18-29	16	4.8%	3.8%
Ages 30-64	50	3.6%	
Ages 65+	17	3.6%	2.1%
Total	96	3.4%	1.9%

Percents are based on total persons in the particular age group.

96-97. In the past year, did you think about seeking professional help for any personal or emotional problems?

Response	2010		2006 Percent
	Number	Percent	
Yes	249	22.5%	26.9%
No	802	72.3%	71.4%
No answer	58	5.2%	1.7%
Total	1,109	100.0%	100.0%

If yes, did you actually seek professional help?

Response	2010		2006 Percent
	Number	Percent	
Yes	126	50.6%	49.1%
No	117	47.0%	48.6%
No answer	6	2.4%	2.3%
Total	249	100.0%	100.0%

98-105. Have you ever been diagnosed by a health care professional with . . . (Mark all that apply)

Response	2010	
	Number	Percent
Anxiety	136	12.3%
Bipolar disorder (Manic/Depressive)	16	1.4%
Depression	160	14.4%
Obsessive-compulsive disorder	9	0.8%
Panic disorder	23	2.1%
Phobia	1	0.1%
Schizophrenia	0	0.0%
Other (write in)	8	0.7%

106-107. Have you ever thought about or attempted suicide?

Response	2010	
	Number	Percent
Yes	100	9.0%
No	931	83.9%
No answer	78	7.0%
Total	1,109	100.0%

Only thought about it or actually attempted suicide?

Response	2010	
	Number	Percent
Only thought about it	82	82.0%
Actually attempted	9	9.0%
No answer	9	9.0%
Total	100	100.0%

108-112. How many persons in your home are **not** presently covered by any health insurance such as major medical insurance, HMO, PPO, Medicare, VA, TRICARE, or Medicaid/Family Care/KidCare?

Please enter the **number** of persons **not covered**

Response	2010		Number of persons in age group	2006 Percent
	Number	Percent		
Persons ages 0-17 not covered	24	3.8%	632	5.8%
Persons ages 18-29 not covered	81	24.2%	335	16.9%
Persons ages 30-64 not covered	123	8.8%	1,404	7.4%
Persons ages 65+ not covered	4	0.9%	470	0.3%
Total	232	8.2% ¹	2,841	7.1% ¹
Everyone in household has coverage	719	64.8% ²		84.8% ²

¹Percent of household members.

²Percent of respondents.

113-131. Which of the following are problems for your child or children under 18? (Mark all that apply) (N=346 respondents with children under 18 at home)

Response	2010		2006 Percent
	Number	Percent	
Aggressive or violent behavior	20	5.8%	7.9%
Alcohol or drug use (including misuse of prescription drugs)	12	3.5%	---
Anxiety, nervousness	27	7.8%	10.9%
Attention deficit disorder (ADD) or with hyperactivity (ADHD)	45	13.0%	---
Bed wetting	19	5.5%	8.9%
Bullying	19	5.5%	---
Child ran away from home	4	1.2%	---
Eating disorder/self image	11	3.2%	3.0%
Extreme discomfort in social situations	14	4.0%	4.0%
Gang issues	0	0.0%	---
Learning disabilities	41	11.8%	11.9%
Major temper tantrums (Temper tantrums in 2006)	13	3.8%	14.9%
Self mutilation	3	0.9%	---
Serious parent and child conflict	12	3.5%	---
Serious school-related problems	5	1.4%	---
Sexual orientation	1	0.3%	---
Speech/language problems	25	7.2%	12.9%
Tobacco use (cigarettes or chewing)	7	2.0%	3.0%
Other (write in)	9	2.6%	3.0%

132. During the past year, have you been physically, emotionally, financially or sexually abused by someone?

Response	2010		2006 Percent
	Number	Percent	
Yes	63	5.7%	4.9%
No	969	87.4%	94.1%
No answer	77	6.9%	1.0%
Total	1,109	100.0%	100.0%

- 133-136. If YES, how? (Mark all that apply)

Response	2010		2006 Percent ¹
	Number	Percent ¹	
Physically abused (hit slapped, kicked or physically hurt)	9	14.3%	17.5%
Emotionally abused (intimidated, coerced, isolated, threatened or degraded)	43	68.3%	95.0%
Sexually abused (forced to have sexual activity)	1	1.6%	12.5%
Financially exploited	30	47.6%	---

¹Percent of those indicating abuse.

- 137-147. Are you responsible for another adult who needs assistance daily or regularly with activities of daily living? ("Adult in McHenry County" in 2006)

Response	2010		2006 Percent
	Number	Percent	
Yes	123	11.1%	10.4%
No	904	81.5%	89.0%
No answer	82	7.4%	0.6%
Total	1,109	100.0%	100.0%

Are they? (Mark all categories that apply by age group) (N=123 in 2010)

Response	2010				2006	
	18-64		65+		18-64	65+
	No.	Pct.	No.	Pct.	Pct.	Pct.
Older adult needing help	14	11.4%	72	58.5%	4.8%	63.1%
Developmentally disabled	9	7.3%	1	0.8%	7.1%	1.2%
Physically disabled	22	17.9%	10	8.1%	8.3%	9.5%
Mentally ill	6	4.9%	5	4.1%	11.9%	2.4%
Other	11	8.9%	2	1.6%	4.8%	0.0%

148. Do they live

Response	2010		2006 Percent
	Number	Percent	
On their own, alone or with others	49	39.8%	41.7%
At home with you	54	43.9%	35.7%
In a group residence or home	14	11.4%	16.7%
Other	2	1.6%	1.2%
No answer	4	3.3%	4.8%
Total	123	100.0%	100.0%

149. What is your gender?

Response	2010		2006 Percent
	Number	Percent	
Male	399	36.0%	42.0%
Female	660	59.5%	56.8%
No answer	50	4.5%	1.1%
Total	1,109	100.0%	100.0%

150. What is your zip code?

Response	2010		2006 Percent	Area
	Number	Percent		
60001 – Alden	0	0.0%	0.0%	Rural
60010 – Barrington	8	0.7%	0.4%	SE
60012 – Crystal Lake	50	4.5%	4.4%	CL
60013 – Cary	86	7.8%	9.6%	SE
60014 – Crystal Lake	183	16.5%	14.9%	CL
60021 – Fox River Grove	10	0.9%	2.3%	SE
60033 – Harvard	37	3.3%	4.3%	Rural
60034 – Hebron	8	0.7%	0.6%	Rural
60042 – Island Lake	18	1.6%	2.0%	Central
60050 – McHenry	87	7.8%	12.5%	Central
60051 – McHenry	67	6.0%	4.4%	Central
60071 – Richmond	19	1.7%	2.0%	Rural
60072 – Ringwood	2	0.2%	0.4%	Rural
60081 – Spring Grove	26	2.3%	2.2%	Rural
60097 – Wonder Lake	33	3.0%	3.6%	Rural
60098 – Woodstock	118	10.6%	9.6%	Rural
60102 – Algonquin	79	7.1%	8.0%	SE
60142 – Huntley	72	6.5%	6.5%	SE
60152 – Marengo	54	4.9%	3.5%	Rural
60156 – Lake in the Hills	64	5.8%	5.5%	SE
60180 – Union	5	0.5%	0.2%	Rural
No answer	83	7.5%	3.0%	
Total	1,109	100.0%	100.0%	

151-157. **Including yourself**, how many persons in each age group live in your home?

Response	2010		2006 Percent
	Number	Percent	
Ages 0-12	386	13.6%	15.9%
Ages 13-17	246	8.7%	7.3%
Ages 18-29	335	11.8%	11.2%
Ages 30-44	480	16.9%	19.7%
Ages 45-64	924	32.5%	32.7%
Ages 65-74	300	10.6%	7.8%
Ages 75+	170	6.0%	5.4%
Total	2,841	100.0%	100.0%
Persons per household	2.56		2.73

158. Please circle your age group in the categories above.

Response	2010		2006 Percent
	Number	Percent	
18-29	51	4.6%	3.7%
30-44	244	22.0%	26.0%
45-64	514	46.3%	49.1%
65-74	172	15.5%	11.6%
75+	121	10.9%	7.8%
No answer	7	0.6%	1.9%
Total	1,109	100.0%	100.0%

159. What is the highest grade that you finished in school?

Response	2010		2006 Percent
	Number	Percent	
Less than high school	18	1.6%	1.5%
High school or GED	203	18.3%	18.9%
Some college, no degree	282	25.4%	27.4%
Associate degree	110	9.9%	8.6%
Bachelor's degree	262	23.6%	25.0%
Graduate or professional degree	218	19.7%	17.9%
No answer	16	1.4%	0.7%
Total	1,109	100.0%	100.0%

160. Of what racial or ethnic group do you consider yourself?

Response	2010		2006 Percent
	Number	Percent	
White (non-Hispanic)	1,006	90.7%	95.9%
Black/African American (non-Hispanic)	4	0.4%	0.7%
Hispanic/Latino	33	3.0%	1.4%
Asian (non-Hispanic)	21	1.9%	0.9%
American Indian (non-Hispanic)	3	0.3%	0.0%
Multi-racial	10	0.9%	---
Other	11	1.0%	0.0%
No answer	21	1.9%	1.1%
Total	1,109	100.0%	100.0%

161-162. Do you speak a language in your home other than English?

Response	2010		2006 Percent
	Number	Percent	
Yes	84	7.6%	5.4%
No	1,005	90.6%	94.1%
No answer	20	1.8%	0.5%
Total	1,109	100.0%	100.0%

Spanish or Other?

Response	2010		2006 Percent
	Number	Percent	
Spanish	33	39.3%	36.4%
Other	44	52.4%	61.4%
No answer	7	8.3%	2.3%
Total	84	100.0%	100.0%

163-171. How would you describe the relationship of those in your home? (Mark all that apply)

Response	2010		2006 Percent
	Number	Percent	
Married couple, with children at home	400	36.1%	72.3%
Married couple, no children at home	365	32.9%	
Single parent	69	6.2%	8.3%
Grandparent(s) raising grandchild(ren)	14	1.3%	1.7%
Two or more families living together	12	1.1%	1.0%
Unmarried persons living together	62	5.6%	5.4%
Single person, living alone	150	13.5%	13.4%
Same sex partners living together	5	0.5%	0.5%
Same sex partners, with children	0	0.0%	---
Other (write in)	27	2.4%	2.6%

173. Did anyone in your home receive any financial assistance in the past year such as TANF, Township Assistance, Public Aid, Medical Card, Food Stamps, SSI or other types of aid? Do not include Medicare or Social Security.

Response	2010		2006 Percent
	Number	Percent	
Yes	94	8.5%	6.5%
No	979	88.3%	91.1%
Not sure	13	1.2%	0.9%
No answer	23	2.1%	1.5%
Total	1,109	100.0%	100.0%

174. Is there anything else you would like to tell us?

(20.1% included comments)

See Appendix III for open-ended comments.

Appendix III

OPEN-ENDED COMMENTS

MCHENRY COUNTY
HEALTHY COMMUNITY 2010
HOUSEHOLD SURVEY COMMENTS

1-5. Please check up to five things that you would like to see improved to make your community a healthier place to live. (18) Other:

- # Bike transportation paths next to roads
- # Bridge to bypass 31 & 62 interchange
- # Sidewalks
- # Programs for deaf seniors
- # More non-commercial restaurants
- # Locally grown food programs
- # Dead animal pick up
- # Village government and services
- # Gangs/drug problems
- # Route 31
- # Lower taxes
- # Get rid of illegal immigrants
- # Tax relief because great anxiety and have to skip meds, etc. for taxes
- # More industries to help lower taxes
- # Maintain sidewalks
- # The burn restriction is unacceptable
- # Senior housing like the Villager
- # Enforcement of codes for number of people living in single family housing
- # Industry
- # Co-op gardens
- # Wellness Center, exercise and nutrition
- # Dog park
- # Health Club like Health Bridge (Crystal Lake) for McHenry (City of)
- # Pool
- # Court system
- # Fewer left turn arrows
- # Illegal aliens
- # Sidewalks/crossings
- # Skate parks
- # Acting/drama classes for youth
- # Decrease taxes on property
- # Tax! Stop!
- # Better insurance
- # Cut taxes and programs
- # Shoveling of paths children walk to school on
- # Dog parks
- # Fire protection services
- # Keep it a horse-friendly community
- # Dog parks (more)
- # Programs and \$ support more for the mentally retarded and physically disabled

- # Homeless
- # Services for troubled adopted youth
- # Control of illegal aliens/drain on my money
- # Library cards
- # Programs for caregivers
- # A community center/YMCA
- # Downtown Johnsbury updated, community friendly
- # A Corner@ stores
- # Walking paths to stores instead of driving
- # Lack of YMCA or better workout place that=s reasonable priced
- # Lower real estate taxes
- # Stop the emphasis on minor traffic violation and concentrate on vandalism and crime
- # Youth focused activities
- # Better water
- # Assisted living facility and nursing home care
- # Stop Mexicans living 5 families per house and all are on aid and free schooling
- # Free activities for youths
- # Trash cans!
- # Boys Club, pregnancy prevention for teens
- # Noise ordinance enforcement
- # Northwest Hwy beautified going down to Crystal Lake
- # Programs for special needs children
- # Motivation
- # Services need to be less intrusive to community. More seamlessly integrated. Parking, train, bus, stores, etc.
- # Recycling/@Greener@ choices
- # Closer expressways
- # We need more manufacturing, keep American=s working
- # Health care for pediatric patients. Need more specialists in Peds.
- # Social centers
- # Parking
- # Activities for teens
- # Lower taxes
- # Traffic flow, traffic flow
- # Sidewalks
- # Keep illegals out of our community
- # Better hospitals like the new Sherman is terrible
- # Things for teens to do
- # 12-20 year olds activities, like dances, hangouts, socializing
- # Taxes
- # Genuine commitment to a Agreen@ society. Programs that produce meaningful results
- # Building/zoning laws enforced
- # Single payer health insurance
- # More sidewalks (Crystal Lake) along Walk Up B Prairie Ridge High School to town and near the malls on Rt. 14
- # Deport illegal aliens
- # Closer mall near McHenry and Woodstock

- # Lower taxes
- # Free transportation to MCC

- # Recreation center for teenagers
- # Taxes/schools
- # Support group for caregivers of dementia patients
- # Control over multi-families living in single family houses
- # Sidewalks B major streets
- # Stores, restaurants
- # Lower property taxes
- # Dog parks
- # Reduce property tax rates for seniors
- # Program for poor, disabled, very, very limited, SSI income
- # Alcohol abuse prevention
- # Open spaces
- # Free leaf pick up throughout county to reduce air pollution of burning
- # Connect communities with bike paths, remove ripples along roads that could support biking
- # Saving farmland
- # Youth driving training
- # Community/senior center
- # More farmland, less gravel pits

6-10. Please mark up to five issues which you feel need greater attention in your community to improve the health and quality of life. (27) Other issues:

- # More severe punishment for drug possession
- # Services for unemployed
- # Better education opportunities for gifted
- # Services for Spanish-speaking
- # Services for single males
- # Family counseling
- # Recreation for deaf seniors
- # Jobs
- # More doctors and counselors for people on Medicaid
- # Healthy eating, aquaculture
- # More recreation (bowling alley, skate parks, etc.)
- # Discrimination B all kinds
- # Employment for elderly 60+
- # More jobs
- # Housing values
- # Diversified staff at local health care facilities, example Centegra Health System
- # Lower taxes
- # Reduce support for illegal immigrants
- # Walking paths, open space
- # Jobs for unemployed
- # Need more businesses and industries in Crystal Lake and hospital as well
- # Enforcement of codes for number of people living in single family housing
- # Reduction of real estate taxes
- # Reduce taxes

Information line to direct you for help, housing, mortgage, etc.

- # McHenry needs a health/exercise (city) facility like Crystal Lake=s Health Bridge
- # More ER facilities
- # Law services for single parents on low income
- # Too many people living in houses, are they legal?
- # Stop supporting illegal=s services, only for Americans
- # Enhancement/improve property values, build fewer overall Arooftops,@ protect open spaces, do better job of enforcing exiting building and zoning codes, property tax relief need to cap both assessments and tax rates
- # Jobs for teenagers
- # No leaf burning!
- # Fitness center here in McHenry like YMCA
- # Cell phone/texting use while driving
- # Cut taxes and programs
- # Affordable youth programs (football, baseball, etc.) many single parent households cannot afford \$250 registration fees. All children should be invited to play, participate
- # Public transportation
- # Help for single people who own homes
- # Elderly information on how to catch up after losing IRA would relieve pressure
- # Implement laws to stop pregnant women from drinking any alcohol
- # Cost of library card
- # Better roads/road safety
- # Property maintenance enforcement and homeland security programs for the community
- # Abduction prevention
- # Lower real estate taxes
- # Homeless population
- # School funding
- # More teen activities
- # Assisted living and nursing home care
- # SAA. I am a bus driver for elementary schools. I pick up 5 different last names at one household. All don=t pay one dime for anything. They don=t speak English and it is one tax bill and I believe they cost the district alone \$10,000 and that=s not Medicaid! But when my husband lost his job I could=t get nothing!
- # Schools need more \$ community investment
- # Programs for young adults to get their life on track
- # Traffic flow and contiguous bike/walk paths
- # Burning Tree Drive, repave the road
- # Noise ordinance enforcement. Loud motorcycles, music, cars and truck, neighbors, etc.
- # Telepathy
- # Animal protection and shelters for lost and unwanted pets
- # More streets with lights
- # High tax rates are driving businesses out; illegal immigration, no enforcement; widespread corruption in public sector (bribes/noncompetitive bids)
- # People pulling their own weight instead of expecting other people and/or government to provide
- # AGreener@ choices
- # Safe Haven law needs to be publicized more
- # More jobs

- # Special education for advanced children
- # Too much tax monies aimed at special interest groups
- # More affordable daycare options
- # Need prevention, abstinence based; pregnancy counseling and prenatal care; adoption services and assistance
- # Social centers
- # Educating the public about the importance of spaying/neutering their pets to reduce the population of unwanted cats and dogs
- # Importance of religious/spiritual influence in families and communities
- # Create jobs for trash cleanup
- # Classes for immigrants that teach them American history so they understand what it truly means to be an American. Really crack down on illegal immigrants
- # Enforcement of insurance laws
- # Homelessness
- # Sidewalks for safety
- # Multiple illegals living in one apt./home
- # Protection of wildlife and open spaces
- # Honest government
- # PACE service to all areas of McHenry County not currently served
- # Narcotic abuse by surrounding community/neighbor
- # Lower taxes which should be on this list
- # Addressing the problem of health care for profit, bottom line health care
- # Services for aging
- # Teaching parents to be involved in children=s lives
- # Enforcement of immigration laws
- # Deport illegal aliens
- # Reduce taxes
- # More bicycle-friendly
- # Better run government
- # Road repairs
- # Taxes
- # Keeping taxes lower
- # Too many illegals eating up my tax dollars
- # Start spending our taxpaying dollars properly
- # Help with caregiving for dementia patients. Education on how to deal with this stressful situation
- # Public transportation B rail
- # Quality education in school district. Better programs and higher standards at high school and college level
- # Special program for arts and advanced children
- # Lower property taxes
- # High taxes
- # Patience B adult
- # Job availability
- # Disability that can=t work who=s income is hundred of dollars below poverty, yet, due to age can=t get the help they need because family members love them
- # Unemployment

Animal education spay/neuter programs in schools

- # Reduce air pollution from fall leaf burning with free leaf pick-up throughout county, not just the incorporated areas
- # Lower property taxes
- # Support services for elderly
- # Help for those who have lost their jobs or are about to lose their homes

30. If you rated any of these characteristics above as fair or poor, please tell what is needed or should be improved to make these excellent or good in your community.

- # Need buses that go to Randall Road (North & South).
- # More safe teen activities, disabled people don't have transportation for dentists in area.
- # Detailed information on each.
- # Most people don't ask for help or know how to ask for help. The FHPC needs support and more dentists are needed.
- # I have visited a porta potty at Leopold Park, it was a disgrace. I wish they would put a full service bathroom at the location or perhaps one at Raiders Field and one by Hound Town. Come on people, you have everything else out there! I'm glad ___ is leaving.
- # Haven't seen a listing anywhere to find these services. Need it to be sent to the community in mailer for numbers we can have as needed B employment B show us where available.
- # Advertise these activities more.
- # (18) More activities for special needs kids. (27) More jobs/places to work for teens.
- # Jobs are scarce due to economy.
- # Transportation/services youths.
- # More activities for children programs.
- # It is very hard to find a dentist in the area that accepts my insurance. I travel one hour to get to the dentist.
- # Reasonable priced daycare.
- # (23) Could use more screenings like blood sugar, blood pressure, and the like. (25) Not sure where to start looking. (27) Speaks for itself.
- # Of course, it's money that is needed for improvement, that would be number one. Second would be us as a group saying these things are worthy of attention.
- # More services from churches, schools to teach teens to care for children.
- # Affordable daycare for children under 5. \$250/week is not affordable.
- # (20) Need more opportunities within McHenry County. (27) Large employers need to be attracted to the county.
- # Need standardized booklet of information (contact) for area services.
- # No activities for older deaf.
- # Cary should have all of these things so us residents don't have to travel far or have to take a train.
- # Newsletter regarding those specific.
- # Need more jobs, not enough natural or hospice care around.
- # The availability of mailings for the information to be known or who to contact regarding (.
- # Most of the above are rather too costly or nonexistent for low-income families.
- # Have meet and greets in neighborhoods or complexes.

Communication, affordable.

Affordable health, dental, mental health care for unemployed/under employed people with diseases like cancer, HIV, etc.

The downside of living in a small town sometimes means we have to drive farther to obtain medical treatment and to participate in recreational activities.

Attitude! Board makes citizens feel their concerns are not important.

Social services in general either don't exist, hard to find, or are not publicized. Community leaders have to start being more vocal and get our facts back.

Local police dept. very biased and not helpful. Village info not readily available.

More of them as they don't really have any.

Live in Marengo and these services are very limited. Must go to other communities for these services and it can be inconvenient and costly.

Please provide more information, accessibility to the public awareness.

Provide a greater amount of health care providers. More hospitals. Reduce waiting time in emergency rooms/urgent care facilities!

Sometimes it takes a long time for people who need services to locate and connect with agencies.

Many blue collar workers, no college education. Besides festivals, I am not aware of any cultural arts in our community. Due to the economy, fewer jobs.

A teen center, online chats with local government officials.

No Dial-a-Ride for seniors/handicapped. Taxi services not reliable. No jobs. Must travel 25-30 miles to work or to Elgin for cultural/arts (nearest) Raue is limited.

The park district and recreational services are so costly!

Increase funding and services B increase in community nurses for the mentally ill, disabled, and elderly. Public transportation B 7 days a week and through evening.

Algonquin concerns itself with business and could care less about its residents. A new village administration from top to bottom is what's needed. The current ones are all corrupt.

Much too expensive. Don't know of services for teens B provide jobs.

More money allocated for more services.

They need a place for teenagers to go to stay out of trouble, nothing for seniors to do for fun, not enough jobs.

There are no summer activities on-going for teens. There is little opportunity for employment in my city.

Better park and recreation programs. Have to use Dundee Park District for kid activities.

More diverse cultural activities for 20-something year olds. No coverage(s).

Not enough services available, choices extremely limited.

Mental health services are declining all over the state. No inpatient adolescent unit in our area. Transportation services for anyone is very poor. Almost impossible to get around if you don't drive.

I think without raising taxes, you couldn't raise the level to Excellent or Good, and I'm opposed to more taxes.

Cooperation of Marengo City Council to bring this community into the 21st Century.

Affordable transportation without a 2 hour wait.

Education of public.

Immigration reform/simplification of local government entities.

Interaction between park district, YMCA, & MCC to cooperate in offering recreational facilities jointly to benefit the community & schools.

- # Our area lacks culture!
- # We need more work for teenagers.
- # More recreational activities for children and teens, employment and local business opportunities.
- # Senior services B city, only two hours a week.
- # (15) Day/after school/summer care for children 5+ years. More options/variety for these activities.
- # Swimming pool for Crystal Lake.
- # (1) Communication, (2) offerings.
- # We need a better newspaper. The Northwest Herald doesn't provide enough information. I find more out from Daily Herald or Chicago Tribune.
- # Better public transportation is needed for all, i.e., buses, not just for the elderly, but for all to get around the county, to get to the train, etc. Have no idea how to contact local government decision makers, who are they? I only hear from them when there is an election.
- # Getting businesses into the Crystal Lake Plaza area would help the unemployment situation.
- # Not enough arts, only one college, village website needs improvement, not enough jobs. Oakwood Hills residents have no park district programs B considered non residents at Cary Park District.
- # Need health clinic (uninsured) dental, I'm always unable to find a dentist that is willing to take payment plan (money up-front is their solution) teeth are not taken care of, can't afford cost without insurance.
- # Employment opportunities are few. Need more manufacturing in property zoned areas to provide good middle class jobs.
- # A 4-year university or college. MCC is sub-par!
- # End bickering on boundary agreements.
- # A senior center.
- # More business needs to come to the area.
- # Because I don't see a lot of it.
- # We need our own hospital and services in Crystal Lake.
- # There are not enough programs to help working adults and their families. AID programs that offer help are during the day when working adults cannot attend.
- # Our public pool is outdated and too small for our community. Bought lots of land they cannot afford to develop.
- # Info for services, the Crisis Hotline 800 number does not work, I could not reach crisis under 800 telephone number, was standing in front of Centegra Hospital, Rt. 14, Woodstock B fix this.
- # Many store closings, less employment opportunities.
- # Lower college tuition of more assistance, more manufacturing jobs, nutrition and wellness programs, more availability of local and federal politicians.
- # More options for teens, there=s only one place for health care open early and late where you don't have to pay for an ER visit. Woodstock Chamber needs support and a leader, not sure if Woodstock can employ more Alegal@ citizens.
- # Our village decision makers neither encourage or tolerate discussion involving differing viewpoints.
- # Only cultural activities B Raue Center. More is needed.
- # Not enough jobs. Most people work in other counties.

Too many empty factories, clique village people. No public transportation.
 # Information numbers, where to go for these services.
 # It=s difficult to find info about local health care.
 # Need more arts, primary care physicians, dentists, and jobs in McHenry County.
 # (19) McHenry would support a facility like the Raue (C.L.) or Woodstock Opera House.
 (25) Our communities should publicize available services by using the NW Herald.
 (26) The elderly who no longer drive need accessible transportation so they aren't
 Ashut-ins@ and isolated. (11 & 12) Politicians only ask and listen to their constituents at
 election time.
 # No input that I know of for outcome of Boards except going to meetings. Poor preventive
 health care. Poor unemployment opportunities.
 # Turn around in national economy to stimulate local growth.
 # More awareness and affordability of these services.
 # (19 & 25) Do not know where to find the info. (26) Not much available that I know of.
 (20) MCC was vague if not helpful. (27) Difficult for 16 & 17 year olds.
 # Social activities, transportation, respite care for disabled young and old.
 # Make anyone who has a Crystal Lake mailing address pay taxes so they are residents of
 the park district and can use the facilities. The same with the library.
 # Love to have a public pool. I go to Woodstock.
 # In hospital care beds and jobs are scarce.
 # Employment B economy in general, social services taking a hit with state budget, always
 need more daycare.
 # More businesses would help increase employment opportunities.
 # These Ajobs@ available around here seem to only be available to friends or relatives.
 Any Ajobs@ in this county do not pay adequately.
 # Communication and availability.
 # (18) Transportation is tough. (27) Mostly retail and service not much for career building.
 # Lack of employment opportunities.
 # More information to citizenry, referendums on major decisions.
 # Replace entire Village Board. Fire Village Manager.
 # More options, support groups for special needs.
 # There is no park district with a fitness center.
 # Spanish as a second language should be more available since the public schools do not
 offer it in grade school levels.
 # More written material or where to go on internet to get info.
 # No new taxes, our taxes are out of sight.
 # Employment opportunities for more than service/retail level.
 # Better coordination such as between township governments and towns to link services or
 gain needed support.
 # Besides PACE it would be great to offer transportation to seniors provided by volunteers.
 A booklet listing all services available in the community would be helpful. Preventive
 health care information would be hard to deliver, perhaps newspaper columns would
 help.
 # There should be like a YMCA for kids to go to instead of the streets, don=t always focus
 on one race when doing cultural activities, better transportation in this area for the
 people, need more business here.
 # PACE buses throughout.
 # Better communication. Better insurance for kids who don=t go to school.

Leadership

- # In current economy, a healthy community needs businesses and businesses need tax incentives to put people to work, not government jobs paid by taxpayers. Work and pay for your services, this is not a socialistic society.
- # Needs to be more affordable. I might as well be a 1 income family because most of 2nd income goes to daycare!
- # More classes/programs for teens in the summer. More art and cultural programs for teens.
- # I have a child/teen with a rare medical condition and mental health issues and must go to Chicago weekly due to a lack of pediatric specialties.
- # Easier ways to find out information about these services.
- # Perhaps better communication that these services exist in the community.
- # More improved communication from the providers, public service announcements for vital issues.
- # Being in a small community, we don't have many offerings for excellent health care services. The parks/recreations are extremely poor. Having a small child in our house, we have to seek out extra activities through other towns.
- # Our town of Island Lake lacks services and funding for children and teens. We need better quality programs for all kids, but especially for 12-17 year olds.
- # Daycare needs to be available for single moms seeking employment and currently with no income. Cultural activities and arts have a lot of space to expand in terms of becoming more ethnically diverse. Lack of employment opportunities within town regardless of one's education and work experience.
- # More better mental health care service, more transportation choices for elderly.
- # I believe more people should decide to earn their college degree. Maybe more advertising through MCC.
- # We are not near any urgent care services. Very scant transportation (public) is available. If you don't drive, you are out of luck.
- # Don't assume everybody has a computer and access to the internet.
- # Communication
- # More bus service 5 days a week (Harvard). No local theater, movies (Harvard).
- # More of and better quality of each.
- # Don't think there's enough services for youths. They're all very lazy and don't help seniors like myself when I need gutters cleaned out.
- # Money is needed and people in the local government who don't know what they are doing.
- # Lived in other communities offered more activities, mentoring programs, cultural enrichment programs, library activities, and website online assistance.
- # All of the doctor offices in town have been consolidated to hospital @Urgent Care@ centers in another town and there is no one here in town.
- # Preschool program being cut and there are no services to fill in that need. Only MCC in area and classes are full! Few doctors have fair prices for people with no insurance.
- # Cooperation with government and upgraded programs for disabled and better nursing homes. We rank next to last for mentally and physically disabled.
- # Few activities for any age, employment in our little town.
- # In this current economy, daycare for 2 working parents needs some type of aid.
- # Development of downtown area bring jobs, taxes, income, hopefully, bring down property taxes which are way too much for what we get.
- # Services and respite care for troubled adopted youth.

Out of touch government, lack parent control in families, automated phone services, tons of programs for those not citizens.

Dental services need some low-cost dental care available to low-income families.

A mailed brochure to tell where and how to find what.

More programs for languages for kids, more culturally interesting programs to help kids learn understanding and acceptance of other cultures.

Better awareness and information.

More safe places for teens B better agreement between park district (City of Crystal Lake), Lakewood, schools one district, more alternative health care providers.

Not enough employment opportunities for the number of people in the areas.

More of easier to receive.

Information and access to B no one answers their phones.

Local governments do not seem to share information, programs. Park is a set of swings and a slide, no walking paths.

Supervise parks more and have police patrol neighborhood parks to deter juveniles hanging around after dark.

11-12., Regulations made by government officials without input from the public B who these decisions directly affect, NOT GOOD!

More job opportunities to make a livable income.

To make these good or excellent rating, I would need to Aproof@ that such services exist.

Not readily available for most.

Local government officials need to hold town hall meetings to learn about issues in the community and get input on issues B time to communicate. More community help for seniors, like what do they need and how can we help them.

I don=t believe the judicial/local governments care much about the people.

The last 5 things I signed my daughter up for at the parks and recreation were cancelled due to low enrollment. Maybe the prices need to be lowered as I explained to them. I understand it=s contracted pricing, but wouldn't the people putting on the classes like some money instead of none?

More businesses in this area for work opportunities.

Promotion of availability of services, where can I go to find out what=s available.

Cannot afford the costs of these services marked poor.

Police department needs to be more approachable, not interested in citizens alerting them to suspicious behavior. Don=t think county of health care is up to par. Would like to see more useful information in finding services B community guide in Crystal Lake is useless.

Need more factories for jobs.

Encouragement and communication to residents why these issues are so important B value of property increase!

The only place close to home is the Raue Center.

We live in unincorporated Nunda. We have no park district.

Local institutions need to work together to help the mentally ill and homeless in Crystal Lake, not criminalize their behaviors. Bus system or increased PACE service should be instituted. I would love to see an electric street care service by 2020 to link Crystal Lake to Algonquin and other nearby cities. The center of the city should also be carless, pedestrian only.

We really don=t have a park district. However, because we are so small, it may be difficult to fund something like that.

- # We need a park with actual playground equipment, a teen center is needed. After school care is nonexistent.
- # Our park district (Cary) put in a park against our wishes! Our community (Oakwood Hills) doesn't take care of our roads and the police are not cooperative. The Board is ridiculous.
- # Harvard needs to step it up! For the property taxes we pay, where does the money go?
- # Local city government and park district do not get along. HUGE waste of taxpayer \$.
- # Community governments working together on infrastructure, political, and school/cultural issues.
- # More opportunities for people entering the work force for the first time.
- # The president of our town is a joke.
- # Communities (governments) protect their Apowers@ and seem to almost worship the right of the owner to do what he/she wants! Collective responsibility doesn't seem to have much of a chance.
- # More involved of local people.
- # More activities for youths and teens. More jobs. Our village needs to fix our roads.
- # Stop paying for people who don't work and live off the street.
- # We need more businesses which create jobs and also more activities/options for a younger generation.
- # More mental health awareness, suicide prevention.
- # Lowering rates to make this affordable.
- # CPD (Cary Park District) will not provide baseball fields for little league. Cary Village should by school and lease baseball fields to Little League.
- # Information on what, when, and where.
- # More services.
- # More communication with public.
- # A lot is needed to improve many things.
- # More reasonable daycare so low-income moms and dads can go to work and not be on Public Aid. Harvard has little or no culture activities and art.
- # More jobs.
- # More parks and nature areas are needed. Trash service is particularly bad.
- # 17., There is a senior center on Rt. 14 between Carey and Crystal Lake, which to my knowledge is accessible to those seniors who are still mobile/able to drive/walk.
- # 22., To my knowledge only one dentist in Cary.
- # 26., Seniors who cannot do too much walking and/or are confined to their homes need services to help get them out and run errands. Assisted living and nursing home care is too expensive.
- # Need community growth and business supported.
- # They don't affect me directly but I read in the paper that those areas are lacking/not funded.
- # In general, affordability is an issue, limited to 1 or 2 options only.
- # Not enough info out there, cost.
- # We need more offices, businesses. Would like to see museums near here.
- # These services are unknown and where would you find what is available?
- # Affordability: dental, medical, arts, education, activities. Access: transportation, mental health (psychiatry, housing).
- # Government officials should respond to calls/mail. Health care is too expensive and so is college. Needs to be more help for single parents.

- # We need more people who are willing to take a chance with a business. The economy makes it too hard for the small business owner to get started.
- # 19., Need increased offerings.
- # Harvard is a very small community with a high level of teens finding themselves with nothing to do.
- # Not enough businesses in area hiring. Need to drive for many cultural/arts activities.
- # Need more office complexes.
- # Improve availability for transportation for seniors. Advertisement for senior services more and bigger prints.
- # I have no idea who holds positions in our local and county government.
- # How information is delivered to the residents.
- # There are not any/many programs available in community, nor is there much info available to find this info.
- # Need a train station now in Huntley, also roads in this county are the 8th worse in the U.S. Taxes too high in this county.
- # Need centralized public library and law enforcement, very fragmented.
- # 12., Local governments and agencies don=t communicate.
- 13., Awareness of availability.
- 15., Maybe more programs from volunteers.
- 18., More awareness, they are easily forgotten.
- 16., Too expensive, need more awareness free programs.
- 25., Hard for people without a computer.
- 26., Volunteer programs.
- 27., Public and private communicate, work together.
- 29., Get more personnel.
- # More communication on location and affordability, higher pay!
- # Improve for us citizens only.
- # Village officials do not listen to concerns of citizens. Water district employees are not helpful. There are no cultural activities for adults. This community is limited in most business areas. Way too much money and space are park district B too expensive and ridiculous.
- # Bring in factories.
- # We need more manufacturing jobs, not businesses. Stop sending work to China.
- # Need to have a program for teen=s summer work. Perhaps a tax incentive would work.
- # More jobs available and more park district activities in McHenry and Lakemoor.
- # Local government needs to listen.
- # Financial assistance B cost too high or not readily available.
- # Availability
- # Lack of government funds for preventive health care, too focused on treating the disease once it=s a problem.
- # Daycare more affordable.
- # I do not feel that they are above and beyond normal quality that is why they are rated fair.
- # College needs to offer more competitive courses for high school students. It is hard to find dental office that accepts HMO.
- # How to reach/access to services. Who to call.
- # Government personal salary should be determined by the public, more money should go to educate our children.

- # 18., I don=t see a lot of handicap accessibility in our parks.
- # 27., People around here travel far for work.
- # Music lessons/store, children=s theater/shows, restaurants.
- # 17., As far as I know there are no services for senior citizens.
- # 21., Health care and dental services are plentiful if you have insurance.
- # Crystal Lake Park District is terrible! The programs are way too expensive and they are very unprofessional. I don=t even look at the book any more, it just goes right in the recycle bin.
- # More small business/local jobs. Accessing Obama money for green jobs through government. Improve public transportation and increase activities and access for teens.
- # 11., Access to B supply contact information on Board members, Board meetings, not just the internet.
- # 12., Talk to each other, work together, work with citizenry.
- # 25., Clear listings in phone books (not everyone has a computer).
- # 19., More than community/high school theatre B Woodstock used to have a professional theatre, as did Marengo.
- # 26., Regular transit scheduled with the city (bus, cab, intra-urban).
- # 27., We continue to lose jobs to outsourcing and the hire of Aundocumented@ aliens.
- # Art classes, art schools, art/sewing camps. Need hip things for teens to do, not park and recreation classes.
- # 22., Have to wait 2 months just to make appointment for cleaning (McHenry County dental services).
- # 27., On unemployment for 2 years and no job. Finally retired early on peanuts. A number of well-trained friends (family) on unemployment.
- # Trying to find info is very hard or lack of info. Park district how it=s setup and locations of services.
- # Huntley is still a growing community and these will come in time.
- # Algonquin has parks, but needs a park district that provides recreational activities for children and adults.
- # It is hard to find a nice place for bikes. Not much to do with bikes.
- # Park districts should offer so much more B classes, programs, indoor pools, and indoor roller rinks like Mt. Prospect Park District.
- # More teen friendly places like clubs. More business through tax incentives.
- # Job opportunities needed!
- # Better communications between local town governments (sharing police forces between Barrington-Cary-Fox River Grove) to potentially decrease local taxes.
- # Better cooperation; less greed about who gets what.
- # Gravel pits in Cary, Lake in the Hills, etc. Tried to fight the last Mayor approval B didn't work!
- # I don=t really hear about programs in those areas.
- # Would like to see a city/village website for help in finding open jobs.
- # Algonquin does not currently have a park district as developed as Dundee or Lake in the Hills. We also need better options for after school care and more affordable camps for summer.
- # The only facility for adult daycare was up in Woodstock B a long ride and longer day for an elderly woman. Was difficult getting transportation to her doctor when she was in a wheelchair. Vans didn't go across township lines, village van/bus didn't go outside village. Had to wait when a transfer was possible again, not realistic for an 80 year old

- disabled person.
- # More activities are needed for our teens. Huntley=s Village is very poor and should have activities around so the community can enjoy the town square.
 - # More attention needs to be given to teens by providing places and opportunity of interest to them.
 - # Career employment opportunities, not minimum or low wage jobs. We need manufacturing/ industry! Without drugs in schools B activities which create ethical values for teens like FFA, 4-H, snowball, etc.
 - # Day care and after school are very expensive. Transportation facility like PACE is hard to get and found the people working lazy and not helpful. There are few job availability as more houses are built than job market.
 - # Only in northern part of county like Woodstock.
 - # In Marengo, the only transportation for elderly or disable persons is PACE bus and it only covers Marengo/Union. Not for doctor appointments in Crystal Lake, Woodstock, Centegra, etc.
 - # Costs of professional services/health care/dental coordination of services to unemployed, home retention.
 - # Free health care, dental care, college would turn everyone=s life around along with good union jobs with benefits.
 - # Stop spending our \$ foolishly. We should not have to pay so much money to take our grandchildren to swim at the aquatic park.
 - # Parts of California have vans that run like bus service for seniors. Cost \$1.00 to go grocery shopping or medical appointments. Have 91 year old mom there, still going places by herself.
 - # Lower cost.
 - # Start with identifying and then taking steps to improve the EAV of property, then tax appropriately, then improve services. Make it part of the comprehensive plans (5 year) of all local governments.
 - # We live in a very average community. Nothing exciting really happens. The quality of families is poor.
 - # More programs and money.
 - # Affordable services and care for everyone.
 - # Dial-A-Ride is worst now then when it first opened. It is worse than poor!
 - # I live in rural Woodstock and I=m not happy that I=m not considered a Woodstock resident when it comes to the library or Woodstock recreation programs. I pay a higher fee.
 - # We need a park district and library.
 - # Increased transport services, higher quality doctors, low-income dental care.
 - # How about simply having these programs?
 - # MCC offers a two-year degree, but there are not enough choices in McHenry County for a four-year degree or post graduate work. With pioneer=s budget cut, we need to help families caring for disabled children and adults.
 - # New management. New government.
 - # Cary needs a new pool.
 - # Newer villages don=t have funds to develop parks programs.
 - # Social services for seniors too expensive. Same for disabled. Need more business/ industrial jobs. Park district not sensitive to need for athletic complex ... athletic fields that are well-maintained, where charges are great for little return.

- # The majority of work available in Algonquin is retail or restaurants, these aren't the kind of jobs that can pay a mortgage. To drive to downtown Chicago, where salaries are higher, would be a hardship and the train takes too long since it=s not in town and is not express.
- # No one accepts the Medical Card out here in Marengo. We have to drive 20 miles to someone who does.
- # Affordable daycare with more hours evenings and weekends.
- # There aren't many teen places to hang out or socialize appropriately.
- # I am unaware of a local database that lists social services listed on front page.
- # No facilities or programs for the arts, theatre, music. No high quality jobs, no professional jobs.
- # There=s a lack of places for high school students to go to be with friends, how about an "Under 21" club? Very little quality employment, lack of jobs for teens, and a very meager offering for MCC classes.
- # Find ways to make them more aware to the public.
- # Social services & more employers, county, cities, and townships need to listen, really listen to each other. You can never have enough for teens or the disabled & no funding for them. Need jobs. There is some transportation for needy, not enough.
- # Not everyone has access to the newspaper, so how are services advertised in area?
- # Improve education/level of care for medically fragile children and make certain education settings appropriate (challenging at the correct level) and educational therapists are performing legally and for the best interests of the child.
- # Huntley is a fast growing community. Del Webb=s Sun City is here. Public transportation is very limited. Social Services are improving but much still needs improving.
- # Have attended meetings. Reps listen but ignore. Land use committee almost one sided with real estate land development, etc. members. Why did County Board not want to reveal their financial investments?
- # PACE service needs to cross Rt. 14. Affordable dental care for disabled adults and local. More business needed to provide work to Pioneer Industries allowing more workdays for all.
- # We have no park district. Rec council is poorly run with not nearly enough activities for kids.
- # It=s hard to find daycare that can work with your employers. There are not enough activities that less fortunate children and teens can take advantage of. Transportation sucks to say the least, you must own a car to get around.
- # 23., More holistic services need to be covered by health insurance.
- # 26., PACE service is horrible. I live 7 minutes from train, PACE took 1 hour.
- # 27., Opportunities are few and when available, pay scale is way too low for affordability of living in community.
- # Employment is more than a community struggle, more park and recreational facilities would be appreciated.
- # Don=t have much as far as recreational service in our village.
- # I don=t believe many are interested in the arts, just entertainment. We have 10% unemployment and business has been sending jobs out of the county for years, you tell me.
- # Social services for teens, elderly, and disabled need significant improvement in terms of quantity and quality.

Less governmental levels. Do away with the township village services poorly advertised.

Employment opportunities for the teens especially those in school, internships from the community colleges.

Accessibility and more options.

More open attitude of authorities to requests and needs presented.

The villages need to work together on large issues that affect the whole county. Daycare services we need more. More transportation for disabled needed.

Politicians who care! More jobs are needed, too many people are foreclosing on their homes.

Head of household and spouse easily access medical/mental health services because of private health care insurance, however, adult child was dropped from our insurance on day of high school graduation and can't get health insurance due to mental health diagnosis. State CHIPS insurance is not an option because of cost.

We need a county office in our town for services.

As the community grows, all the services need to become better.

11. & 12., New blood in our government and on our Boards. We also would benefit from less politics in our social service agencies. The McHenry County A good ole boy@ network needs replacing.

When you don't have a car or can't drive, need help finding how to get transportation.

Better decisions in our community for our children and for our elderly.

Deport illegal aliens. Parks would be safer. Services would be less stressed. Crime would go down. Teen pregnancy would go down. Dropout rate would go down. Would be more jobs!

More jobs.

More!

Need more jobs!

27., More jobs.

29., Have a brush pick up for residents.

They need teen centers or somewhere for kids to go instead of getting into trouble.

Before raising taxes or applying new taxes, vote should decide.

Funds to improve.

Stop cutting funds for these needed services.

Bring in more hi tech co.

Can't get information, don't call back. More jobs needed.

28., Looks good but not enough programs.

More advertising to inform residents.

Grafton Township is a mess.

New elected officials.

Increase in options.

Not enough information out there for what services that are available.

The community could improve awareness to services. Communication is not always provided.

Get a whole new County Board! Not just people in real estate and developer looking to line their pockets. Hard to find info on help available for seniors and disabled individuals.

Summer employment for college students.

PACE cutbacks. No transportation to O'Hare.

Transportation for elderly and disabled limited and unreliable.

Not sure Woodstock communicates well with county.

- # 14., More settings with lower teacher/child ratio.
- 19., More family activities like art fairs, exhibits, etc.
- 24., More focus on this rather than reactive walking trails, more low prices fitness choice.
- 29., Improve access to info on website.
- # Transportation for the elderly at little to no cost should be more available. More activities for young children in low-income families should be more available. Park district charges for summer activities is outrageous. More dental care and vision services at a reasonable rate for the elderly.
- # Better communication of what is available.
- # Teenagers need somewhere to go for activities in the winter months such as a community recreation center with activities to supplement not duplicate area private gyms.
- # Stop trying to be all things. Focus on lowering everyone=s property taxes and cut wasteful spending on nominal services.
- # Social service agencies need to listen and provide assistance when needed.
- # Money and volunteers.
- # Need more larger employers to move into the area with higher wages. Too many of us have to work in Chicago and nearby suburbs to find gainful employment. Then the commute is too long.
- # Employment is tough everywhere.
- # 27., Overall better economy, draw larger businesses to area, too many strip malls with vacant units.
- # College education needs a high standard and so does high school. Transportation for any one is poor. You must have a car in Lake in the Hills. Recreational activities are expensive for youth and teens, if they were more affordable parents would be able to use them.
- # Very little available in Marengo.
- # No park district in Algonquin.
- # More communication of these services if they do exist.
- # Our community (Island Lake) is too small to provide services and should incorporate with Wauconda as a single community.
- # Prioritize funding for social services and mental health services.
- # Better politicians.
- # Better government officials, more services.
- # We need more businesses in Huntley because they will help with tax reduction and afford us nearby places to shop.
- # I think it is just because of how the economy is I was laid off April 2009 and there was nothing out there or not enough.
- # Little/No programs for mentally challenged adults.
- # More transparency in decision making, concerts in parks, local employment and services websites, much more activities for teens.
- # When we try to get help with water drainage problems, all the governmental bodies point their fingers to other government bodies. County vs township vs city, no one is to blame.
- # Too much fighting among politicians. Start doing instead of talking about it, just do something.
- # Better transportation for seniors.
- # Park district 28., We are just Aoutside@ of township and that makes us get put last on the list if we want to sign up to do things with my kids as in swim lessons. That=s not fair.

Indoor recreational center would be great, more entertainment opportunities.

We need people who care about what we need to improve.

No cooperation between Crystal Lake and county about light at Dvorak Road at Prairie Ridge High School. Just waiting for an accident to get them together.

More information available for contacting providers.

State/Federal should find more programs for our community for everyone, no matter what their economic status is.

We write government officials and get form e-mails, buck power and wealth is all they care about. Illegals steal a lot of resources. Services overrun with inefficiency.

Young children from single parent homes are at risk. The programs for early intervention/after school/summer are limited with decreased state funding right, that is hard to change. Programs for youth at risk need to be looked at. We have kids on the Square in UDSU just Ahanging@ out. Maybe a YMCA would be helpful.

More of the services offered.

Wonder Lake does not offer anything for parks and recreation. We have to pay non resident fees for practically everything.

My community doesn't have the funding or lend the support/need from the community to provide good, excellent service in these areas.

15., (Poor) For families that have both parents working, there are no facilities to have the older (7 & above) children stay at during the day or after school, other than a daycare center which are mostly infant and young children. This is compounded by the hours of operation, many of us work over 30 miles from this area and it is difficult to make the schedule for daycare.

16., (Poor) There are not any intramural sports in the area after school. What is available is offered at 5:30 or 6:30, requiring parent to rush home, feed the kids, get some poor homework time in and rush off to practice. Why are the schools not having these sports directly after class and having the kids bused home afterwards? Or have the parents pick them up then. The system here in McHenry has totally failed those of us that pay the majority in taxes.

17., (Fair) Having worked at times in our health care facilities, I have seen our seniors left to rot in the so called nursing or senior care center. We need a program that keeps them healthily, active, independent, and on their own, or at the very least in a minimal care facility. With many of us living longer, it will require less dollars if we can remain healthy and active.

24., (Fair) I have had two family members in my life that had drug problems. I have yet to be impressed by the Aprofessionals@ in this field that offer counseling.

27., (Poor) People are moving out here and require commercial businesses to supply their needs, but there are no good highways to the area. Rt. 53 was extended south and the entire area grew with new home and jobs. If Rt. 53 were to be extended through to Wisconsin, businesses would come and the employment with it.

29., (Fair) As a resident of Spring Grove, it is fair to say that ___ runs this town and the Board of Trustees. Like safety issues have been ignored, concerns of the residents pushed aside, and most decisions are rated by pursuit of the almighty dollar.

Job availability.

Transportation needs to be 7 days a week, social services does not seem to care about kids or disabled.

Better communication.

- # In Wonder Lake, these things are all bad. I am completely cut off, but it is where I could find a place to live by my family that I could afford, Crystal Lake and Woodstock are much better. In Wonder Lake, if you go on the computer you can=t even find out what township you're in and when you call, you get an old man who says wait a minute and then spends 10 minutes talking to his friend cause he can=t put you on hold.
- # Easier access to available services, programs to emphasize health - diet/exercise starting from early age, nothing for healthy lifestyles.
- # Government seems to do as they wish, not what the public wants. Balance budgets, we are taxed to death!
- # More job fairs, more museums, perhaps an extension campus of a 4 year college.
- # Need a YMCA in McHenry.
- # The parks in Wonder Lake can and do need repair and maintained. Playground equipment needs repair. Drinking fountains need to be in working order.
- # We need more public transportation and jobs in our county.
- # There are no jobs. The demand for social services is way beyond the means. The young people have a dim view of the future.
- # PACE bus services need to be at least 5 days (no call ahead). Tues.-Thur. just don=t work.
- # Need more arts/programming for children/families.
- # Larger selection of college courses. Transfers to other county colleges; more of these, quicker response in hospital emergency room.
- # Local town officials (Island Lake) don=t listen to residents requests at town meetings.
- # Park district
- # Village of Wonder Lake is not taking care of their parks and mowing. Higher taxes, no benefits.
- # Education concerning preventative health care, more local businesses needed, less Abig box@ stores.
- # More information should be made available to the population regarding these services.
- # Stop the bus service deal with PACE for seniors.
- # Public transportation to access these services, increased amount of availability to these resources.
- # Need education for children/youth/teens on healthy lifestyles. Physical activities and healthy food, especially in the schools. I see a lot of obese children here.
- # More jobs need to be created.
- # Don=t have access to parks/lake in the area.
- # Economy is poor and businesses are closing.
- # Jobs out here have low pay scales, higher paying positions are needed.
- # Encourage small businesses.
- # Grafton Township has a bus for people in Sun City who can=t drive. That is a very important service for those of us who can=t drive any more. Hopefully, there are services like that throughout the county.
- # Employment opportunities.
- # 16., More after school evening programs B open gyms, etc. with cooperation between park district and schools in neighborhoods.
- 19., Larger facility than place like Raue. Draw bigger names, plays, musicals.
- 26., More routes through larger streets in subdivisions B Crystal Lake, malls, etc.
- # Websites are hard to navigate. And no government offices in our county answer their phones.

- # Working parents need services for children, teen and senior programs lacking, public transportation needed.
- # We have no park district (Algonquin/McHenry) but they are trying to combine with Dundee. Dropped vans for elderly/disabled in Algonquin and I think senior citizens Nuda Center to have activities and meet others.
- # More places to go (free) to be with kids of similar age. More opportunities for employment for teens.
- # Need more ways to find information, need more transportation for elderly and disabled, not much in employment opportunities.
- # 18., More services needed. 19., Perhaps a cultural center? 26., There is no public transportation.
- # I think it is important for our community to have an activity center to provide activities for all ages.
- # The availability of many services are good, but in many cases the affordability is a problem.
- # Information, where to find it.
- # A drastic change in government policies.
- # Need more of what is lacking.
- # More daycare, health professionals, and services.
- # More jobs. Better communications with residents on programs that are available. More arts.
- # My roommate needed health care for diabetes. All he wanted was help with his meds while unemployed and instead the government paid more for his 10 day stay in hospital because I made enough to feed him and help out.
- # Employment for part-time or summer work for students is at an all time low. Programs for student employment is needed.
- # Now health care seems to be B take this prescription drug. Employment seems to be retail, unskilled, non professional.
- # More variety of cultural activities.
- # If the services are available, they are usually unaffordable.
- # More outreach to know what is available. There are likely programs. information, or services available that just aren't widely known.
- # We have very little to offer youth/teens in our community. Many turn to alcohol/drugs/sex in high school. I also feel our community values sports far more than the arts. A swimming pool in the Johnsburg community would be great.
- # Health care needs to be improved and affordable health insurance should be made more available and affordable for those who doesn't carry insurance.

37-39. If you were to choose the highest priorities for spending McHenry County transportation funds, which three would you choose? (10) Other:

- # Eliminate senior rides for free.
- # Another bridge across Fox River either North or South of Algonquin.
- # Trains that travel North to South not just East to West.
- # Transportation to O'Hare (reasonable and timely).
- # Airport transportation, bus reestablished.
- # Upgrade Rt. 31 thru McHenry.
- # Transportation to airports B reinitiated.
- # Upgrade bridges which cross the river.
- # Another major road over the Fox River.
- # Promote electric vehicles.
- # Get bypass through Richmond.
- # Fewer left turn on green arrow only 1 intersection.
- # Eliminate PACE (regular) bus service. Most times buses are empty, not cost-effective, redirect our tax dollars elsewhere.
- # More roads across the Fox River.
- # Cut taxes.
- # Bring jobs to the areas. The people live in paper can be shuffled from anywhere.
- # We need Hwy 47 to be widened badly, it's too congested.
- # Buses to and from O'Hare Airport like Van Galder.
- # Repair and remark exiting roads.
- # Making all major roads in the surrounding counties into four lanes.
- # Need bike paths everywhere in McHenry County to encourage adults and especially kids to ride to work and school. Gotta do it!
- # Expand Randall to improve traffic.
- # Fixing potholes and resurfacing streets.
- # Street car/electronic SMART rail systems. Traffic is a major problem in this area B very troubling and ridiculous.
- # Improving condition of existing roads.
- # Widening all of Rt. 47 before it is too late.
- # How about we worry more about jobs than roads or parks for now?
- # Moving PACE and Dial-a-Ride into an expanded use of vans, etc., with more freedom of time and sites.
- # Longer time for stop lights. Reduce speed limit on secondary main roads.
- # Repair existing roads without widening or upgrading intersections.
- # Train that travels to the East and one to the West/Southwest suburbs without going to Chicago to transfer.
- # Need transportation for elderly who have difficulty walking and climbing steps into bus.
- # Public transportation to major airports.
- # Create another way over the Fox River.
- # Widen Hwy 62 from Hwy 25 to Barrington Road entails not listening to the NIMBI/people, wealthy, along 62.
- # Short trips on Metra like Woodstock to Crystal Lake, Palatine more affordable and competitive. Also aggressive enforcement of speed limits on Rt. 14 Woodstock to Crystal Lake and less enforcement in Woodstock City.
- # More and better train stations, but integrate them into environment. Consolidate and/or

- # camouflage parking. Use decks. Provide shuttle from communities to train stations.
- # Add another bridge over river.
- # Incorporate adequate shoulder space for bicyclists.
- # Please retain as much a small towness@ as possible. Been here 10 years and growth of the crowding of streets and stores, etc. has been appalling.
- # Add bike lanes/bike paths like down Ballard Road from Rt. 47 and east past Haligus and add bike paths on Rt. 47 and walking paths.
- # Adding light posts on areas or streets, driving safety purposes.
- # Install bike lanes next to roads.
- # Any more new corridors need to have frontage roads to control cars going in/out of 50+ mph traffic. Randall Road is a prime example of too many businesses feeding onto a major thoroughfare. Had plenty room for a frontage road when built.
- # Get all the huge trucks off 47 heading back and forth to Wisconsin.
- # Improve roads by using quality material that will stand the test of time and weather.
- # Fund incentives via motor fuel taxes to wean people off of motor fuel (alternatives B mass transit and non fossil fuel transit).
- # Widen Rt. 47 through Huntley.
- # Dial-A-Ride is a Joke!
- # Bridge repair/replacement.
- # Creating A truck routes@ by upgrading existing county highways. Truck traffic through town centers A kills@ business opportunities.
- # We could walk to our downtown if sidewalks were complete, example, from Algonquin Road to Arrowhead along 31 the sidewalk only goes halfway, and the road is too busy to walk in the street.
- # Adding another access over the Fox River.
- # It doesn't matter. This suburban sprawl is unsustainable.
- # Maybe better online information and communication about transportation.
- # Connect McHenry County College to Metra.
- # Fix all existing roads and highways without just patching them.
- # Improving winter road conditions.
- # River/Train overpasses.
- # Do something to fix Routes 31 & 62 soon.
- # Bus service in Crystal Lake.
- # Better access to toll roads from McHenry County (Rt. 53).
- # Little communication about McHenry County as a distinct entity is regularly and routinely disseminated.
- # Improve the quality of existing roads and/or pavement.
- # PAVE existing streets.
- # Increase train commuter parking.
- # Please improve traffic congestion. It should not take 20 minutes to go from the north end of Crystal Lake to the south end. Higher speed limits.
- # Handicapped people should not have to wait 1 1/2 to 2 hours for a PACE bus to pick them up and bringing them home and the elderly should not have to walk down to Mobil gas station just to get across the street from the apartments across from McHenry Wal-Mart. Some only have their feet to get them there. So they take their life in danger because they can't make it that far to Mobil, must less back to Wal-Mart.
- # Better timing of stoplights for better traffic flow.
- # Western by-pass around Algonquin (Bolz Road bridge Kane County).

Add another East/West option to get across the river. Morning commute times are ridiculous from the bottlenecks.

49-57. Many households face difficult financial problems. Please mark each situation which you or someone in your home have experienced during the last year. 57. Other:

- # Salary cut
- # Health problems added to costs
- # Hours cut, no wage increase in 3 years
- # Job doesn't pay a wage high enough to live off period!
- # Illness
- # Trying to collect daughter=s IL court ordered child support
- # Had to seek a new job with lower pay just to sustain paying my bills and mortgage
- # Husband has high medical bills and medicine
- # Hours cut
- # Possible short sale maybe foreclosure
- # Reduced hours (job)
- # Getting taxed out of home
- # Age discrimination
- # Tax relief \$6,000 is a lot when retired, politicians and school administrators throw it away
- # Live with family
- # Off work for 3 months due to health
- # No jobs available
- # Need full-time job, only work part-time
- # Property taxes dip into finances for seniors between 55/64 without job on S.S.
- # Social Security doesn't cover expenses
- # Higher living expenses
- # Paying real estate taxes. House values are far less than what assessed for now
- # Illness
- # Our household Acontrols@ its financial situation. We live well, but within our means. Are we lucky, hardly! We rode out the Aeconomic meltdown@ because we make responsible and sound financial decisions
- # Laid off from work most of last year and to date of this year
- # Breast cancer expenses
- # Property tax burden
- # Underemployed
- # Income reduced to a 1/3 what it was
- # Off for medical so no money
- # Higher taxes
- # Rising property taxes and other taxes
- # Widowed 4 1/2 years and can=t afford to have electrician and yard people to keep up
- # Had health emergency, required many doctors, hospitals, and lab bills
- # Lack of work
- # Retired B lost most of IRA
- # Increased daily expenses and medical expenses
- # Finding it harder to budget with rising costs
- # Would like to be able to walk to stores instead of always driving
- # Decreased pay
- # Hours reduced and pay cut on the job

Retirement money lost
 # Injury
 # Job change with lower income
 # Large pay cut to keep job
 # Retired
 # Taxes too high for value of house
 # Want to work
 # Lost pension through bankruptcy, huge drop in IRA funds
 # Out of work do to work back injury
 # Taxes extremely high. No money for pleasure, all goes to taxes
 # Very hard to pay mortgage/bills
 # Pay cut
 # Cost of taxes, gas, food
 # Cutting hours at work
 # High dental bills
 # Income decreased, expenses increased
 # Cannot work full-time and tend to needs of child two and elderly mother
 # Need better consumer protection laws
 # Found part-time job with no benefits
 # Put in rest home
 # Self employed B lack of work
 # Government betrayal
 # Dental care too high
 # Lost our son in a car accident
 # Raising grandchildren on fixed income
 # Health issues
 # Underemployed
 # Rising real estate taxes, taxes in general, and lower income
 # Early retirement do to health issues (do not qualify for SSID) not enough credit hours
 # High prices for basic needs
 # Lack of health insurance
 # Home and business repairs and upgrades unexpected
 # Mother B fixed income, increased property taxes
 # Medical/mental health care serious cost for uninsured young adult child (18 years)
 # Inability to sell home due to depressed housing market
 # Facing retirement without enough money since they are giving my Social Security, which I paid in to, to illegal aliens!
 # Emergency paying for new furnace and chimney
 # Became ill
 # High cost of caregiving. Caregivers need some time off and away
 # Job B cut hours
 # Unable to sell home to relocate with job
 # High property taxes
 # Need help with painting inside and landscaping outside, but can=t afford to hire to get it done, I am age 79
 # Dual job loss
 # Lost a home, divorced, put a child through drug rehab, worked two jobs, went back to

- # school for Masters, lost a parent, moved another parent, enough
- # Forced retirement 2 years ago
- # Career change assistance to elder parents
- # Difficult to afford property taxes. Houses for tax purposes are over assessed. You can never get the county=s assessed value if selling your home
- # Increased cost of everything including taxes
- # Self-employed at 82
- # Credit card theft
- # There was no increase in Social Security and increases in medical going up in price and also for prescriptions
- # Low income for type of job - Medical Asst.
- # Theft of wallet from our car in driveway

59. Is there a particular person or place where you usually go when you are sick or need advice about health? (8) Other:

- # Free clinic in Chicago
- # Chiropractor
- # Dialysis 3 times a week
- # Natural health care provider
- # Internet it=s free
- # Computer accessible sites
- # Internet

61-70. During the past year, have you ever been unable to receive medical, dental, or mental health care that was needed for yourself or a family member? If YES, what reasons(s) kept you or family members from receiving care? 70. Other:

MEDICAL

- # Pre-existing medical
- # Prescription substitution is not good but no solution
- # Was in car accident and other person admitted running red light. My back has suffered and this week an orthopedic doctor=s office wouldn't accept a third party insurance and they said Medicare wouldn't pay when it=s an accident
- # Cobra denied coverage
- # No \$ for chiropractor or orthopedist. Have bad back, have applied for disability
- # Our family uses Shaklee food supplements to stay healthy medically and mentally, but a part-time job is not enough
- # No money

DENTAL

- # Just too expensive, insurance pays about 20% of expenses
- # In between insurance coverage
- # Had to wait till the next year to complete dental work so I didn't have to pay it all myself cause I had used up the allotted amount
- # Too expensive
- # Lack of cash

- # Too expensive
- # No money

MENTAL HEALTH

- # No comments

71-95. Does anyone in your household have, or have they had, any of the diseases or conditions listed? Please mark the age group for each person who has or had this disease or condition
95. Other:

- # Multiple Sclerosis (MS) (65+)
- # Multiple Sclerosis (MS) (30-64)
- # Osteoporosis (30-64)
- # Thyroid (30-64)
- # Depression (18-29)
- # Seizures (0-17)
- # HIV (18-29)
- # Chronic ear infections (0-17)
- # Lupus (30-64)
- # Fibromyalgia (30-64), Multiple Sclerosis (30-64)
- # Animal allergies (18-29)
- # Fibromyalgia (30-64)
- # Neurological disease, primary lateral sclerosis (65+)
- # Dementia (65+, 65+)
- # Kidney transplant (30-64)
- # ITP, HIV (65+)
- # Epilepsy (18-29)
- # Mental health issues (0-17)
- # Depression & Anxiety (18-29, 30-64)
- # Duchenne MD (18-29, 30-64)
- # Lewy bodies dementia (65+)
- # Vasculitis, CMT (65+)
- # Urinary (0-17, 30-64)
- # Gout (30-64)
- # MGUS (30-64)
- # Fibromyalgia (30-64)
- # Bi Polar (30-64)
- # P.A.D. (65+), primary biliary cirrhosis (65+), A-fib (65+)
- # Seizures (18-29)
- # Thyroid condition (30-64)
- # Scoliosis (65+)
- # Thyroid (18-29)
- # Fibromyalgia (18-29)
- # CUID Tourette (0-17, 30-64)
- # Total knee replacement (65+)
- # OCD (18-29)
- # Tumor (30-64)
- # Fetal alcohol brain damage from birth mother (0-17, 18-29)

- # Multiple Sclerosis (MS) (30-64)
- # Multiple Sclerosis (MS) (30-64)
- # Knee problems (30-64)
- # Carpal tunnel and tendinitis (30-64)
- # Depression (30-64, 30-64)
- # Mononucleosis and H1N1 (18-29)
- # Lyme disease (65+)
- # Hormonal/PCOS (18-29)
- # PTSD (30-64)
- # Low growth hormone (0-17)
- # Neurological cervical dystonia (30-64)
- # Loss of ability to smell (30-64)
- # Orthopedic disorders (30-64)
- # Dementia (65+)
- # Ehlers-Danlos Syndrome (EDS) (0-17), (18-29), (30-64)
- # Neuropathy, irritable bowel syndrome (IBS) (30-64)
- # Inborn error of metabolism (0-17)
- # A-Fib (30-64)
- # Mental health (30-64)
- # Knee surgery (30-64)
- # Mental health (18-29)
- # MS, Lupus, Sjogren=s, Raynaud=s, Osteo, Rheumatoid (30-64)
- # Epilepsy (65+)
- # Hypothyroidism (65+)
- # Lupus (30-64)
- # Multiple Sclerosis (65+)
- # Lupus and fibromyalgia (30-64)
- # Fibromyalgia (65+)
- # Car accident, now permanently disabled (30-64)
- # Anxiety (0-17)
- # Lupus, arrhythmia (30-64)
- # Bi polar/depression (30-64)
- # Vascular dementia, Parkinsonism (65+)
- # Multiple Sclerosis (30-64)
- # Depression (30-64)
- # Gun shot accident (0-17)
- # Bi Polar Disorder (18-29)
- # Sleep apnea (30-64)
- # Bad allergies (0-17)
- # Thyroid (30-64)
- # Multiple Sclerosis (30-64)
- # Multiple Sclerosis, epilepsy (30-64)
- # Asthma (30-64)
- # Fibr (30-64)
- # ITP (30-64)
- # Hernia/kidney stone (30-64)
- # Transplant (30-64)

Motor Tic Disorder (0-17)

98-105. Have you ever been diagnosed by a health care professional with 105. Other:

- # ADHD
- # PTSD
- # ADHD
- # PCOS
- # Grief related depression
- # PTSD
- # Sleeping problems
- # ADD
- # Mood disorder and mild mental retardation

113-131. Which of the following are problems for your child or children under 18? 131. Other:

- # Seizures
- # Depression
- # Autism
- # Handicapped so she=s insecure
- # OCD
- # Children abusing their adoptive parents
- # Depression
- # Hearing loss (IEP)
- # Autism
- # Spoiledness in buying and going to malls
- # Jobs
- # Accepted promiscuity
- # Puberty
- # Depression

137-147. Are you responsible for another adult who needs assistance daily or regularly with activities of daily living? Yes, are they? 146. Other:

Aged 18-64

- # Sister polio, brother Alzheimer=s
- # Brother had 2 heart attacks and doesn't work
- # Dementia
- # Heart disease and Crohn=s disease
- # Alzheimer=s
- # Driving spouse to work every day because state suspended license for 2 years for driving on a suspended license
- # Ex wife
- # Have a retarded girl with Alzheimer's in nursing home
- # Financial
- # Brain injury son
- # Diabetic

Age 65+

- # Alzheimer=s
- # Blind almost

148. Do they live (4) Other:

- # Co-guardian with former husband
- # In another state
- # Mother

160. Of what racial or ethnic group do you consider yourself? (7) Other:

- # Pacific Islander
- # Latino Italian, What Italians aren't Latin?
- # Filipino
- # American
- # American
- # European
- # American
- # Mixed Northern European
- # American
- # Scandinavian

161-162. Do you speak a language in your home other than English? Yes, (2) Other:

- # Italian
- # Korean
- # Chinese
- # Greek
- # Tagalog
- # Tagalog
- # Tagalog
- # Gujarati
- # Polish & Spanish
- # German
- # Farsi
- # Slovak
- # Swedish
- # French
- # Korean
- # German
- # Greek
- # Chinese
- # Italian
- # Italian

- # Tagalog
- # French
- # French
- # Irish
- # Gujarati
- # Malayalam
- # Polish
- # French
- # Thai
- # Filipino
- # Polish
- # French
- # Dutch
- # Hindi
- # Swedish
- # German
- # Korean
- # Tagalog
- # German
- # German
- # German
- # Polish
- # Tagalog

163-171. How would you describe the relationships of those in your home? 172. Other:

- # Mother/daughter
- # Single parent with parent raising children
- # Roommates
- # Unmarried couple with children
- # Living with parents
- # 89 year old mother
- # Single, son living with me
- # Widowed mother and totally blind son
- # Separated couple with children
- # Grandparent at home, married couple at home, child (2) at college
- # Mother/son
- # Two seniors, one adult
- # Married, children at home with elderly parent
- # Adult child at home
- # Single woman, mother, niece
- # Siblings
- # Sibling
- # Senior parent lives with us
- # Single person, child living with me
- # Unmarried persons with children at home

- # Single other, with parents
- # Single with parents
- # Married couple, boomerang children adult
- # Mother, son, grandson
- # I live with my parents
- # Elderly parent
- # Single person & caring for parent

174. Is there anything else you would like to tell us?

- # Land use B ability to burn yard waste on my county property like I used to be able. City folks move out here and have to change things to suit them. It=s not fair. I bought my county property for a reason.
- # Regarding Q. 37., Separate grade for train & cars, trains can then go faster and will be used more.
- # My husband and I just moved out of my mother=s home after spending 1 ^{1/2} years there as she coped with the grief of losing my dad. We needed to move out as our marriage was really severed. Now my mom is alone and 84. I travel to her house quite often to see if everything is okay. I feel guilty! She really needs assisted living.
- # Need Trader Joe=s and Whole Foods.
- # I really resent the fact the government taxes the heck out of folks like me to give to immigrants. My great grandparents were immigrants and no one gave them anything. They worked for what they had and passed this onto my folks who passed it to me and I pass it to my kids. The elitist have killed the American Dream, so sad.
- # Cary needs to link up to Fox River bike trail so we don=t have to drive to Crystal Lake or Algonquin to use it.
- # I struggle financially, but make too much money to qualify for anything. I would like to see more programs for people making between \$20,000-\$30,000 who have children and parents that they take care of.
- # We need to do more for people and families who are living with illness, any illness.
- # Need jobs closer to home.
- # For the past four years, I have taken on total financial responsibility for my daughter (age 48) and her two daughters (age 7 & 8). The father lives in GA, is working and has paid no child support. Illinois court order says he owes \$9,000+. The State of IL is unable to collect! Who can help?
- # Please listen to us residents that need help.
- # To know of places to volunteer. How to go about that process, to who or where needed.
- # Eating a healthy diet will eliminate lots of other issues and costs. Teaching people what to eat and having it available at schools, hospitals, nursing homes, etc. Promote local growing of healthy foods and buying local.
- # Overall, we are a happy and healthy family that enjoys living in McHenry County.
- # Lower taxes.
- # The property taxes in the City of Marengo are what I would consider astronomically high. I cannot understand why the various local, state, and federal government agencies are constantly out of money, and demand more from the citizens via increased taxation.
- # Love Huntley!
- # Taxes, jobs, land use, less residential development, more restaurants, quality of life, less

- public officials, too much government pensions.
- # Go Green, preventative healthcare, more bike paths, energy conservation. See Grand Rapids, MI (most sustainable city).
 - # Everyone should obey the laws on the books.

- # We have too many retail outlets. County should refrain from allowing too many big box stores and drug stores. County needs to improve school district. Need more ethnic restaurants. Create more high paying jobs, not cheap retail jobs.
- # Too many local police and fire protection facilities. Excessive drain on tax dollars!
- # We live in a nice community/county/school district, yet sidewalks to high school are nonexistent. There remains a danger to Prairie Ridge HS students in the event of a tragedy. There is nowhere to evacuate students. Too many structures have been okayed to be built while others sit decaying without occupants. There is a value to a city swimming pool.
- # Many seniors are capable of doing some kind of helpful work. If within their limits they could be quite useful. Seniors need to be with others in their age group on occasions just to talk, this is not always easy to get together.
- # English is the language of this Great Country. If one opts to reside here, learn our language. There=s no incentive to learn and speak English if other options are available.
- # Create jobs! Not paper money for government elites. Welcome to the Soviet Union States of America.
- # Don=t make McHenry County another Schaumburg, with high traffic, congestion, and businesses on every corner. What brought me to McHenry County is the rural lifestyle, open space, and no highways. Yes, it might take a little longer to get someplace, but I am willing to accept that in return for the relaxing atmosphere that McHenry County has to offer. Need to be able to burn other than April/May & Oct/Nov and not just on weekends.
- # Need more businesses to ease unemployment.
- # Crystal Lake is great place to raise a family!
- # All the benefits like food trucks are always during the day when working families cannot attend. Also, food trucks are the only additional means we have as the cut off for food stamps for a family of 5 is ridiculously low at \$35,000 a year.
- # Thank you!
- # Would like for my mother to move out here from Norridge to be closer for assistance. She can=t afford the taxes and service and garbage. We moved out here 15 years ago for price of house, services, and taxes higher.
- # Traffic a nightmare in McHenry County. Do not go out on weekends due to increased traffic!
- # There is a great need for affordable respite care so caregivers can get a break.
- # Lower the taxes so we can afford to stay here. We love it here, but the taxes are killing us.
- # Don=t waste the money you collect from the taxes you collect.
- # Reduce left turn on green arrow only intersections, for example, Rt 12 & 134 Bay Road B Menard=s/Home Depot & Rt. 12. Note B Rt. 12 is not a Super Highway Period.
- # We welcome the chance to fill out the survey, however, it=s poorly designed. Either it=s the views of one family member or the views of several family members. You can=t report both unless you Aqualify@ the questions. Results are bound to be of questionable statistical value.
- # Tax the Spanish (all no exceptions) for living here to pay for White American people=s S.S., our old, sick. I do not hate them, they owe us and their country.
- # Build a new skate park.
- # Spanish as a second language should be readily available if not in the public schools,

then certainly through community.
Adult living with parents. Needs mental help B no outlet for care or information.

Please do not spend more money. We need to stay within a budget. No more road widening. Leave Fleming Road as it is now. Just resurface Bull Valley Road and decrease our taxes. You are killing us. Stop printing in Spanish. We are an English-speaking country.

My mother lives with us and we both have to work to live. Senior services will not help cause she lives with us! She has nothing, no money!

I think here in Harvard you should not base all the activities to one race. Make sure to show that McHenry County is a multi-racial area and learn to get along. Cut back on the gang problems. Give these kids a good place to go like YMCA and have it staffed with the right people. Get these teens a place to go to talk about teen pregnancy, big problem here.

Thank you for asking.

We cannot afford all the services for everybody. We cannot keep raising taxes because people want more and more entitlements from the government, or they want to push their personal ideologies. There is no more money, what don't you people understand! NO MORE TAXES, NO MORE TAXES.

Country bumpkins need to realize this area is being infested with gang bangers. Tolerance for ~~A~~different behavior and turning a blind eye will not make it go away. Cary Police should stop harassing residents with speeding tickets and patrol areas of trouble (central Cary). Barrington would never tolerate this problem. Cary has to cohesive plan to make this a top tier town.

Our kids need better insurance. Even if they aren't full-time school/work, give us better insurance.

Taxes are too high and the schools are cutting programs in Cary. It makes our town undesirable to live in.

We've lived in McHenry County since 1972. I still feel safe here and enjoy the open spaces. I hope we can preserve our farms. Farmers are very important. No, I'm not a farmer, but I love the farm stands. Thanks for asking. Have a great day.

UNEMPLOYMENT B Thank you, President Obama!

We need more jobs in McHenry County that pay better than \$15 a hour so we can afford to live here.

Regarding Q. 37., bus B way to and from O'Hare Airport needed.

Enforce immigration laws.

Husband has been unemployed since 8/08. I work at a local hospital so my answers for questions 13-29 reflect the availability issues brought to my attention by patients from my community.

SSA taxes adds to the burden of high taxes for 20 years. Retirement has been reduced by 50% and not reinstated \pm in taxes makes it impossible to continue to live here.

What about education for the children?

Don't build any more strip malls or large stores, need some open areas in a community and small towns, that's why we moved here.

Regarding Q. 6., More doctor lectures on preventative health. I'm happy you're trying to make this a better county to live in. I've been in Woodstock for 23 years. Please keep things going for senior citizens and constantly improve our school system for our future leaders of America. Thank you.

- # I am concerned with all the empty buildings in Crystal Lake as well as retailers leaving. I am concerned about gangs and drugs. They seem to be more prevalent, yet, not discussed how serious it is here. With all the homes being sold at lower prices and our house taxes keep going up.
- # Just because a person is single and owns their own home, we do not qualify for any programs that people with children or the elderly qualify for! I was injured in a car accident and have been unable to work or get assistance from local government. I have even been denied food stamps and really need them!
- # I would like the illegal aliens sent home. Open new jobs for U.S. citizens. Take the strain off of the medical profession, Public Aid, housing, and the schools. Regarding Q. 36., people should use water conservation practices without government interference because we need to, not because we are told or ordered to do so.
- # Thank you for trying to make McHenry a better place and trying to help people have a better life. God Bless!
- # Priorities are being lost if we're concerned about an individual's welfare for which we pay taxes for more capitalism and less liberalism and less government.
- # I feel our county could help with other by not outsourcing our purchases, our employment, construction, etc. Keep it local first. The state owes our schools 5 million. I feel our communities could be helping our schools get through more. I feel we can definitely benefit our homeless with all the abandoned buildings/homes in this county.
- # I need a dietician to help control diabetes. It is new to me.
Regarding Q. 37., Why put in curbs that will only be torn out in a short time to widen, do it now!
- # Tired of paying for services of those who are not citizens, when real citizens don't qualify for many programs because they were hard-working people.
- # Reasonably priced adult day care. Programs for handicapped over 18 and under 60.
- # Stop permitting the building of additional housing, especially multifamily housing, without the financial support to improve infrastructure, especially schools, to handle the additional families. Our kids deserve improved smaller classes and opportunities at school without the constant threat of reduction in staff or activities. All the building only adds to the traffic problems since, again, housing goes up without financial support for infrastructure!
- # Roads and traffic congestion really need to be improved, especially on Algonquin around the Fox River ASAP! Thank you for this survey.
- # McHenry County is in desperate need of an accredited 4-year university. I commute 45 miles to work only because I am a student and have to commute to Chicago to go to school. Regarding Q. 1., Expressways that connect to the City of Chicago.
- # There is a lot of children in my neighborhood with no parks to play in. No sidewalks, no bike paths. They play in the streets. There's a lot of speeding traffic. Mostly high school kids on their way to and from school. With all the high taxes I pay, why isn't there a park for the kids to play in?
- # Get rid of all low-income housing, crime rate will go down!
- # Due to horrendous traffic patterns, lack of culture and artistic programs, real job growth and what we deem as Areal@ progress, we plan on moving as soon as possible from our current city. We have only lived here for three years, but have not found the community open, healthy, or progressive enough.
- # Send/Publish results of the study.
- # There should be a way for people without kids not to be taxed so high in their real estate taxes.

School funding is a serious issue in our county and state. It needs to be addressed.

Harvard needs some decent restaurants, a movie theater, and Jewel store.

Would like more access to alternative/holistic medicine. Would like physicians trained to identify possible symptom of Lyme disease.

We need more jobs. I would like to get more education but am not qualified for help. We just make our bills each month and cannot afford the cost of classes at MCC. So, I am stuck between a rock and well you know the rest. I=d like to say that it sickens me to see these buildings of businesses empty (wasted) while they build more. What a waste.

Need better immigration enforcement.

We're blessed with a home and environment that we chose and saved for. We don=t need much at this time and we feel we can be active in many positive ways. This makes a good like for us as a couple.

Stop giving free medical/food stamps/SSI Medicaid to illegals, women who have kids. I=m tired of paying for everyone else.

On my street in the past 2 years, cars have been broken into with items stolen and broken. Items stolen out of garages. Houses egged with broken windows. This area has extremely high property taxes, stop trying to fund the town with petty traffic tickets against the residents like illegal lane usage, too wide of turn, rolling stop, and rear license plate light burned out.

Need more endocrinologists in McHenry County.

We struggle with finances, much like everyone else.

I think there should be more help for the homeless, especially in the summer when PADS closes down.

Randall Road corridor needs better planning, fewer stoplights, improved access to retail areas and frontage roads. Planners did a terrible job!

Why are we catering to Mexicans? I don=t remember things written in German when we came over, we spoke English only. I made too much \$\$ but I had my electric and gas shut off and almost lost my house, if I was a Mexican I could get it but not an American. Oh and the house that gets aid and free school have 5 new cars and trucks in the driveway, one an Escalade, but I have an old car with 180,000 on it.

Lower our real estate taxes.

Just fix the problems, overcrowded school classes. 38 in a classroom is too many! McHenry County. Why don=t our high taxes have enough funds for schools, who mismanages funds?

McHenry County needs to bring more professional jobs to the county. Overall health would be improved by fewer parents and adults commuting outside the county to work.

Did not receive the yearly assessment card for our property, unable to contest our taxes which are based on the wrong value.

I am a single unemployed female caring for my 74 year old mother and 8 year old niece. My mother has Medicare and my niece has KidCare. I have no health or dental insurance and cannot get assistance of any kind. The county needs to help us single white born Americans with some kind of health insurance or assistance. We need before and after school care so I can get employment and not worry that the child is in a safe place.

- # Fix Burning Tree Drive! It is full of potholes! Every year snow plow rips up our grass and hits mailbox and never fixes in the spring. Require empty lots to mow the lawn. More upscale restaurants/shopping.
- # I appreciate the opportunity for input regarding community resources. This doesn't happen often enough!
- # There needs to be help for single moms like myself who have no family here. This past year, I have been dealing with losing our home. I have no one to help me deal with this and have no place to go. I have written letters to government officials, the only one to respond is State Rep. Jack Franks. There needs to be help in situations like these.
- # May need job in the future.
- # Free financial counseling and workshops for college students, moms, and dads or everyone. Activities for teens, preteens, and toddlers year round.
- # I have long thought drivers in Crystal Lake need to retake driver=s ed or more thorough, repeat driving test. It is apparent most people do not know the rules of good defensive driving. I think the police traffic dept. could write a weekly column in the local paper concerning driving traffic issues.
- # There is too much of this (food stamps, other types of aid) in our county, state, and country for those who are just too lazy to work and feign illness, disability, and emotional duress, our system sucks.
- # There needs to be immediate temporary assistance. My ex quit job and now I will be unable to afford rent/food/utilities.
- # I think your building setbacks are ridiculous. The county allows a dilapidated house to stand on my block and yet I can=t build a detached garage which would improve the value of my home and improve tax revenue for the county.
- # I believe there is a great need for more social programs for special needs children and adults in North McHenry County. I also believe that the court system does not support children=s needs and family needs correctly and it appears social service does/cannot step in where needed a lot of the time.
- # I think we should clean up our communities, make them beautiful, raise the bar on human conduct, seek to end sensational BS stories in media and further develop space program.
- # Reduce taxes in this county, too high. More street lighting in Huntley, also at intersections. Cut cost, Huntley police should use motorcycles instead of cars, suv, trucks in spring, summer, fall.
- # I would like to see McHenry County make better choices based on how it impacts the environment. Also, stop talking about the Anursing shortage.@ I know more nurses looking for work than ones who are working.
- # Provide services to us citizens and families only as supported by tax dollars.
- # Regarding Q. 1., Too many students for one teacher.
- # Property taxes are way too high and with declining property values should be decreased. Salaries and pensions of public employees have gotten out of control.
- # We need help with the intersection of Rt. 62 and Rt 31! Traffic!!
- # Bring in factories. That'll generate revenue on income taxes, keep homes from foreclosure, and get people off unemployment, food stamps, Public Aid, All Kids, etc.
- # Gay people need more rights.
- # Keep our taxes lower than they are. It=s very difficult on a fixed income.

- # Government funded health care for all. Regulate doctor, lawyer, and government employees= pay. Put children and education first! Go green in all ways possible now.
- # This is a dumb survey.
- # Need a community center with swimming, grass mowed areas, childcare, workout facilities but that are reasonable cost-wise. Health Bridges is way too expensive for a young family with single income.
- # More bike paths, walking paths, and forest preserves. What about a trail like the prairie path that is accessible to all communities.
- # I do ride my bicycle to work weather permitting. I've encouraged 2 other coworkers also.
I was just at the M.D. we're checking for rheumatoid arthritis. I'm concerned about water conservation caring for and acquiring new green space. Keeping the history and charm of our county. Keeping it aesthetically pleasing to the eye, while encouraging new businesses. Requiring businesses to recycle too. We need more schools for all these kids.
- # I love where I live and plan to stay here for years. I appreciate the strengths of my community and know that the weak areas (job issues, public transportation, schools, education, food pantries, etc.) can be improved if we can all come together and work to achieve specific goals.
- # We would like better neighborhood services with street cleaning in warmer days. And also, better plowing of our front driveways in the winter times with the snow removals.
- # Widen the roads (Rakow). More job opportunities. Note: Real jobs, not minimum wage+ jobs.
- # Don=t need additional programs that increase taxes.
Don=t need social engineering programs.
Don=t need social diversity programs.
Do need fewer dupeg liberals in McHenry County.
Do need less growth that gobbles up farm land/open spaces.
- # Pedestrian and bike paths are seldom swept B nuts from trees, berried from trees, glass (shattered).
- # There needed to be a hospital in Algonquin/Lake in the Hills/Huntley not a 3rd one in Elgin. Sherman is a little closer but there is no close hospital in rush hour all are 30 or more minutes away except the new Sherman. All are not staffed with any full-time pediatric specialists, we have to go to Chicago for that. St. Alexis in Barrington has some on staff but area lacks the trauma level of an LGH or Children=s or Rush for Peds.
If property taxes do not come down to realistic levels for declined values of homes, with the current recess more people will foreclose as their taxes become unaffordable in line with their pay. The air quality in McHenry County is very poor with all the traffic sitting idle. Too many stores drawing too much traffic to close together.
- # I have unsociable selfish strange neighbors who never socialize and can=t be relied upon. I fixed their car and gave them free trees and sand and have yet to get anything in return from them. They are unsociable zombies. No more free car fixing and free sand or free gas for the zombies.
- # By introducing philosophy and psychology as a compulsory subject for children and parent and doing lots of volunteer work (compulsory) for the society always leads to a healthy community.

The policies of this government needs to be changed. The government needs to perform its constitutionally mandated responsibilities. It needs to stop giving away money and other social programs to people that can=t take responsibility for their own actions. It=s time to completely overhaul the entire give away system.

I think this survey is a grand idea and hope you get a good response from the public.

I am disappointed that our town is more concerned at fining us for not mowing our lawns instead of having programs to grow foods on our lawns to keep many starving poor fed around us!

Extended unemployment: seeking assistance for basic needs found multiple resources but uncoordinated and bureaucratic. Attempt to obtain assistance is frustrating and exhausting. Disparity between those unaccustomed to needing help and those who exploit and abuse assistance.

Stop all the rif-raff in the square area and subsidized housing out by Menards in other low-income areas. A NOT IN MY BACK YARD.@

Don=t think you should be sent to Del Webb residents. I have been here 3 years and don=t get involved in community outside Del Webb. Everything is here.

Lower our taxes.

We feel like we are the working poor, but we are willing to contribute if tax dollars are spent wisely. More people in the county need to be educated on the benefits of social services and less intimidated by same. There seems to be a strong sense of counter-productive, stubborn libertarianism that I think is based on true ignorance and fear.

Thank you.

County and towns are very good. Centegra, all facilities are excellent.

Help us!

Help for adult who lives like a hermit! The person say she does not need help.

Road traffic has been bad, continues to be a major problem.

Preserve open space at all costs, that is what makes McHenry County a good place to live. Use needs to be made of empty big box stores (Dominick=s, Circuit City) in McHenry. We do not need additional buildings being built while these sit unused.

Government spending at state and national levels filled with corruption and graft. States need to mimic states like Arizona (illegal immigrants) and Texas revising their school textbooks back to including American (true) values, etc.

Regarding Q. 59., We need doctors from some other hospital than OSF. Their care is inferior for most part, besides all their locations do not pay taxes.

You need to re-access homes in McHenry County to lower our taxes during this economic time. More people would stay in our area and not have to relocate due to these high taxes.

Needs dentist close by that accepts Public Aid. Immediate care centers need to pay more attention to children, like the one in Woodstock, Mercy Health Clinic Immediate Care.

I would like to see a 4 school week to save money. Less money spent on open spaces and wetlands until we can afford it. Less fees for the average person and business. Spend our tax money on PEOPLE not land.

Dental implants need to be covered.

The job situation is bleak at best. Very little opportunity here for teens, as well as no professional level employment. We are forced to travel to Chicago, Waukegan, Schaumburg, Oak Brook for any quality jobs.

- # Businesses should be required to adhere to some level of Agreen@ practices. No new building (strip malls, etc.). Should be allowed with/at occupancy B fill what is already built.
- # I still drive a car but my range of travel has shortened. Transportation is very important in McHenry County for one. I fear in a couple of years I will no longer be driving. Other means of transportation that is easy to access will be a regular need for me to continue to feel independent and in control of my circumstances.
- # Would like to see more places for junior high and high school students to hang out. Too many just hanging out on the streets. Teen center?
- # Make it easier for hardworking white people to get assistance via WIC/Link instead of just giving it to any Mexican who=s probably only here on a work visa!
- # Please help us reduce our commutes to the North and Northwest suburbs (Lake and Cook County).
- # Would like to emphasize:
 - 1) Need safe routes for pedestrian/students.
 - 2) Crystal Lake train service is great, but PACE is awful.
 - 3) Most importantly, jobs/pay awful. I drove to Libertyville/Schaumburg for almost 23 years for decent pay and benefits.
 - 4) Please take this in the spirit it was meant. I see many people around me who need help. Services should be directed to everyone without so much emphasis on minorities. We are all equal.
- # Government should be fiscally conservative. Taxes should be cut.
- # Sure. But I don=t know where to begin. Let=s just say that Hippocrates of Cos encouraged the separation of medicine and religion in 400 BC. Out religion is money, profit. We need a modern day Hippocrates to work for the separation of medicine and money. This questionnaire is about social services. Whose going to provide these services? The government. It=s broke. Private business? Unless it turns a profit. So who=s going to take care of the mass of men leading lives of quiet desperation who are unable to afford professional care?
- # I wish the communities would not build any new shopping areas, when there are so many empty buildings. No more building, use what is sitting vacant now. Clean up the empty buildings or tear them down. They are eyesores.
- # Stop throwing money at the school system on projects such as windmills and dinner/breakfast programs. Use the money to teach reading, writing, math. Stop making special classes for teen pregnancy. These girls need to learn more faster, not relax. Money saved can go for social programs for all.
- # 1st time received after living here for 13 years. Good tool, put it to good use.
- # Property taxes are still increasing, no adjustment has been done with 2008 property devaluation. Property values have decreased significantly, refinancing is now very hard on properties, don=t appraise out. Please lower property taxes. This affects people=s emotional stability.
- # I am a psychiatric RN. While I realize that psychiatric services are being cut, McHenry County seems to be lacking in more than basic services. Think it would be great to see more services, especially inpatient available for those in need.
- # I live on the edge of McHenry County and do most of our day to day activities in Kane or Cook County. It might skew my answers.
- # Other household member works outside of McHenry County and would prefer public transportation if greater accessibility and better schedule options.

- # Look into better teaching in our schools. Stop pushing our children and let them be children while they can. Go back to old school teaching. This is what I would like to see the most.
- # Deport illegal aliens. Without them our schools would be better. Americans could once again get construction and service jobs. Our health care would not be stressed and going broke. The state would not be going broke. There would be fewer gangs, drugs, teen pregnancy, dropouts, thieves, drunk drivers. And the Apromise@ program might have gone to kids that could use it instead of only going to those who were non-English speakers except those who were Apolitically connected.@ I am sick to death of what this town, county, state, and country are becoming.
- # Lower our taxes so we can afford to continue living here. We will be forced to sell and move if our taxes continue to go up like they have in the past 10 years (more than tripled).
- # Land use B educate the owners of natural areas to preserve them. Aid them with these efforts.
- # Woodstock needs bike trails. Sidewalks on McConnell Road.
- # Woodstock should be more bicycle- and pedestrian-friendly. Install bike racks by stores, crosswalks, and walk lights on Rt 47. Build more sidewalks and bike paths.
- # Use natural gas as an energy source for transportation, liquefied and compressed natural gas. Reduce pollution.
- # We pay way too much in taxes because of mismanaged leadership.
- # Thank you for asking!
- # Let=s grow (Marengo). Preschool options (more). More programs for young children at park district. Better/even/safer sidewalks.
- # Widening Walk Up vs 31? I realize it is a county vs state but the amount of traffic drawn to Walk Up will be horrible, especially since our property tax just went up again despite loss of property without compensation, increase noise and traffic. Appealed tax bill without cooperation from local government.
- # I see too much money being spent foolishly since the stimulus package came in. Rebuilding and widening of existing roads instead of repairing and also sending everyone unemployed to college free just because they are unemployed and we the taxpayer pays for it. Get rid of illegal immigration! Please do not make our rural roads highways.
- # Have road construction crews work in off hours to avoid traffic congestion during morning commutes. Do not reconstruct multiple roads that travel in the same direction at the same time. If one road is under construction heading North and South, don=t do it to the next nearby road in the same direction.
- # We have a homeless boy 18 years old living with us. Not a family member.
- # We are a disabled couple that needs to go back to school and learn a new trade. There are no programs in this area that will help so we can live productively as we used to.
- # Taxes are too high out here. Cost of living in this area is getting out of control. Any raises you get are a pittance compared to what it costs in this county or employers, like Centegra, just raise your health insurance costs anytime you do get a raise so you end up losing income.
- # I don=t think Health Systems (Centegra-Advocate) should be allowed to prevent other health groups from establishing a health care facility in McHenry County.

- # I think it's wrong to get illegal's get a driver's license or free health care. This eats up my tax dollars. There is nothing wrong with people coming to America, so long as they do it legally.
- # Thank you!
- # I'm homebound, there is no help unless I pay for it and taxes are way too high.
- # Cut wasteful spending. Lower property taxes. Find a new county assessor who provides realistic home values. Lower government pensions. Provide better education systems.
- # We love living in McHenry County. If we will quit building more new housing subdivisions on tiny lots, preserve what we have. Improve Randall Road, plant a tree-lined median on Randall Road to lower noise pollution (see Long Grove and Mount Prospect) and keep open land and alleviate traffic, it would be idyllic.
- # I think this is a great community.
- # Please improve transportation B public.
- # I hope they bring more services to Marengo area.
- # We need more help for unemployed, low income, no insurance people.
- # Water drainage issues are getting worse in our area but no governmental group will take responsibility or will help. Several houses in our neighborhoods have regularly flooding basements B potential mold and other potential health issues, plus houses we won't be able to sell.
- # Please do not widen Fleming Road! We enjoy our quiet community. I do not live on Fleming by the way and occasionally use it because it is a beautiful drive.
- # We need more jobs.
- # Why does everything (transportation) have to be subsidized? Please keep out of people's business. It is not the governments' problems. We do not need more services. What we need is less taxes!
- # Health care is way too expensive and many people in the health care arena do not know how to diagnose anything. My wife recently had chest pains and it cost \$10,000 to find out she is fine, no problem at all, just because Centegra was way too cautious! We are pondering a lawsuit because of it!
- # The past decade has seen a huge influx of illegal immigrants in our community, actually it has gone from 8% to over 50% in approximately 15 years. It has created an economic crisis. Property taxes doubled and then went up again. When 2 & 3 families live in a home the taxes are for one family as far as education. The system has been abused. The majority of Spanish want everything Afree.@ Yet, they register their children for school and want it to be Afree@ because they claim they can't afford. But leave the school and go get into an Escalade in the parking lot! They pay thousands of dollars for their kids to play on traveling soccer teams, yet can't pay fees. If anyone says anything, then we are racists. Everyone needs to pay their fair share and contribute. Also, emergency rooms can't be used as drop in clinics by the poor. They claim they can't get doctor appointments, actually they don't want to wait or work.
- # If people come to America to live, they should be forced to speak English, get a job to support themselves, pay for things like I have to.
- # I am not worried for my household but I am worried about my adult married children. They have homes to pay for and children to raise. If economy does not turn around things could be very bad. This includes just basic health care, food, and shelter.
- # Senior service deal with PACE is a bad deal.

- # Legal help from Prairie State is a joke, I=am not even sure why they are there. We found out why they say McHenry County Legal System is the good old boys club. When my son got his divorce. When we looked for mental health help South Street and Family Services is all that are available and it takes some months for help, who wants to hire someone who can=t put in a day's work I could go on but legal and mental aids are very hot topics for me due to my son and now we may lose my grandson and I=am the disabled one who if it was for my son I would be lost and if the stupid legal system lets that happen because again my son can=t afford a lawyer and Prairie State can=t help, it will be a shame that my grandson will be moved.
- # English should be taught in school not Spanish! If they cannot speak English than go to Mexico!
- # Government needs to adjust spending to what is available to them, same as we do. How can you raise taxes in these times? People can=t get by any more. Plus big fines and jail for those who hire illegals.
- # McHenry County is a nice place to live, however, certain areas are growing way too fast like Lake in the Hills. We need to preserve open spaces especially for watersheds. Lake County has done a great job! We are moving to Tenn. to get away from all building, high taxes, and McHenry schools.
- # We have to send our child to a private school due to the state lower minimum standards. Greenwood Elementary School Afudges@ the student numbers to meet the Astate requirements.@
- # My brother lived with us for almost a year after being laid-off from work. He works part-time now without health insurance and has an apartment of his own, but can barely make ends meet. He is having a very hard time finding work, needs medical attention but can=t afford it, and would benefit greatly from more services. He is single and has no children, therefore, does not qualify for assistance. He is not alone, I know several people in his situation. My answers to this survey do not accurately reflect our counties current status. We are lucky.
- # We need rescue squad service to take people from Harvard area to Woodstock. There are a lot of people here that don=t like Harvard Hospital. I would like a new doctor from Centegra-Woodstock. It would be closer than Rockford.
- # The Illinois Attorney General needs to investigate Island Lake Town officials= methods of running the Village.
- # I think our community could use more education concerning the advantages of ethnic diversity. People should know how important it is for all children to speak more than one language.
- # I like the balance that Spring Grove tries to achieve in land use, but McHenry=s planning is not well done.
- # People who come here from south of our border are costing our state millions of dollars. We cannot keep on passing out free services. People who have lived here all their life cannot get these free services. Also, our schools are in trouble as we cannot afford to educate children who do not belong here. Our government just does not understand the above.
- # Widen roads before needed, speed up process from 15 years to 7 to 10.
- # My taxes are ridiculous when the value of my home has significantly dropped.
- # To conserve farm land, use smaller home sites, not 5-10-40 acre sites. That=s crazy.
- # Public transportation B bus routes throughout the town and adjoining to WNS. Without a car it=s extremely hard to get around out here.

- # Sun City is a wonderful place to be! I do worry, however, about how it will be if I become unable to drive.
- # Keep working to improve all areas included in this survey. All are important and we should not neglect any one area.
- # Our food stamps were cancelled 2 times for false entries, not our fault. But we had to wait over a month. Was no food when it finally did become reinstated. We received less \$ than before, \$210 a month for 5 people.
- # I really appreciated getting the H1,N1, flu shot through McHenry County Health Dept. They were professional and organized and it was free of charge.
I would like to see more encouragement to conserve energy. We just returned from Germany and the government rents roof space to put solar panels. Denver Water Dept. gives rebates for dual flush toilets (these are all over Germany). I would like county and village to have more control over price increases with Comcast.
- # English is the American language, if you want to live in this country learn to speak it. If you can't answer it in English, go back to where you came from!
- # Thanks for doing this kind of survey. I think that they do help our cities and towns and countryside. Stop giving away our natural resources, we have the best farm land around. Stop paving it over, leave the oak trees standing.
- # Health care needs to be affordable! We spent \$10,000 in 2009 on health insurance premiums and co pays. That is 12% of our pretax income and 14.5% after tax. And we are healthy!
- # I think that everyone who is in need of regular meds and can't afford them should be able to get them even if they are white. I also believe anyone who gets Public Aid, food stamps, extra, should not be able to have pets and should go through random drug tests. When a family has DCFS called 54 times in 5 years, there is a problem that needs addressed, not just pushed to the side.
- # Real estate taxes are too high.
- # Medical is rising drastically and Social Security did not receive increase this year nor next year. Our family physician wants to charge \$1,500 to \$2,200 more per year per person if we are willing to still be his patients. A survey was taken, do not know outcome. We have had same doctors for 30 years and if he charges this fee, we will not be able to continue to have him as our primary physician. What can we do? How many more doctors will decide to go this path? Where will the elderly go?
- # Public Aid should be offered to those who have been denied private insurance instead of giving our money to families who continue to have children even though they can't afford it, giving our money to people who live in our country for free and unable to speak our language, or giving our money to single parents who were too ignorant to use birth control. We need safe bike lanes and sidewalks!
- # Many of us who are senior citizens are not getting proper dental, hearing, and eye care because of insurance not covering these unless you can afford high premium insurance cost. Also, unaffordable long-term care costs are also an issue.
- # The theft of my husband's wallet is not an isolated event. Several others in Johnsburg have had break ins/thefts. Our next door neighbors had the tires and rims stolen off his truck in his driveway.
- # As you can see, I have checked nothing off of your boxes. I just want to be left alone. Please rein in your spending and your hiring. We need less government, not more. Your lack of planning has already ruined the road system in McHenry County, try not to make it worse and more costly to boot. Thank you.