

WINNEBAGO AND BOONE COUNTIES 2010 HEALTHY COMMUNITY STUDY INTRODUCTION AND ACKNOWLEDGEMENTS

December 2010

Prepared by



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What is Rockford Health Council?

Rockford Health Council is a healthy community collaborative that exists to promote better health for the residents of north-central Illinois. Rockford Health Council was formed in December 1982 as a non-profit 501(c)(3). At its inception the organization was known as the Rockford Council for Affordable Health Care. The name was formally changed to Rockford Health Council in May, 1995.

By the mid-1990's, Council members had developed the concept which became the Employers' Coalition on Health (ECOH), now a separate organization that negotiates health insurance contracts for a set of local self-insured employers.

In moving to become Rockford Health Council, in 1995 the organization began to adopt the characteristics of a healthy community collaborative. By 1998, the Council restructured into a membership organization with a board of 25.

Mission

Rockford Health Council exists to build and improve community health in our region through education, action and advocacy.

Vision

Rockford Health Council will be a catalyst for collaboration to assure a healthy community with access and quality care for all.

Value Proposition

Rockford Health Council is a policy-based organization that provides advocacy and education to address key community health issues. The organization is comprised of the collective expertise of leaders in health care as well as community leaders, whose policies and positions are supported by empirical data and research.

Values/Core Principles

Rockford Health Council:

- Provides a community forum where members address health issues through multi-sector collaboration
- Has well-established, focused priorities that support the mission of the organization and meet the needs of the community
- Supports these priorities with well-defined goals and measurable outcomes
- Has a realistic financial plan for long term financial stability.

Rockford Health Council, in collaboration with Health Systems Research and other community stakeholders, has administered three significant studies of local health issues. The most recent comprehensive study was completed 11 years ago. The *1999 Healthy Community Study* resulted from a broad-based collaboration among several organizations and dozens of individuals in the greater Rockford area, including Boone, Ogle and Winnebago Counties. The purpose of the study was to develop information on the quality of life in the Rockford area so as to create and implement strategies to improve the lives of all residents. This comprehensive study was updated in 2003, followed by the *Winnebago County Minority Health Study* in 2005. The *2010 Healthy Community Study* encompasses Winnebago and Boone counties.

What Is A Healthy Community Study?

A healthy community study is a process of gathering, analyzing and reporting information about the needs of the community and what capacities are currently available to meet those needs. Undertaken periodically, at least every five years, the study captures trends and changes in the demographic and health care environment. Data analysis identifies community needs and provides the foundation for realistic planning to develop, target and deliver essential community prevention and primary care services.

The study is an invaluable opportunity to connect with community stakeholders and discover unmet needs. A gateway to building trust, it opens a clearing for a solid foundation of shared responsibility and commitment to create change and address community health needs together. The study also provides data that enable local government, nonprofit and private organizations such as Rockford Health Council, the city of Rockford, local health systems, United Way, Community Foundation of Northern Illinois, Rockford College, Rock Valley College, University of Illinois Rockford and many others to leverage funding for programs and services.

2010 Healthy Community Study Components

A description of the components of the *2010 Healthy Community Study* follows. We would like to express our sincerest gratitude to the organizations and individuals listed with each component. Without their partnership, the *2010 Healthy Community Study* would not have been a success.

Community Analysis

The Community Analysis is a comprehensive analysis of data from many sources, and provides an overview of community health, demographic and socioeconomic characteristics, with comparisons to state and U.S. measures.

- *Deborah Lischwe, Associate Director, Health Systems Research, University of Illinois Rockford*

Household Survey

A survey with three-tiered distribution gathered data on health conditions experienced, health behaviors, other problems/needs experienced, perceptions of community problems related to health and human services and other community issues. A total of 13,775 surveys were distributed, with a return rate of 16.8%.

- *Joel B. Cowen, Assistant Dean for Health Systems Research, University of Illinois Rockford*

Key Informant Interviews

In-depth interviews with 60 key individuals in the community investigated community health and human services needs, both met and unmet.

- *Anne Rappaport, Rock Valley College*
- *Karen Lytwyn, Consultant*
- *Jim Novak, Consultant*

Focus Groups

Nearly 160 people, chosen from among target populations, convened for one-hour sessions. Participants received a stipend.

- *Karen Lytwyn, Consultant*

ACKNOWLEDGEMENTS

2010 Healthy Community Study Financial Support

Rockford Health Council gratefully acknowledges the following organizations for their financial support of and commitment to the *2010 Healthy Community Study*.

Boone County Health Department	Rockford College
City of Loves Park	Rockford Health Council
City of Rockford	Rockford Health System
Community Foundation of Northern Illinois	Rockford Housing Authority
Crusader Community Health	Rockford Park District
Employers Coalition on Health	Rockford Public School District 205
Goodwill Abilities Center	SwedishAmerican Health System
Guyer and Enichen PC	University of Illinois Rockford
OSF Saint Anthony Medical Center	United Way of Rock River Valley
Rock Valley College	US Bank
Rockford Acromatic Products	Village of Machesney Park
Rockford Anesthesiologists Associated, LLC	Winnebago County
Rockford Area Association of Realtors	Winnebago County Dental Society
Rockford Area Economic Development Council	Winnebago County Health Department
Rockford Bank and Trust	Winnebago County Medical Society
Rockford Chamber of Commerce	YMCA of Rock River Valley

Rockford Health Council Board Of Directors

Rockford Health Council would like to thank our Board of Directors for their leadership and direction in this important undertaking:

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WINNEBAGO AND BOONE COUNTIES 2010 HEALTHY COMMUNITY STUDY EXECUTIVE SUMMARY

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COMMUNITY ANALYSIS

Introduction

The Community Analysis presents a comprehensive overview of Winnebago and Boone Counties and the Rockford Metropolitan Statistical Area (MSA) by describing the population through secondary sources of information. Topics include population size, race/ethnicity, age, gender, households, income, employment, crime, births, deaths, health behaviors, morbidity, and health care resources and utilization. Two major sources of information for the Community Analysis 2010 are the U.S. Census Bureau and Illinois Department of Public Health, with other data from numerous federal, state, and regional entities. Much of the detailed Census information comes from the recently released 2006-2008 American Community Survey Three-Year Estimates.

Other data sources include the National Center for Health Statistics, Illinois Department of Employment Security, Illinois Uniform Crime Reporting System, Illinois Department of Children and Family Services, Illinois Department of Healthcare and Family Services, and numerous other state and local agencies. Sources are noted for all tables.

Population

According to Census Bureau estimates, Winnebago County's population stood at 299,702 in 2009, up 7.6% from the 2000 population of 278,418. During the past century, Winnebago County's greatest growth took place in the 1910s (+44%) and 1950s (+37.7%).

Boone County's 2009 population at 54,020 represents a 29.3% rise over the 2000 figure of 41,786. Even greater growth occurred between 1990 and 2000 when the population increased by 35.6%. Population growth in the county since 1990 has far surpassed earlier decades.

Rockford MSA's population numbered 353,722 in 2009. Between 2000 and 2009, the MSA population grew by 10.5%, a little less than the growth occurring during the 1990s at 12.9%.

Between 2000 and 2009, all eleven Winnebago County communities gained population. The biggest growth occurred in Roscoe (+41.1%) and Loves Park (+21.7%). Boone County's six communities experienced dramatic growth between 2000 and 2009. Two communities, Poplar Grove and Timberlane, more than doubled their population during this period.

Winnebago County experienced a "natural increase" from 2000 to 2009 with 14,341 more births than deaths and net in-migration of 4,942 persons. The migration gain is attributed to substantial in-migration from international sources (+5,831). Boone County's population gain between 2000 and 2009 comes from a natural increase of 3,450 more births than deaths and in-migration from both domestic (+8,046) and international (+941) sources.

IRS migration data based on tax filers show that 10,198 persons moved into Winnebago County between 2007 and 2008, while 10,156 left, for a net gain of 42 persons. Among those who migrated into Winnebago County, the largest number came from Cook County (12.9%) and Boone County (12.1%). More than half (54.9%) who moved to Winnebago County came from within Illinois. One in eleven persons who left Winnebago went to Boone County, followed by Cook (8.8%).

IRS data for Boone County indicate that 3,642 persons moved into Boone from 2007 to 2008 compared to 3,351 who left, a net gain of 291 persons. Movers to Boone came mainly from Winnebago County (26.7%), Cook (13.9%), Kane (12.7%), and McHenry (12.6%). Among those who left Boone County in 2007-2008, top destinations were Winnebago County at 36.7% of out-migrants, Cook and McHenry Counties both at 9.2%.

Among Winnebago County residents aged one and older, 85.4% live in the same house in 2006-2008 as the year before, versus 85.5% Illinois and 83.8% U.S. Among the 14.3% Winnebago County residents who moved to a different house within the previous year, 10.1% stayed within the county

Nine in ten Boone County residents aged one and older lived in the same house in 2006-2008. Of the 9.4% of Boone County residents who moved to a different house within the previous year, roughly the same stayed within the county (4.6%) as moved to another county (4.8%).

Race, Ethnicity, Ancestry, and Language

Most (84.2%) Winnebago County residents are white, with 11.6% black, 2.1% Asian, and 1.7% two or more races. The county's racial mix closely resembles the U.S. Hispanic origin is not considered a race.

Between 2000 and 2009, the number of people in every racial group increased with the greatest growth experienced for the white (+13,050) and black (+5,018) populations, though multiple races saw the biggest proportional increase (+47.9%).

Winnebago County residents with a Hispanic origin numbered 31,435 in 2009, a 63.7% jump over 2000 (19,206). One in ten Winnebago residents report themselves to be Hispanic compared to 6.9% in 2000.

Boone County's population is 94.5% white and 2.6% black. The black and Asian groups witnessed the largest proportional growth between 2000 and 2009, almost tripling their numbers. One in five Boone residents is Hispanic, with the number doubling from 2000 (5,219) to 2009 (10,988).

Classified into race/ethnic categories, 74.4% of Winnebago County's 2009 population is white non-Hispanic, 11.3% black non-Hispanic, and 10.5% Hispanic. Boone County has more Hispanics at 20.3%.

The Rockford MSA has lower proportions of non-white non-Hispanic groups than the state or nation. After white, non-Hispanic who account for 74.4% of the population, Hispanic represent the second largest group (12%) in the MSA, followed by black, non-Hispanic (9.9%).

One-quarter of Winnebago County residents report German ancestry, almost twice as many as Irish at 13.7%. Accounting for about one in ten, at third and fourth places are American (9.7%) and Swedish (9.4%). As time passes, more persons are identifying their ancestry as American. German (27.2%) and Irish (13.4%) top the list of ancestries reported by Boone County residents, followed by English (9.5%) and Italian (8.3%).

More than nine in ten (92%) Winnebago County residents were born in the U.S., while Boone stands at 89.9%. Both counties have a higher level of native population than the U.S. at 87.5%.

Among the foreign born population in Winnebago County, 56.6% are not U.S. citizens, while 43.4% are naturalized citizens. In Boone County, 31.6% of the foreign born population is a naturalized citizen.

In the Rockford MSA, 62.8% of the foreign born population came to this country from Latin America. An additional 19.1% were born in Asia and 16.1% have come from Europe.

Among the foreign born Winnebago County persons who are naturalized citizens, 42.4% entered the U.S. before 1980. For foreign born who are not U.S. citizens, 45% arrived during the 1990s and an additional 38.3% in 2000 or later. Among Boone County naturalized citizens, two in three entered the U.S. before 1980.

One in eight (12.3%) Winnebago County persons five years and older speak a language besides English at home. For two-thirds (8.3%) of these, Spanish is the language spoken. In Boone County, one in five (19%) persons five years and older speak a language besides English at home, primarily Spanish (16.4%).

Age and Gender

One in four Winnebago County residents is under 18 years old, similar to the U.S. (24.3%); 13.4% are 65 and older versus 12.9% U.S. The only age group which differs by more than one percentage point as a proportion of total is 18-24 year olds, accounting for 8.7% of Winnebago County population, less than U.S. at 9.9%.

Three in ten Boone County residents are aged 0-17, while 11.4% are 65+. Two age groups differ markedly from the nation: 5-17 year olds at 21.9% versus U.S. at 17.3% and 25-34 year olds at 10.8%, below the nation's 13.6%.

The MSA population, contains 25.7% children, 13.1% who are 65 and older, and 39.3% aged 15-44.

Looking at change since 2000, the middle-agers 45-64 years old show a substantial gain, posting 26.4% growth in Winnebago and 48.2% in Boone.

Winnebago County's median age increased from 35.9 years in 2000 to 37.6 in 2009. Boone County's median age rose from 34.5 in 2000 to 36.5 in 2009.

On average, Winnebago County females are older than males. In 2009, the county's female median age was 38.9 years, more than two and a half years older than males at 36.2 years. The female median age increased by 4.4 years since 1990, with males increasing by 3.8 years.

Females also tend to be older in Boone County, a median age of 37.4 years in 2009 compared to 35.6 for males. Since 1990, Boone females have increased their median age by 3.3 years whereas males have added 2.5 years.

The 2009 median age of Winnebago County whites at 39.5 years is more than 12 years above blacks at 27.4 years and Hispanics 25.2 years. Likewise, Boone County's white population at 36.9 median age is much older than blacks at 19.9 years and Hispanics 24.1.

Winnebago County showed a 2009 gender ratio of 97.0 males to 100 females. The county's 2009 gender ratio exceeds the 2000 figure (95.8), meaning that the genders are currently more balanced. Winnebago County men outnumber females in all age groups 34 years and younger. At 85 years and older, the gender ratio falls to just 42.8. In Boone County, the 2009 gender ratio is 102.2. The male excess in Boone County exists at every age group under 60 years old.

Winnebago County's non-white populations have higher proportions in the under 20 age groups, 23.1% among white, non-Hispanics compared to 38.3% blacks, 42.2% Hispanics, and 28.1% Asians. The age distribution for seniors is reversed with at least twice as many whites (16.1%) at ages 65 years and older than Asians 7.5%, blacks (7.1%), and Hispanics (3.7%).

In Boone County, 27.3% of the white, non-Hispanic population is 19 years and younger, much smaller than Hispanics at 45.3%, and 48.7% of blacks. Seniors ages 65+ comprise 13.9% of the county's white population, compared to 4% of Hispanics and 2.1% of blacks.

In Rockford, 25.1% of the population are aged 0-17, while seniors 65+ account for 13.6%. The city has a median age of 35.0 years and is home to 94.7 males per 100 females. Belvidere has a median age of just 31.1 years and 29.1% of the population are children. More males than females reside in Belvidere.

Household Characteristics and Marital Status

Four of five Winnebago County residents reside in family households, very similar to the state at 82.1% and nation 81.5%. Boone County's level, however, is higher at 89.5%.

While 15.1% of the Winnebago County population resides in nonfamily households, most of whom live alone, only 10.3% of Boone's population live in this type of household. Like other household classifications, Winnebago's level is very close to the state (15.2%) and nation (15.7%), though Boone is substantially lower.

According to 2006-2008 Census estimates, Winnebago County contains 110,820 households, with Boone County households numbering 16,802.

Families account for 67.1% of Winnebago County households, similar to Illinois (66.4%) and U.S. (66.6%). Married couples make up half of the county's households, the same as the state and nation. Married couples with children at home comprise 20.5% of the county's households, a little below Illinois (22.5%) and U.S. (21.4%).

Among Winnebago County family households, 4.6% is a single male householder, half (2.3%) of whom are single male parents with children at home. Many more households are single female households (13.1%), with 8.6% of all households being single female parents with children at home.

Families comprise 74.9% of all Boone County households, while married couples with children account for 28.9%. Single parent households account for 12% of Boone County households. Three times as many are headed by females with children under the age of 18 at home (9.2%) as males with children (2.8%).

Householders live alone in 27.7% of Winnebago County and 21.1% of Boone County households. In both counties, about one-third of the single person households are aged 65+.

One-third of Winnebago County households contain one or more persons under age 18, while 23.4% have at least one household member aged 65 years and older. In Boone County, the figures are 43.2% with one or more children, and 19.7% which contain at least one senior.

Winnebago County's average household (2.63 persons) and family size (3.22) mirrors the state and nation. In Boone County, average household (3.14) and family size (3.65) are larger.

Among Rockford MSA households, 68.2% are family households with half being married couples and one-fifth married couples with children. Family households without wife or husband present comprise 17.3% of MSA households with roughly three times (12.8%) as many female householders without husband as male householders without wife (4.5%). One in nine (11.1%) MSA households is a single parent home with children.

In Winnebago County, 63.8% of children live in married couple families, while 70.6% of Boone County children live in married couple families. Also, 28.3% of Winnebago County children live in a single female parent family, exceeding Illinois (24.1%) and U.S. (24.5%). Smaller proportions (22%) of Boone County children live with single mothers (22.1%) or single fathers (6.9%). Additionally, 6.2% of Winnebago County children live with a grandparent, while in Boone County the proportion is 3%.

One-fifth of Winnebago County seniors are females living alone, while 5.3% live in group quarters. For Boone County, 16.8% are females living alone and 7.7% are males living alone.

Just 16.5% of Rockford households are married couples with children, while in Belvidere 26.4% are this type of household. Single female parent households account for 11.3% of Rockford and 12.4% of Belvidere households.

Half of Winnebago County residents ages 15 years and older are married, resembling the state (49.5%) and U.S. (50.2%). More Winnebago County men (51.2%) than women (47.7%) are married. Three in ten residents have "never married". More in Winnebago are divorced (11.7%) than the state (9.4%) and U.S. (10.6%).

More than half (51.4%) of Boone County residents ages 15 years and older are married. More Boone County men (53.3%) than women (49.4%) are married. One third (32.3%) of the 15+ population are "never married," while 9% are divorced.

In 2008, 1,082 divorces/annulments took place in Winnebago County compared to 1,975 marriages, producing a dissolution ratio of 54.8 divorces per 100 marriages. Boone County's 2008 dissolution ratio stood at 69.5.

Housing

Census 2009 estimates show that Winnebago County contains 125,808 housing units, a 10% gain over the 2000 figure of 114,404. With a 22.8% growth in housing units between 2000 and 2009, Boone County has witnessed more growth than the state (8.3%). Boone County's housing units totaled 18,929 in 2009. The number of housing units in the MSA in 2009 was 144,737.

Almost nine in ten housing units in Winnebago County are occupied. In Boone County, 90.4% of housing units are occupied. For the MSA, 89.1% of housing units are occupied.

About seven in ten of Winnebago County's occupied housing units are inhabited by owners, while renters occupy the remaining 28.4%. The county's proportion of owner-occupied units has remained at almost the same level since 1980. Boone County has witnessed a steady rise in the proportion of occupied units inhabited by owners, from 70.5% in 1980 to 81.6% in 2006-2008. The current level exceeds the state (69.8%) and nation (67.1%) by a substantial margin.

More white households own their homes than blacks in both Winnebago and Boone Counties. Three in four white, non-Hispanic households in Winnebago own their homes compared to 37.3% among blacks (2006-2008 data). Asians exhibit high ownership rates (75.4%), too. Three in five (60.3%) Hispanic households own their homes.

Winnebago County shows a wider home ownership disparity by race, almost a 40 percentage point difference between white, non-Hispanic (77.1%) and black (37.3%).

Home ownership rises with age, peaking among 65-74 year olds in both Winnebago (84.7%) and Boone (92.8%) Counties.

Boone County homes contain more rooms, a median of 6.1, than Winnebago at 5.5. In both counties, a dramatic difference marks the number of rooms in owner versus renter-occupied units, typically about two more rooms per unit among owner-occupied structures.

On average, the 2.63 persons occupy Winnebago County's housing units, the same as for Illinois. Owner-occupied units have more occupants (2.75 persons) than rental units (2.30). The average occupancy for Boone County housing units is 3.14; including 3.17 persons per owner-occupied unit and 3.02 per renter unit.

More than half (56.6%) of Winnebago County householders have moved into their current residence since 2000. Three in ten householders in the county moved into their current home in 2005 or later, with another 27.3% moving during 2000 to 2004. In Boone County, 56.4% of householders moved into their current home since 2000. The most common moving period was 2000 to 2004, accounting for 30.9% of householders, followed by 2005 or later with 25.5%.

The median year a home was built in Winnebago County was 1966. One-fourth of the county's homes were built before 1950. The median year built for Boone County homes was 1982. More than one-fifth (22.3%) of Boone County homes have been built since 2000.

Winnebago County's median home value at \$126,000 falls 40% below the state at \$208,000 and 35% below U.S. at \$192,400. The county's self-reported home value reflects a 37% increase over the 2000 value. Boone County's median home value is \$175,000, which is 42% above the 2000 value.

Data from the Illinois Association of Realtors indicate that 3,306 single family homes were sold in Winnebago County in 2009, a 16.3% drop from 2008. In Boone County, 704 homes were sold in 2009, essentially the same number (703) as the year before.

Winnebago County's median home price stood at \$109,000 in second quarter 2010, a modest increase from \$105,600 for homes sold in 2009. Boone County has witnessed dropping home prices since 2007 when the median price was \$179,900. The following year the median price was \$14,000 lower and in 2008 the price fell by \$30,000 more. For second quarter 2010, the county's median home price was \$119,500, about one-third (33.6%) below the 2007 amount.

Winnebago County's median amount spent by owner-occupied households with a mortgage is 24.1% of income compared to Illinois at 25.7% and U.S. at 25%. Boone County households spend almost the same amount of their income on housing as Illinois and U.S. households. Boone's median amount spent by owner-occupied households with a mortgage is 26% of income. In the two counties, renters spend more than 30% of their income (Winnebago 30.3%, Boone 30.9%) on housing than owners.

One-third of Winnebago County households spend more than 30% of their income on housing, below the state (36.3%) and nation (35.5%), suggesting that housing costs are a little less of a burden in Winnebago than statewide or the U.S. This is not true for Boone where 36.5% of households spend more than 30% of their income on housing. Lower income households spend more of their income on housing. Among the income category of under \$20,000 per year, four in five Winnebago County and Boone households spend more than 30% on housing.

Overall, rents are lower in Winnebago and Boone Counties than statewide or the nation. The median amount Winnebago County renters pay is \$673 per month, while Boone renters pay \$704, compared to \$812 for Illinois as a whole and \$819 for the U.S.

Among Winnebago County's households, 71.6% own their home, but the proportion depends on income level. For households whose incomes fall below \$20,000, 39% own their home, rising to 71% for \$35,000-\$49,999 income households. Four in five households with incomes of \$50,000-\$74,999 are homeowners, while the proportion exceeds 90% for household incomes above \$75,000.

Home ownership in Winnebago County is also associated with educational attainment. 56.1% of householders with less than a high school education own their home, jumping to seven in ten (69.4%) among high school graduates. College degree holders exhibit the highest home ownership rate at 85.7%.

A wide disparity exists in Winnebago County home ownership depending on race/ethnicity with much higher rates among white, non-Hispanic (77.1%) and Asian (75.4%) householders than Hispanic (60.3%) and black (37.3%) households.

In Boone County, 81.6% of households own their own home, although that level drops to under 60% for households earning less than \$35,000. Three in four households with \$35,000-49,999 income own their home as do 86.5% of \$50,000-74,999 households. Practically all (98%) households with incomes of \$75,000 and higher are home owners.

Home ownership in Boone County ranges from 64.3% of householders without a high school diploma to 91.7% among four-year college degree holders. At 85.7%, white, non-Hispanic Boone County households are more likely to own their home than black (61.9%) and Hispanic (58.2%) households.

For 7.1% of Winnebago County households, no vehicle is available, with the level rising to 11.8% among householders aged 65 and older. In Boone County, only one in twenty (4.9%) households lacks a vehicle, with the highest level among householders ages 15-34 at 9.3%.

The proportion of vacant housing units in Rockford stands at 14.6%, with 61.7% home ownership. Rockford's median home value is \$106,000.

Education and Employment

Among Winnebago County adults ages 25 years and older, 83.1% have completed high school, similar to the state (85.6%) and nation (84.5%). The county's proportion, however, who have obtained a four-year college degree is much lower at 20.2%, about a third below Illinois (29.5%) and U.S. (27.4%). Adults with a graduate/professional degree are far less common in Winnebago County, accounting for 6.7%, than statewide (11.1%) or nationally (10.1%).

Among Boone County adults ages 25 years and older, 86% have completed high school. One in five have earned a four-year college degree, while 6.3% have a graduate or professional degree.

For the Rockford MSA, 83.5% of adults ages 25 years and older have at least a high school diploma, while 20% are college graduates and 6.6% have a graduate or professional degree.

Over the past 18 years, Winnebago County has witnessed a steady rise in the percent of adults 25+ with a high school education, rising from 76.3% in 1990 to 83.1% in 2006-2008. In Boone County, the increase was even greater, from 75.5% of adults 25+ with a high school education in 1990 to 86% in 2006-2008.

Compared to the state and nation, Winnebago County has achieved less progress in adults ages 25+ obtaining a bachelor's degree, from 16.7% in 1990 to 20.2% in 2006-2008, compared to a 7-8 percentage point gain in Illinois and U.S. Likewise, only a slight increase occurred for graduate/professional degree holders, from 5.2% to 6.7%, while both Illinois and U.S. rose by about three percentage points.

While still considerably below the state and nation, the 18-year gain of seven percentage points in proportion of Boone County adults with a college education, 12% in 1990 to 19.2% in 2006-2008, resembles the degree of change experienced at the state and national level.

Much less likely to hold a four-year college degree are Winnebago County black (8%) and Hispanic (8.4%) adults than whites (22.1%). The same is true in Boone County with 3.8% of Hispanic adults holding a college degree compared to 21.2% of whites.

For the 2008-2009 school year, three Winnebago County school districts reported higher high school graduation rates than the state (87.1%): Pecatonica #321 (100%), Winnebago #323 (96.1%), and Hononegah #207 (93%). Rockford #205's graduation rate was the lowest at 70.9%. Comparing 2008-2009 graduation rates to seven years earlier, all Winnebago County districts except Durand #322 and Rockford #205 posted gains.

Of the two school districts in Boone County, North Boone #200 reported an 89.1% graduation rate for the 2008-2009 school year, while Belvidere #100 graduation rate was 82.5%. In both districts, 2008-2009 graduation rates fall below 2001-2002.

In Winnebago County, 65.7% of adults ages 16 years and older participated in the labor force in 2006-2008, a slight drop from 67.4% in 2000. By gender, 71.7% of males are current labor force participants as are 60% of the county's females. Winnebago County's 2006-2008 labor force participation figures practically mirror the nation (65.2% all, 71.5% male, 59.2% female).

Among Winnebago County children under age six, 68.9% have all of their parents in the labor force (2006-2008), higher than Illinois (62.9%) and U.S. (62.5%). Three in four school-age children 6-17 years old have all their parents in the labor force, exceeding the state (70.8%) and nation (70.6%).

Labor force participation among Boone County persons 16 years and older stood at 68.1% in 2006-2008, a level that has remained very stable since 1980. Three in four males are current labor force participants as are 62% of the county's females.

Among Boone County children under the age of six, 67.8% have all of their parents in the labor force (2006-2008), with 73.4% of school-age children having all parents in the labor force.

In August 2010, Winnebago County unemployment reached 14.6%, far higher than Illinois (9.9%) and U.S. (9.5%). 2009 represents the county's peak year for unemployment at 15%. Since 1998, Winnebago County unemployment has exceeded state and national levels, reversing a trend experienced in the mid 1990s when the county's level fell below Illinois and U.S.

Winnebago County labor force participants (both employed and unemployed) numbered 149,567 as of August 2010, a 1.3% drop from the 20-year peak of 151,515 labor force participants in 2000.

Boone County's August 2010 level of unemployment was 14.2%, a small drop from 2009 at 15.4%. Since 2000, Boone's unemployment levels have surpassed the state and nation. Labor force participants, both employed and unemployed, numbered 26,684 in August 2010, a figure that has remained relatively stable since 2007.

Data from the Illinois Department of Employment Security substantiate the higher unemployment among area males, 16.4% versus 13.4% females in Winnebago County. Blacks

are three times more likely to be unemployed at 34% as whites 12%. Hispanic unemployment at 24.8% falls between white and black levels.

Boone County's 2009 male unemployment at 17% exceeds females 13.3%. More than one-third of the county's blacks are unemployed, about one-fifth of Hispanics and 14.8% of whites. The highest unemployment among gender/race and ethnic groups occurs for black males at 46.3%.

Winnebago County workers travel, on average, 21.6 minutes to work compared to a national average of 25.3 minutes. The most common time period, accounting for 37.7% of workers who do not work at home, is 10-19 minutes. Boone County workers travel an average of 32.3 minutes to get to work. Most typically (23%), Boone workers travel 20-29 minutes to work.

The majority of workers (94.1% both counties) use a car, truck, or van to commute, of whom about one in ten (9.5% Winnebago, 10.9% Boone) carpool. In both counties, 2.7% of workers work at home.

Three occupational categories dominate the Winnebago County workforce. Management/professional occupations (28.3%), sales/office occupations (25.7%) and production and transportation (21.9%), which is far higher than 12.7% nationally.

By industry, 23.1% of Winnebago County employees works in manufacturing, followed by education/health/social services (20.9%), and retail trade (11%). Of the 13 industry categories, only two comprise a greater proportion of employees in the county versus U.S.: manufacturing and transportation/warehousing/utilities. Categorized by class of worker, self-employed workers make up 5% of the work force, while government accounts for 9.5%.

Boone County also relies on manufacturing with 23.1% of the county's workers working in that field, followed by education/health/social services at 15.7% and retail trade at 15.1%. Sales and office occupations represent the largest occupation category.

While management/professional occupations account for the greatest proportion (27.9%) of Rockford MSA employed persons, the greatest difference between the MSA and nation is for production/transportation/material moving, 22.5% MSA compared to 12.7% U.S.

With regard to industry, manufacturing stands out as the dominant player in the Rockford MSA with 23.1% of employed workers, more than double the U.S. at 11.3%.

From 2000 to 2009, Winnebago County jobs declined by 18.4%. Manufacturing suffered the severest setback with 13,757 (-38.8%) fewer jobs. Agriculture, construction, trade, and finance also saw job declines exceeding 20%. Gains occurred for health/social assistance (+16.6%) and transportation/warehousing (+7.2%).

Boone County's employment pattern shows a job loss of -10.4% between 2000 to 2009. More than half of the 13 industry groupings gained jobs, led by transportation/warehousing (+148%), education (+98.1), and hospitality/entertainment (+46%). Construction and finance/insurance suffered the biggest job drops at -55.8% and -52.2%, respectively.

In the MSA, jobs declined by 17.7% from 2000 to 2009, with the biggest nine-year loss in manufacturing, 16,086 fewer jobs, a decline of 38.7%, while construction (-30%) and education (-29.3%) also saw substantial drops. In only two of 13 industry groups did jobs increase, health/social assistance (+17.2%) and transportation/warehousing (+16.1%).

Most Winnebago County residents (86.9%) work in their own county. For those who leave the county, the most common destination is Boone County where 3.3% of Winnebago residents worked. Boone County residents are most apt to work in the county (37.8%). Residents who leave the county to work go primarily to their neighboring counties, Winnebago (29.7%) and McHenry (13.3%).

Rockford's August 2010 unemployment rate stood at 16.3%, with Belvidere at 15.5%.

Income and Poverty

Winnebago County's 2006-2008 median household income at \$47,859 falls below Illinois (\$55,935) and U.S. (\$52,175). From 1999-2006/2008, the county's median household income rose by 9.1%. In contrast, the county's growth in median household income from 1989 to 1999 was significant, rising by 40%.

Boone County's 2006-2008 median income stood at \$59,641, increasing by 13.8% over 1999. The previous decade saw the county's median income increase by 49.3%.

Winnebago County families report a far higher median income (\$59,977) than nonfamily households (\$26,586). Even lower is the median income for single female parent households at \$21,298. The county's per capita (\$24,109) as well as median income for all household types are below Illinois and the nation.

Median incomes for all household types in Boone County surpass Winnebago and the U.S. Again, the disparity between family (\$68,801) and nonfamily (\$34,294) is striking, while the median income for single female parent is lowest of all at \$25,188.

Winnebago County households headed by 45-64 year olds earned the most, an annual amount of \$60,452 (2006-2008). The county's youngest and oldest households report much lower incomes. Households headed by persons under age 25 earned \$24,063 per year, while the median for those aged 65 and older was \$30,862.

At \$52,568, white, non-Hispanic households in Winnebago County report a much higher 2006-2008 median income than Hispanic households (\$34,371). Black households at \$25,352 earn a median amount less than half that of white, non-Hispanics.

Boone County middle-aged householders 45-64 earn a median income of \$70,355 followed closely by 25-44 year olds at \$66,587. Youngest and oldest householders report far lower incomes, \$35,038 for 65+ and \$24,464 under 25. White, non-Hispanic households earn a median amount of \$64,240 compared to \$40,027 for Hispanic households.

The highest proportion of households earn in the \$50,000-\$74,999 range: 20.4% of Winnebago and 23.1% of Boone County households.

One in four Winnebago and 16.4% of Boone households earned less than \$25,000 per year in 2006-2008, while 4.4% of Winnebago County and 7.8% of Boone County households received incomes of more than \$150,000.

Winnebago County 2008 per capita personal income (PCPI) at \$33,102 equates to 82% of the U.S. PCPI. Ever since 2000, the county's PCPI has fallen below 90% of U.S. Boone County 2008 per capita personal income (PCPI) at \$32,141 stands at 80% of U.S. PCPI, a record low. The county's PCPI has dropped consistently since 1995. The Rockford MSA 2008 per capita personal income (PCPI) at \$32,955 is 82% of U.S. PCPI.

With 14.6% of Winnebago County's population living at or below the poverty threshold, more area residents are poor than is true for the state (12.1%) or nation (13.2%). Boone County's poverty rate at 9.9% falls below Illinois and U.S. levels.

Among Winnebago County children, 21.3% live in poor homes, higher than Illinois (16.8%) and U.S. (18.2%). In Boone County, 15.2% of children live in poor homes.

Three in ten (29.8%) Winnebago County residents are poor or near poor, defined as up to 185% of poverty, about four percentage points above Illinois (25.6%) and U.S. (28.1%). In Boone County, 22.5% of the population is living up to 185% of the poverty level.

Poverty is more common among certain populations. For example, 44.2% of Winnebago County's female-headed families with children are poor, exceeding the state (36.1%) and nation (36.5%). In Boone County, 34.3% of the female-headed families with children are in poverty. However, among female-headed families with pre-school age children, 76.3% are poor.

Seniors in Winnebago and Boone Counties, like the state and nation, are less likely to be poor. In Winnebago, 8% of persons 65 years and older are considered poor, as are 6% of Boone County seniors.

Almost six in ten school-age children in Winnebago County and 45.5% in Boone County are eligible to receive free and reduced lunch, a program for students who live in homes where the incomes fall at or below 185% poverty.

Medicaid recipients make up 22% of Winnebago County's population as of August 2010, a steady increase over the past decade. At 16.6%, Boone's level of Medicaid-enrolled population has also risen every year.

Rockford reports the lowest household (\$38,204) and family (\$48,651) incomes but not per capita which is claimed by Belvidere (\$19,766). In Rockford, 21.7% of the population and 31.9% of children are in poverty.

Crime and Violence

Winnebago County reported 17,507 crimes in 2008. The county's 2008 rate of 5,859.9 crimes per 100,000 population surpassed the state (3,550.7) by 65%, and rose by 5.8% from 2007. Theft makes up 58.3% of the county's crimes. Winnebago County's crime rate was the highest of all counties in Illinois.

Boone County reported 1,100 crimes in 2008, with a rate of 2,054.9, well below the state rate (3,550.7). Only one category of crime, criminal sexual assault, shows a county rate that surpasses the state.

A total of 1,595 drug arrests were reported in Winnebago County in 2008, a three-year low. The county's 2008 rate of 533.9 drug arrests per 100,000 population is 30.6% lower than the state at 769.6. Cannabis (865 arrests) accounts for 54.2% of all drug arrests.

In 2008, drug arrests numbered 432 in Boone County, a rate of 807.0, exceeding the state. Boone County's 2008 rate represents a nine-year high. Almost two of five arrests were cannabis-related, while 35.4% are due to drug paraphernalia. Boone's drug paraphernalia arrest rate (285.8) is more than twice the state rate (117.7).

The City of Rockford showed a 2008 crime rate of 7,633.7, 30% above the county and more than double the state, and a 10% increase from 2007. Belvidere's 2008 crime rate of 2,496.6 per 100,000 dropped 6.5% from the year before.

Elder abuse reports totaled 411 in fiscal year 2010 among Winnebago County seniors. The number of elder abuse reports, including both substantiated and unsubstantiated cases, has increased since the late 1990s. In Boone County, 33 elder abuse cases were reported in FY 2010, and has trended upward since the mid 1990s.

Reports of child abuse in Winnebago County numbered 4,786 in 2009, affecting 4,126 children, a rate of 56.6 per 1,000 children ages 0-17, practically double the state rate of 30.1, and representing a ten-year high. Of the 1,762 reported cases, 1,592 children (38.6% of reported) were "indicated," for a rate of 21.8, almost triple the state (8.5).

Boone County posted 447 child abuse reports, affecting 411 children, producing a rate of 33.6 per 1,000 children ages 0-17, a little above the state at 30.1. Indicated cases totaled 88, a rate of 7.2, below the state at 8.5.

Births (Natality)

Winnebago County reported 4,155 births in 2008, a modest drop from the year before (4,230). The county's 2008 birth rate at 13.9 births per 1,000 population has remained fairly stable since 2000, and almost matches the state at 13.8. Current birth rates are quite a bit lower than during the 1980s when they were in the 15-17 births per 1,000 range.

Boone County reported 676 births in 2008, a four-year low. With a birth rate of 12.5 per 1,000 population, the county falls below the state and is at a record low level.

Winnebago County's 2008 fertility stood at 70.6 births per 1,000 females ages 15-44, a small rise from 68.3 in 2000. By contrast, the state witnessed a decline, while the U.S. change resembled Winnebago. Boone County's fertility rate in 2008 was 65.4 births per 1,000 females ages 15-44, dropping from 67.2 in 2000, a decline similar to the state, from 67.4 to 66.0.

In 2008 three in four Winnebago County newborns were white, while 19.2% were black. The black birth proportion has risen steadily since 1995 at 13.5%. Hispanic births, which can be of

any race, accounted for 16% of 2008 births, similar to the four previous years, but double the 1995 level (7.9%). The vast majority (95.9%) of 2008 Boone County births were white and only 2.5% black. Based on ethnicity, 35.8% of Boone births are Hispanic, rising from one-quarter (25.4%) in 2002 and triple the 1990 level of 11.5%.

Winnebago's median age of mother is 26.6 years, one year younger than nationally (27.6) and a year and a half younger than mothers statewide (28.2). Boone's median age of mother is 27.4, while the MSA median is 26.8 years.

Three in ten Winnebago County 2008 births were to women aged 25-29, with 27.8% to women aged 20-24. Babies born to mothers ages 30 and older are less common in Winnebago County, One in five Winnebago County births were to women aged 30-34, with 10.3% to woman 35 years and older.

Almost one-third of Boone County 2008 births were born to 25-29 year old women, while mothers ages 20-24 gave birth to one-quarter (23.7%) of Boone births. Compared to Winnebago County, older mothers are more common in Boone with 11.7% ages 35-39.

In the MSA, 12.4% of babies were to teen mothers in 2008. Winnebago teen births numbered 527, 12.7% of all births, while Boone County reported 74 teen births, 10.9% of all births.

Half of Winnebago County 2008 births were to unmarried mothers, the highest level yet recorded and about triple the 1980 level (17.2%). In Boone County, unmarried mothers accounted for four in ten (39.8%) 2008 births, also that county's highest recorded percent, and more than four times the 1980 level (8.9%).

In Winnebago County, 9.2% of all births were low birth weight (less than 2,500 grams), which has been the proportion for the past three years and a decrease from the 2005 peak of 10.3%. The proportion of low weight babies has inched upward since 1980, similar to state and national trends. Boone County reported a 2008 low weight birth proportion of 6.5%.

In the Rockford MSA, one in nine (11.2%) 2008 births were delivered preterm (less than 37 completed weeks of gestation). Since 2002, this level has remained in the double-digits unlike the mid 1990s and earlier when preterm births fell below 10%. Typically, Winnebago County preterm birth proportions exceed Boone.

Three in four Winnebago County births received first trimester prenatal care in 2008, while for Boone County births, the first trimester care level stood at 74.6%.

In 2006, 65.4% of Winnebago County births received adequate care according to the Kessner Index, while 8.7% obtained inadequate care, defined as third trimester or no care at all. Adequate-plus care accounted for one-third of births based on the Kotelchuck Index, while 36% got adequate care. Winnebago County levels of adequate care fall below the state, though adequate-plus is higher.

Two in three Boone County 2006 births received adequate care based on the Kessner Index, while 24.4% got intermediate care. Using the Kotelchuck measure, 29.9% received adequate-plus and 39.2% adequate care. Boone County's adequate care levels fall short of statewide.

Rockford MSA women are twice as likely to smoke during pregnancy as pregnant women statewide. In 2008, 15.7% of births were delivered by women who had used tobacco while pregnant compared to 7.9% in Illinois. These levels have slowly declined since 1990 when one in four (25.1%) MSA pregnant women smoked, but have persisted in being at least 50% above the state rate. Comparing counties, Winnebago levels exceed Boone, sometimes by a wide margin, such as in 2006 (19.3% Winnebago, 11% Boone).

Few women report drinking alcohol during pregnancy (93 of MSA births, 2006) and because this figure is derived from the self-reported data on the birth certificate, this measure is felt to be vastly under-reported.

Wide differences exist in birth outcomes based on race and ethnicity of mother. 2008 Winnebago County data show that black mothers (85.4%) are twice as likely to be unmarried as whites (42.5%) and black births are more apt to be low birth weight (13.6% versus 8.2% white births). Fewer blacks obtain early prenatal care, with 63.1% receiving care in the first trimester compared to 78.2% whites. One-third of black mothers are not high school graduates, compared to 19.8% for white mothers. Hispanic levels of birth outcomes tend to fall closer to white rates, with 8.3% low weight births and 73.8% receiving first trimester prenatal care. More Hispanic births are born to women who have not completed high school (44.8%) than either black or white mothers.

More 2008 Boone County Hispanic (46.3%) babies were born to unmarried mothers than whites (39.2%), and fewer received first trimester prenatal care - , 68.6% Hispanic; 75.8% white. The biggest difference occurs for high school completion, only 45% among Hispanic mothers and 71.1% whites. Exhibiting better than white rates are the level of smoking during pregnancy, 2.5% among Hispanic mothers compared to 11.9% whites and low weight births, 5% among Hispanic versus 6% whites.

For the MSA in 2008, black mothers are twice as likely to be unmarried (85.4%) as whites (42%), give birth to low birth weight babies (13.8% black, 7.8% white), not receive early prenatal care (62.7% black, 77.8% white) or obtain adequate care (48.2% black, 65.5% white). More Hispanic babies are born to unmarried mothers (54.5%) than whites (42%), a little less likely to have received first trimester care (72.4%, whites 77.8%) and twice as likely to not be a high school graduate (47.5%, whites 21.3%).

Winnebago County women recorded 593 abortions in 2008, a rate of 142.7 abortions per 1,000 births, almost half the Illinois rate of 270.1. Boone County women reported 77 abortions in 2008 for a rate of 113.9, again much lower than the state.

One in three MSA births was delivered by Cesarean section in 2008, higher than the state at 30.6%. Winnebago County's C-section rate at 32.9% surpasses Boone at 29.3%.

Multiple births accounted for 3.3% of 2008 MSA births, below the state at 3.8%. Winnebago County reported twice as many multiple births at 3.6% as Boone 1.5%.

Winnebago County reported 34 infant deaths in 2007, for a rate 8.0 infant deaths per 1,000 live births, exceeding the state (6.6) and nation (6.8). Boone County reported four infant deaths in 2007, a rate of 5.4.

Infant death rates among MSA blacks at 18.4 infant deaths per 1,000 live births are triple the white (6.2) and Hispanic (5.4) rates, using 2002-2006 data.

Deaths (Mortality)

Winnebago County recorded 2,407 deaths in 2007, a rate of 8.1 deaths per 1,000 population, higher than Illinois at 7.8 and U.S. at 8.0. Over the past 25 years, the county's death rate has remained almost the same, unlike the gradual decline experienced by Illinois and U.S.

Boone County recorded 342 deaths in 2007, a rate of 6.4, below Illinois and the nation (8.0). Over the past 25 years, the county's death rate has gradually declined.

The MSA reports 2,749 deaths for 2007, a rate of 7.8. Except for small rises in the mid 1990s and 1999, the 2007 remains at about the level of the early 1980s, though the 2007 rate does mark a 15-year low.

Winnebago County's 2007 age-adjusted death rate of 7.4 deaths per 1,000 population and Boone at 7.3 fall below Illinois and U.S., both at 7.6. The Rockford MSA 2007 age-adjusted death rate is 7.4.

Heart disease, with 603 deaths in 2006, and cancer (582) represented Winnebago County's top two death causes, accounting for 48.9% of all deaths. While still the number one killer, the 2006 number of heart disease deaths is a record low. Heart disease with 89 deaths and cancer with 85 are Boone County's leading killers, together accounting for half of all 2006 deaths.

Using 2007 data, heart disease was responsible for 611 deaths in Winnebago County, a rate of 205.3 per 100,000 population, very close to the U.S. at 204.3. Cancer with 575 county deaths has a rate of 193.2, above U.S. (186.6) and Illinois (188.5). Ranking third, fourth and fifth are stroke, chronic lower respiratory diseases and accidents.

Using age-adjusted rates that eliminate differences due to age, only two of Winnebago County's 2006 top five death causes, stroke and chronic lower respiratory diseases, exceed both Illinois and U.S. Comparing the county's 2006 rates to ten years earlier, heart disease and stroke display a dramatic 66-70% drop, while cancer decreased 10%. Chronic lower respiratory diseases remained about the same, while accidents rose by 24%.

Cancer ranks first among Boone County's 2007 death causes, followed by heart disease. Next in line are stroke, accidents, chronic lower respiratory diseases, and Alzheimer's. Of these six causes, only stroke and Alzheimer's display death rates above the state and nation.

Over the past ten years, Winnebago County heart disease crude death rates have dropped by 13.3%, from 780.6 deaths per 100,000 population in 1994-1996 to 676.9 in 2004-2006. The county's cancer death rate also fell, a 2.5% decline in the past decade. Three leading death causes exhibit substantially higher crude death rates in 2004-2006 over 1994-1996 with gains of more than 65%: Alzheimer's, septicemia, and nephritis.

Between 1994-1996 and 2004-2006, Boone County's crude heart disease death rate fell by 19%, while the cancer rate remained almost exactly the same. Major changes took place for Alzheimer's (almost tripled) and suicide (decreased by half).

Comparing Rockford MSA crude death rates in 2004-2006 to ten years prior shows a 14.3% drop for heart disease, while cancer fell 2.7%. Among leading death causes, stroke declined by 8%, while chronic lower respiratory diseases rose by 8% and Alzheimer's by 137.5%. Death rates due to accidents increased a little, while diabetes remained the same.

Winnebago County males display higher 2004-2006 age-adjusted death rates for eleven of the twelve leading causes than women. Only Alzheimer's exhibits a higher female rate. Boone County males display higher 2004-2006 age-adjusted death rates than women for five of the ten leading causes. Rockford MSA age-adjusted death rate among males at 972.1 per 100,000 exceeds females (681.5) by 42.6%. Furthermore, male rates surpass females for all of the top twelve causes except Alzheimer's.

Among Winnebago County 2007 deaths, 28% occurred to persons under age 65, exceeding the state's premature mortality at 26.3%. Four causes claim a disproportionate share of early death: suicide (95.8% of deaths to persons under age 65), homicide (95.2%), chronic liver disease & cirrhosis (80%), and accidents (71.1%). In Boone County, 25.7% of 2007 deaths occurred to persons under 65. Accidents led as the number one cause of premature death at 83.3%.

Among Winnebago County deaths, accidents accounted for more years of potential life lost (YPLL) in 2006 than any other cause, with 2,271 YPLL, followed by cancer with 1,774 YPLL. Cancer was responsible for 270 years of potential life lost in Boone County. Accidents was number two with 173 YPLL and heart disease close behind with 167 YPLL.

Winnebago County deaths by age (2004-2006) show perinatal conditions and congenital malformations to be leading death causes for the children aged 0-14. Motor vehicle accidents rank first among death causes for 15-24 year olds, followed by homicide. For ages 25-44, accidental poisoning is the top death cause, followed by suicide. Ischemic heart disease places first among death causes for ages 45-64, 65-74, and 75+, with lung cancer second for ages 45-64 and 65-74, and stroke number two for the oldest age group.

Boone County deaths by age (2004-2006) indicate that perinatal conditions and congenital malformations are leading death causes for ages 0-14, while motor vehicle accidents rank first for 15-24 and 25-44 year olds. Ischemic heart disease places first among death causes for ages 45 years and older, with lung cancer second for ages 45-64 and 65-74, and stroke for 75+.

In the Rockford MSA, number one death causes (2004-2006) by age group are: 0-14 perinatal conditions, 15-24 motor vehicle accidents, 25-44 accidental poisoning, 45 years and older ischemic heart disease.

Because they comprise most of Winnebago County's population, whites account for the majority of deaths – 90% (2007), while blacks make up 9.2% and Hispanics, who may be of any race, 2.3%. In Boone, whites comprise 98% of all deaths, while 3.8% are Hispanic (any race). For the Rockford MSA, 91.1% of 2007 deaths are white, 8.3% black, and 2.5% Hispanic (any race).

Despite a much lower crude death rate than whites, the Rockford MSA 2006 age-adjusted death rate for blacks at 1,004.2 per 100,000 population exceeds the white rate at 749.5 by 34%. A similar racial disparity exists for Winnebago County.

Among MSA black deaths, 51.6% occur before age 65, twice the white level at 24%. Among Hispanic deaths, three in five (61.7%) took place before 65, even more than the premature death proportion among blacks. The MSA's black age-adjusted death rate for cancer exceeds the white rate, however, heart disease is about the same. Among blacks state and nationwide, both cancer and heart disease age-adjusted rates are higher than whites.

Black males exhibit higher age-specific death rates than any other race/gender group. Black male death rates are almost twice that of white men for ages 25-44 and 45-64, while the 0-14 death rate for black males is triple white males. Black male death rates are likewise much higher than rates for black females.

Defined as deaths before age 65, premature mortality is far more common among Winnebago County Hispanic females at 64.3%, Hispanic males at 63.5%, and black males 59.1% than white men (30.8%) and white females (17.6%). Two in five (41.9%) black females die before their 65th birthday.

Consistently, the number of births has exceeded deaths in the MSA and both counties. The MSA 2007 birth:death index of 1.81 reaches a level not seen since 1995. Boone's birth:death index has surpassed Winnebago's since 1985. For six of the seven past years, Boone's index has risen above 2, meaning at least two babies born for every death in those years.

Comparing 2006 to 1990, Rockford saw a 6.9% increase in the number of births, while Belvidere's increase in births was six times that level at 41.6%.

Health Status and Behaviors

Over half (53.2%) of Winnebago County adults consider themselves to be in excellent or very good health according to the 2008 Behavioral Risk Factor Surveillance Survey (BRFSS). Just under one in twenty (4.2%) county adults rated their health as poor.

At 63.7%, fewer Winnebago County adults enjoyed good mental health during all days of the past month in 2008 than in 2004 (66.2%). One in six said they experienced poor mental health for more than one week of the past month, increasing over all three previous reporting periods.

In 2008, two-thirds of Winnebago County adults perceived their physical health to be good all days of the past month, while one in eight (12.4%) said their physical health was poor for more than seven of the past 30 days. The 2008 level of poor physical health exceeds 2004 at 9.3%.

Among Boone County adults, 54.9% consider themselves to be in very good or excellent health, while just 4.8% rated their health as poor, above levels reported earlier, 2.6% in 2004, 1.3% in 2001, and 1% in 1996.

Six in ten Boone County adults said they felt good mentally during all days of the past month, much lower than 2004 (69.1%), 2001 (73.1%), and 1996 (70.6%). Poor mental health extending

more than one week of the past month was cited by 15.5%, several percentage points above earlier surveys.

Two in three Boone County adults said their physical health was good all days last month (2009), while one in nine (11.6%) felt poor physically for more than seven of the past 30 days.

One-third of Winnebago County adults report high cholesterol, while 30.3% have high blood pressure. One-fourth suffer from arthritis, while asthma afflicts one in nine and diabetes 9.2%. Among Boone County adults, 35.1% have high cholesterol, 27.2% arthritis and 25.3% report hypertension. Asthma prevalence is 13.9%, with diabetes standing at 8.1%.

Based on National Center for Health Statistics estimates, joint symptoms, arthritis, lower back pain, and high blood pressure top the list of chronic conditions experienced by the adult population. Applying these estimates to the Rockford MSA 2009 population yields more than 60,000 area residents afflicted with one of these conditions (50,000+ for Winnebago alone; 8,400+ Boone alone.)

Three in ten Winnebago County adults are obese (2009), higher than the state at 26.4%. An additional 30.9% are overweight. The county's obesity 2008 proportion has risen by ten percentage points since 2001 (21.8%). Among Boone County adults, 31.2% are obese, with an additional 37% overweight. The county's obesity 2009 proportion has risen by ten percentage points since 2001 (21.2%).

In 2008, 23.1% of Winnebago County adults reported binge drinking in the past month, higher than adults statewide (19.5%). One in five adults currently smokes, resembling Illinois (21.3%) and a drop from 2001 at 26.5%. For Boone County, 26.4% have engaged in binge drinking during the past month, far above adults statewide. One in five Boone County adults smoke.

Illinois Youth Survey 2010 data indicate that 4-5% of Winnebago County students in grades 6, 8, 10, and 12 feel that they are very overweight, while an additional 21% (grade 6) to one-fourth (24-28% grades 8,10,12) say they are slightly overweight. Local results mirror state levels.

In Winnebago County, 91.1% of women aged 40+ have had a mammogram, 60% within the past year, while 98.1% have had a Pap smear. Two-thirds of men aged 40+ have had a PSA test. Among the population 50 years and older, 63% have received a colon/sigmoidoscopy.

Among Boone County women 40+, 88.6% have had a mammogram, 58.9% within the past year, while most (96.8%) have had a Pap smear. Seven in ten men ages 40+ have taken a PSA test. Three in five adults 50 years and older have received a colon/sigmoidoscopy.

Winnebago County's 2002-2006 age-adjusted cancer incidence rate of 473.1 cases per 100,000 population falls below the state at 488.8. Cancer occurs more often in the county's men with a rate of 549.4 than women 422.9. Boone County's 2002-2006 age-adjusted cancer incidence rate stands at 479.5, lower than the state. More Boone men are diagnosed with cancer (554.8) than females, 434.3.

Hepatitis C led all other reportable communicable diseases (by fivefold) in Winnebago County, accounting for 336 cases in 2009. Salmonellosis placed second with 59 cases, followed by hepatitis B (45) and giardiasis (38). Hepatitis C also was the most common reportable

communicable disease in Boone County with 26 cases, the only reported disease with ten or more cases in 2009. Nine cases of Lyme disease were reported in Boone, a five-year high.

Winnebago County has witnessed a steep rise in chlamydia in the past ten years with a record number (1,726) and rate (619.9) in 2007, followed by drops in the two subsequent years. The 2009 rate of 486.8 cases per 100,000 comes close to pre-2001 levels. The county's chlamydia rates consistently exceed both the state and state-except-Chicago rates. Boone County reports chlamydia rates less than half of Winnebago County, but the increase since 2000 persists in this county which also saw a peak in 2007 with 116 cases, a rate of 277.6. Over the past two decades, Boone County rates have remained below, Illinois-except-Chicago rates.

Gonorrhea in Winnebago County peaked in 2007 with 865 cases, a rate of 310.7. Rates have consistently exceeded state and state-except-Chicago rates. Boone County reports far fewer gonorrhea cases, between 10 to 16 since 2003.

In Winnebago County, 15 AIDS cases were reported in 2009 for a cumulative total of 551 cases since January 1981. HIV disease had 10 reported cases in 2009 and 160 cumulative cases from July 1999 through December 2009. Boone reported a single AIDS case in 2009 bringing the cumulative number to 23 since January 1981. No HIV cases were reported in Boone in 2009.

Of the 4,279 Winnebago County children tested in 2006 for blood lead levels, 54 or 1.2% showed elevated levels of 15 or more micrograms per deciliter, while 75 more had levels between 10-14 mcg/dL. In Boone County, 735 children were tested, of whom seven reported levels at 15 or more micrograms per deciliter.

Similar to the nation, 15.1% of Winnebago County residents aged five and older reported a disability in 2005-2007. Among ages 5-15, 8.8% have a disability, with a mental disability the most common (7.6%). One in eight ages 16-64 reported a disability, most frequently an employment (7.3%) or physical (6.6%) disability. The highest level of disability is seen among ages 65+, reported by 38.1% of Winnebago County seniors, most often a physical disability (29.7%).

Among Boone County residents ages 5+, 12.9% reported a disability in 2005-2007. Rates vary by age group with 7.8% of the population 5-15 being disabled, most likely with a mental disability (6.4%); one in ten (10%) 16-64, most commonly employment-related (6.2%); and 41.1% of 65+ disabled, usually a physical limitation (31.6%).

Based on national prevalence rates applied to the Winnebago County 2009 population, an estimated 31,391 residents ages 18-54 have been affected by a mental disorder in the past year, including simple phobia (12,407), major depressive episode (9,716), and unipolar major depressive disorder (7,922). Approximately 14,895 Winnebago County residents ages 55 years and older suffer from a mental disorder, most often simple phobia (5,492), followed by severe cognitive impairment (4,965).

Using the same national estimates, 7,889 Boone County residents ages 18 years and older have suffered from a mental disorder in the past year, most commonly an anxiety related condition (5,677).

An estimated 19,269 Winnebago County residents ages 12 years and older have used illicit drugs in the past month. More than two-thirds use marijuana, an estimated 14,198 local persons, while 8,699 use illicit drugs other than marijuana, led by non-medical use of psycho-therapeutic medications. An estimated 113,671 Winnebago County residents consumed alcohol in the past month and 15,729 are heavy alcohol users, while 61,170 have smoked cigarettes in the past 30 days.

Blacks are a bit more likely to have used an illicit drug in the past month (9.7%) than whites (8.1%) and Hispanics (7.6%). Males are more likely to have used an illegal drug (10.2% of ages 12+) than females (6.1%). For cigarette and alcohol use, white rates exceed black and Hispanic with more than a ten percentage point excess for past month consumption of alcohol. Male rates exceed females for all substances.

Estimates for the Boone County 2009 population indicates 3,819 persons ages 12 years and older use illicit drugs, most commonly marijuana (2,788), while 11,820 smoke cigarettes and 22,442 consume alcohol. For past month use of illegal drugs, cigarettes, and alcohol, white rates surpass Hispanic. Males consume more legal and illegal substances than females.

Data from the Illinois Youth Survey 2010 show Winnebago County youth consume alcohol at rates comparable to youth statewide with past month alcohol use ranging from 10% of 6th graders to 21% of 8th, 37% of 11th, and 49% of high school seniors. Tobacco use is 6% or less for 6th and 8th graders, increasing to 12% of 10th graders and 18% of 12th graders. Marijuana use is higher among Winnebago County youth than Illinois for 8th graders and older, ranging from 12% for 8th graders to 27% among seniors.

During 2008, DUI arrests totaled 1,580 in Winnebago County for a rate of 679.5 per 100,000 population aged 16+, Boone County DUIs numbered 338, a rate of 849.6. Local rates consistently surpass the state.

Health Resources and Utilization

More than nine in ten Winnebago County adults 18+ reported having health coverage in 2008, exceeding Illinois adults at 85.4%, and above the county's 2004 level at 87.5%. One in ten Winnebago County adults avoided the doctor due to cost in 2008, the same as 2004, but double earlier levels (5.5% 2001, 5.6% 1996).

In 2009, 87.5% of Boone County adults said they had health insurance coverage, lower than all other survey periods in which more than 90% were insured. Also dropping from 2004 at 87.9%, 83.5% reported having a regular health care provider in 2009. At a record high level, 17.2% said they had avoided the doctor in the past year because of cost, almost twice the level of previous years.

Access to dental care in both counties is more limited than medical care access with 70.8% of Winnebago County adults and 61.2% of Boone County adults reporting a dental visit in the past year. About seven in ten adults in both counties have dental insurance.

Medicare enrollment aged 65+ (Part A or B) numbered 37,169 in Winnebago and 5,650 Boone for a Rockford MSA total of 42,819. Disabled enrollees in 2007 added 8,221 to Winnebago, 874

to Boone, and 9,095 to the MSA. Total Medicare enrollment in the MSA at 51,914 represents 14.8% of the population.

During 2008, Winnebago County hospitals reported 1,031 licensed beds, 859 of which were staffed. These hospitals admitted 43,095 inpatients who accounted for 218,935 patient days and an average stay of 5.3 days. Outpatient surgeries numbered 15,743, with 11,911 inpatient surgeries. Emergency visits reached 130,845. Bed complement at Boone County's one hospital was 55 in 2008, with only eight staffed beds and almost no inpatient activity, though 933 emergency patients were served.

A total of 2,387 residents lived in one of 28 long-term care facilities in Winnebago County in 2008. Twenty percent had a primary diagnosis of circulatory problems. In Boone County's three long-term care facilities lived 218 residents in 2008. The leading primary diagnosis was Alzheimer's disease, accounting for 16.5% of these residents.

Among 2008 residents in Winnebago County's long-term units, two in three (66%) were female, four in ten (41.2%) aged 85 years and older, and nine in ten (89.4%) white. Medicaid paid for more than half (58.8%) of patient days, followed by private pay (25.5%). Boone County 2008 long-term care residents were mostly female (82.1%), half aged 85 and older, and 97.2% white. Medicaid accounted for 51.6% of patient days, with 28.3% private pay.

Based on American Medical Association (AMA) data, Winnebago County is home to 634 patient care physicians as of December 31, 2008 for a ratio of 472.3 persons per physician, surpassing the U.S. at 410.9. Among specialties, family medicine/general practice physicians serve a smaller population (2,994.9 per physician) in Winnebago County than nationwide (4,034.8), while medical specialists serve more 1,618.9 compared to 1,461.5 U.S.

AMA data show 66 patient care physicians located in Boone County (2008) producing a population per physician ratio of 816.5. Family medicine/general practice physicians serve a smaller than U.S. population at 3,849.4 per physician, while the reverse is true for medical specialists (3,592.8) and surgeons (6,736.5).

Combining the two counties' physician numbers yields a total of 700 physicians based in the rd MSA with 504.8 persons per physician. Family medicine/general practice physicians serve a smaller population at 3,099.8 than the U.S., though medical (1,766.9) and surgical (2,677.1) specialists serve more.

HOUSEHOLD SURVEY

The Household Survey sought to determine: community issues needing more attention; employment characteristics and barriers; household situations experienced; health care availability and use; barriers to the use of medical, dental and human services; mental health needs, use; physical activity, nutrition; diseases, conditions, disability, and weight-related topics. The survey used an eight-page questionnaire of structured questions including several open-ended questions which allowed recipients to comment as they desired.

The survey was conducted in three ways - a random household survey of Boone and Winnebago Counties, an online survey of selected Rockford Chamber of Commerce lists and a survey of parents at certain Rockford District 205 elementary schools. In the analysis "community" refers to the random household survey and online Chamber responses and "school parents" refers to the District 205 parent responses.

The household survey used a mailed survey booklet sent to a random sample of 8,000 households in Boone (1,000) and Winnebago (7,000) Counties. The sample was chosen to be proportional to the population in each zip code. At the cut-off date for analysis, 1,005 surveys or 12.6% of the sample had been received. Another segment of the Community Survey was conducted online through Survey Monkey and sent to four Rockford Chamber of Commerce lists. Sixty online responses were received from individuals living in the two-county study area for a response rate of 12.5%.

The survey was sent to 5,254 parents/guardians in 13 elementary schools chosen by District 205 as having high low-income/minority proportions. A total of 1,241 parent surveys were returned, for a response rate of 23.6%.

In total 13,775 homes were reached by the Healthy Community Survey with one in six (16.8%) who received the assessment completing and returning the questionnaire.

Because the school parent response was greater than the community response, the survey population was younger with greater minority representation than would be expected based on the current census information. The parent over representation was exacerbated by their larger household size. Response was also primarily female, although the educational level of respondents, was relatively similar to the area distribution.

Local residents were given a list of 31 issues and asked to mark those which they feel need greater attention. The average respondent marked ten issues, somewhat more for the school parents (11.8) than for the community sample (8.4). The two samples agreed on three of the four top issues - gangs/delinquency (56.3% community; 63.5% school parents), crime (51.5% community; 59.7% school parents), and violence/guns (43% community; 52.8% school parents). However, community surveys placed "high health costs" second (55.6%) while school parents put "activities for teens" first (66.2%).

Agreement on issues needing attention also appeared in the sixth through tenth needs with both sample groups naming school dropouts, substance abuse and youth substance abuse. Rounding out the top ten were child obesity, seventh for community respondents and affordable housing - sixth for the school parents.

The community respondents gave higher rankings to activities for seniors, support for care givers, mental health, health costs and truancy while school parents gave higher ranks for affordable housing and teen pregnancy.

Asked whether they usually feel safe walking in the neighborhood, 73.6% (community) and 46.8% (parents) said yes. In 1999, 83.9% felt “very safe” or “safe” during the day, 45.3% at night. The 2010 question did not differentiate by time of day. Persons living in 61114 feel safest, well over 90% for both samples. Among community sample respondents, persons living outside Rockford feel safest along with those holding a graduate degree. Higher education and living on Rockford’s east side predict higher safety feelings. Less safety is perceived by Rockford west side residents and those living in 61104.

For the community sample, about one in nine households (11.7%) experienced crime compared to one in five (19.9%) for school parent households. The crime experience reaches 35% of those living in 61104 in the community sample and more than one-quarter of school parents in these groups: bachelor’s degree (28.9%), 18-29 (26.4%), and 61104 (26.1%).

A question on emergency preparedness asked whether survey respondents have felt prepared for future emergencies like natural disasters, terrorism, bioterrorism or a disease outbreak. Most local residents do not feel prepared. One-quarter (25%) of community respondents felt prepared, but far fewer (11.2%) school parents. Most prepared are those new to the county (33.3%) and persons with a graduate degree (32.7%). Only 7% of Hispanic school parents reported feeling ready for emergencies.

Survey completers could indicate whether they are “usually pleased with the way that land is being developed in the Rockford area.” More are displeased (community - 40.4%, parents - 35.7%) than are pleased (community - 23.7%, parents - 21.1%). Most displeased are 61102 (59.5%), 61103 (50.0%) and black (50.0%) respondents in the community sample and other race (51.8%) and associate degree (50.0%) in the school parent sample. Most satisfied with land development are those who have moved here within the last five years and those 75+.

An open-ended question asked for the “one thing” that residents like about the community. The leading response (268 persons) was parks and related organizations especially the Rockford Park District. Community sample respondents were more likely to name parks than were school parents. Next cited were the “good people” including friends and family, named by 231 persons. The third response with over 200 citations was the small town feel of the community.

The responses to an open-ended asking for suggestions to improve their community were “jobs, better jobs and an improved economy” cited by 292 residents. Second with 211 notations was a desire to reduce crime, violence and guns. School concerns placed third with a variety of areas to address including the administration and policy, Board, students and parents. The fourth leading response, more youth activities and efforts to help youth received 148 mentions overall, coming mostly from the school parents.

Survey participants were given a list of 27 situations which they might have experienced in the past year. For both survey samples, the top four problems experienced were the same, though with far higher prevalence among the school parents. The four were financial problems, unemployed, needed dental care but couldn’t afford, and emotional problems.

A comparison of 1999 findings for situations currently experienced reveals some very large gains in situations faced, notably a fourfold increase in households with someone unemployed. The need for dental care nearly doubled over the decade.

Results for the parents reveal very high levels for the listed household situations, led by 54.8% saying that their financial situation means that they do not have enough to live on. Nearly half (46.5%) of school parents report that someone in their household was unemployed during the past year. One quarter (24.5%) were unable to get credit or a mortgage. More than one-in-five (21.4%) lacked transportation or had their utilities shut off in the past year.

Among health-related situations, unable to afford needed dental care (37.6%) was the leading situation experienced, with 23.4% who could not afford needed medical care and 18.9% not being able to afford prescriptions. Also, 26.3% of school parents report that someone in their home experienced emotional problems, depression or anxiety in the past year.

The highest level experienced by District 205 single parents was financial problems at 69%. Also, 56.4% of community sample participants receiving financial assistance reported having financial problems in the past year. Half of this financial assistance group also reported a need for dental care which they could not afford.

Respondents were asked whether anyone in their home needed help, but did not receive that help and what reasons were responsible for the failure to get help. Two reasons dominated those explaining the failure to receive help. These were "didn't know where to find or learn about services" - community (21.1%), parents (29.9%) and "not eligible for services - community (22.3%) and parents (28.1%).

Several other reasons were also cited as barriers to help by District 205 school parents - could not afford fees (16.6%), no service available (16.3%), no transportation (13.2%) and hours not convenient (12.6%).

In 1999, the community sample gave "didn't know where to find or learn about services (13.4%) and "not eligible for services" (12.7%) as the leading reason for not having gotten help. 2010 saw a considerable increase in not being able to find out about services.

Elements of employment were obtained from the survey questionnaire. In the community sample, almost 30% of the adults were retired as well as another 10% who were not seeking employment, along with 7.2% unemployed and looking for work and 10.4% employed part-time or seasonally. Four in ten adults work full time at one job, while 2.9% work two or more jobs. The school parent group included higher levels of persons unemployed, looking for work (17.9%) and homemakers (10.7%).

Information was also gathered on the work locations for employed respondents. Five of six school parents' work within the City of Rockford. Community responses show the primary workplaces to be the City of Rockford (63.7%), other Winnebago County (16.7%), and Boone County (6.6%). Among Boone County residents, primary work locations include Boone County (40.3%), Winnebago County (38.7%) and the Chicago area (38.7%).

Extraordinary proportions of homes contained an adult looking for work during the past year, two-thirds (68.3%) of the school parents' homes and one-third of the community sample. When

respondents 65+ are excluded, the proportion of community sample households where someone sought work rises to 44.7%.

Respondents in homes with job seekers were asked further what factors made looking for a job, getting a job or keeping a job difficult for them or someone in their home seeking work. Lack of jobs in the area is perceived as the largest barrier by both the community (64.7%) and school parents (54.2%). Four factors are also reported to have significant effects on the job search for just the parent group - lack of child care (24.9%), lack of transportation (26.5%), difficulties with English (19.2%) and criminal record (15%).

Most respondents visited a community site or attend an event or attraction over the past year. However, Rockford District 205 parents (71.8%) were less likely to partake of community opportunities than the community sample (82.1%).

A second "involvement" question inquired as to whether the respondent or anyone else in their home volunteered for a community agency, organization or church. Survey results indicated that the level of volunteering in the community sample (63.5%) was double that of the school parents (31.3%). Well educated persons and residents of NE Rockford are most likely to volunteer, while the less educated and renters are less likely to have volunteered.

In 1999, the volunteering questions were more specific indicating whether the proportion having household members participating were helping with fund-raising or a special event (35.0%), a person in need (33.8%), serving on a board or committee (25.1%) or working with kids (24%).

While most community respondents indicated that they could meet basic needs (85.8%) and manage debt (77%) in the past year, fewer were able to put money away for emergencies (49.7%) or save for the future (44.3%). Results were quite similar to 1999. Only 57% of school parents have sufficient money for basic needs and just 42.1% are able to keep debt under control. Far fewer report being able to put money away for emergencies (18%) or save money for the future (12.1%).

Just 15.7% of the community sample and 26.3% of the school parents do not have computer access, and are highest for both samples among those who have not completed high school.

When asked if they have a will or other preparation for end of life advance plans, 57.6% of the community survey do have a will or other preparation, with school parents having a far lower level (13.6%). The much younger school parent sample may explain some of the variation. Within the community sample, the presence of a will rises with age.

Just 5% of the community sample reported having difficulty finding child care, with the school parent group being much higher at 25.7%.

Respondents were asked to indicate whether household members by age group have been told by a health professional that they have any of 14 diseases or conditions. Most households reported at least one disease or condition, 84.2% (community) and 73% (parents).

For the community sample, the leading diseases/conditions across all age groups are hypertension (23.0%), high cholesterol (18.4%), arthritis or rheumatism (16.6%), and chronic back pain (12.4%). For the parent households, arthritis/rheumatism (13.5%) and asthma

(10.0%) lead. By age group, asthma and ADD/ADHA are the leading conditions, while for those 18-44, the leaders are asthma, chronic back pain, high cholesterol and hypertension.

Prevalence levels escalate in the 45-64 age groups. Hypertension leads both groups easily - community (29%), parents (27.4%). High cholesterol, arthritis/rheumatism, chronic back pain and diabetes appear in the top five for both groups - all over ten percent. Among persons 65+, hypertension is very common - community (44.2%), parents (58.7%). Diabetes (55.6%) also affects half of the elderly in the school parent homes.

While 73.3% of the community sample reported getting regular exercise during the past 30 days, only half of the school parents did so. Among those who exercised, those persons who exercise vigorously (activities that cause at least small increases in breathing or heart rate) do so about half the days of the week - 3.7 days per week (community) and 3.4 (school parents).

Body mass index (BMI) is a commonly used measure of body fat based on height and weight for adults. For the community sample, BMI calculations indicated that 34.3% of the community sample and 40.3% of school parents are obese, with another one-third of each group being overweight. However, when respondents were asked to self-evaluate their weight, just 8.7% of the community survey and 8.1% of school parents rated themselves as obese. About 40% in each sample said they are overweight.

A considerable number of survey respondents reported feeling isolated, 11.7% of the community sample and 19% of the school parents. In the community sample, elevated isolation was revealed in young adults 18-29 (22.9%), new movers (22.2%), persons 30-44 (21.7%), individuals receiving financial assistance (20.1%) and residents of 61104 (19.5%). Parents with a graduate degree (30%) topped the parent list followed by persons of "other race" (28%), and residents of 61104 (26.8%) and 61107 (25.4%).

One in five community respondents considered obtaining help, along with 27.1% of the parents. In the 1999 community survey, 18.9% considered help. In general, about half of those who think about obtaining help for problems actually do so. This was similar to the 1999 survey.

Over one in ten (10.7%) of the community had ever considered or attempted suicide, as well as 8.4% of the school parents, lower than 13.9% in 1999. Almost one in five (19.1%) community respondents who considered suicide actually attempted it (16.3% of parents).

A mental health problem, substance abuse or developmental disability interfered with daily activities during the past 30 days for 6.1% of the community sample and 5.5% of the school parents. Days affected per "month" were an average of 13.9 (community) and 13.5 (parents). Applying these levels to the entire adult population, the number of affected monthly days in the two counties would be approximately 225,000. Given that many of these persons are employed, the effect of the diseases/conditions on the workplace would be substantial.

When asked if they have health insurance that pays for all or part of their medical care, responses indicate high insurance levels in the community samples, both 2010 (89.5%) and 1999 (92.9%). However, just 67.7% of school parents report having health insurance. The proportion of the community sample who responded that they do not have health insurance stood at 7.8%, with the school parent sample much higher at 26.2%.

Asked about the type of insurance they have among those who are insured, the 2010 community sample plans primarily included private employer plans (54.9%) and Medicare (34.4%). Results from 1999 were similar. The parent group exhibited a very different pattern with a strong Medicaid (58.6%) presence, followed by private employer medical plans (29.6%). Young adults 18-29 were the group most lacking coverage at 33.8%, as well as 19% of children 0-17, and 18.5% of persons aged 30-44.

Among community sample respondents, 19.2% called out-of-pocket costs “serious,” more than double the 1999 level. For the parent sample, 29.1% say that “out-of-pocket” costs are a serious problem.

Reporting no regular doctor or clinic in the community sample were 7.4% of respondents, a bit higher than 1999's 6.1%. For school parents, 9.6% has no regular care location. School parents rely strongly on Crusader Clinic (33.6%) in addition to doctor's offices or clinics (33.8%). However, many named urgent care (8.3%) or hospital emergency rooms (7.2%) as their usual location. Community sample results in both 2010 and 1999 revealed four of five using a “traditional” doctor's office or clinic.

More than one in five (21%) of the community sample had a household member unable to receive needed medical care and more than one-quarter (26.7%) could not get needed dental care. Levels were even higher within the school parents, 40.9% medical and 43.2% dental.

For the 2010 community sample, financial reasons for not obtaining care dominated with these reasons primarily cited - financial concerns (71.8%), lack of insurance (50.9%) and couldn't afford deductible or co-pay (30.2%). These reasons also predominated in 1999 though at far lower levels. The leading reasons for parents were financial concerns (48.4%), lack of insurance (38.5%), and couldn't afford deductible (27.3%). Parents (24.9%) named “physician would not take public aid” at a far higher level than did the community sample (8.6%).

Community sample household members are more likely to leave the area for medical care, including dental, in that 17.9% of reported receiving care elsewhere, compared to 9.5% for the school parents.

For the community sample households, Madison, Wisconsin is the most common destination, accounting for one-third of all places named. Other areas included Cook County (18.2%) and Rock County Wisconsin (12.3%). Among the school parent households, Chicago area centers led with 51.8% traveling to Cook County and 14.1% venturing to Madison, Wisconsin.

Some of the leading visit reasons for obtaining care elsewhere included dental, eye, cancer, physicals, orthopedic and cardiovascular care. Leading reasons for seeking care outside of the local area included specialty care available elsewhere, former residence or provider, and insurance limitations relative to provider allowed. Outflow factors would seem to include Veteran's care at VA centers, pediatric specialized care, limitations of insurance plans and flows across the border to Beloit and Janesville from the northern area of the county.

FOCUS GROUPS

As part of the Healthy Community Study, 22 focus groups of various targeted populations were held to discuss health and human services needs in Winnebago and Boone Counties. Focus groups are small groups of individuals formed to discuss a specific topic of common interest; in this case, their health and human services needs. Focus groups afford an opportunity to hear the views of certain target groups, especially at-risk individuals, who might not otherwise be heard from in other aspects of the study. The specific focus groups, and number of participants, are shown in the table below.

FOCUS GROUPS WITH NUMBER OF PARTICIPANTS

Group	Participants	Group	Participants
African-Americans	9	Public Aid Recipients (2)	12
At-Risk Youth (2)	11	Public Housing Residents	8
Behavioral Health	13	Senior Citizens (3)	20
Blue-Collar Workers	8	Single Parents	5
Disabled Adults	12	Substance Abusers	4
Domestic Violence Survivors	8	Unemployed (2)	16
Farmers	8	Young Adults	4
Hispanics (2)	18	TOTAL PARTICIPANTS	168
Homeless	12		

Group participants received a brief review of the purpose of and confidential nature of the discussion. Most of the sessions lasted about 30 minutes. A \$10 stipend was given to each participant at the end of the meeting as appreciation for taking part in the session.

The questions asked of the focus group participants covered community assets and issues, health care, human services needs and gaps, and volunteerism.

Many individuals like the small-town atmosphere of the Rockford area, while several others were born and raised in the area and have family and friends here. A few participants mentioned the excellent parks and available recreation, as well as ample shopping. Those in Boone County enjoy the country living.

High unemployment and the current economic condition was named by many of the groups as the leading problem facing the local area. Several focus groups cited the high crime rate, perceived increase in violence, and the presence of gangs as a major issue. Also, many people believe that a negative perception exists regarding the Rockford area, both from within and outside of the community. Poor local school systems and concerns about local educational attainment were also brought up by several of the groups, along with poor public transportation, and lack of affordable activities for youth.

Most of those taking part in the focus groups had utilized medical care during the past year, including physician offices, hospital emergency departments, immediate care clinics, dentists, and pharmacies. Generally, participants were satisfied with the medical care they received, although a few complaints were voiced, especially about medical treatment received at local emergency rooms . A sizeable number of individuals had utilized Crusader Clinic, and were satisfied with their medical care, but had a few complaints about the process for making appointments. . A few concerns were raised regarding treatment by staff at facilities, as well as bureaucracy at facilities.

When asked what were the most needed health and human services for their group, responses varied. Among the leading services which crossed groups are mental health services, especially for children, access to medical and dental care for low-income individuals, and additional services for the working poor, those whose income is just above eligibility requirements for most programs.

Several gaps in services were mentioned by focus group participants. By far, the leading gap is the lack of awareness of services, cited by almost all of the groups. Most people have no idea where to turn when they have a need, and participants feel that agencies need to do a better job of marketing services. Other gaps named by the groups include a need for services for the working poor, additional housing assistance and other services for homeless individuals, affordable legal services, and more dentists who will take the medical card.

Numerous agencies and services have been accessed by focus group participants during the past year, including Illinois Department of Public Aid, Illinois Department of Employment Security, Janet Wattles, La Voz Latina, the Winnebago County Health Department, and RAMP. Generally, satisfaction levels with accessed services were high, although a few concerns were raised about “red tape” and bad treatment by agency staff..

A few participants experienced an inability to receive services when needed. Reasons for not receiving the service were not knowing where to go or how to get the service, being ineligible for the service, and, in one case, a woman was homeless with no place to stay and the homeless shelter was full.

The vast majority of individuals in the focus groups believe that Winnebago and Boone Counties area does not offer sufficient mental health services, especially for children and youth, with members in a few of the groups particularly stressing the need for inpatient treatment services for both children and adults.

When asked about the availability of substance abuse services locally, the focus group participants could not agree. Some participants said that the area has enough substance abuse services, but others disagreed. Also, members in one group say a huge need exists for dual-diagnoses services, dealing with both mental illness and substance abuse.

Virtually all of the groups feel that more volunteerism is needed in Winnebago and Boone Counties, saying that most people in the community do not take the time to volunteer their services. Some felt people are too busy with their own lives, while others believe that people “just don’t care enough to get involved.” Many of the individuals in the focus groups have volunteered themselves for organizations or agencies, especially their church or their child’s school. Other agencies at which focus group participants have volunteered include local food

pantries, Salvation Army, Meals on Wheels, Remedies, Rockford Sexual Assault Counseling, Collier Gardens, nCenter, Rockford MELD, and ShareFest

Groups were asked to rate the overall local health and human services system on a scale from 1 (very bad) to 10 (excellent). Little agreement existed among and within some of the focus groups as to an overall rating of local health and human services. Ratings ranged from 2 through 8, with disagreement even among members of the same focus group in some instances. A few groups, instead of giving a numerical rating, just gave the system a “very low” or “ok” rating.

KEY INFORMANTS

In-person interviews were held with 61 key informants regarding health and human services in Winnebago and Boone Counties. Key informant interviews obtain information and perceptions from individuals who are considered to be experts in their field based on professional experience, knowledge of the local health and human services system, or who are in a position of influence within the community

Topics of discussion were focused on a set of questions which included the best aspects of living in Winnebago and Boone Counties, target populations in need of services, the health and human services system as a whole, and challenges for the future in the counties.

When asked what they consider to be the best aspects of living in Winnebago and Boone Counties, the leading community assets include availability of activities; access to other communities such as Madison, Chicago, and Milwaukee; strong sense of community; the park system; living affordability; size of the area, and people.

Key informants were asked to identify those groups needing increased community attention. Informants were then asked to identify the groups' needs, barriers to services, services available, and improvements required to serve them better. Children and youth were mentioned most by key informants, followed by minorities, including Hispanics and blacks. Low-income individuals and those in poverty were also named by several key informants, as were the elderly and mentally ill individuals.

Almost every person who mentioned Children and Youth as a group in greater need of attention specifically identified those children of school age from K-12 with an emphasis on those children coming from low-income families. With a high level of children living in poverty attending the public schools, the basic needs of food, shelter and clothes need to be met. In addition to basic needs, better education attainment is needed by this group, along with more mental health services and positive healthy activities. Many children are in need of good role models and positive mentors. Barriers for children include the economic vulnerability of the families they come from, as well as reduced funding for the classroom and for other youth services. This group needs a comprehensive plan that utilizes the school as a center for children and their families to educate themselves about services and options available in the area that can help them improve their lives. The community needs to begin communicating to families the value of education for all children.

In all mentions of minority groups, there are common themes that arise especially as it relates to education, economic stability and health. Most mentioned needs for minorities were basic services of shelter, food and clothing. The second most mentioned need is for better education as it relates to literacy, job skills and available health and human services. A need for more ESL services exists, as well as reducing teen births within the African-American and Hispanic community.

The two most mentioned barriers to services for the minority population are lack of knowledge about services available and mistrust of the current system. Some felt the human service system is too bureaucratic and services are not linked like they should be. The most frequently named area of improvement that could help this group was to obtain funding resources for

programs that provide basic services of shelter, food and clothing. Equally mentioned was the need to educate this group in a manner that allows them to compete for jobs in the new economy.

Regarding needs and services for low-income and poor, the community needs to be better prepared to assist those who are faced with dramatic transitions that result from increased costs of living and/or loss of employment. As times get tough, more people are accessing the social service safety net for the first time. Several key informants noted the need for retraining and education for this group. Retraining needs to be quick enough to prepare individuals for new jobs that will be available when the economy recovers. Affordable healthcare, day care and transportation were also mentioned as needs for this group. Lack of knowledge of available services was the most mentioned barrier for this group. In addition, mistrust of the system and intimidation of the bureaucratic maze also were mentioned as barriers. For the poorest individuals, the current transportation system was seen as a barrier. Another need mentioned was increased funding for mental health services in the community, with some key informants saying that the area should have a 708 Board.

For the elderly, the needs mentioned most by the key informants were those that allow senior citizens the opportunity to be independent, active and stay involved culturally and economically in the community. Access to transportation, jobs and information about opportunities to contribute were most frequently mentioned. Knowledge of services and available transportation were the most mentioned barriers for this group. With some mentioning fear, pride and a sense of helplessness as additional barriers to accessing services and being more involved in the community. Suggestions for improving the lives of this group include increased funding for transportation systems for the elderly, more funding for basic safety net services, creation of a senior center that links elderly and youth and more home delivered meals.

Regarding mentally ill individuals, increased inpatient treatment and services for children with mental health issues was seen as needed. In addition, many key informants mentioned the need for increased funding for counseling programs and aftercare services. Three barriers to services for mentally ill persons include decreased funding, lack of knowledge of services available and no coordinated system that can diagnose a comprehensive care plan for individuals facing mental health issues. The most important improvement is to increase funding to the many programs and services that already exist like Janet Wattles and Rosecrance. Three of the key informants expressed the need for a 708 board to help allocate funds to services that help this population.

Key informants were asked a series of questions about the health and human services system in Winnebago and Boone Counties. These questions probed their views about the system's strengths and weaknesses, as well as any gaps, examples of duplication, or barriers to services. Changes in the system in the past five years and trends or challenges for the future were identified, as well as perspectives on the most important actions that are needed to improve health and human services.

The large number of quality health and human services available throughout the area was cited as the greatest strength of the human service system. Health and human service providers in the area are genuinely open to collaboration and have a high level of communication with one another.

The most commonly mentioned weakness of the system is that health care and human services is often fragmented, with no centralized system in place that can ensure comprehensive approaches to helping those individuals who are dealing with a blanket of issues. Another weakness is that knowledge of the many services available is not readily known or available throughout the community.

Although no consensus was identified when it came to gaps in service, the following items were mentioned: Wellness programs in school; inpatient treatment for the mentally ill and substance abusers; lack of school nurses and county health educators; too much reliance on government funding; planning to help individuals get off of assistance; a local VA hospital and children's hospital; 708 Board; and services for the elderly.

Key informants noted that the large number of human services and medical providers in the area causes duplication of services. Resources are spread out among the many programs and services and decrease the capacity of these organizations to provide services. The system could be more efficient if services were more aligned with each other and if providers could find a way to share administrative costs. It was also mentioned that City, County and Township governments need to come together to reduce redundancies in government services. The most common barrier individuals face when accessing the human services system is lack of knowledge regarding available services, followed by lack of transportation. Current funding streams are also seen as a barrier, as well as lack of trust in the system, language barriers, and the system's complicated fragmentation.

The recent economic downturn dominated the discussion about recent and future changes that have affected the local health and human service system. Reduced funding sources have had an impact on what and how services are provided. With more unemployed entering the community's social safety net system, agencies are being asked to provide more services with fewer resources available.

Most key informants expect to see more of the same trends. The next five years will be a time for the human service system to become more efficient and be creative with resources. Services will be forced to be more coordinated in order to share resources. Some services and organizations will have to merge while others will disappear. Informants voiced the opinion that the face of the community will change. Older established businesses will continue to leave or close up shop while new businesses and industries will call the area its home. A few noted that the Hispanic population will continue to grow and have more of an impact on the development of the area both culturally and economically.

Some mentioned that the health care system locally will be forced to undergo some major changes. A population growing older and poorer will force changes to how services are paid for. A number of key informants see an increased need for mental health service funding and an increase in drug abuse programs in the near future.

Leading needed actions to improve the community include collaboration and coordination of services, an improved transportation system, centralized information and referral system, regional strategic planning, and health education.

Key informants were asked to identify the three biggest challenges facing Winnebago and Boone Counties. Economic Issues, educational issues and transportation issues were mentioned most often as challenges, followed by high crime.

When discussing economic issues, respondents focused on three main areas of concern; lack of jobs, the business community environment and the lack of an overall strategic plan to attract business to the area. Three themes regarding the challenges facing the community's educational system emerged: quality of education, the perception and culture of the community regarding the educational system, and poor education attainment levels.

Transportation issues raised were separated by both internal and external transportation concerns. Although some believe the internal system is adequate most made comments about the need to improve the system. Particularly it was desired that the system has to be more accessible for those who do not have access to a vehicle. Developing transportation systems that link the region to Chicago and the World was also mentioned.

Several key informants voiced concern about the perceived increase in violent crime rates and the need to confront gang and drug related crime. One key informant involved in the criminal justice system noted some improvements in this area, stating that the court system is speeding up, an increase in rehabilitation services is being offered in the jail, the jail is a safer environment for inmates and officers and a Resource Center has been opened up to promote linkage and alignment of services for individuals in the criminal justice system.