

2017 HEALTHIER BARRINGTON STUDY

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HEALTHIER BARRINGTON COALITION

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INTRODUCTION

Project Overview

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Project Overview

The 2017 Healthier Barrington Study represents the eighth iteration of the Healthier Barrington Study, sponsored by the Healthier Barrington Coalition – a public health oriented coalition of 25 local organizations and agencies. Similar studies have been conducted every three years since 1996.

The 2017 study includes both qualitative and quantitative data, to provide as full a picture as possible of the community’s health-related needs, gaps, issues, knowledge and opinions. The study began with a comprehensive public opinion survey. Preliminary survey results were then used to inform three focus groups, designed to investigate treatment option, gaps and barriers in relation to mental health care and substance abuse.

The Study was conducted by the Division of Health Policy and Social Science Research (HPSSR)¹ at the University of Illinois College of Medicine in Rockford, within the Department of Family and Community Medicine. HPSSR conducted this study for seven of the eight iterations, with the 2014 version handled by Joel Cowen, retired Assistant Dean at Health Systems Research.

Healthier Barrington Coalition Members

Advocate Good Shepherd Hospital	Barrington Area United Way	Family Service of the Barrington Area
Barrington Area Chamber of Commerce	Barrington Career Center	H.E.R.E. in Barrington
Barrington Area Council of Governments	Barrington CUSD 220	JourneyCare
Barrington Area Council on Aging	Barrington Park District	Leave No Child Inside
Barrington Area Development Council	Barrington Township	NAMI
Barrington LEADS	Barrington Youth and Family Services	Samaritan Counseling Center
Barrington Area Library	Character Counts in the Barrington Area	Smart Farm of Barrington
Barrington Area Safety Council	Citizens for Conservation	Village of Barrington
	Cuba Township	

¹ Formerly Health Systems Research (HSR)

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The study's findings touch many topic areas and include both quantitative survey data and qualitative focus group data. Survey data cover eight overall topics: the Barrington Culture, Community Services and Issues Needing Attention, Work and Household Finance, Water Quality and Use, Health Care, Behavioral and Mental Health, and Youth Issues. Focus groups data centers on mental health and substance abuse services, treatment options, barriers and gaps.

This report is organized into two main chapters, one each for the survey and focus group methods and results. Graphs are included in the body of the report to help explain the text. Detailed tables describing results across the eight years of the study -- where data are available -- are contained in the first Appendix.

Key quantitative findings include:

The Barrington Culture

When respondents were asked why they choose to live in the region, over 60% said they liked the neighborhoods and schools. When asked which media outlets they are most likely to use, respondents indicated a preference for digital media over paper and magazine sources. This appears to be a trend over the last several iterations of the survey. Respondents were then asked about shopping habits. Overall, they described the proportion of their shopping done online -- excluding groceries -- as somewhere between "some" and "most," with those between the ages of 18 and 44 doing more of their shopping online than other age groups.

Community Services and Issues Needing Attention

Respondents continue to rank schools and libraries very highly when asked about the quality and adequacy of these services. In 2017 local government services and park districts also appear to be well regarded by survey participants. Public transportation scores lowest in this section, a continuing trend from past survey results.

When presented with a list of five amenities that Barrington needs more of, respondents favored outdoor nature activities and accessible housing. All other topics - - affordable legal services, rental housing, and residences that are accessible for seniors and people with mobility challenges -- scored above a 2 indicating a positive need. Next, respondents were asked about a list of twenty potential community issues. Results indicate that traffic control, youth substance abuse, and property taxes are all major concerns. Traffic control appears to be a greater concern for respondents living in the Village of Barrington and the Barrington Area North region, while those in the Barrington Area South region were more worried about saving and restoring historic housing and open space.

Respondents were then asked whether they thought the Barrington region needed

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more supportive services, supportive activities, and/or education program for various groups living in the area, Results indicate a possible demand in the Barrington region for supportive activities for teens, supportive services for adults with special needs, and educational programs for young children. The internet (38%) or family and friends (22%) is where respondents are most likely to look for information regarding supportive services and programming.

Work and Household Finance

A minority of respondents reported having had difficulty paying either housing expenses or expenses other than housing in the past year. One third delayed dental care due to cost, and smaller proportions reported that cost was a factor in delaying prescription medication and/or behavioral or mental health care services.

One third of respondents indicated that their primary work location is in the Barrington area. The second most common areas of work were at home and in Cook County outside of Chicago. Nearly nine in ten of respondents replied “No” when asked if anyone in their household is currently having difficulty finding full-time employment or if anyone has recently been laid off or fired. Of those who answered affirmatively, those who lost their job were more likely to be between 45 and 54 years old while those who are having difficulty finding employment were ages 25-44. Men (67%) were much more likely to have recently been fired or laid off than women (33%).

Almost one third of total respondents are already retired and more than one quarter of the rest of the sample plan to retire around age 65. Average expected retirement age has increased slightly in our survey samples over time, with this year’s median at 66 years old. Approximately one third plan to remain in their home during retirement with this option being the most popular amongst the seniors. In retirement, about four in ten of respondents plan to spend time volunteering or travelling.

Water Quality and Use

When asked about the primary source of water for the Barrington region, 38% correctly identified shallow aquifers, lower than the corresponding 2014 metric. Men (54%) were far more likely to recognize shallow aquifers as their area’s primary water source than were women (32%). Nearly seven in ten of respondents indicated that they realize that their own behavior on their property can affect the region’s water supply. This metric is also lower than in 2014. Over half of 2017 respondents said that they are concerned about the future water supply. Respondents were asked what measures, if any, that they have taken to help protect Barrington water sources. Almost two thirds of respondents said they restricted their water use during droughts. Next common were reducing salt on sidewalks and chemical pesticides. This year, respondents with private wells were less likely to report having tested their water for bacteria than in 2014. 85% of respondents indicated support for local government policies that protect open areas.

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Health Care

Health insurance coverage rates are extremely high, according to survey results, with 96% of respondents reporting that everyone in their household has health insurance. Health insurance quality, however, may be a significant issue, as many respondents reported putting off dental care and prescription medication due to cost. In the small group that said there were people in their household without insurance, over half blamed high premiums.

Asked if they are responsible for the care of a spouse, parent, other adult, or a child with special needs, 20% responded affirmatively with 11% caring for this person in their own home. Respondents aged 45-64 were the most likely to be caregivers. When asked why this person benefits from having a caregiver, over half said the person in need was an older adult and about one third replied they needed aid with mental or behavioral health issues. The survey asked what types of respite care respondents would benefit from. While nearly half said they didn't need any of the listed types of respite care, three in ten said a day program for the person they care for would be beneficial, and one fifth indicated interest in getting help with housework or companion care.

2017 respondents expressed a much higher need for elder services than respondents in 2014, even though the majority (55%) said no one in their household or family nearby needed any of the listed services. Assistance with benefit programs (24%) was the most common sought after service for Barrington area residents or family members 65 years or older with home nursing care close behind it (20%).

The survey then asked respondents about their end of life choices and documents. Of the 13 respondents who answered the question, 54% replied affirmatively when asked if they've considered their end of life choices. Almost two thirds (64%) of respondents have a document that states their wishes for health care decisions in the event there are unable to make them such as a living will or advanced directive. Over half (52%) have shared these wishes with their family.

Behavioral and Mental Health

Since 2005, the survey has asked respondents to report whether anyone in their household has experienced any of four types of abusive behaviors- emotional, financial, physical, or sexual abuse. In the past year, 9.3% of respondents reported having experienced abuse. As in previous iterations of this survey, emotional abuse was the most common. However, rates of reporting all types of abuse in our survey samples have increased over time.

In 2017, 38% of respondents said that they or a household member thought about seeking professional help for behavioral or mental health problems. Two thirds of this group actually sought help, an increase from 2014 results. Of the third that did not seek help, the cost of care was cited as the greatest barrier to treatment, followed by

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not knowing where to go for help. Focus group findings support these data. Nineteen respondents (5.3%) replied “Yes” or “Maybe” when asked if they or a member of their household had considered suicide in the past year. Mid-career-aged adults (30 - 64 years old) were most likely to consider suicide, according to survey results.

Barrington Youth

Four in ten respondents reported having at least one member of their household under the age of 18, slightly lower than the census would predict for the region. When provided with a list of twenty possible issues, over one third of the sample’s parents and guardians said none of those were a problem for any youth in their household. Of those who reported issues, anxiety (35%), excessive pressure to succeed (29%), and overscheduled lives (22%) were the three most common selected problems facing Barrington children. 2017 saw increased levels of reporting of all 17 listed issues compared to 2014 and 2011.

Regarding under-age drinking, 93% of respondents believe that unsupervised parties where young people have access to drug or alcohol happen in their community at least some of the time, and 17% think these parties occur all of the time. Nine in ten respondents believe that parents should be held accountable for any underage alcohol consumption that occurs on their property with prior knowledge.

Survey Respondent Comments

At the end of the survey, participants were given the opportunity to comment on any specific change that they feel would improve the quality of life in the Barrington area. 223 suggestions were submitted by 183 respondents, 2017 commenters emphasized greener city initiatives, water quality and conservation, improving traffic, adding or improving bike lanes, and dealing with train issues.

Key qualitative findings include:

Twenty-three adults participated in three focus groups to understand mental health and substance abuse needs of adults and youth in the community, identify barriers to receiving help from currently available services, and identify the services most needed to address these behavioral health issues in the Barrington region.

Barriers to Accessing Care and Receiving Care for Mental Illness

Seven main topics arose as barriers to Barrington residents who want or think about seeking out professional help for mental illness. Stigma and parental denial or lack of acceptance were the top two things the focus groups felt prevented community members from getting treated. They also agreed that the stigma around mental illness hurts adults more often than children. The other barriers included lack of assistive housing and transportation, financial barriers, lack of Crisis Intervention Team (CIT) trained police officers and other professionals, lack of information about resources available or language barriers, and lack of engagement from the school district to deal

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with mental health issues for the youth.

Substance Abuse in Adults and Youth

When asked about substance abuse by three different groups- youth, adults, and seniors- the focus groups felt that youth abuse a great variety of substances than the other two groups. Senior citizens predominately dealt with prescription drug and pain medication or narcotic abuse. The adult focus group discussions centered more on youth abuse issues.

Of the seven main areas that were discussed the most, the stigma associated with substance abuse and the culture around substance abuse, i.e. a level of acceptance around the issue when it appears to be a coping mechanism, were the leading topics. Participants also felt that it was more acceptable to have a substance abuse problem than a mental illness. The other major areas of interest were lack of housing, lack of recovery or treatment programs close by, financial barriers, easy access to alcohol and drugs at school, and lack of engagement from the school district.

Resources Available in Community to Manage Mental Health and Substance Abuse

Twelve different resources currently available for mental health and substance abuse treatment were listed by the focus group participants including Rosecrance in Rockford, IL and Northwest Community Hospital. Five different types of services were recommended by the focus groups to help the Barrington community address mental health and substance abuse issues. Participants mentioned the fractured care that is available and recommended a more integrated approach with Trauma Informed Care added to the services currently provided.

The focus groups felt that access to a Navigator or a Case Management Professional would benefit Barrington residents. A simple increase in overall education and awareness about mental health and substance abuse would also help decrease community stigma and increase the numbers of those who need help actually seeking it. Participants also named the “Living Room” model of triage centers in DuPage County and in the Waukegan area as the type of care that should be offered in the Barrington region. This model has a drop off center with trained professionals that can act as an intermediary and may prevent unnecessary ER visits. Accessible supportive housing for both those dealing with mental illness and substance abuse needs to be available closer to Barrington. Finally, the community should provide peer group activities that will bring individuals with similar problems together in a non-threatening social setting to create a support system for individuals with these health issues.

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Survey Overview

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Section I: Survey Overview

The 2017 Healthier Barrington Study is a continuation of similar studies that have been conducted every three years since 1996, allowing longitudinal data comparisons for many questions. As priorities have shifted over time, additions, deletions and modifications to the survey instrument have been made. The 2017 questionnaire was adjusted to better align the questions with current conditions. Each iteration of the survey has included unique elements, while keeping many questions the same across all eight surveys.

The method of data collection for this project has changed over time, in order to keep up with current best practices in public opinion research. Two major changes were made to the methodology in 2017: (1) A qualitative component was added – in the form of a set of three focus groups – to supplement the survey data; (2) For the first time, the survey sample was entirely convenience-based, with no random sample mail-out portion. The survey instrument was available on paper and online, and in English and Spanish. Respondents were recruited by Coalition members, using social media and email invitations. This new methodology reflects the rising costs of achieving adequate random sample response rates².

The primary purpose of the survey can be described using the following five overall goals. See Appendix III for corresponding objectives.

SURVEY GOALS:

1. To understand the overall health of the Barrington region, including physical, mental and behavioral health.
2. To identify community values, priorities and perceptions.
3. To identify gaps and unmet needs.
4. To identify economic conditions.
5. To identify the best methods to reach community members.

Methodology – Paper Survey

The paper questionnaire was an eight-page booklet consisting primarily of structured questions. It also included an open ended question about specific suggestions to improve the Barrington Region. No identification number or other identifying method was used on the survey instrument; assuring anonymity. Paper surveys were printed by the Coalition and distributed upon request from Coalition members. The survey

² Initially, the survey was conducted by telephone (1996, 2000). In 2003, 2007, 2010, 2013, and 2014, a random sample of respondents was reached by using a mail-out paper survey. In 2014, an online component was included to supplement responses from the random mail-out sample.

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instrument is included as Appendix IV.

Methodology – Online

All adult residents of the Barrington Region, defined by the Barrington School District 220 boundaries, were eligible to participate in the survey by completing it online. The Coalition publicized the URL for the online survey, “takethecommunitysurvey.com”, using e-mail messages and newsletters to residents through major community organizations.

Further Notes on Results

Key survey results are discussed in the following chapters, with results combined for both the paper and online surveys. When questions match those asked in prior years, comparisons are shown. When questions are similar, but do not match exactly, wording differences are noted. Frequency results for questions broken out separately by demographic subgroup, including previous years’ data when available, can be found in Appendix I. Since paper survey receipts were very low – with only 13 surveys submitted by paper -- Web and paper survey responses were combined for all survey data analyses.

Because of very small numbers, categories for some respondent characteristics have been combined for analysis. For instance, within age groups, respondents aged 18-29 have been combined with those 30-44 because the 18 - 29 respondent group was not large enough for analysis. Communities have been combined into three geographic areas in order to have sufficient cases for comparison. Deer Park, Lake Barrington, North Barrington, Port Barrington, Tower Lakes, Unincorporated Lake County, and Unincorporated McHenry County are referred to as “Barrington Area North.” Barrington Hills, Carpentersville, Hoffman Estates, Inverness, South Barrington, and Unincorporated Cook County have been combined and named “Barrington Area South” in the analysis. The terms “north” and “south” are generalized. The Village of Barrington remains separate because the number of responses from village residents is large enough to stand alone for analysis.

Survey Response

Response Type	Number	Percent
Web	636	98.0
Paper	13	2.0
ALL	649	100.0

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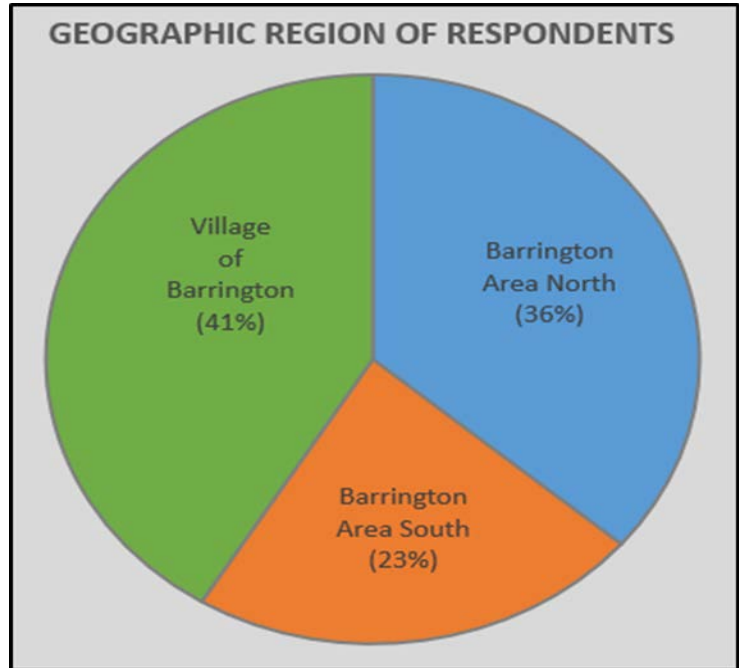
Survey Overview

Representativeness of the Sample

Geography

Within certain limitations, the sample can be said to be generally representative of the Barrington area population. Geographically, all municipalities within Barrington School District 220, as well as unincorporated Cook and McHenry Counties are represented in roughly similar proportions to their overall population (Figure 1). See Table 1.1 for more details.

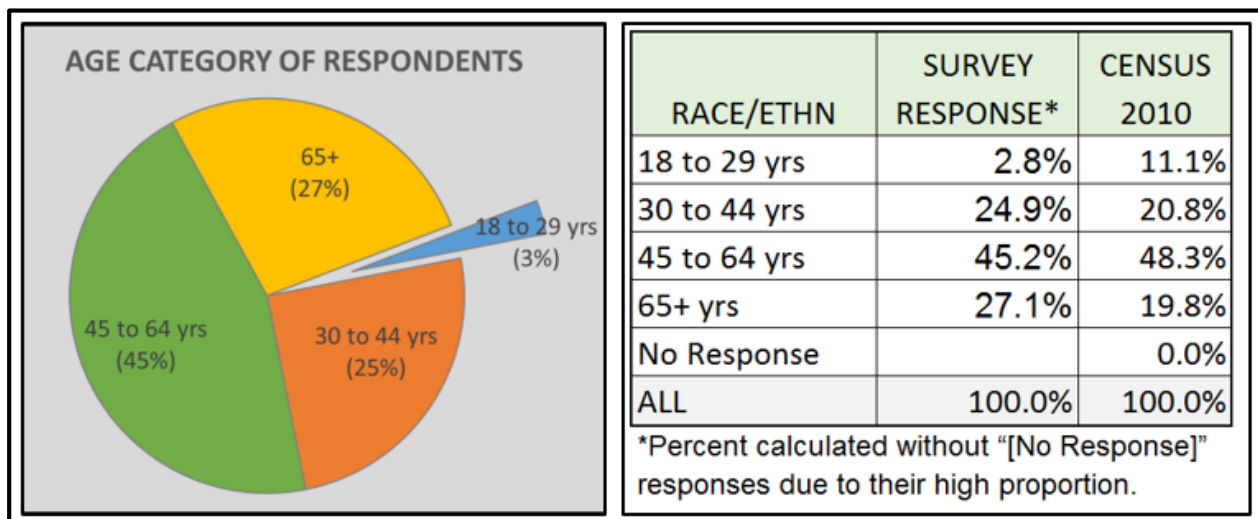
Figure 1



Age

The respondent age distribution was similar to the Census for area householders with a median respondent age of 54.8, similar to previous survey samples. The 2014 and 2011 median respondent age was 57.5 and 56.1, respectively. Though the respondent distribution was close to the Census, fewer persons under 30 responded than would be expected. Median age for respondents has generally been rising slightly with each survey (Figure 2). See Table 1.2 in Appendix I for more details.

Figure 2



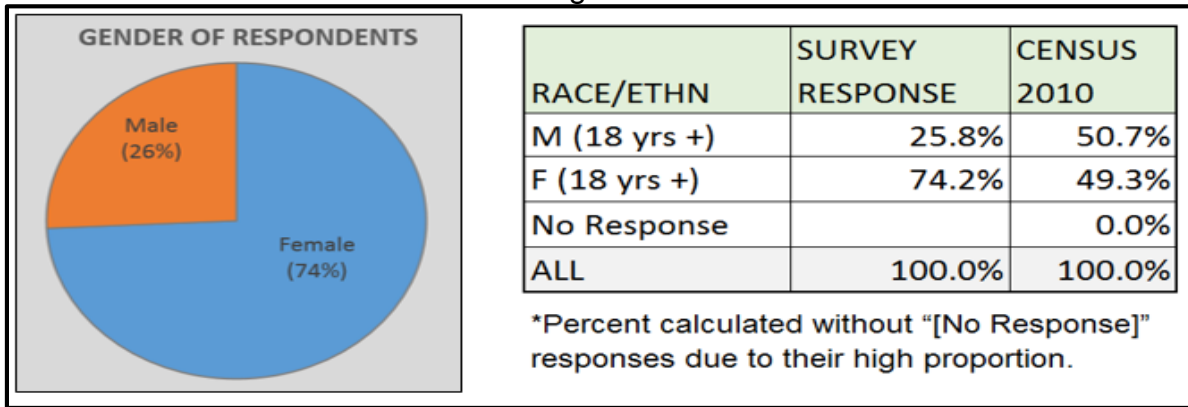
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Gender

Females comprised 74.2% of the sample in 2017, higher than in 2011, when 64.5% of respondents were female. This well above the Census percentage for gender. This gender imbalance may be caused by one or more of the following factors: women may be more likely respond to surveys and also more likely to answer questions on behalf of their family especially when human services are involved (Figure 3). See Table 1.3 in Appendix I for more details.

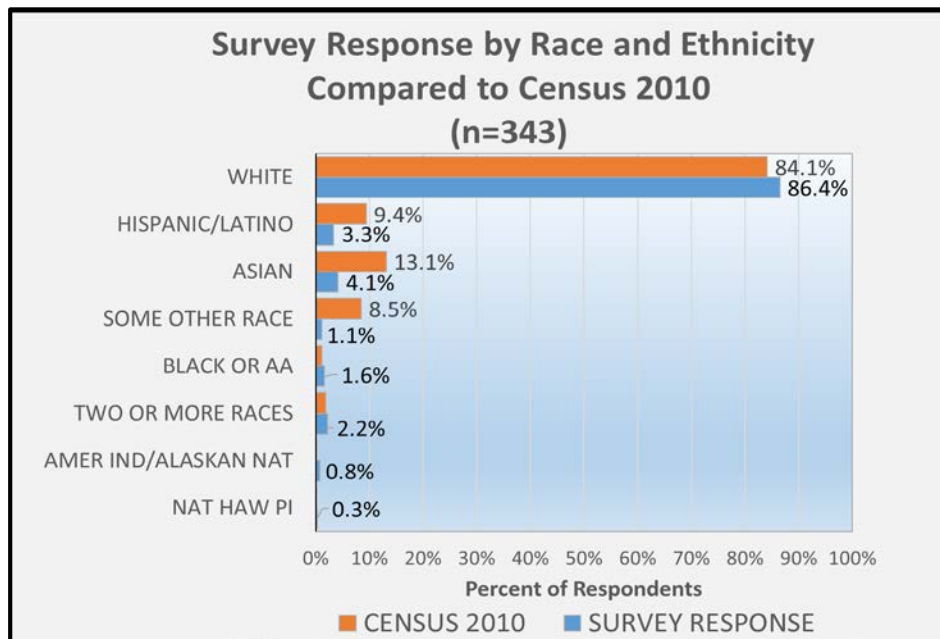
Figure 3



Race/Ethnicity

The racial/ethnic distribution of respondents was roughly similar to the overall population, with the exception of Asian, Hispanic/Latino, and Some Other Race being under-represented (Figure 4).

Figure 4



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Survey Overview

Length of Residence

Respondents were also asked how many years they have lived in the Barrington area. Long term residents made up the largest respondent proportions, specifically those who have lived in the area for more than 20 years (28.8%), followed by 11-20 years (22.3%). The median length of residence for the sample is 19.1, slightly longer than the median in 2014 (18.6 years), which was slightly longer than earlier surveys. Categories were a bit different in the last three surveys than 2005-2008. See Table 1.4 Appendix I for more details.

As might be expected, the pattern for length of residence differs according to the age of the respondent. Almost 3/4 (73%) respondents under age 45 have lived in the area less than ten years, while 96% of those 65 and older have been residents of the Barrington area more than twenty years and more than half of seniors (58%) responding to the 2017 survey have been in the area for 36 years or more.

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The Barrington Culture

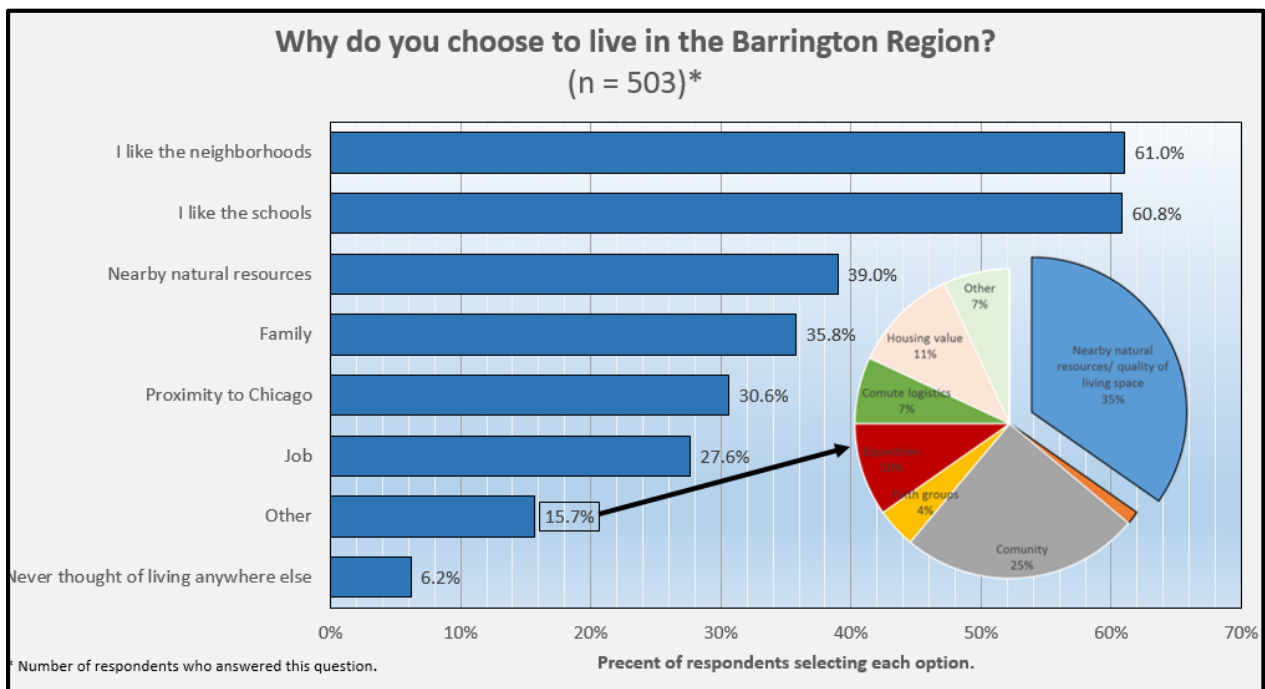
Section II: The Barrington Culture

Survey respondents were asked a series of questions relating to the culture of Barrington. Topics included what they like most about the region, why they live in the region, which media they consume, shopping habits and barriers, and suggestions for economic development in the region.

What respondents like, and why they live in the Barrington region (Q1.1, and Q1.2)

When asked why they choose to live in the Barrington region, respondents identified neighborhoods and schools as their top two reasons. More than 60% of respondents selected *neighborhoods* and *schools*. Next highest was *nearby natural resources* at 39%, followed by *family* (36%), *proximity to Chicago* (31%), and *job* (27.6%). Almost sixteen percent of respondents selected *other*. Most common in the “other” category was nearby natural resources/quality of living space (Figure 5).

Figure 5

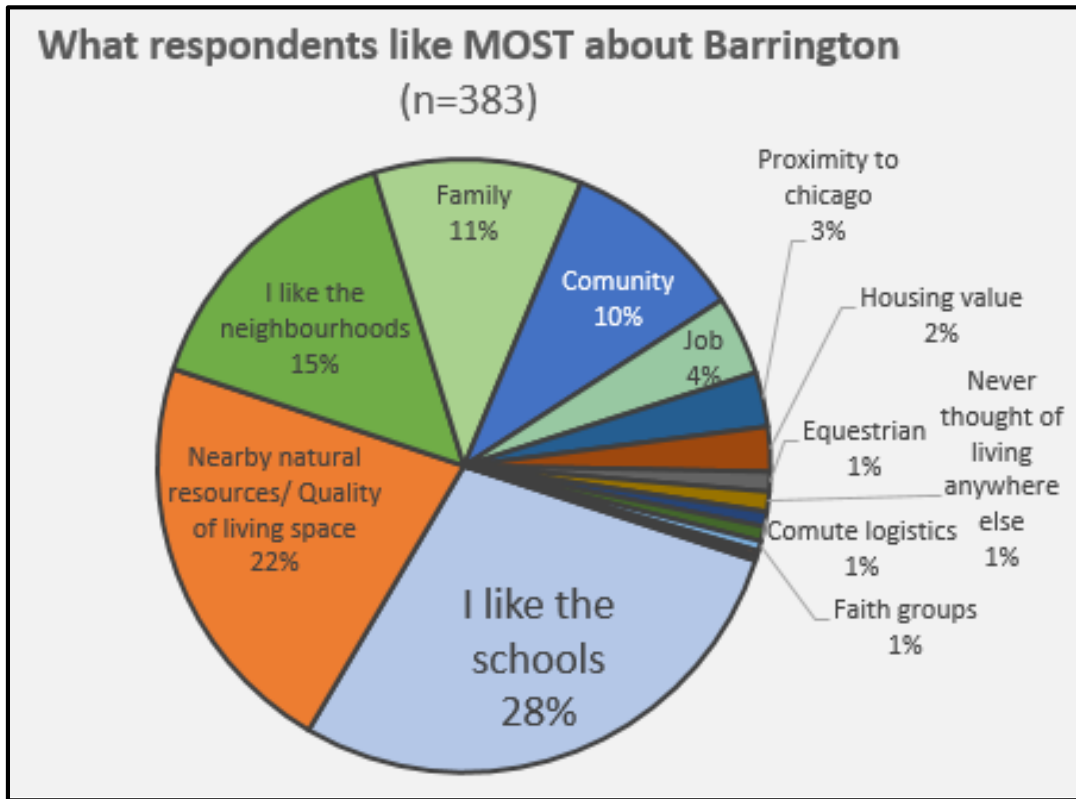


Next, respondents were asked to choose ONE THING that they like MOST, referring to the options they selected in the previous question. Schools (28%) topped this list,

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followed by *nearby natural resources* (22%) and *neighborhoods* (15%) (Figure 6).

Figure 6



Local media preferences (Q2.4)

When asked where they look for information respondents appeared to favor digital resources. 20% of respondents selected *web sites*, ranking highest of the choices given. 16% selected *social media*, and the *e-newsletters* category was selected by 10% of respondents. *Blogs* (2%) were least popular amongst digital media sources. It is worth noting, however, that *blogs* rated similar to *radio* and only slightly below *television*. *Local magazines* (15%) and *direct-mail/newsletters* (13%) placed third and fourth overall, similar to 2014 results, where *Direct Mail* came in third (Figure 7).

Shopping (Q2.1 - Q2.3)

As in previous years, the 2017 survey included a section on shopping preferences. This was modified since 2014³ but the 2017 data are still comparable to most of the previous shopping related questions. Topics included online shopping frequency, barriers to shopping in the Village of Barrington, and suggestions for additional stores, products, services, or restaurants.

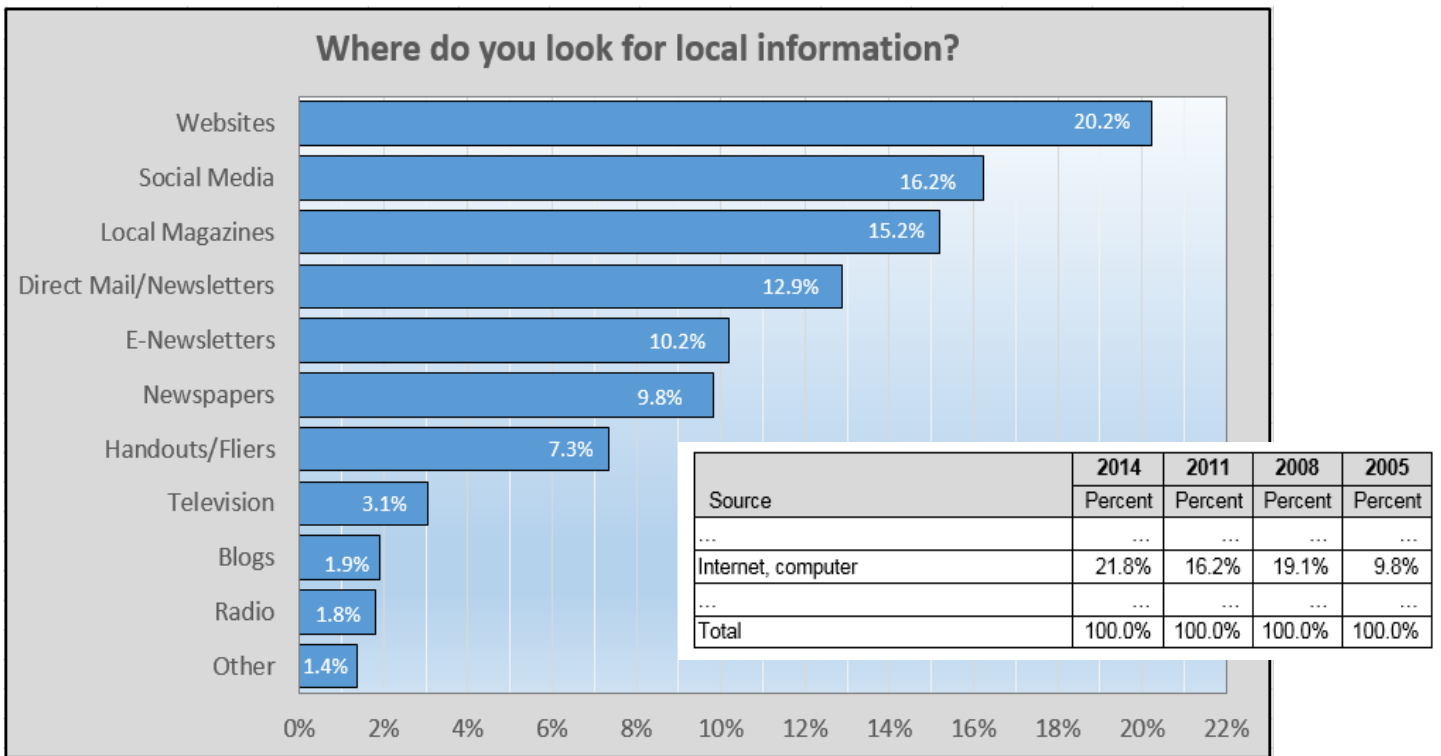
³, 2014 included detailed questions that asked respondents to estimate the percentage of shopping they do in and outside the Barrington area.

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Online Shopping (Q2.1)

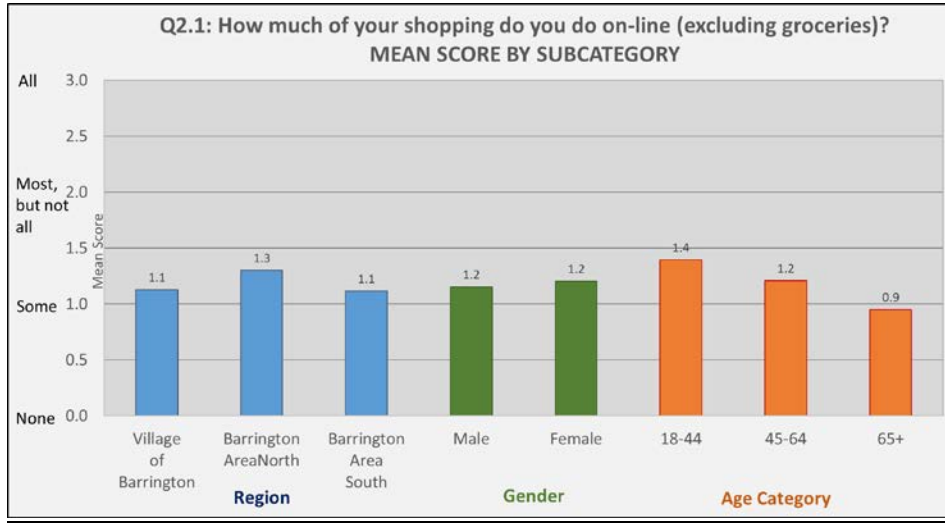
When asked how much of their shopping they do online (excluding groceries), on average respondents rated their online shopping habits between SOME and MOST on a scale from zero to four (none=0, some=1, most=2, all=3). The groups who reported the highest levels of online shopping were 18-44 year olds – similar to 2014 data -- and those living in Barrington Area North communities (Figure 8).

Figure 7



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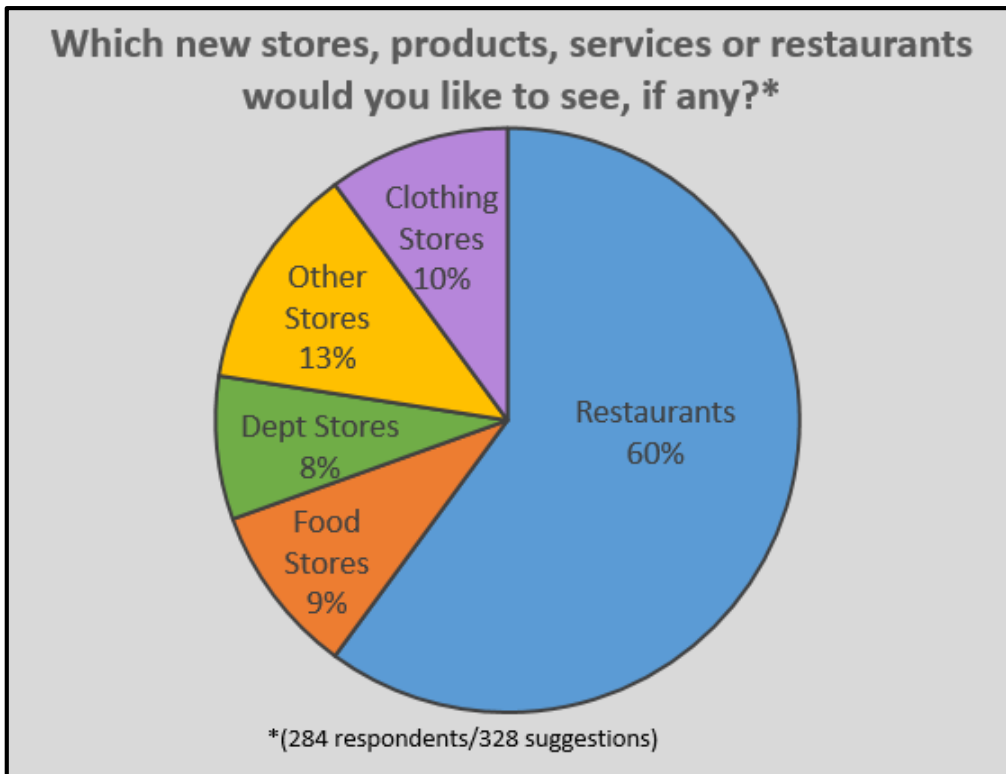
Figure 8



Additional Stores, Products, Services, and Restaurants Desired (Q2.3)

Respondents were also asked to write in stores, products, services, or restaurants not presently available in the Village of Barrington which they would like to see added. The question was asked in an open-ended manner so that respondents could list multiple choices.

Figure 9



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Just as in 2014, and representing 60% of respondent comments for this question – restaurants clearly led the list of desired additions to the Village of Barrington offerings (Figure 9). As for the nature of the restaurant, upscale took the lead this year, with 22% of respondents writing in restaurants that could be categorized this way. Chain restaurants (20%), which led the desired restaurant types in 2014, came in as a close second in 2017. Next were family restaurants (15%), Mexican (10%), and ethnic (9%). Fast food (4%) fell much lower on the list of preferred new restaurants than it did in 2014, when it ranked third, above ethnic. Similarly, pizza (1%) dropped in importance since 2014. Comments about restaurant types imply a demand for healthier and higher quality food. In addition, comments included descriptors like “city-like,” “student friendly,” and “locally sourced,” suggestive of a desire for more eclectic dining options (Figure 10).

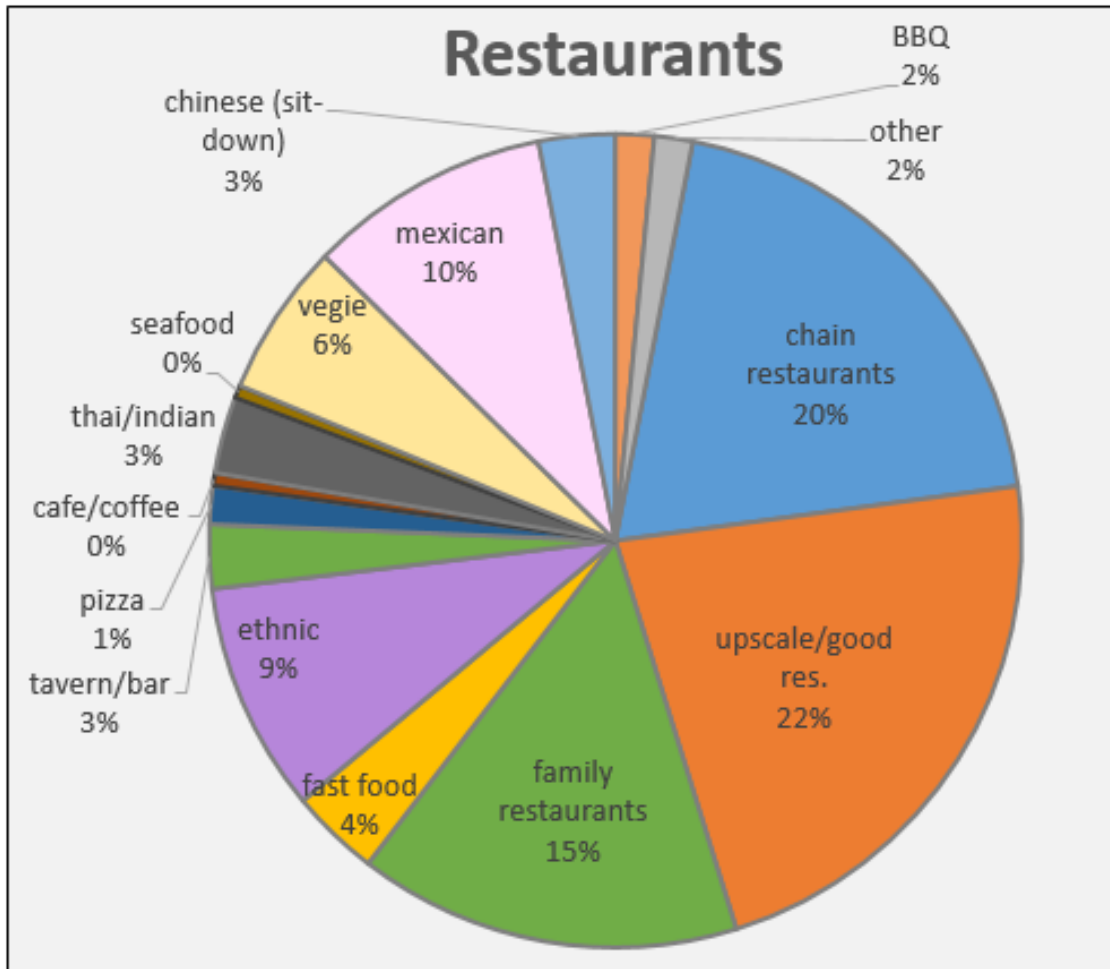
Similar to 2014, clothing stores (10%) came in for desired new business. Food stores (9%) ranked just below clothing (10%) this year, and department stores (8%) were name least frequently. There were also a large group of respondents who suggested stores that were categorized as “Other.” Combined, this category includes:

- Books
- Home improvement
- Office supplies
- Nightlife/theater
- Sporting goods
- Bakery/dairy
- Furniture/décor
- Crafts/hobby
- Fitness clubs
- Electronics

Specific stores that were mentioned by name were Whole Foods, Mariano’s, Portillos, Panera, Target, and Wal-Mart.

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Figure 10

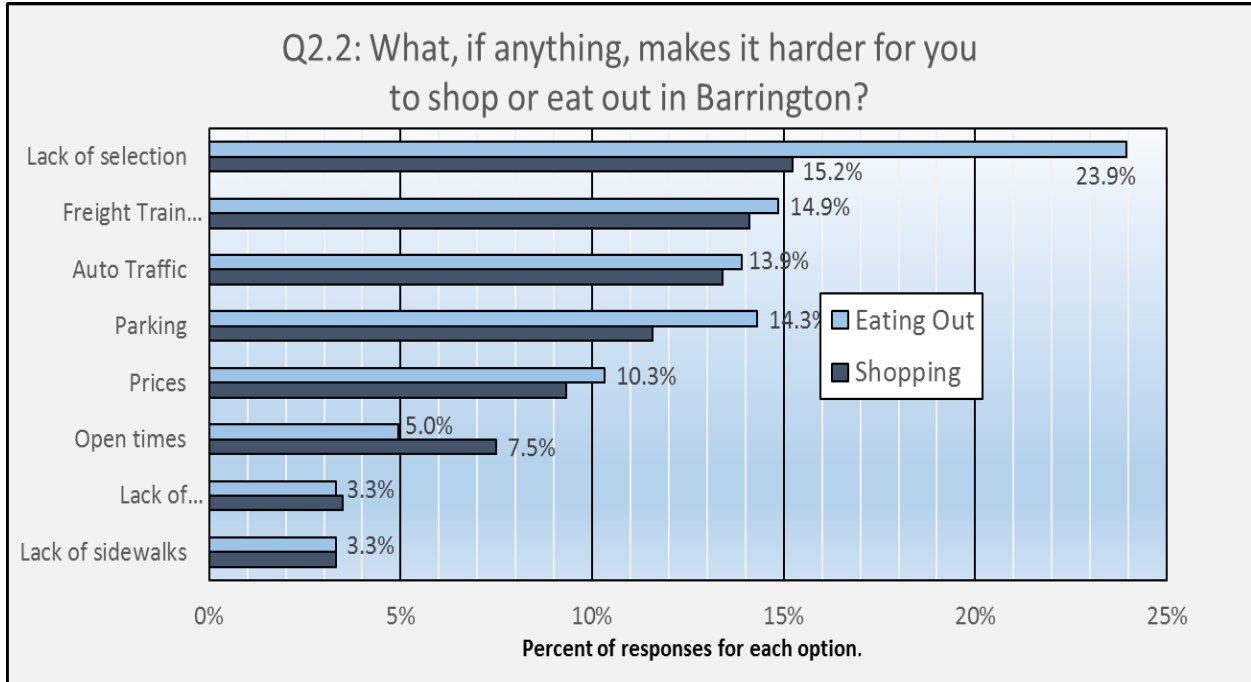


Barriers to Shopping in the Village of Barrington (Q2.2)

Respondents were asked whether any of a list of possible barriers made it harder to shop or eat out in Barrington. While this question was not identical to previous surveys – and thus not comparable at the quantitative level – results did show similar patterns across the years. Consistently since 2005, the three biggest barriers to local shopping and dining appear to be *lack of selection*, *auto traffic*, and *parking*. In addition, 2017 saw *freight train traffic* increasing in importance and *prices* decreasing in importance. Overall, respondents said that these barriers were generally more of a factor for dining out than for shopping, and that *lack of selection* was a bigger problem when shopping than dining. *Open times* were listed as less of a problem for dining and more a problem for shopping (Figure 11). See Table 2.1 in Appendix I for historical data.

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Figure 11



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Community Services and Issues Needing Attention

Section III: Community Services and Issues Needing Attention

This section presents results from a series of questions related to the quality of, access to, or availability of supportive services, activities, and programs in the Barrington region. In addition, respondents were asked to rate how much of an issue they considered a particular potential issue to be, from a list provided. The questions were modified but remain generally comparable to previous surveys. Unlike 2014, the 2017 questions dug deeper into opinions regarding the need for supportive services, activities, and educational programs.

Quality and Adequacy Ratings for Community Services (Q3.1)

When asked to rate their level of agreement with the statement “The Barrington region has adequate and high quality [blank]”, referring to six types of community services, *libraries* (3.6) and *schools* (3.6) rated highest on a scale from 1 to 4 where 1 = “Strongly Disagree” and 4 = “Strongly Agree.” *local government services* (3.4) and *park districts* (3.4) came in closely behind. Scoring lowest on this quality/adequacy scale in 2017 were *cultural activities and arts* (2.9) and *public transportation* (2.3) (Figure 12).

Although the 2017 question was not directly comparable to previous years, results do indicate some consistency over time. Respondents in 2014 listed libraries, schools, and park districts in their top three rated community services, echoing previous years’ responses (Table 3.1 in Appendix I). In addition, 9.9% of 2014 respondents listed recreational activities as something that was missing (Table 3.4 in Appendix I). Public transportation has continued to rate poorly on this survey since 2008. This year, in 2017, public transportation rated lowest on the 4-point quality/adequacy score, corresponding well with its high rating on the “List of Missing Characteristics” from 2008.

Housing and Outdoor Activities (Q3.2)

When asked to rate their level of agreement with the statement “The Barrington region needs more [blank]”, referring to five specific topics, *outdoor nature activities* (2.8) and *accessible housing* (2.8) rated highest on a scale from 1 to 4 where 1 = “Strongly Disagree” and 4 = “Strongly Agree.” All five topics scored above 2.0, indicating a positive need, including rental housing, which was lowest, at 2.2. While the question is not directly comparable to 2014 data, it is worth noting that in both 2011 and 2014 approximately 25% of respondents said that they would support the development of rental housing (Table 3.6 in Appendix I) and 7.8% listed residential rental options as something that was missing. (Table 3.4 in Appendix I).

CHAPTER 1: SURVEY
Community Services and Issues Needing Attention

Figure 12

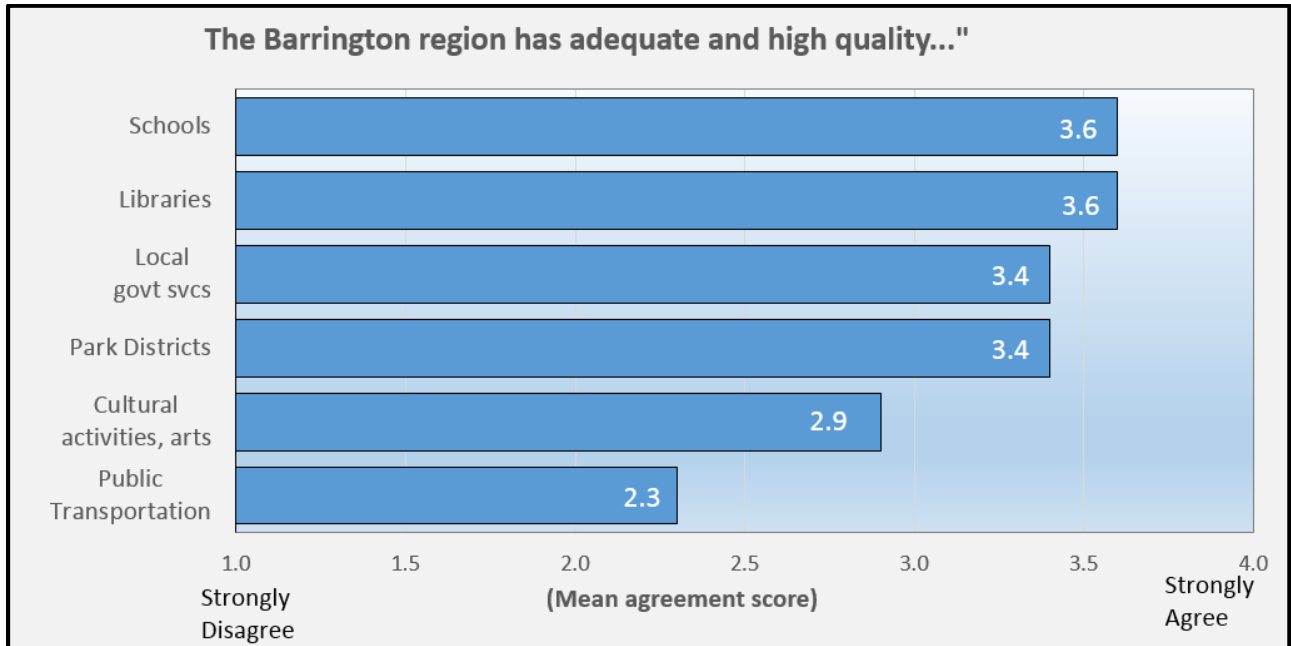
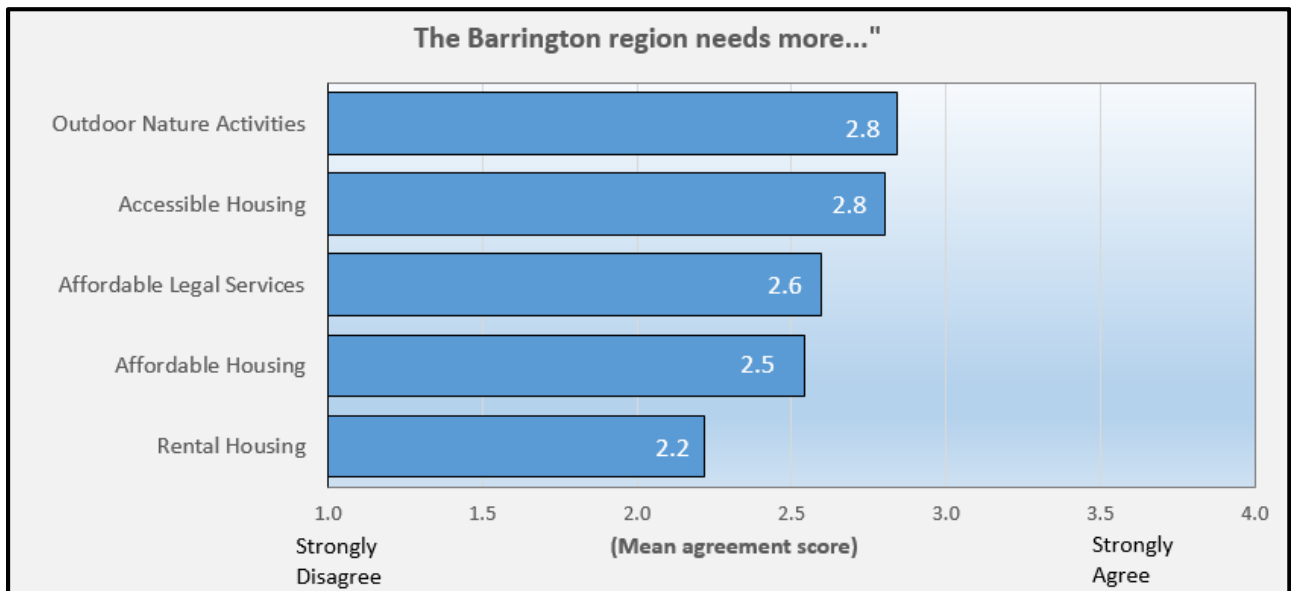


Figure 13



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Community Services and Issues Needing Attention

Issues Needing Attention (Q3.3)

Twenty possible community issues were listed on the 2017 survey instrument, with respondents asked to rate how big of an issue each one is in the Barrington region. Data were converted to a three-point scale, where 0 = not an issue, 1 = minor issue, and 2 = major issue. Issues scoring highest overall were *traffic control* (1.6), *youth substance abuse* (1.5), and *property taxes* (1.5); all between minor and major issue. Five issues rated below 1.0: They were *gangs*, *delinquency and youth violence* (0.7), *elder abuse* (0.7), *crime* (0.7), *discrimination against GLBT people* (0.8), *child abuse* (0.9) (Figure 13).

An analysis by subgroups indicates a possible variation of opinion regarding local issues by respondent type. Top issues by subgroup are shown below (Figures 14 – 17).

By Geographic Area:

- ❖ Village of Barrington residents most concerned about:
 - Traffic control
 - Aging-related concerns
 - Racial/ethnic discrimination
 - Barrington Area North
 - Crime
 - Substance abuse

- ❖ Barrington Area South residents most concerned about:
 - Historic housing
 - Open space

By Gender:

- ❖ Females most concerned about
 - Property Tax Equity
 - Transportation options
 - Jobs for disabled
 - Racial/ethnic discrimination
 - Discrimination against GLBT people

- ❖ Males most concerned about
 - Suicide prevention
 - Local employment
 - Gangs, delinquency, and youth violence

By Age Category:

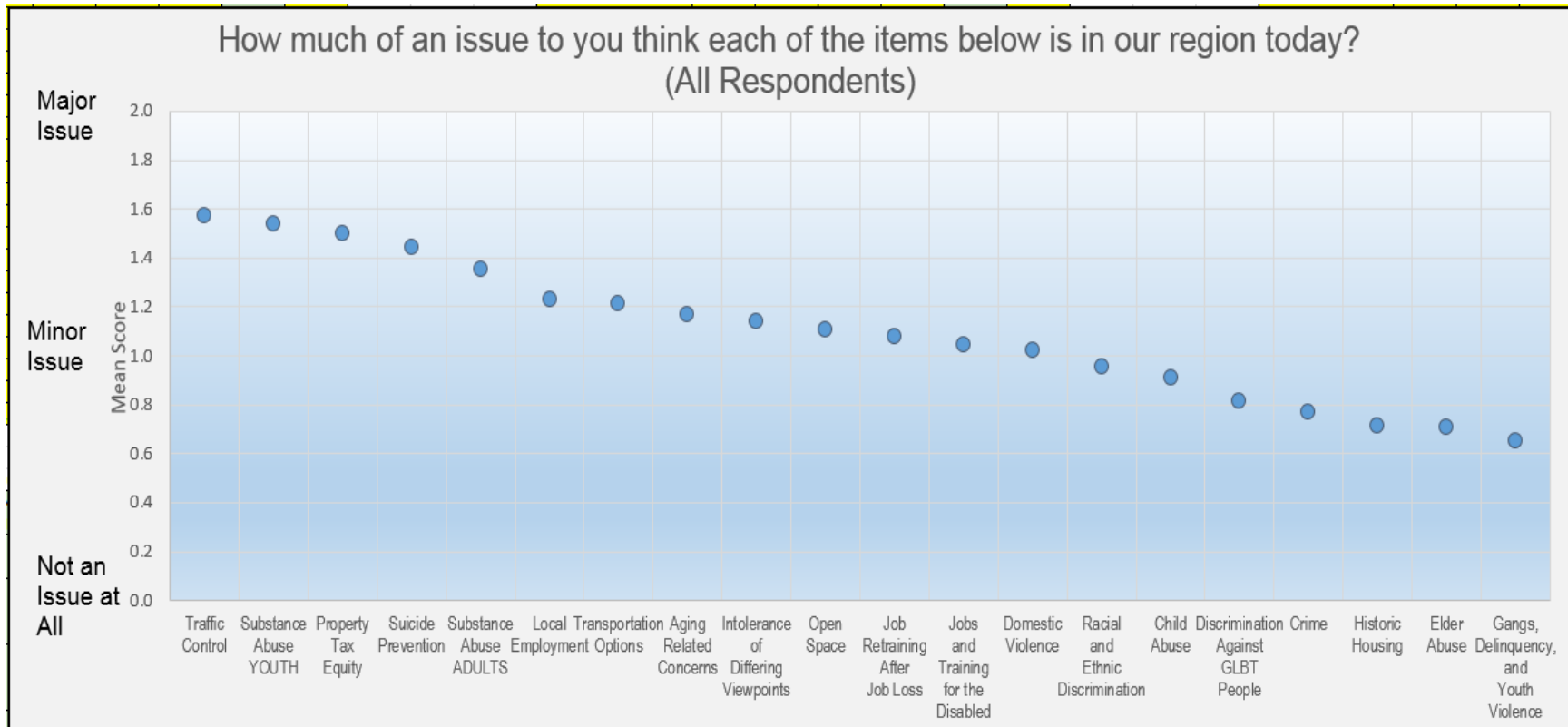
- ❖ Older respondents most concerned about
 - Transportation options
 - Open space
 - Aging-related concerns

- ❖ Younger respondents more concerned about
 - Racial/ethnic discrimination
 - Discrimination against GLBT

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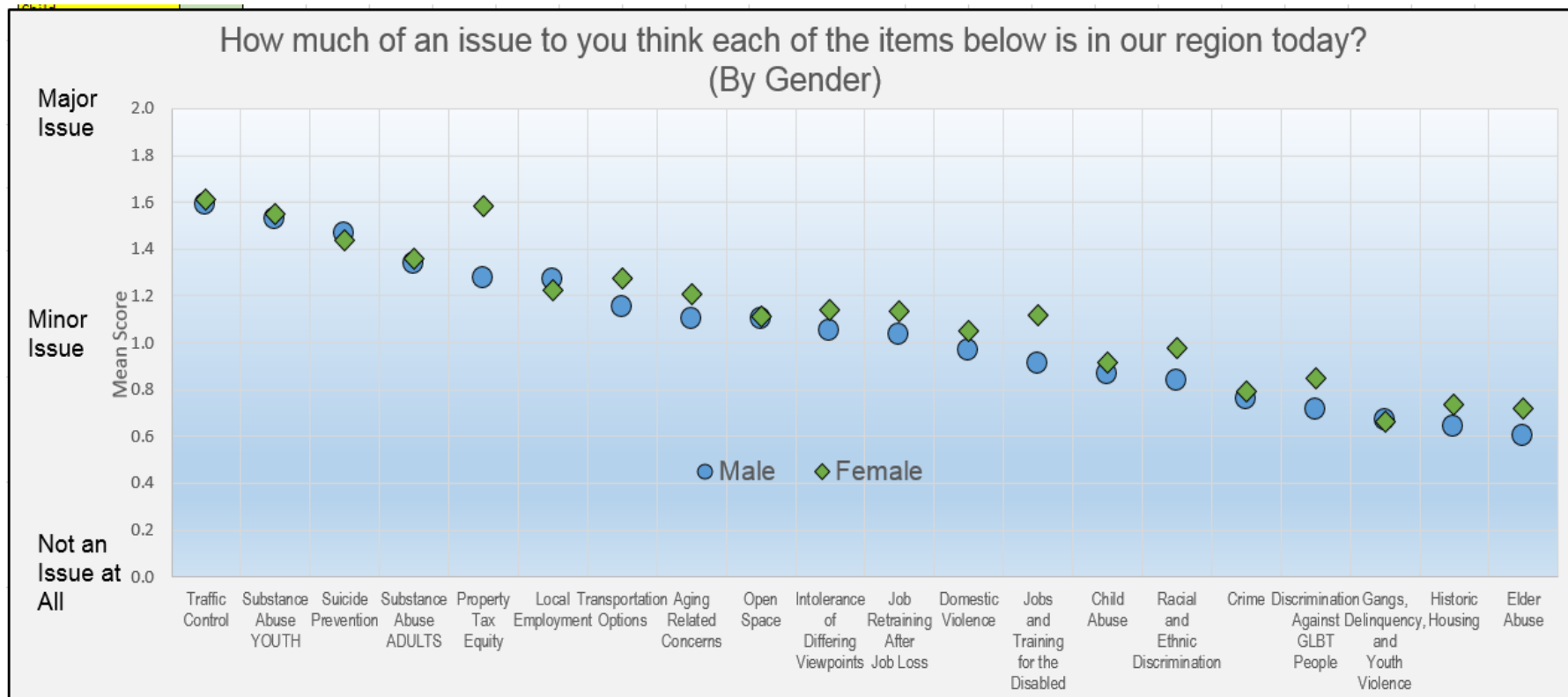
Community Services and Issues Needing Attention

Figure 14



CHAPTER 1: SURVEY
 Community Services and Issues Needing Attention

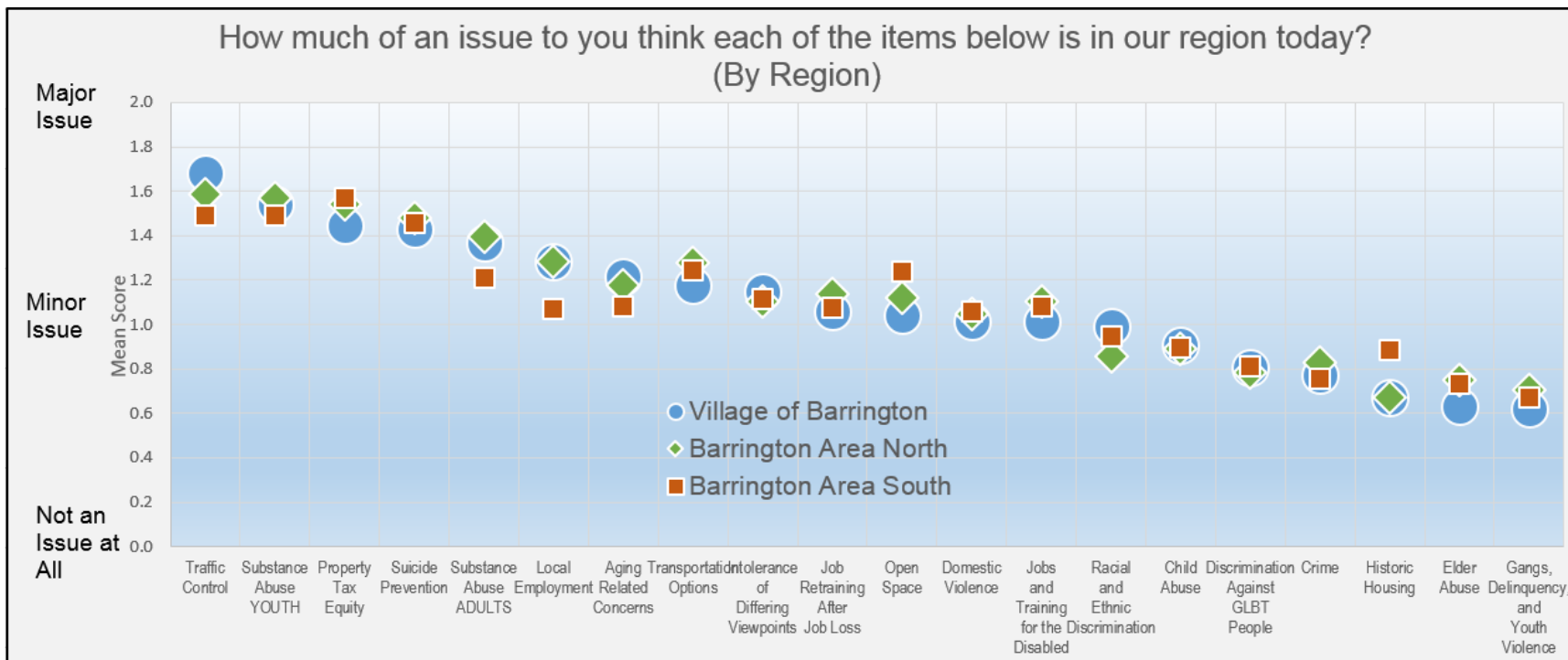
Figure 15



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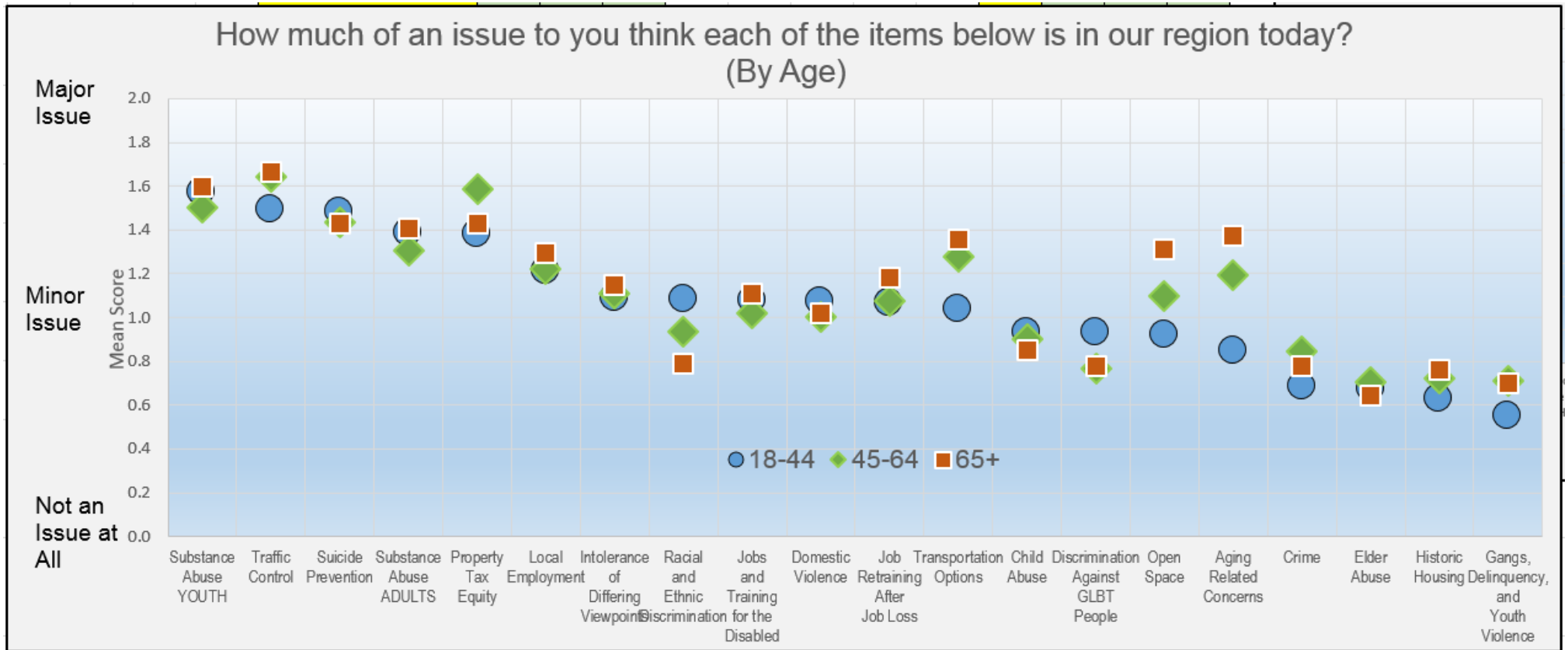
Community Services and Issues Needing Attention

Figure 16



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 Community Services and Issues Needing Attention

Figure 17



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Community Services and Issues Needing Attention

Comparing issues over time

The 2017 issues question was modified, precluding a direct comparison with previous years. However, a general comparison of the importance of issues over time can be made. Between 2008 and 2014, respondents were asked to select from a list of 24 potential issues, marking as many as they believed needed greater attention. Comparing data from this old question with the 2017 question suggests the possibility that *youth substance abuse* has been a key concern for Barrington area residents since 2008. In 2017 it made the top issues list. For a detailed list of issues and their 2008-2014 scores See Table 3.5 in Appendix I.

General comparisons over time can be made by comparing top and bottom ranked issues in 2014 to top and bottom ranked in issues in 2017.

2017 TOP ISSUES

- Traffic control
- Youth substance abuse
- Property taxes

2014 TOP ISSUES

- Property taxes
- Public transportation
- Activities for teens

2017 BOTTOM ISSUES

- Gangs, delinquency and youth violence
- Elder abuse
- Crime
- Discrimination against GLBT people
- Child abuse

2014 BOTTOM ISSUES

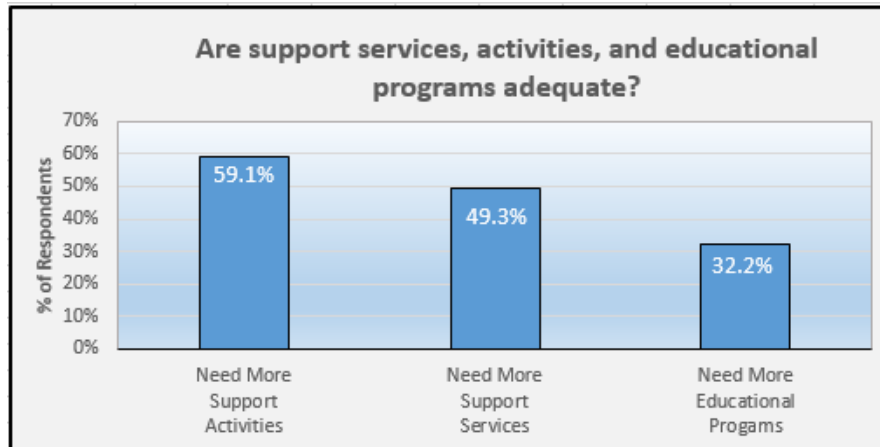
- Elder abuse
- Racial or socio-economic discrimination
- Child abuse
- Crime
- Discrimination against gay, lesbian, transgender individuals
- Gangs, delinquency and youth violence
- Domestic violence

Supportive Activities, Supportive Services, and Educational Programs (Q3.4)

The 2017 survey asked respondents to indicate whether they thought the Barrington region needed more of particular supportive services, supportive activities, and educational programs. This expansion of the previous years' question allows for analysis at the level of activities, services, and programs for the first time. Overall, a larger proportion of respondents reported the need for supportive activities (59%), followed by supportive services (49%) and educational programs (32%). See Table 3.1 in Appendix I for historical data.

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Figure 18

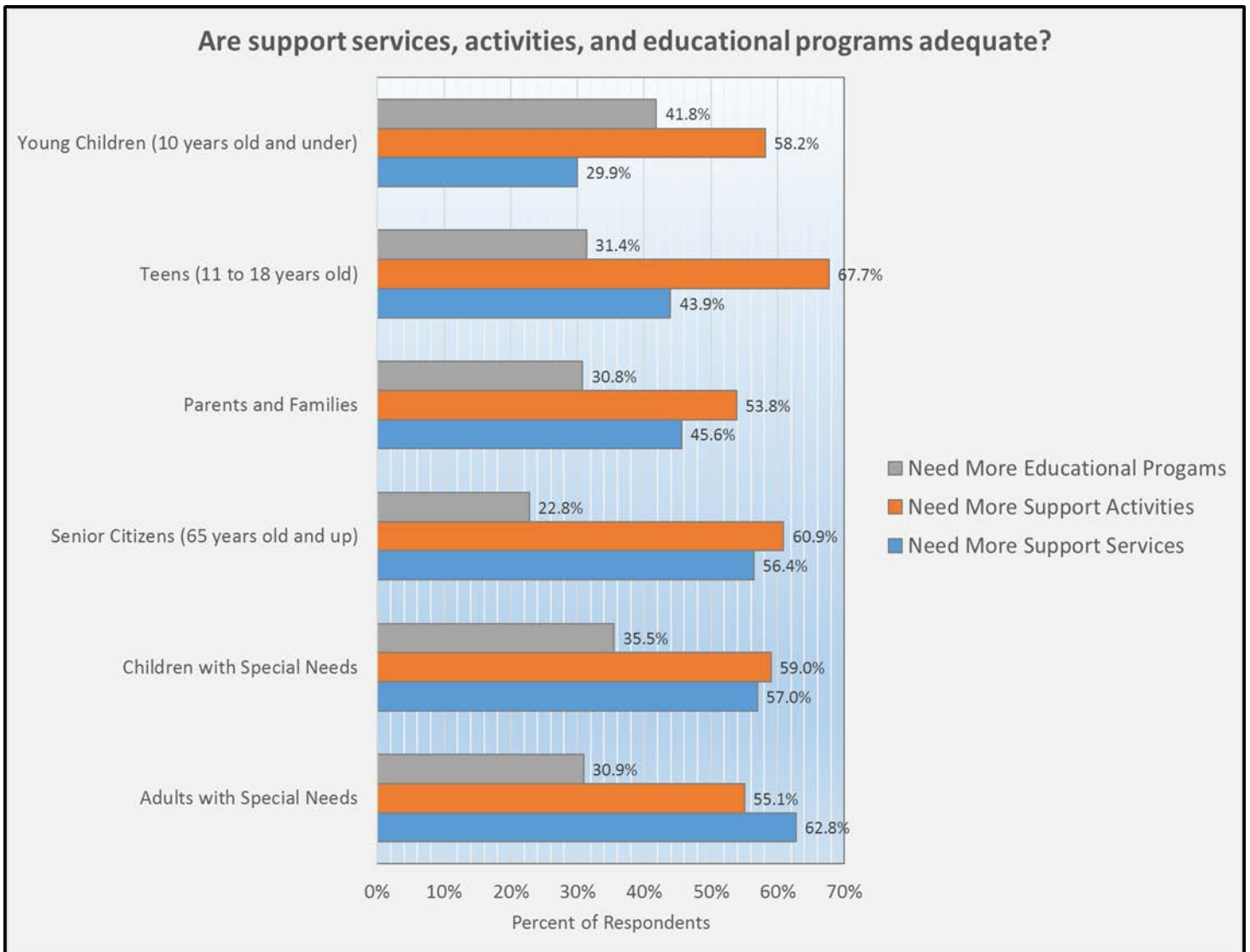


Further, 2017 survey data indicate that Barrington area residents see a greater need for different types of support (i.e., activities, services, and programs), depending on the population in need (Figures 19 and 20). Following are the top three needs for each type of support.

- ❖ Supportive **Activities**
 - Adults with special needs
 - Children with special needs
 - Senior citizens
- ❖ Supportive **Services**
 - Teens
 - Senior Citizens
 - Children with special needs
- ❖ Educational **Programs**
 - Young children (10 years and younger)
 - Children with special needs
 - Teens

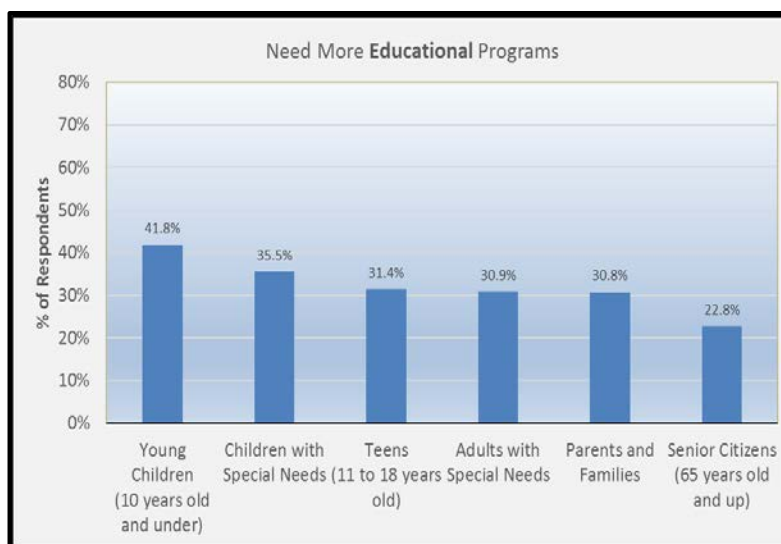
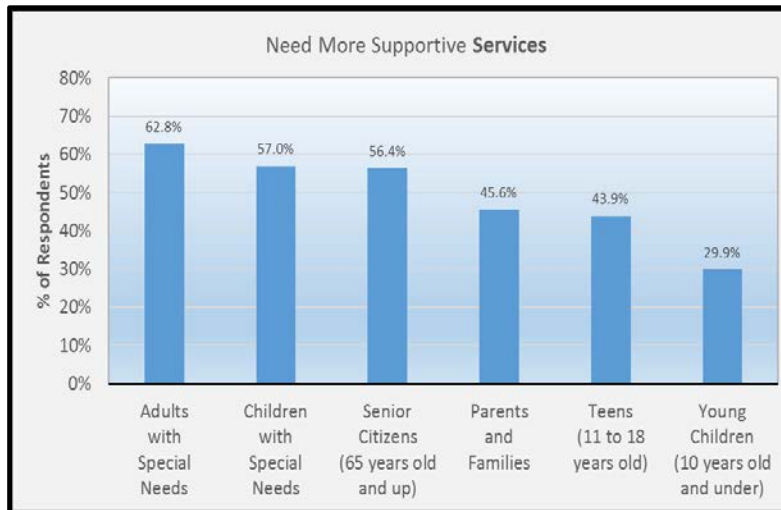
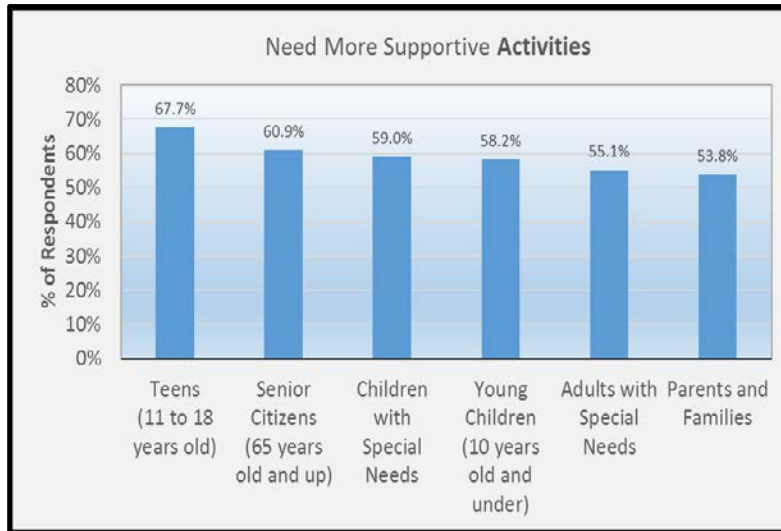
CHAPTER 1: SURVEY
Community Services and Issues Needing Attention

Figure 19



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Figure 20

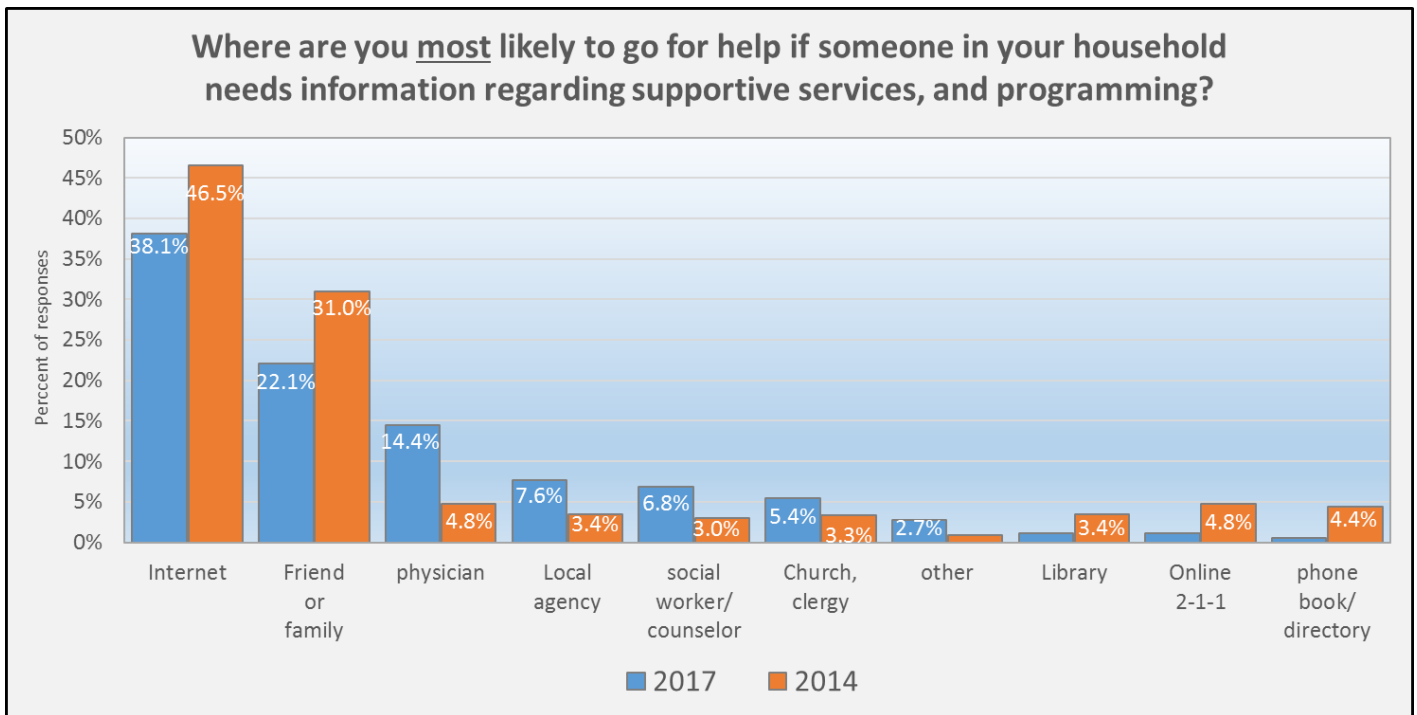


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Community Services and Issues Needing Attention

Where to go for support (Q5.4)

The last question in this sections asked respondents to tell us where they were MOST likely to go for assistance, if someone in their household needed information regarding supportive services and programming. 2017 results for this question generally agreed with 2014 results⁴. Internet (38%) and friends and family (22%) were the most favored information sources in both years (Figure 21). See Table 3.2 in Appendix I for more details.

Figure 21



⁴ This question did not appear on the 2011 and prior surveys

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Work and Household Finance

Section IV: Work and Household Finance

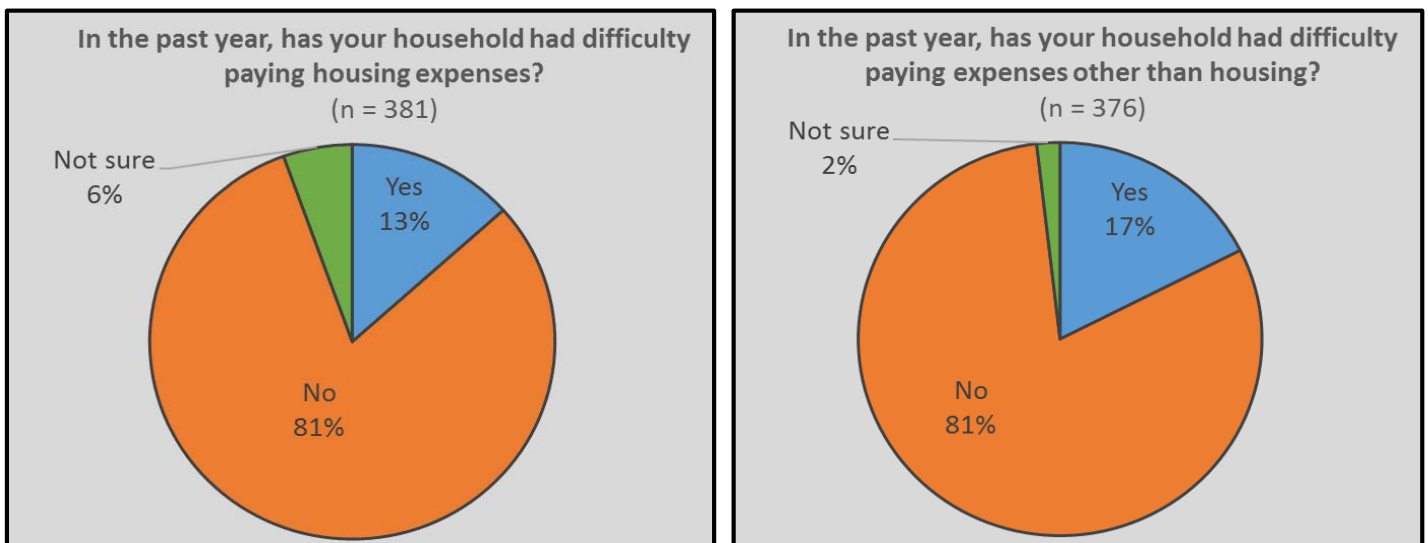
Modifications to the survey instrument in 2017 resulted in moving existing work and household finance questions into a new section. In addition, household finance questions asked for more detailed response, and the options for place of work were changed to include “at home.”

Household Finance (Q5.1- Q5.3)

New to the survey in 2017 was a series of three questions about household finance. First, respondents were asked whether their household had difficulty paying housing expenses in the past year. A second question asked whether their household had difficulty paying expenses other than housing in the past year. The final question asked respondents whether or not they had delayed health care in the past year due to cost or availability.

13% of respondents reported having difficulty paying housing expenses and 17% said they had trouble meeting expenses other than housing (Figure 22). The proportion of “not sure” responses was higher for housing expenses (6%) than non-housing expenses (2%).

Figure 22



Delaying Health Care (Q5.3)

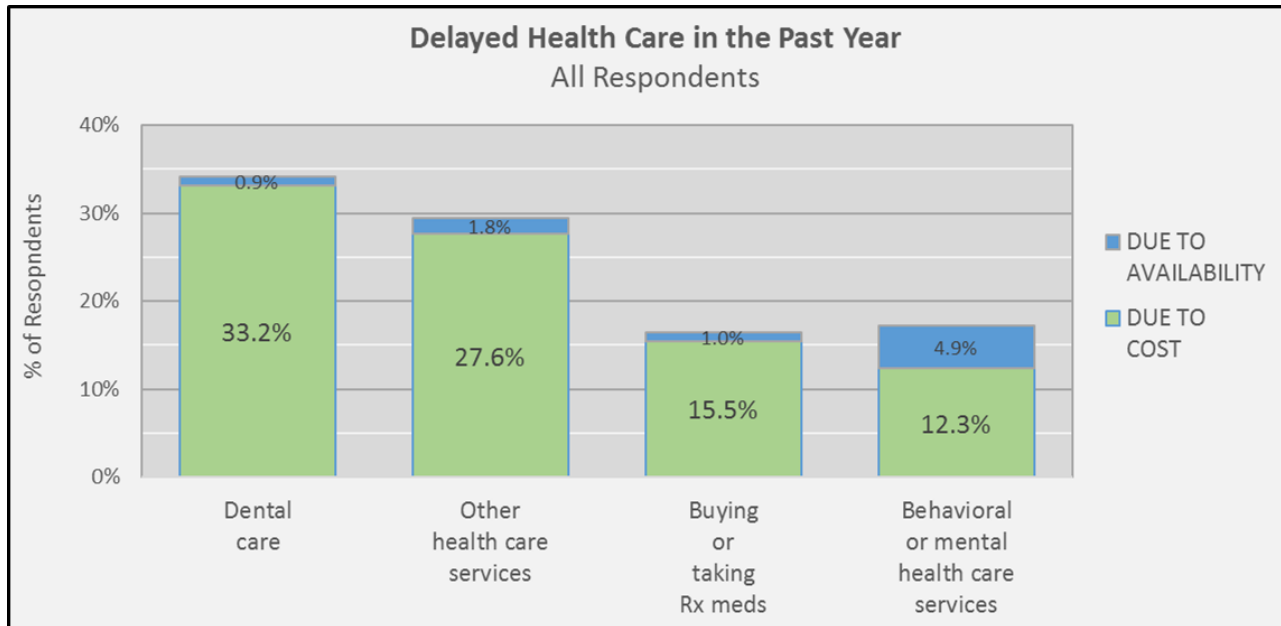
2017 respondents reported high rates of delaying health care due to cost (Figure 23). When compared to cost, availability appeared to be a much smaller barrier for most respondents overall. However, data do indicate a larger issue with availability regarding behavioral or mental health care services, as opposed to dental, prescription, or other health care services.

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33% of respondents said that they delayed dental care in the past year due to cost, while less than 1% stated that lack of availability led them to delay dental care. Respondents also reported having delayed buying or taking prescription medication (16%), behavioral or mental health services (12%), as well as other health care services (28%). The high number of respondents selecting “other health care services” suggests a need for further research -- either qualitative or quantitative --, to identify what those delayed health care services are.

Figure 23



Comparison over time

Data from this section can be generally compared to data from the section entitled “Situations Experienced” in prior surveys. See Table 4.1 in Appendix I for more details.

Work Location (Q4.7)

Echoing 2014 survey results⁵, Barrington area residents report working at home at very high rates. Respondents were asked to indicate the primary work location for up to two working adults in the household. 17% work at home as their primary location (Figure 24). Surveys between 2005 and 2014 resulted in at least 25% of households indicating that someone in their household works from home at least some of the time.

⁵ When comparing 2017 work location data to previous years, consider that the question was changed with “at home” added as an option in 2017, rather than asking about working at home separately as it had been in previous years.

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In addition, another 33% reported working at a job in the Barrington area, presumably not at home. Combined, this indicates that half of the workers from responding households do not leave the Barrington area for their job. Another 17% are working in Cook County outside of Chicago and 10% each in the City of Chicago and Lake County. The proportion working in the City of Chicago (11%) was down appreciably from 2014 (19%). See Table 4.2 in Appendix I for more details.

Unemployment (Q4.1 – Q4.6)

In 2017, for the first time, respondents were asked whether anyone in their household is currently having difficulty finding full time employment. Almost 14% of respondents responded affirmatively (Figure 25). Of those households, 17% reported that more than one person was currently under or unemployed. And of those under- or unemployed persons, slightly more than half were male (53%), and the majority were between 25 and 34 years old (Figure 26).

A second set of questions asked respondents about household members who had been laid off or fired in the past year. More than 9% of respondents indicated that someone in their household had lost their job involuntarily, the same proportion as in 2014 and fewer than respondents in 2011 (13.9%) and 2008 (10.5%). See Table 4.1 for more details.

Figure 24

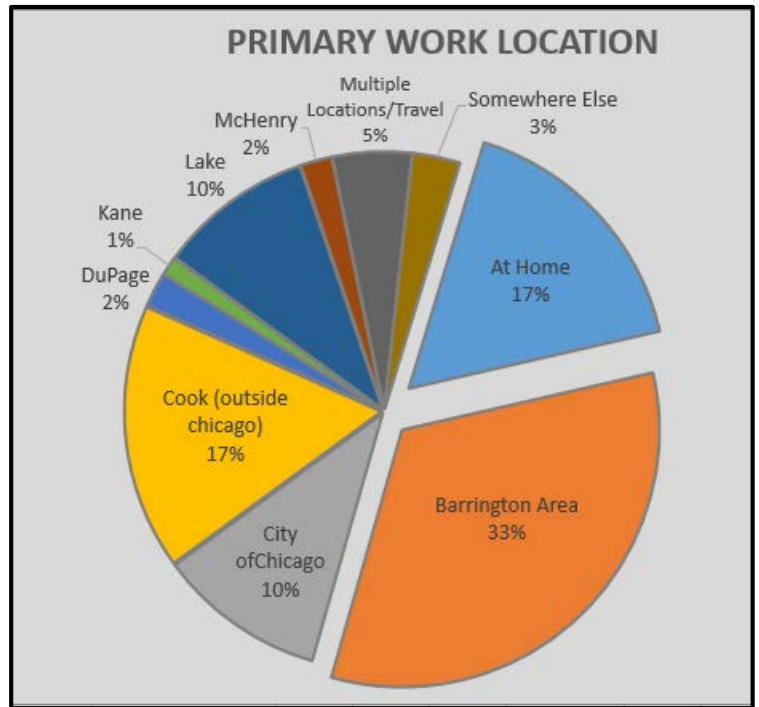
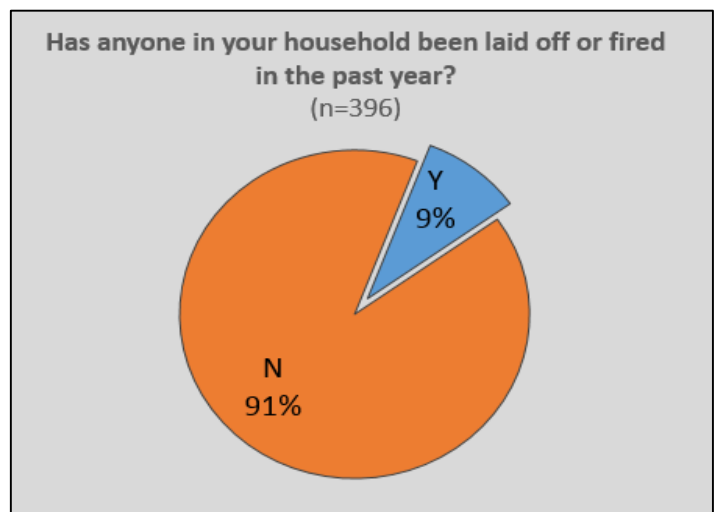
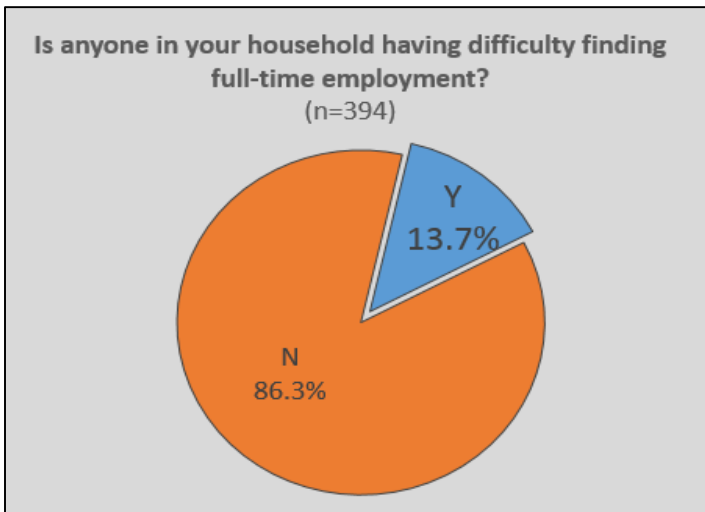
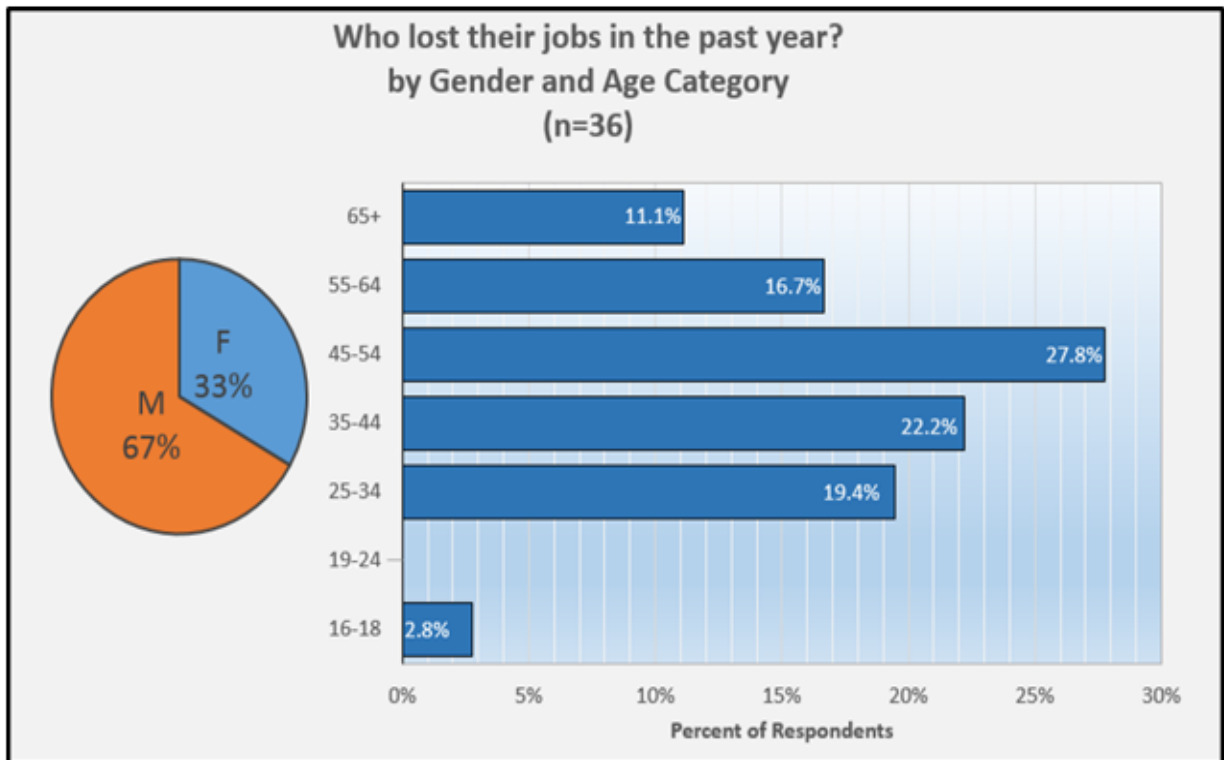
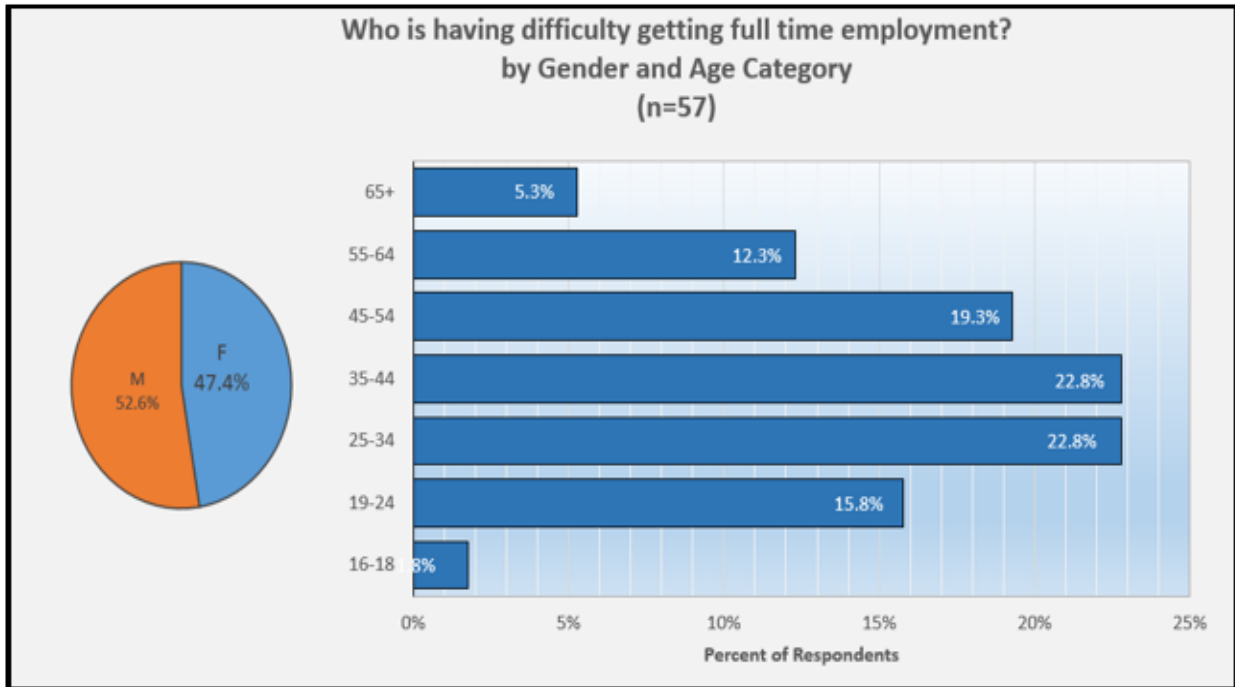


Figure 25



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Figure 26



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Retirement (Q4.8 – Q4.10)

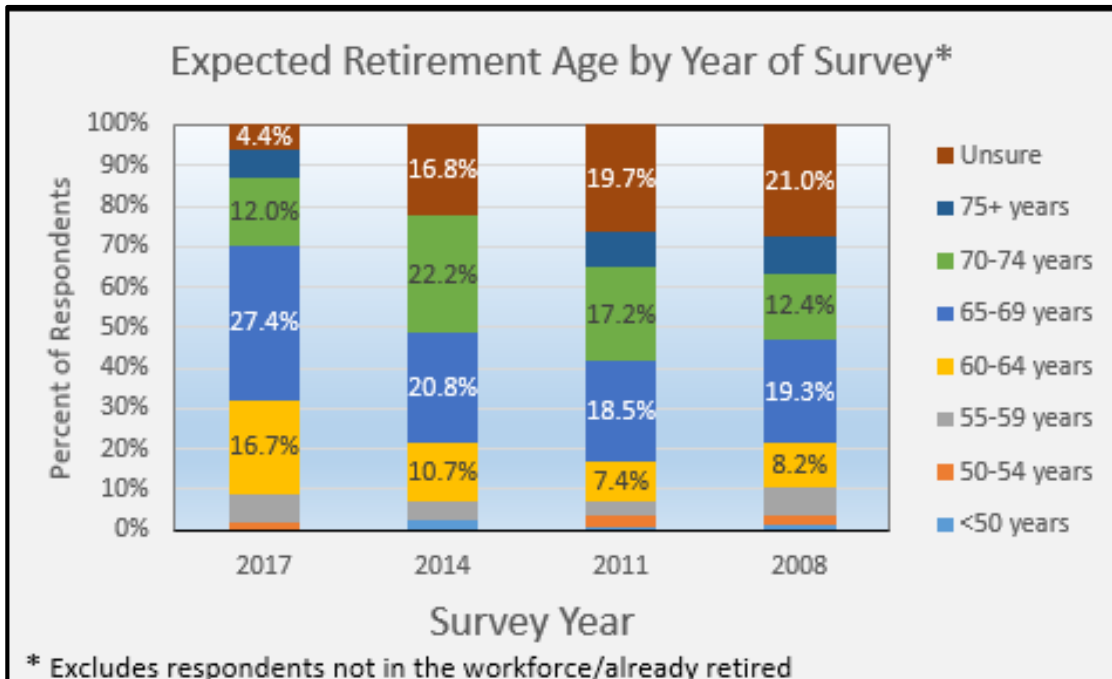
Several questions about retirement were part of this year’s survey including potential retirement age, possible retirement location, and anticipated retirement activities. Minor modifications were made to response options.

Survey participants were first asked to choose from a list of ages for the time at which they expect to retire from their job. See Table 4.3 in Appendix I for more details. Almost one-third (32%) of the sample answered that the question was not applicable for them as they were either already retired or not in the workforce. This compares to about one-fifth in 2014 and one-quarter in 2008 and 2011.

If those who answered “not applicable/already retired” or did not answer are taken out of the calculations, only about 4.4% of respondents (down from 22.1% in 2014) indicated that they are unsure of their retirement age. Of those responding, more than one-quarter (27.4%) said they hope to retire around age 65, up from 20.8% in 2014. 17% do not expect to retire until age 70 or later (down from 22% in 2014). Anticipating retirement around age 60-64 are 16.7% of respondents, while fewer (5.2%) plan to retire 55 and 59 (slightly higher than in 2014). Only one resident expects to retire before age 50 (0.3%).

The median year for retirement was 66, increased from 65 in 2008 and 2011. Unsure proportions were much lower this year (Figure 27).

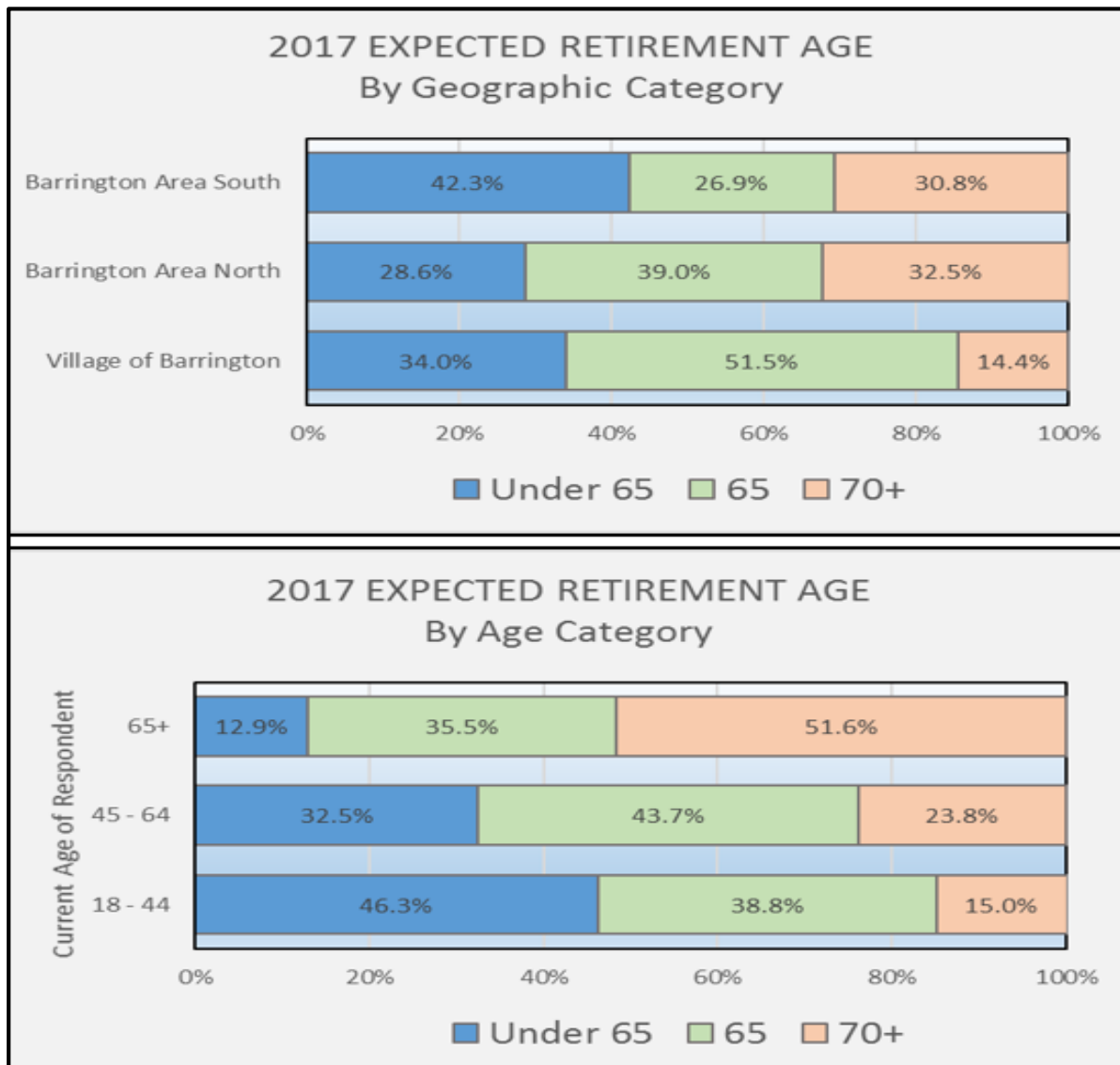
Figure 27



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Variation by demographic group is evident, especially by current age (Figure 28). Compared to the other geographic areas – and unlike the 2014 survey sample – Village of Barrington residents are less likely to be planning a later retirement at 70 or older. Age group differences exist as well with 46.3% of respondents aged 18-44 expecting to retire before age 65 (up from 39.7% in 2014), though only 32.5% of those aged 45-64 expect to do the same (up from 26.5% in 2014). In addition, more than half of the seniors in the 2017 sample who have yet to retire now plan to work to 70 or older. Apparently, older respondents believe that they will work longer than do younger persons. In 2017 there was little difference in expected retirement age by gender, unlike the 2014 sample, when women indicated that they expected to retire earlier than men. See Table 4.5 for more details.

Figure 28



Survey participants were also asked to choose a location where they anticipate living

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Work and Household Finance

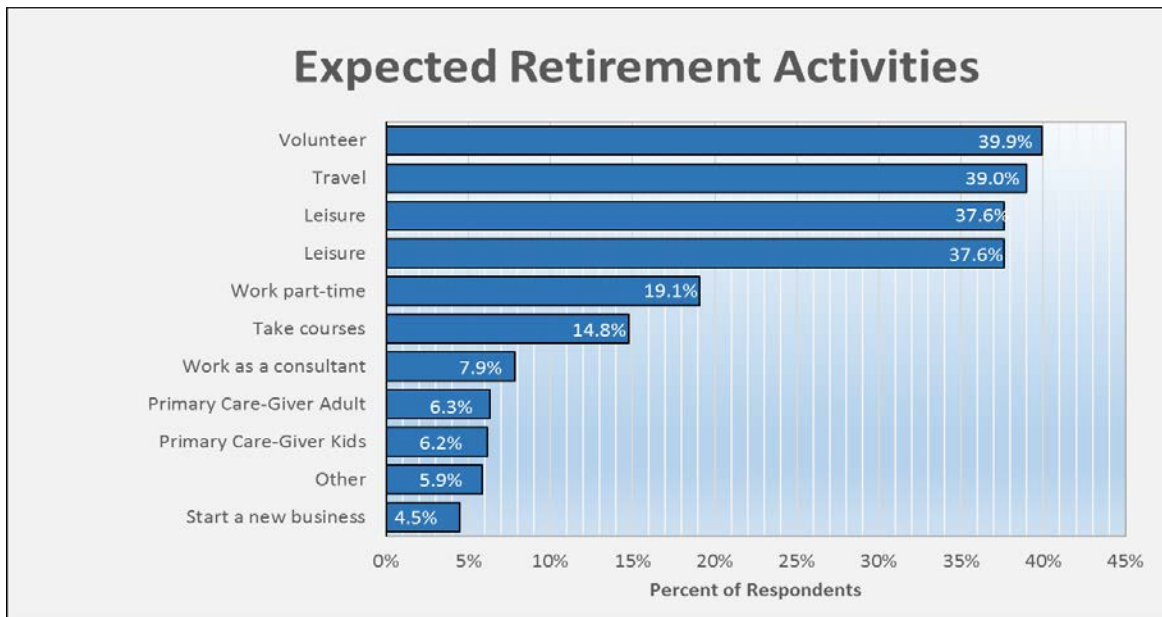
most of the year during retirement. Choices were identical in 2017 and 2014. Approximately one-third of respondents indicated that they expect to stay in their home in the Barrington area during retirement, signifying no change from 2014. However, twice as many 2017 respondents said that they plan to downsize (9.3%), and fewer plan to become sunbirds, 14.5% in 2017 compared to 20.1% in 2014. 2017 also saw a big change in the proportion of respondents who plan to move out of the area to retire, 18.3% compared to 10.3% in 2014. For the three surveys which included this question, approximately one quarter of respondents indicated that they were not sure of their primary retirement location. See Table 4.4 in Appendix I for more details.

The demographic group most likely to anticipate remaining in their Barrington area home are seniors. Those who have lived in the region between six and ten years selected “sunbird” at higher rates than other types of respondents, at 26.1%. Current seniors were least likely to select “sunbird,” at 10.6%.

Retirement Activities

Given a list of nine statements⁶, respondents were instructed to select options which describe their expected or current retirement activities (Figure 29). Volunteering (39.9%) and traveling (39%) led the list in 2017, as they did in 2014. Closely behind was “Leisure,” (37.6%) which was new to the survey in 2017. Overall, fewer respondents selected any retirement activities at all in 2017, with the most frequently selected option (volunteer) chosen by 40% of respondents. By comparison, more than 62% of respondents selected “Travel” in 2014. See details in Table 4.7 in Appendix I.

Figure 29



⁶ Options were changed in 2017, compared to the 2014 survey instrument. “Time with grandchildren, children” was removed and replaced with “Leisure”. Also new in 2017 were “primary care-giver for kids,” “primary care-giver for adult” .

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Water Quality and Use

Section V: Water Quality and Use

The 2017 survey repeated all of the water quality and water use questions from 2014. Respondents were asked questions designed to measure knowledge about their water source, concern for future water supplies, support for policies which seek to protect open areas, and identify which water conservation actions respondents have taken.

Primary Water Service (Q10.1)

Asked the primary source of water in the Barrington area, 38.1% correctly identified shallow aquifers, lower than in 2014 when 45.5% of respondents selected “shallow aquifers” (Figure 30). Asked the water source in 2008, 34.9% chose “shallow aquifers”, indicating an increase in overall knowledge of water source over time. However, more than twice as many respondents in the 2017 sample (14.5%) selected “Lake Michigan,” than in 2014 (7.1%). See Table 5.1 in Appendix I for more details.

Large variations between respondent types are evident in this question (Figure 31 and Figure 32). Males (53.8%) were far more likely to select “shallow aquifers” than females (32.4%); Young respondents (age 18-44) were less likely to select “shallow aquifers” (30.4%) than respondents age 45-64 (43.3%), and seniors correctly identified shallow aquifers at a rate of 36.4%. Geographic differences were also significant with respondents from Barrington Area North leading at 46.7%. 40.6% of the Barrington Area South group selected “shallow aquifers” and only 28.0% of respondents from the Village of Barrington correctly identified “shallow aquifers” See Table 5.5 in Appendix I for more details.

Figure 30

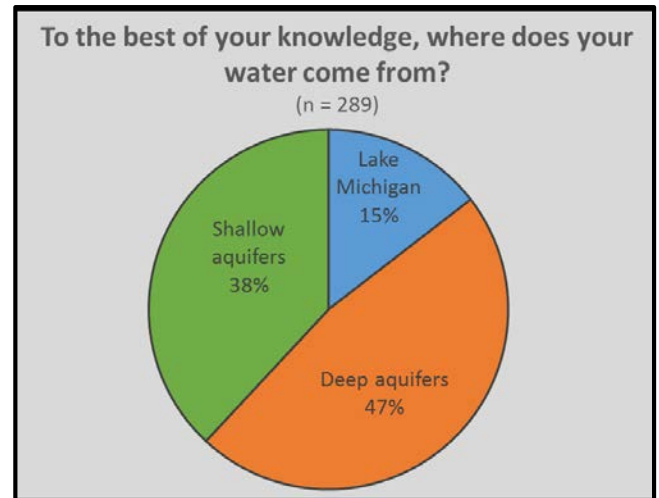
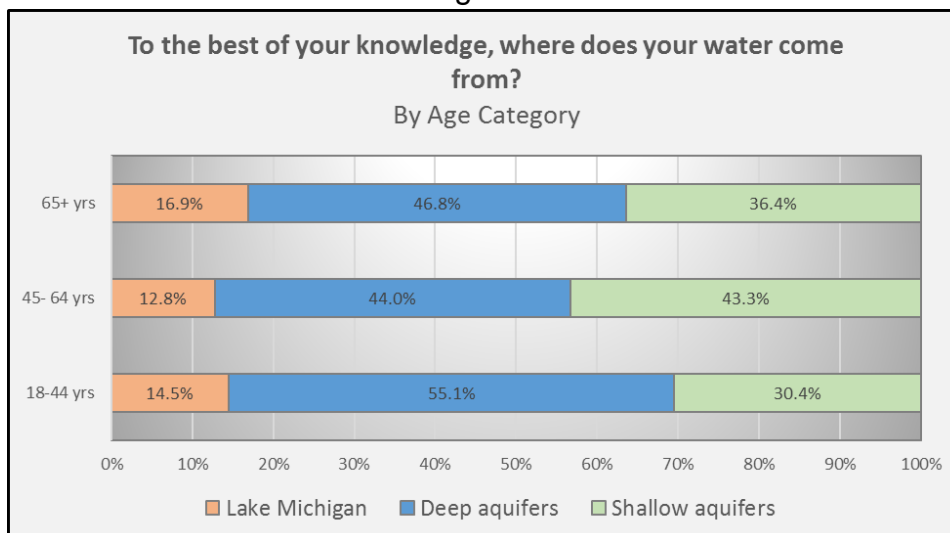


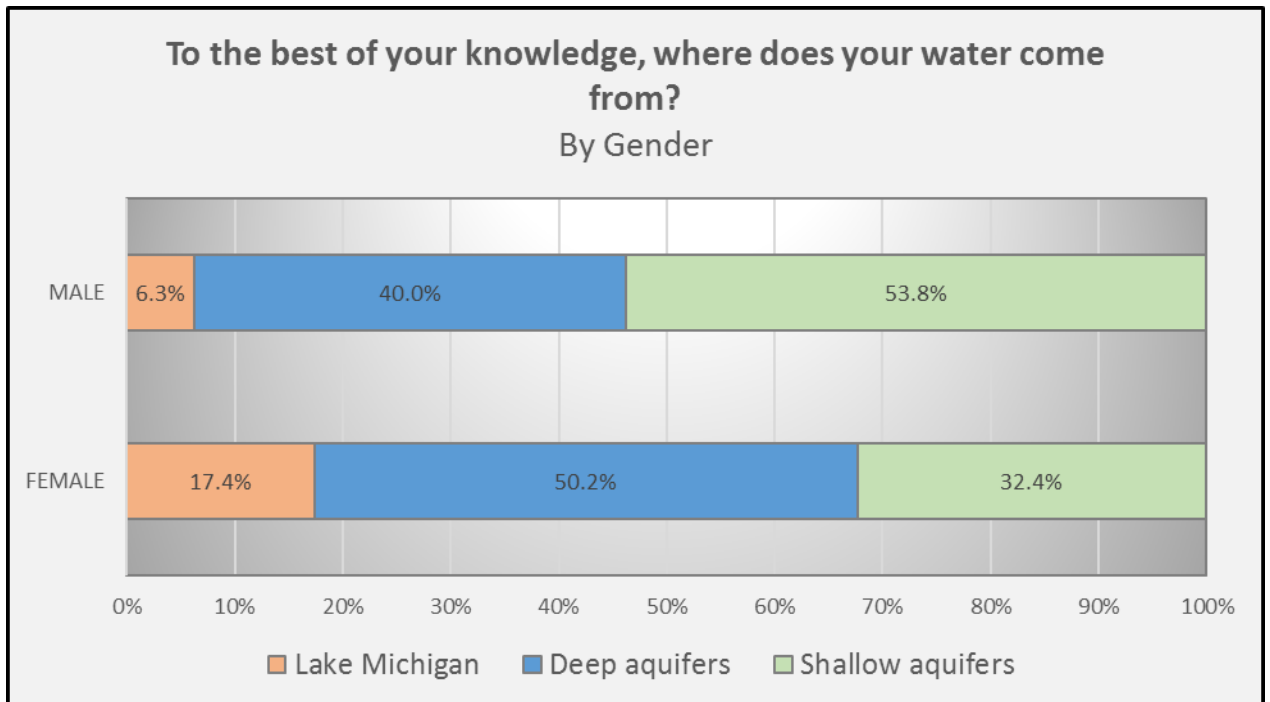
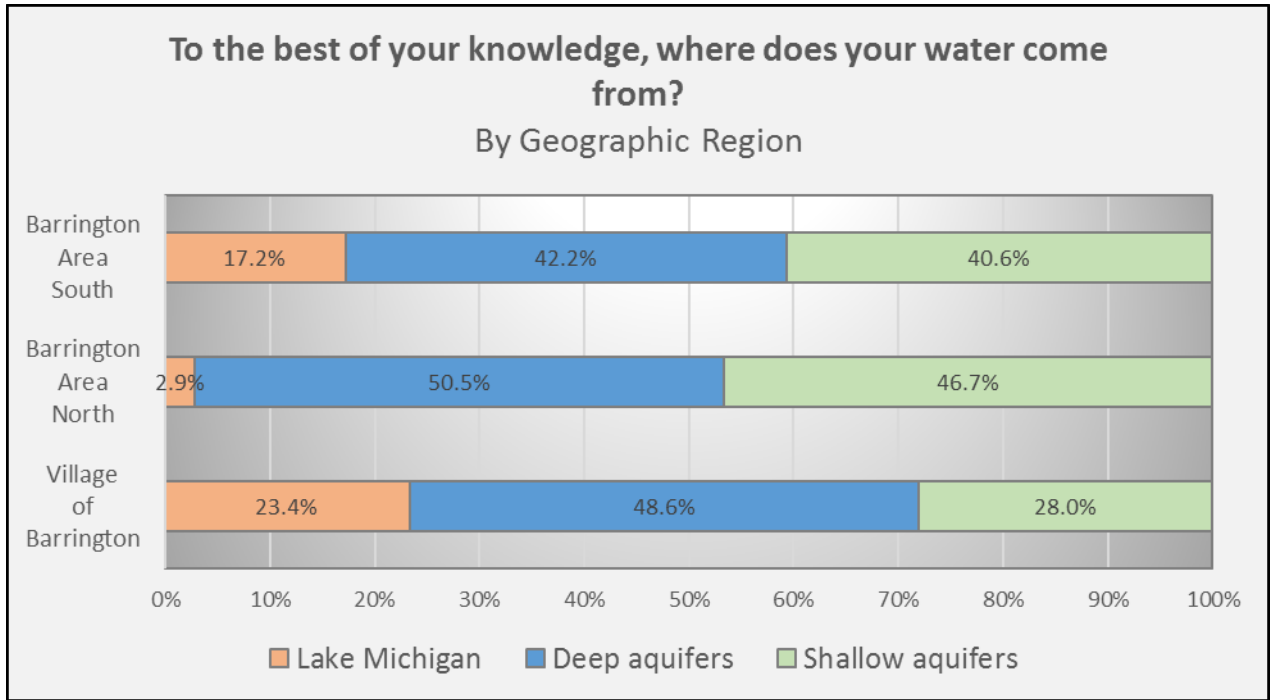
Figure 31



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Water Quality and Use

Figure 32



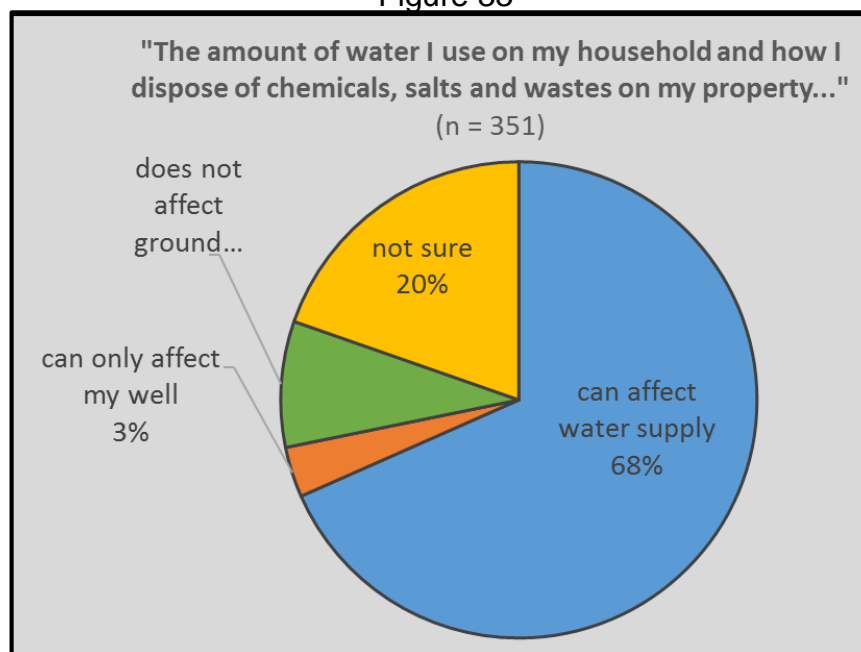
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Water Quality and Use

Household Water Use (Q10.2)

68.4% of survey respondents in 2017 (Figure 33) indicated that they knew that disposing of chemicals, salts and wastes on their property can affect their well and water supply as well as their neighbor's and the immediate area, down from 75% in 2014. A larger proportion of respondents said that they weren't sure in 2017, however, with almost 20% selecting "Don't Know," compared to almost 13% in 2014. The 2017 sample had more than twice as many respondents selecting "Does not affect the groundwater beneath my property; 8.5% compared to only 3.5% in 2014. See Table 5.3 in Appendix I for more details.

Figure 33



Variations by respondent types were less dramatic for this question than they were for the water source question, but still evident. More than three-quarters of Barrington Area North respondents indicated that they had correct knowledge about how their land use can affect other properties. Respondents from the Village of Barrington once again came in last, but 60.0% of that group did select the correct response. See Table 5.5 in Appendix I for more details.

Concerned About Water Supply (Q10.3)

The next question in this section asked local residents if they are concerned as to whether the Barrington area will have enough clean water to supply residents' needs in the future (Figure 34). More than half (55.3%) of those taking part in the survey this year expressed concern about the future of clean water in the Barrington area, a slight increase from the 2014 results (50.2%). However, more than twice as many 2017 respondents (27.2%) said that they were NOT concerned than in the 2014 sample

CHAPTER 1: SURVEY
Water Quality and Use

(8.8%). The fact that approximately twice as many 2014 respondents said that they did not know – 35% compared to 17.5% in 2017 – implies that (provided that the sample accurately represents the overall population) a group of Barrington area residents have moved from “not sure” to “no,” on this water supply concern question. See table 5.2 in Appendix 1 for more details.

Once again, some variations can be seen by respondent type for this question. Those expressing the most concern for the future water supply are respondents who have lived in the Barrington area for more than 35 years (68.3%).

New residents expressed the least concern of all respondent types (44.2%). With half of the group expressing concern about water supply, respondents from Barrington Area South were least concerned compared to the Village of Barrington (56.4%) and Barrington Area North (58.5%). See Table 5.5 in Appendix I for more details.

Protection of Open Areas (Q10.4)

Should local government protect open areas that provide replenishment to the groundwater aquifers? That question was put before the 649 survey participants in 2017 and 685 survey participants in 2014. Examples provided were limiting lot densities or the amount of impervious surface on a site. Support for policies that protect open areas was higher in 2017, at 85.1% (Figure 35), than in 2014 (79.1%). Just under 12% of 2017 respondents and just over 14% of the 2014 sample said that they weren't sure whether local government should protect open areas. See Table 5.4 in Appendix I for more details.

Variation by respondent type on this question was most pronounced when length of residence was considered. Most supportive are residents who have lived in the area for 21-35 years, at 71.3%. Only 65.4% of residents living in the region for 6-10 years support these policies. See Table

Figure 34

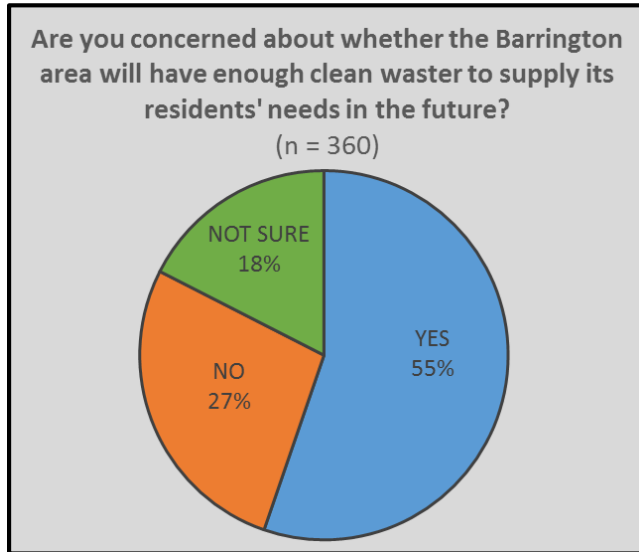
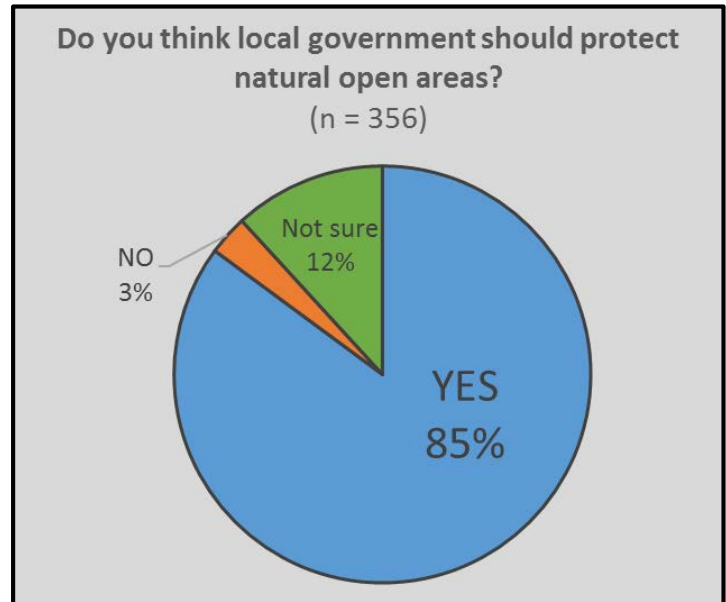


Figure 35



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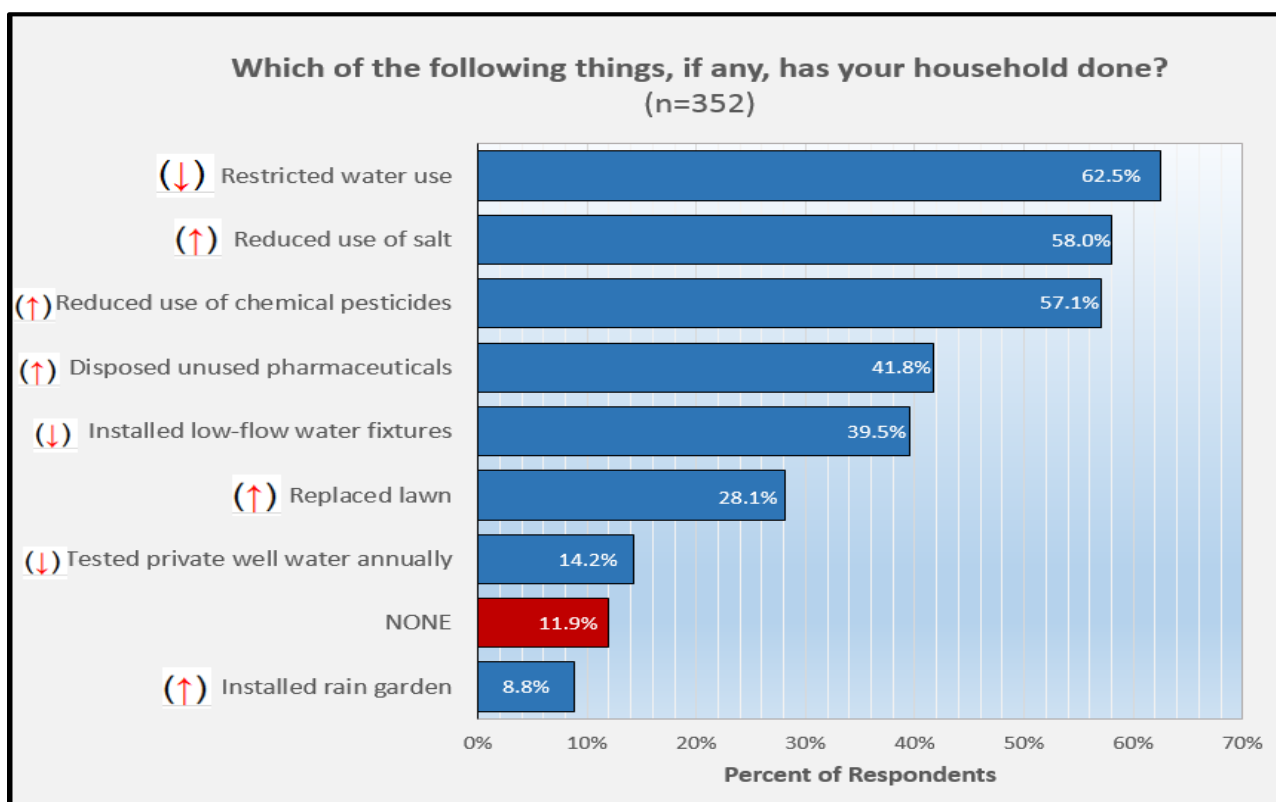
Water Quality and Use

5.5 in Appendix I for more details.

Actions Taken (Q10.5)

Barrington area households were asked which of eight steps they have taken to protect the area's drinking water. Almost 12% said that they had not taken any of the actions listed.⁷ The most frequent action taken among survey homes was restricting water use during droughts at 62.5% (Figure 36), slightly lower than 68.6% of 2014 respondents. 58% of respondents in 2017 said that they have reduced salt on sidewalks, up from 53% in 2014. Disposing of unused pharmaceuticals also had much higher response in 2017 than in 2014 (41.8% compared to 35.4%). Testing private well water appears to be less common amongst 2017 respondents, with only 14.2% of the sample selecting that option compared to 21.3% in 2014. Installing rain gardens was the least selected option in both 2017 (4.8%) and 2014 (6.4%). See Table 5.6 in Appendix I for more details.

Figure 36



Actions Taken by Demographic Groups

Not all population groups adopted actions at the same level. Barrington Area South residents were the most likely to reduce water use during drought, at 29.7%, while only one household in the Village of Barrington reported reducing water use during drought.

⁷ An option for "None" was not included in 2014.

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Water Quality and Use

At 21.7%, the youngest residents (age 18-44) were most likely to report reducing salt use on sidewalks in 2017, and respondents from the Village of Barrington were most likely to have installed low flow fixtures (17.4%). There was no appreciable difference between male and female respondents. See Table 5.7 in Appendix I for more details.

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Health Care

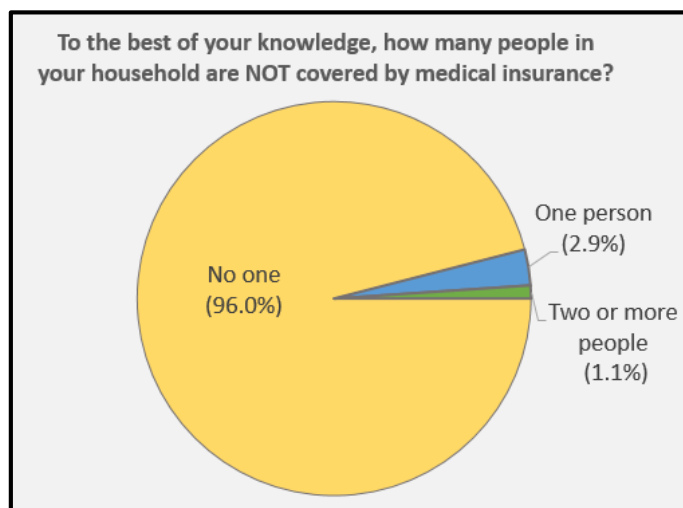
Section VI: Health Care

Data in this section reports on questions about health insurance coverage, care-giver needs, demand for elder services and respite care, advanced directives, and delaying health care.

Health Insurance (Q7.1 – 7.3)

Figure 37

Survey recipients were asked if any persons in their home are not covered by medical insurance. If so, they were instructed to fill in the number of persons not covered by age group. Only 21 individuals in responding households from the 2017 sample (Figure 37) were said to have been uninsured, representing only 1.2% of the estimated population for the 649 households included in our sample (1,778)⁸. Using the same estimating method and assuming no change in household density between 2014 and 2017, the



2017 estimated uninsured rate compares favorably with 2014 results. 2014 data indicate that 51 individuals were uninsured out of an estimated population of 1,877⁹, implying an estimate of 2.7% uninsured in 2014, more than double the estimated uninsured rate in 2017. This conclusion is supported by the fact that an additional 10% of respondents in 2017 (96.0%) selected “no one” when asked how many were uninsured in their household, compared to 2014 responses (85.8%). This slight drop in the rate of uninsured may reflect the Affordable Care Act (ACA) mandate for individual coverage, which went into effect on December 31, 2013. Of the uninsured persons in our 2017 sample, more were male (11) than female (8) and they represented all age groups.

Asked why some people were uninsured in their household, respondents named high premiums most often as the reason (Figure 38). No respondents selected “Not Sure” or “Don’t get sick often/don’t need insurance.”

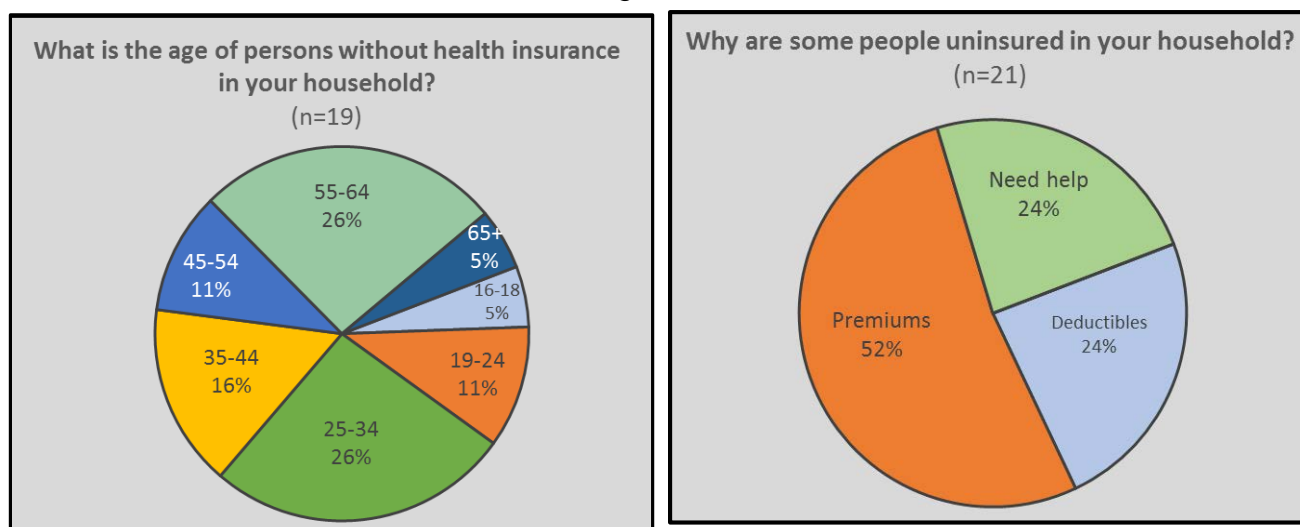
⁸ Assumes 2010 Census level density of 2.74 persons per household. Estimated population for 649 households = 1,778.

⁹ Assumes 2010 Census level density of 2.74 persons per household; Estimated population for 685 households = 1,877.

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Health Care

Figure 38



Support for Caregivers (Q8.1 – Q8.5)

Asked if they are responsible for the care of either an older adult such as an aging spouse, parent or other relative, or a child with special needs, 19.9% of participants responded positively, slightly lower than in 2014 (22.7%) and 2011 (21.4%). Between 2005 and 2011, the proportion had been rising with each survey.

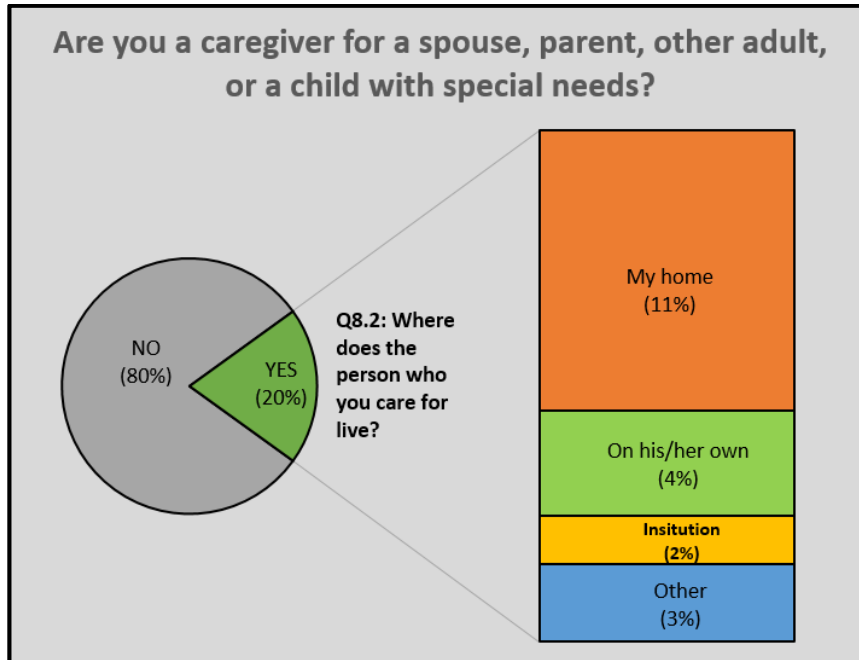
Among those with caregiver responsibilities, only 4.2% of survey respondents indicated that they are responsible for an older adult or special needs child living on their own (Figure 39), much lower than the proportion in 2014, when 10.9% of respondents cared for older adults or special needs children who lived on their own. Conversely, the proportion of respondents who care for an older adult who lives with them more than doubled between 2014 (5.0%) and 2017 (11.3%). The proportion of older adults being cared for by responding households and living in a structured facility¹⁰ dropped from 6% in 2014 to 2% in 2017. In summary, data indicate that slightly fewer households are caring for older adults in 2017, when compared to 2014, with fewer of those cared-for adults living in structured facilities and more living with the person who cares for him/her. See Table 6.1 in Appendix I for details.

¹⁰ The wording in 2017 was slightly modified to include more types of facilities, such as nursing homes, group homes, assisted living, etc.

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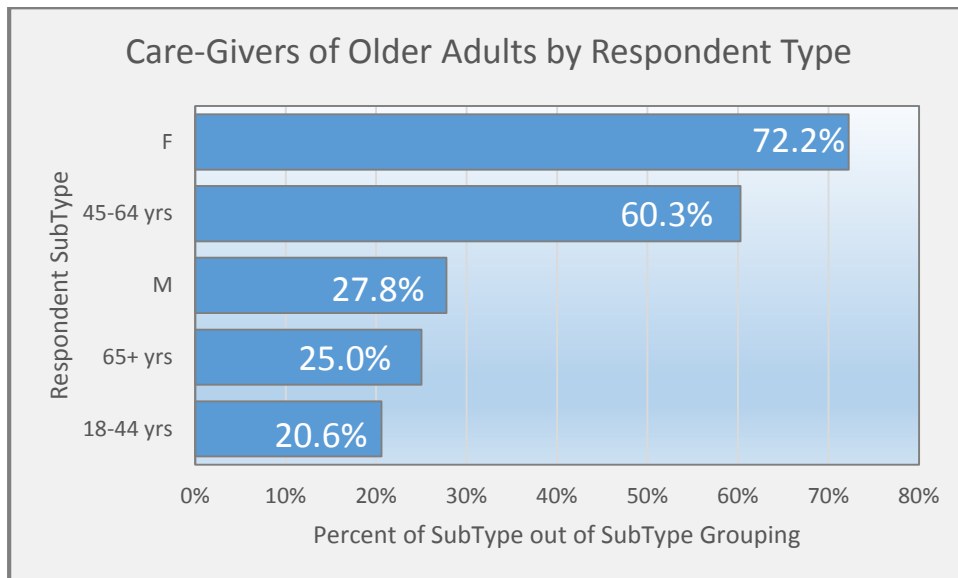
Health Care

Figure 39



Persons acting as caregivers extended across all age groups as follows 18-44 (20.6%), 45-64 (60.3%), and 65+ (25.0%) (Figure 40). 2014 respondents who were caregivers were also more often middle aged (45-64), at 26.6%. Unlike 2014, however, when the caregivers included in the sample were just as likely to be female as male, the caregiver respondents in 2017 were overwhelmingly female (72.2%).

Figure 40



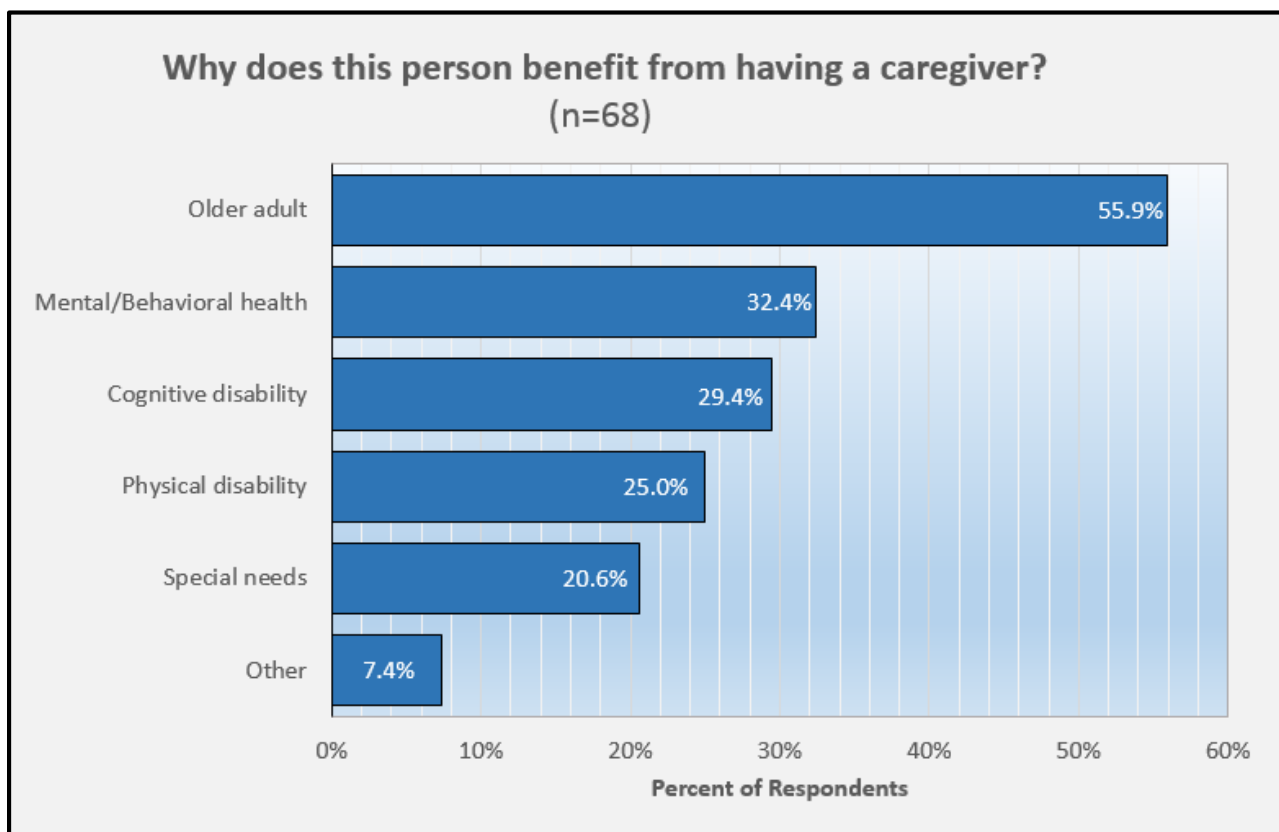
CHAPTER 1: SURVEY

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Why Caregivers Are Needed (Q8.3)

The 2017 survey added a question for caregiver respondents that inquired about the reason the person needs a caregiver. More than half of respondent caregivers in the 2017 sample (55.9%) said that the person is an older adult (Figure 41). The next largest reason was mental/behavioral health (32.4%), followed by cognitive disability (29.4%), physical disability (25.0%), and special needs (20.6%) This question was not comparable to any questions in previous surveys.

Figure 41



Demand for Respite Care (Q8.4 and Q8.5)

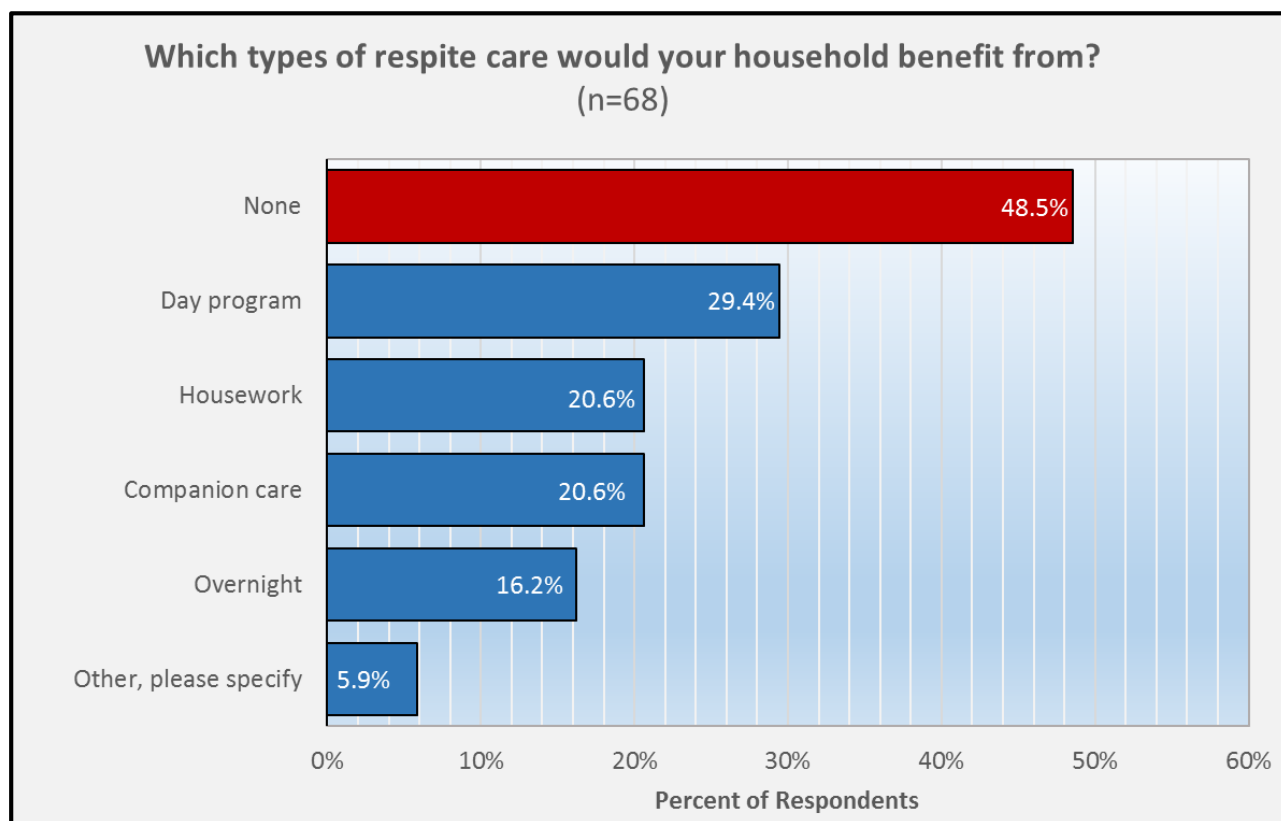
Also new in 2017 was a question regarding the types of respite care that a caregiver household might benefit from. Almost half of the 2017 sample (48.5%) said that their household does not need any of the respite services listed (Figure 42). Of those services that were selected, day programs topped the list, with 29.4% of respondents indicating that their household could use this type of assistance. Next were housework and companion care, tied at 20.6%, followed by overnight care, which was selected by 16.2% of responding caregivers.

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Between 7% and 10% of prior years' respondents indicated the need for respite care according to data collected in the 2002 through 2014 surveys. See Table 3.5 Issues Needing Greater Attention for historical data.

Figure 42



Demand for Elder Services (Q8.5)

2017 respondents expressed a much higher need for elder services than respondents in 2014, although more than half said they did not need any help at all (Figure 43). Asked whether a spouse or parent 65 or older would benefit from certain services, benefit programs topped the list (24.0%). Since 2014, demand appeared to rise significantly for dementia assistance (18.5%), geriatric doc consults (17.5%), assistance with multiple conditions (14.3%), and medication management (13.3%)¹¹. Although the 2014 questions were not identical, the large jump in selection of these services may be reflecting a true population rise in demand for these for specific services.

¹¹ 2014 data source: 2014 Healthier Barrington Survey Final Report, page i of Executive Summary.

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Figure 43

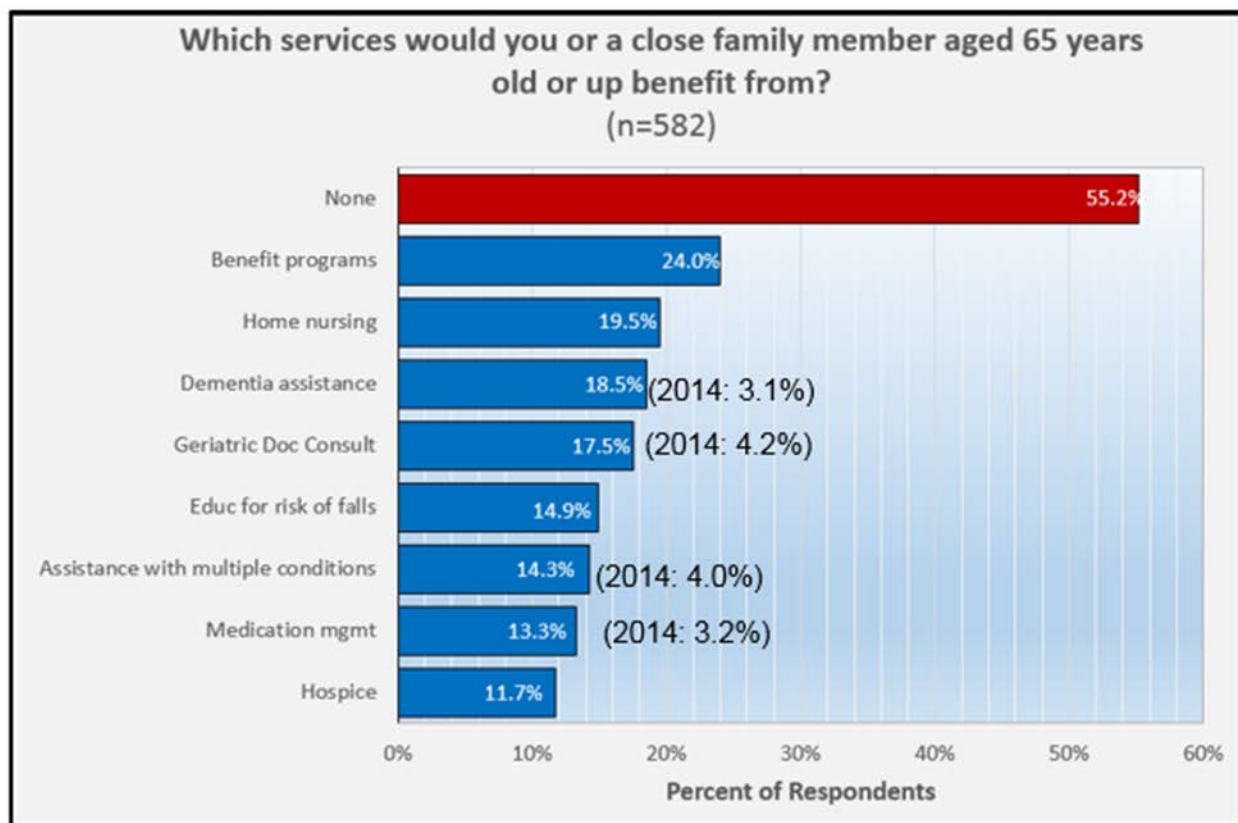
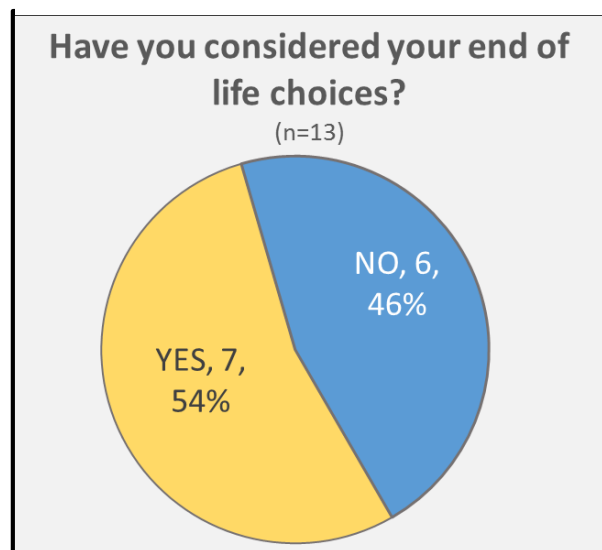


Figure 44

Advance Directives (Q7.4 – Q7.6)

Survey participants were asked to respond slightly modified questions related to advance directives. A new question asked whether the respondent has considered end of life choices, with examples such as hospice and do-not-resuscitate orders cited. Very few respondents completed this question, but of this small group of 13 respondents, more than half said that they had considered end of life choices (Figure 44).



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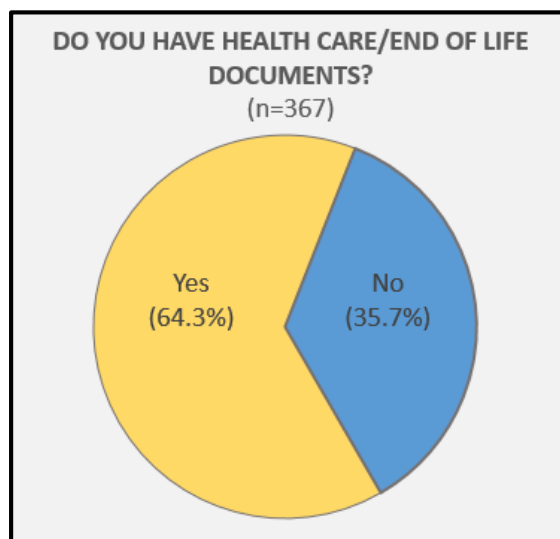
Next, respondents were asked if they had a document stating their wishes for health care decisions (e.g., living will, healthcare power of attorney, advance directives). At 64.3% (Figure 45), respondents in 2017 reported having these documents at lower rates than respondents in 2014 (73.6%), but higher than 2011 (54.0%). See Table 6.3 in Appendix I for more details.

Variation by demographics can be seen in responses to this question (Figure 46). Males in the 2017 sample were much more likely indicate that they have an advance directive, with 73.3% saying “yes,” and 62.0% of females saying “yes” to this question. Not surprisingly, responses to this question varied widely by age category. 83.3% of seniors reported having an advance directive, and 68.9% of respondents between 45 and 64. Only 39.6% of respondents age 18-24, on the other hand, reported having an advance directive in the 2017 survey. Variation by geography is also evident on this question, with residents in Barrington Area North (72.3%) more likely than Village of Barrington (61.2%) or Barrington Area South (58.4%) residents.

In all three data sets for this question, 2017, 2014 and 2011, male respondents, those living in the Barrington Area North region, and those who are at least 65 years old are most likely to have advance directives. See Table 6.4 for more details.

Another question asked whether those with advance directives shared them with others. Family members was the most selected option in both 2014 and 2017, although this rate dropped from 65.8% in 2014 to 52.1% in 2017. The proportion of respondents sharing their advance directives with an attorney increased in 2017 to 20.9% (Figure 47) from 6% in 2014. Fewer respondents in 2017 said that they shared these documents with a doctor, falling from 14% in 2014 to 8% in 2017. In 2017, the option to selected “no one” was added. 7.8% of respondents indicated that they have not shared these documents with anyone.

Figure 45



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Figure 46

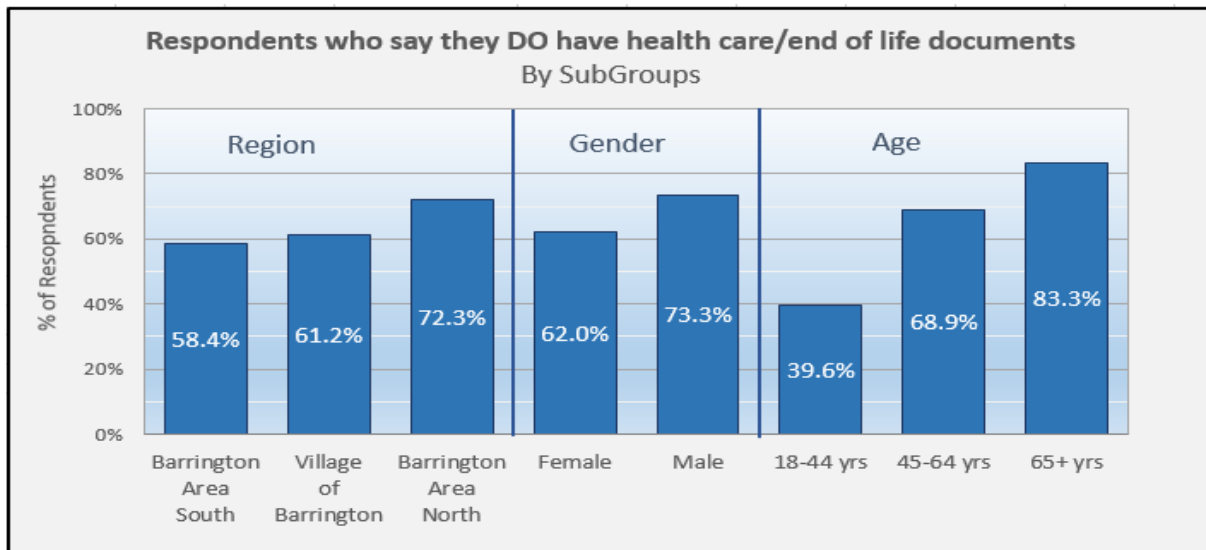
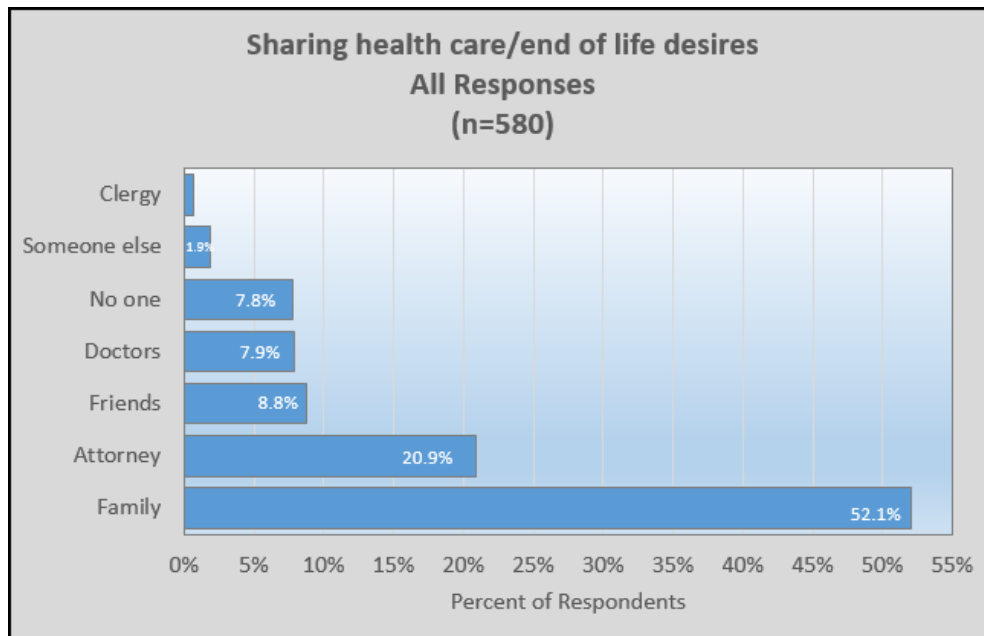


Figure 47



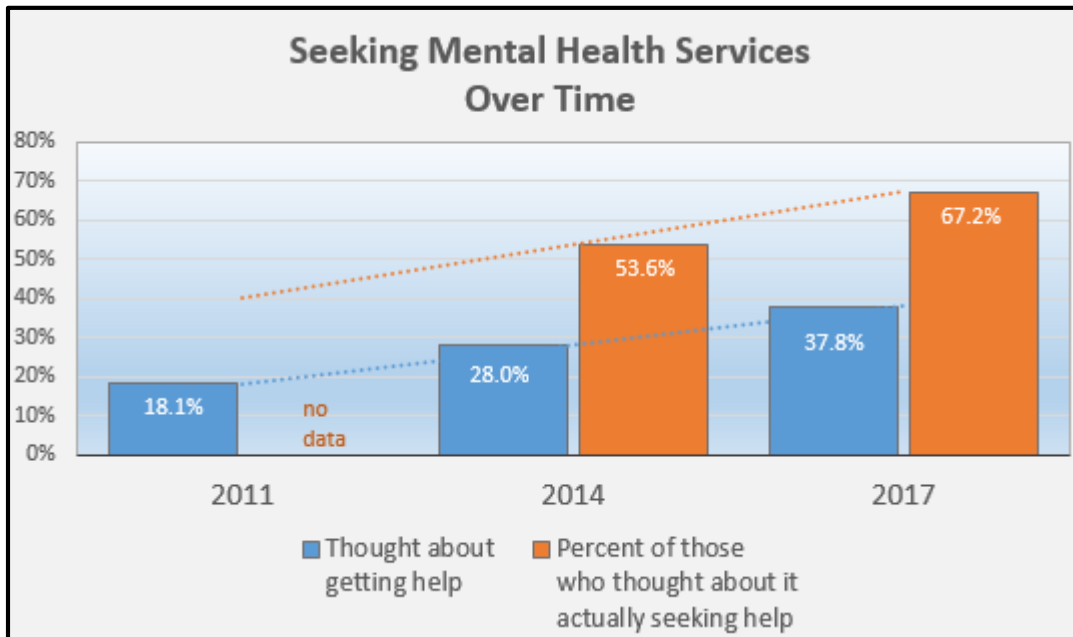
CHAPTER 1: SURVEY
Behavioral and Mental Health

Section VII: Behavioral and Mental Health

Mental Health Q9.2 – Q9.4)

Survey respondents were asked whether in the past year, anyone in their household had thought about seeking professional help for a behavioral or mental health issue. Reporting that they did consider professional help were 37.8% of respondents, up from 28.0% in 2014 and 18.1% in 2011 (Figure 48). Of those considering help, more than two thirds (67.2%) actually sought counseling for their problem, up from just over half (53.6%) in 2014 (data not available or 2011).

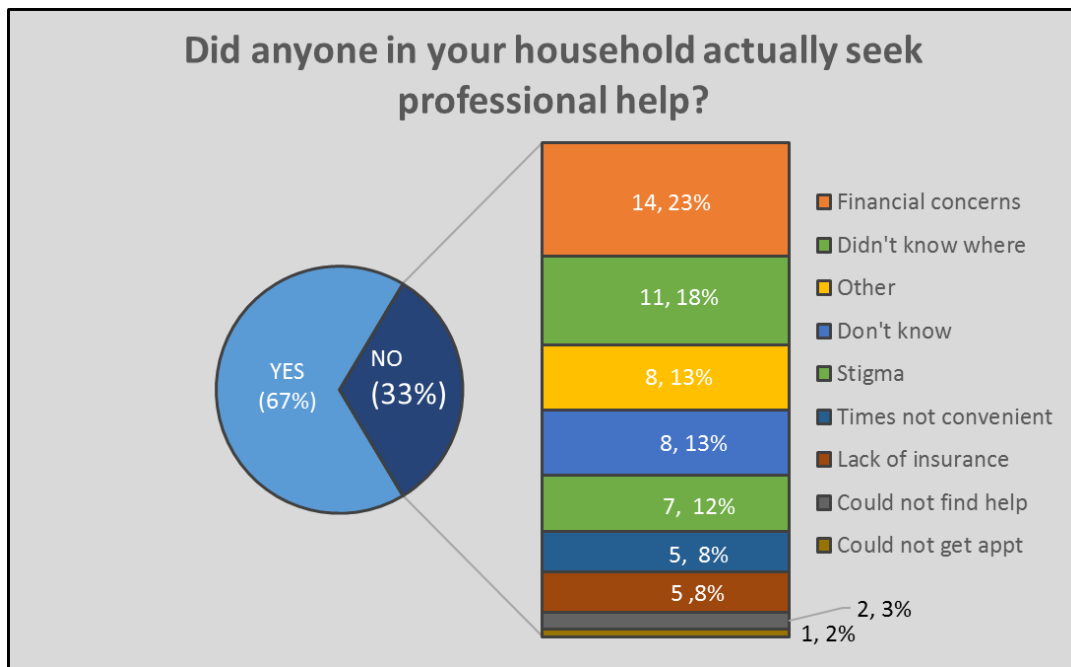
Figure 48



If the respondent answered affirmatively to the question about whether anyone in their household had thought about seeking professional help for a behavioral health issue, a follow-up question was posed to inquire about the reason(s). Financial concerns topped the list (23%), followed by “didn’t know where to go,” which was selected by 18% of respondents (Figure 49).

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Figure 49



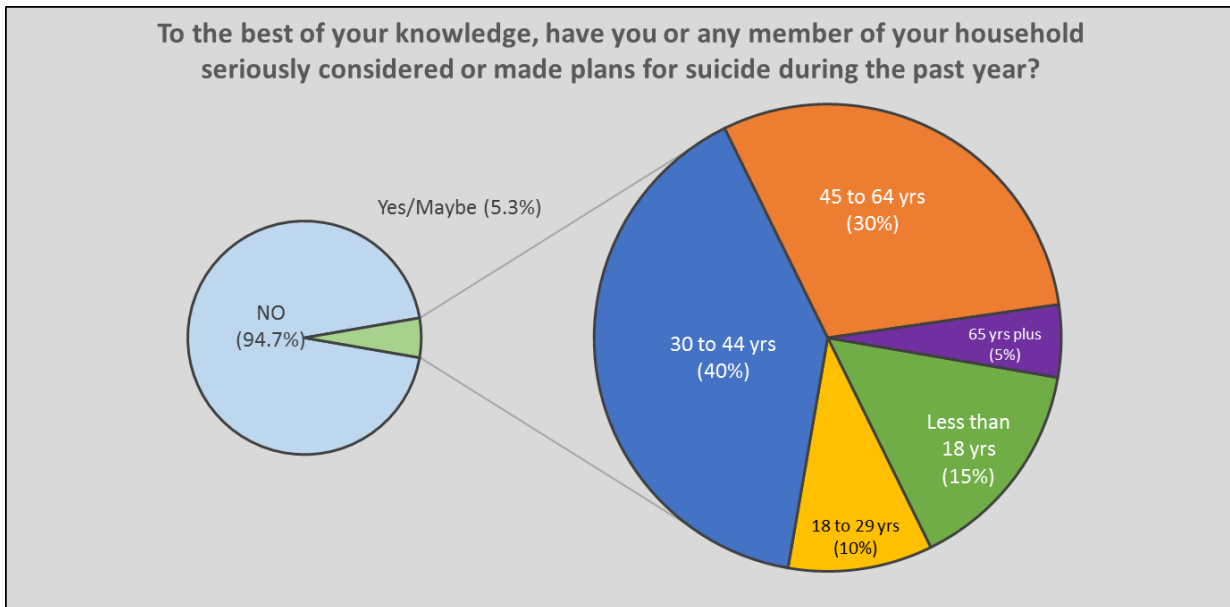
Suicide (Q9.5)

Respondents were also asked whether they or any other household member seriously considered or made plans for suicide in the past year. “Maybe” was added as new choice in the 2017 survey.

Nineteen respondents (5.3%) indicated that someone in their household had considered suicide in the past year. The 2014 survey asked about the past three years which resulted in 3.7%. Previous surveys asked if the respondent had ever made suicide plans with responses of 4.3% - 6.3%. A follow-up question inquired about the age of the person who may have had suicidal ideations in the past year. Of the nineteen households selecting either “yes” or “maybe” to the suicide question, working age adults make up the largest portion (Figure 50). 40% were between 30 and 44 years old, and 30% were between 45 and 64 years old. Only 5% were over 65 and 15% were younger than 18 years old. See Tables 7.1 and 7.2 in Appendix I for more details.

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Figure 50



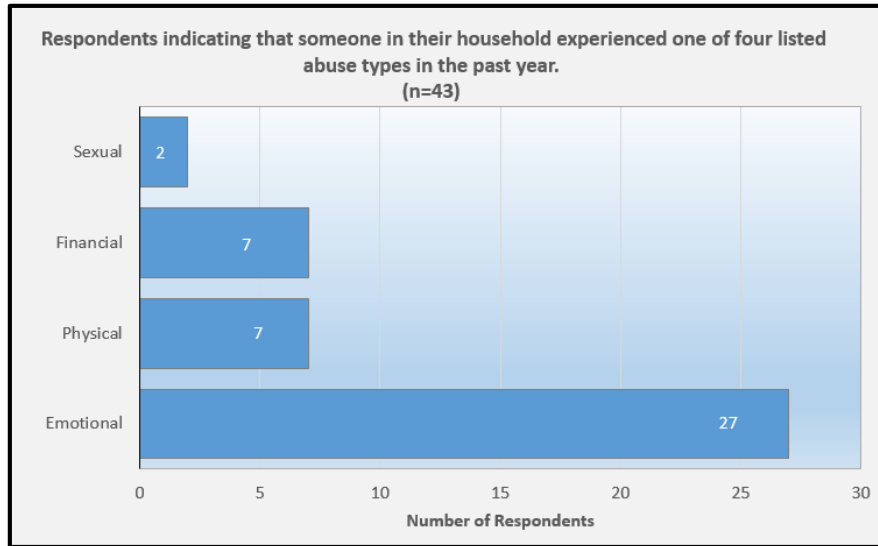
Abusive Behaviors (Q9.1)

Since 2005, the survey has asked respondents to report whether anyone in their household has experienced any of four types of abusive behaviors listed. Survey questions then addressed the prevalence of abuse. Data were obtained for four types of abuse, identical to the 2005 through 2014 survey. However, the 2017 question was modified to ask about only the past one year, rather than the previous surveys which asked respondent to consider the past three years. In addition, a new option for “no one in my household has experienced any of these issues” was added in 2017.

Of the 354 responses to this question, 311 – or 90.7% -- selected “no one,” leaving 9.3% who did not specifically affirm that no one in their household had experienced abuse in the past year. When asked about specific types of abuse, as in previous years, emotional abuse (7.9%%) was most common this year, with a lower incidence of financial abuse (2.0%), physical abuse (2.0%), and sexual abuse (0.6%) reported (Figure 51).

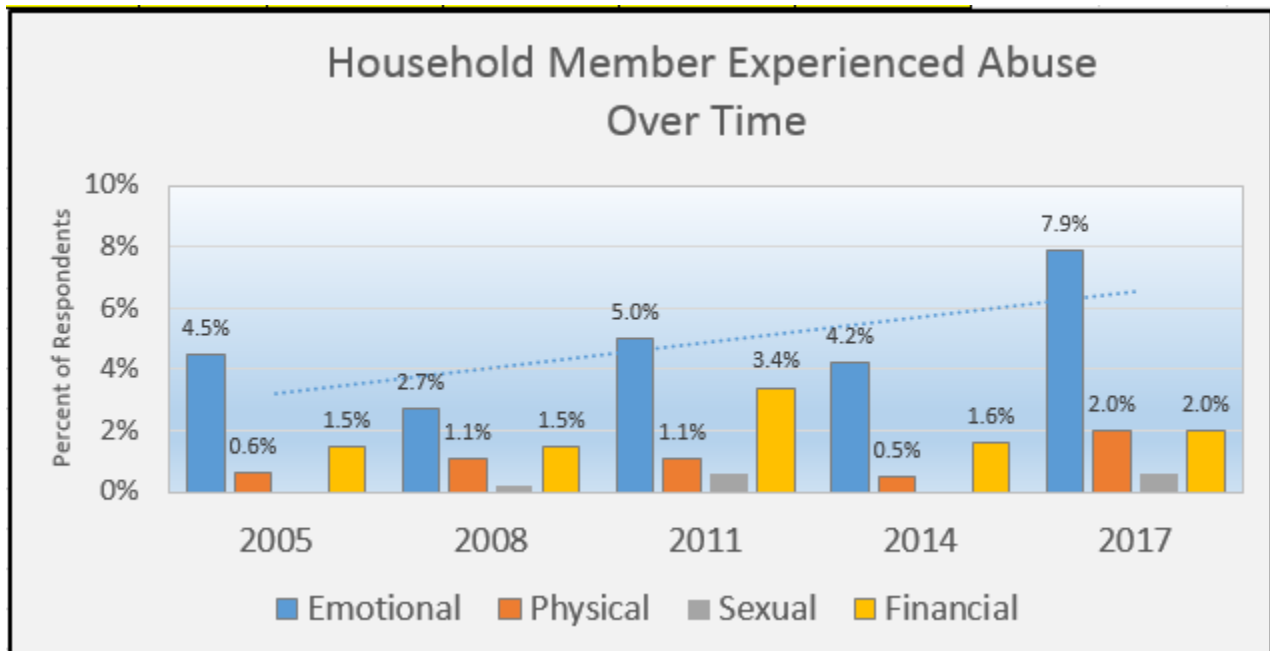
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Figure 51



Over time, reports of emotional abuse have increased overall in our samples with the low at 2.7% in 2008 and the high in 2017, when 27 respondents, representing 7.9% of the sample, said that someone in their household had experienced emotional abuse in the past year (Figure 51). Since the 2017 question reduced the time period from “in the past three years” to “in the past year,” an increase over time is even more striking. Lastly, when looking at the total number of abuses reported (respondents were allowed to select more than one), a total of 11 incidents were reported in 2014 and 43 in 2017. See Table 7.3 for more details.

Figure 52



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Barrington Youth

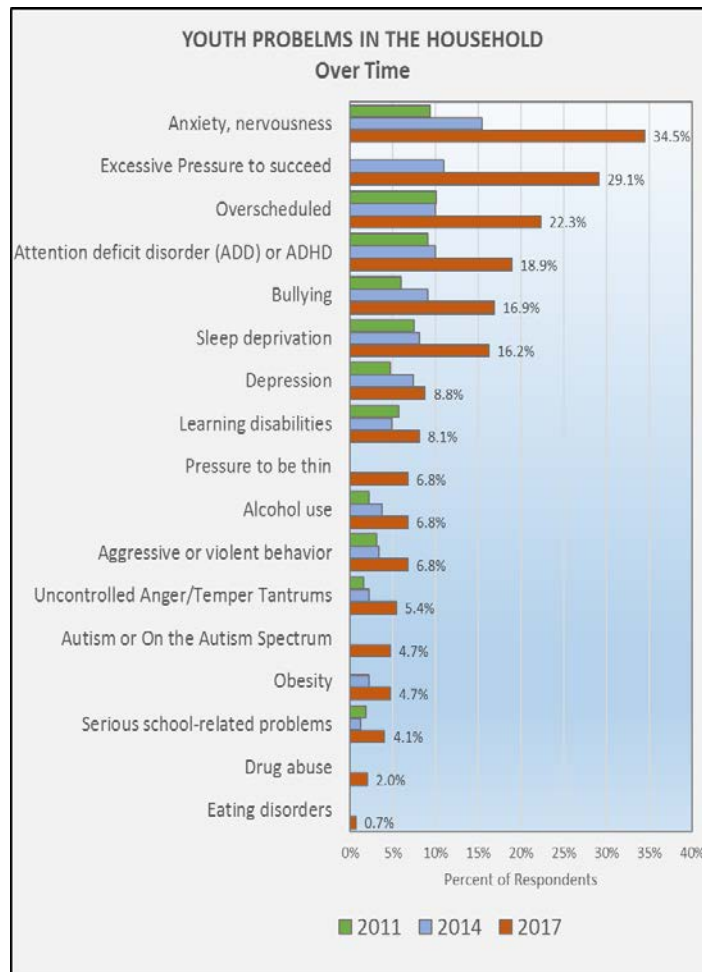
Section VIII: Barrington Youth

Youth Issues (Q6.1 and Q6.2)

A question first posed in 2011 asked parents “Which of the following are issues for your child or children under 18?” Listed were 18 problems that children may experience. A new option for respondents to affirmatively select “none of the youth in my household has had any of these issues” was added in 2017. The list was also updated to include “pressure to be thin,” “autism or on the autism spectrum,” “eating disorders,” and “drug abuse.” “Negative peer pressure” was also dropped this year.

The most selected youth issue was “anxiety, nervousness,” with more than 1/3 (34.5%) of responding households with children reporting that this is an issue for a young person they live with (Figure 53). Next was “excessive pressure to succeed”, which was selected by 29.1% of respondents, and “overscheduled” at 22.3%. Lower on the list, but still over 10% were “ADD/ADHD” (18.9%), “bullying,” (16.9%), and “sleep deprivation” (16.2%). Over time, reported youth issues have increased in our samples. See Table 8.1 for more details.

Figure 53



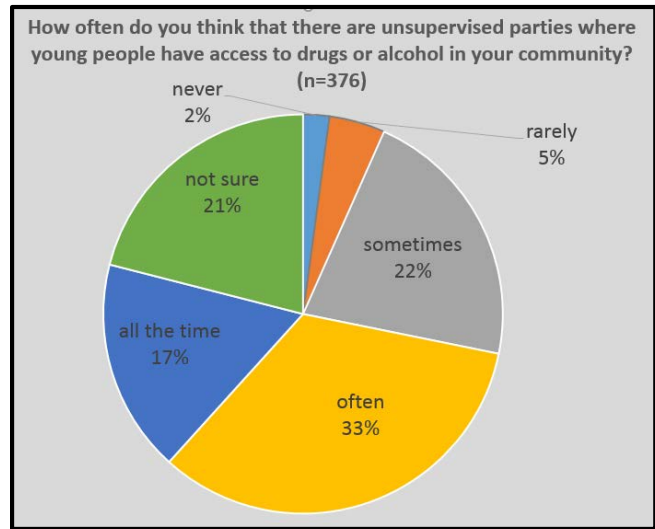
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Barrington Youth

Under-age Drinking (Q6.3 and Q6.4)

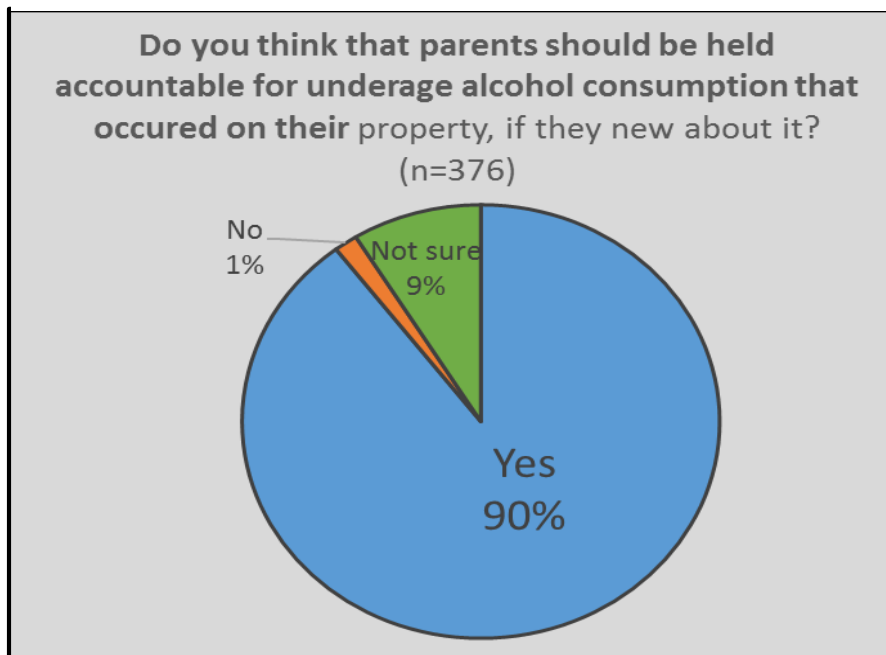
Respondents were also asked for their opinion about the frequency of under-age drinking. Asked how often they think there are unsupervised parties at which youth have access to alcohol, the overwhelming majority (93%) indicated that they think it happens at least some of the time (Figure 54). “Often” ranked highest at 33%. The proportion of respondents who answered “all the time” increased from 9% in 2014 to 17% in 2017.

Figure 54



Finally, when asked about taking responsibility for youth drinking, 90% of respondents said that parents should be held responsible for underage drinking (Figure 55), even higher than the 84.2% who answered similarly in 2014. See Table 8.1 for historical data.

Figure 55

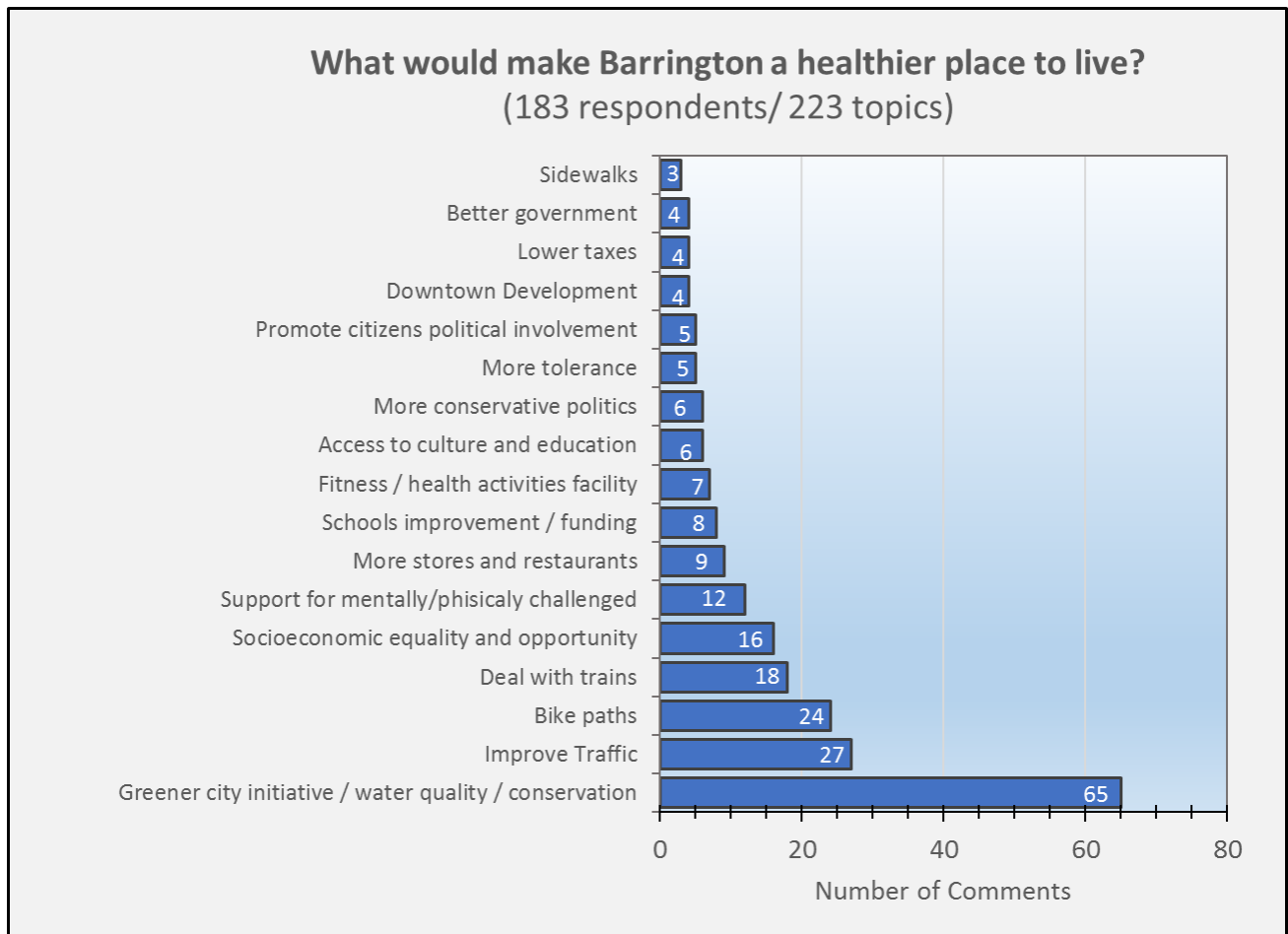


Section IX: Survey Comments

At the end of the survey, participants were given the opportunity to comment on any specific change that they feel would improve the quality of life in the Barrington area. 223 suggestions were submitted by 183 respondents (Figure 56), 28% of our sample of 649 respondents.

Unlike previous years, respondent comments in 2017 emphasized greener city initiatives, water quality and conservation. Similar to past years, the next three most frequently suggestions related to improving traffic, adding/improving bike lanes, and dealing with train issues. See Appendix II for verbatim comments as submitted by survey respondents.

Figure 56



CHAPTER 2: FOCUS GROUPS

Introduction and Methods

CHAPTER 2: FOCUS GROUPS

Introduction

As a part of the Healthy Barrington Study, the coalition proposed conducting focus group to obtain more detailed information about a topic of their choice. Based on preliminary survey data, as well as the priorities of the coalition, it was decided that focus groups would be conducted to delve deeper into the mental health and substance abuse issues in the Barrington area for both adults and youth.

The purpose of the focus groups were:

- i. To understand behavioral health (mental health and substance abuse) needs of adults and youth in the community
- ii. To identify barriers to receiving available mental health and substance abuse services for both adults and youth
- iii. To identify services most needed to address behavioral health issues in the community

This report summarizes the findings from three focus groups conducted between November 17, 2017 and December 18, 2017.

Methods

Section 7 of the report, survey findings related to mental health and substance abuse have been presented. These results clearly identified mental health and substance abuse as a need in the region. These results were the basis for the decision to conduct focus groups.

A semi-structured focus group guide was developed in both English and Spanish (Appendix V). The guide consisted of nine broad questions aimed at better understanding the mental health and substance abuse services needs of both adults and youth in the region for, identify the barriers to accessing and receiving these services, and to identify the most needed services. Focus groups were conducted by trained focus group moderators; 2 in English and 1 in Spanish; 2 with parents and caregivers and 1 with providers. Focus group participants were recruited through local agencies and partner organizations.

This focus group protocol was approved by the University of Illinois College of Medicine, Rockford IRB board. Participants completed a consent form that was provided in both English and Spanish (Appendix VI) prior to starting the focus group. Once consent was provided they were asked to complete an anonymous demographic form provided in both English and Spanish (Appendix VII). Prior to starting the focus group, participants were instructed to only use first names and also told about the importance of maintaining confidentiality. Focus group discussions were audio recorded and transcribed. The Spanish focus group was transcribed and translated into English. Transcripts were analyzed to identify prominent themes based on the questions that

CHAPTER 2: FOCUS GROUPS

Introduction and Methods

were asked. All findings presented in this report have been de-identified to protect the identity of the participants.

CHAPTER 2: FOCUS GROUPS

Results

Results

Demographic characteristics of the 23 adults who participated in three focus groups are presented in the table below. A majority of the participants were caregivers/parents (78.3%), women (82.6%), married (73.9%), worked full-time (65.2%), and white (60.9%). Slightly over half the participants (52.2%) were of Hispanic/Latino ethnicity and 56.5% had an annual income less than \$50,000.

Table 1: Socio-demographic Characteristics of Focus Group Participants

Demographic Characteristics	N (%) <i>n=23</i>
Mean Age (mean ± sd)	48.4 ± 12.1
Role	
Caregiver	18 (78.3)
Provider	5 (21.7)
Gender	
Female	19 (82.6)
Male	4 (17.4)
Race/Ethnicity	
White	14 (60.9)
Other / None Selected	7 (30.4)
Asian	1 (4.3)
American Indian or Alaskan Native	1 (4.3)
Hispanic/Latino	
Yes	12 (52.2)
Education	
Some high school (grades 9-11)	4 (17.4)
High school graduate or GED	6 (26.1)
Some college (no degree)	1 (4.3)
Associate's degree	1 (4.3)
Bachelor's degree or above	11 (47.8)
Marital Status	
Married	17 (73.9)
Unmarried living with partner	2 (8.7)
Unmarried not living with partner	4 (17.4%)
Employment Status	
Work-full time	15 (65.2)
Work-part time	1 (4.3)
Unemployed	1 (4.3)
Homemaker	5 (21.7)
Other	1 (4.3)
Annual Household Income	
Less than \$15,000	2 (8.7)
\$15,001 to \$35,000	7 (30.4)
\$35,001 to \$50,000	4 (17.4)
\$50,001 to \$75,000	5 (21.7)
More than \$75,000	4 (17.4)
None Selected	1 (4.3)

CHAPTER 2: FOCUS GROUPS

Results

Results have been presented following the topics addressed by the questions in the focus group guide. While there are a number of common themes between the issues related to mental health and substance abuse, barriers to care have been discussed separately to enable the coalition to identify clear direction for action for each of the areas. There was a lot of commonality for the resources available and the resources needed for mental health and substance abuse hence these have been presented together as a separate section. All of the comments in the report are from participants in the focus group and may have been edited slightly to protect identities of the participants.

MENTAL HEALTH ISSUES FOR ADULTS AND YOUTH

Focus group participants were asked to identify the major mental health issues affecting adults and youth in the community, barriers to care, resources available and resources that are needed. Without any additional prompting, they identified mental health issues for adults and seniors separately. Table 2 presents the various mental health issues identified. Anxiety and depression were the two conditions that were identified across all the age groups. There were no differences in the issues mentioned by the English speaking and Spanish speaking participants.

Table 2: Major Mental Health Issues for Youth, Adults and Seniors Identified by Focus Group Participants

Mental Health Condition	Youth	Adults	Seniors
ADHD	✓		✓
Anxiety	✓	✓	✓
Bipolar Disorders	✓	✓	
Borderline Personality Disorders	✓		
Chronic Mental Illness			✓
Cognitive Issues – paranoia, delusions			✓
Depression	✓	✓	✓
Eating Disorders	✓		
Schizophrenia	✓	✓	
Stress	✓	✓	
Suicide	✓	✓	✓
Trauma		✓	✓

CHAPTER 2: FOCUS GROUPS

Results

Barriers to Accessing Care and Receiving Care for Mental Health Issues

1) Stigma Associated with Mental Health

It is clear from the conversations that there is a high level of stigma associated with a mental illness diagnosis and an even bigger stigma in accessing mental health services within the region. Additionally, stigma seems to be greater for adults as compared to children and greater for mental health issues as compared to substance abuse issues.

"I think what I experience the most is related to the stigma around getting services. Once people come, that's a whole different story."

"There are doctors at your hospitals who have family members who are mentally ill and would not allow their family members to come because somebody may make the connection. This is the stigma here in Barrington, to not let it be known. I talked to ministers that I know have family members who are ill. The ministers would not come to this."

"Even the people who are living with an illness, it's hard to find people in the Barrington area. They kind of shy away, there's a lot of stigma here. I talk to a lot of people but they don't want to be in a group because what if somebody recognizes them? It's doctors, it's teachers."

"I think it's generational. The level of acceptance and the greatest denial would be with our older population. I think the openness to accepting help is greater as we get into younger generations."

2) Parental Denial / Lack of Acceptance

Tied closely to the stigma associated with mental health is the inability of parents to recognize and accept that their children may have an issue and that they need care.

"I think that's a challenge for getting kids the help they need. We've started an addiction program. We have screened adolescents at a level that they need intensive outpatient, but they don't come. If they're in sports, how is that a thing that they can't come to a program because they have this need. "They don't really need to. We'll see you later." .. is what the parents say. It's just sad that the parents participate in preventing their children from getting the help they need. It's a barrier."

"I think that's one of the barriers to getting kids the treatment they need. We do have smart kids who come for treatment prior... Without their parents knowing, just because, "I need help." They know that from school, so they'll just walk over to get some support and some help and treatment. That's not all of them."

3) Lack of Assistive Housing & Transportation

Due to the lack of affordable, reasonable, supportive accommodation for adults with mental health issues – individuals with mental health issues often get evicted from regular housing facilities. Parents of adult children with mental health needs cannot find supportive housing for their children. Many of these individuals are unable to drive or should not drive so there is a need for transportation at the very least to get them to care.

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Results

"I get a lot of calls from senior citizens in their 70s and 80s who say, "I've got my son or daughter living with me. What happens if something happens to me?" I say, "You've got to find them appropriate housing now while you're still able to help them rather than all of a sudden, they don't have mom or dad because they're in a nursing home or they died." They're out on the streets and they don't know how to navigate, they become homeless. To get people to know, launch your family number so that they have that self esteem. A lot of them get better when they're in our housing, but what do we do... It's a drop in the bucket."

"I think the biggest issue that most families face is supportive housing. There is nowhere for a young person who suffers from schizophrenia. There is absolutely nowhere to put them and there's really no help."

"I am running into quite a few people I know in Barrington whose ill family members have had to move out of Barrington. Little or no affordable assistive housing, part-time jobs and/or jobs that can accommodate their illness, lack of social support and easy transportation...."

"For me, housing. People with mental health issues, a lot of times they haven't been able to have a job. They may get kicked out of normal help and healthy... Normal sorts of settings. I have to give it from a senior perspective. Reasonable accommodation is not something people know about. That's really a tragedy that I see in some of the people that I've dealt with. Then, also, I'll just keep going, transportation. Most people don't drive, or they shouldn't drive because of their mental health status. I've had, I won't say a handful of clients, but certain clients."

4) Financial Barriers

There is limited funding for mental health care and it is often tied to socio-demographic characteristics of the individual – age, income, and where they live.

"Family services does go to the home, which is good for us, and that's a free service. However, you have to be in Lake County. Because the geographic. With state and federal funding there's limited geography in terms of where services would go. There is some counseling money available on the Lake County side of the street. On the Cook County side of the street, that's not available. We are Cuba Township, not Barrington Township, where they do have a counselor that can come into the home and provide service."

"Some of the psychiatrists and I've noticed it more now, I get calls about it, are requesting money up front. Not even insurance. Then they'll help you with the paperwork with the insurance but you've got to do the insurance. Who's got that kind of money?"

5) Lack of CIT trained police officers and other professionals

Barrington seems to have some CIT trained staff, but the consensus was that all professionals who may interface with individuals with mental health issues, the gatekeepers need to be trained – the police, the EMT, paramedics, school staff, church leaders, fire department staff etc. Have staff trained in CIT can reduce difficult situations like the one mentioned below.

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"XXX had been drinking and suffered from schizophrenia, this had been going on for a few years and I had to call the police and asked for CIT trained officers but got untrained officers. I was filling out the papers to involuntarily commit him and he had calmed down and was laying on the porch. He got up and somebody said something that set him off and he hit the screen and because they didn't know how to handle it, they did what they were trained to do. They jumped on him, he resisted and he ended up with five felonies and that was the only way I ended up getting help."

"There are models in other states where they are training EMT people as well as law enforcement beyond CIT training, more intense training to do just that, the triage. Barrington does not have their paramedics CIT trained yet maybe the police, but paramedics absolutely need it."

6) Lack of information about resources available / language barriers

There was a lot of discussion about resources to manage mental health issues and not knowing where to go or whom to reach out to for help. Mention was made of the resource website the coalition is working on which would be very useful to this population. In the Spanish speaking focus group, several participants mentioned that there were resources and information available in Spanish but the barrier was cultural. There was a consensus that the Latina population, in general, does not accept that they may need mental health services.

"I think that the barrier is not the language. We are just not open to the opportunity. We can get help in Spanish now. But we never had that opportunity before."

"In my opinion, another thing that I believe is very important and has a significant impact that we as Latin people do not want to accept or see is that we may have an emotional problem, because our forefathers never accepted or saw that. Having moved to this country also made it more difficult, perhaps because of the language. Sometimes if you don't accept that you are not well, maybe emotionally, you are not going to do anything to look for help. There may be many resources at school or at the church. Even at the police you can get some information but sometimes you deny that information and put on a blindfold, just wanting to continue living in the same way, which not a really healthy way."

"Most of it, I believe it is our culture, the Hispanic culture. We have come forward about many things but talking about depression still a taboo, like it's prohibited or contagious. (Laughter). If you admit that you are depressed, they may even take it to the extreme and say that you are crazy, but sometimes you accept that because the mind can be not that strong."

7) Lack of engagement from the school district to deal with the mental health issues for youth

Both parents and providers in the focus groups mentioned several times having reached out to the school district and not getting a response.

"NAMI is very active in the Palatine School District, and in Elk Grove but Barrington School District doesn't want them to be there. A couple of different people through the years have said a number of times, "There really isn't a mental health problem."

CHAPTER 2: FOCUS GROUPS

Results

SUBSTANCE ABUSE IN ADULTS AND YOUTH

Participants were asked to identify the major substance abuse issues affecting adults and youth in the community, barriers to care, resources available, and resources that are needed. Participants in all three focus groups talked about the interaction between mental health and substance abuse and the lack of integrated care to manage both conditions in the same facility.

The table below presents the various substance abuse that were identified by age group. Senior citizens were thought to predominantly deal with the issues of prescription medication misuse, sharing of prescription medications, and overdoses. In particular the overuse and misuse of narcotics, a drug or other substance effecting mood or behavior, was seen as a significant problem. There were no differences in the issues identified by the English speaking and Spanish speaking participants or between youth and adults. When discussing substance abuse, the discussion focused more on youth than adults.

Table 3: Types of Substances Abused Stratified by Age Group

Type of Substance Abuse	Youth	Adults	Seniors
Alcohol	✓	✓	
Cocaine	✓	✓	
Heroin	✓	✓	
LSD	✓		
Marijuana	✓	✓	
Prescription Medications (including sharing of medications)		✓	✓
Pain Medications / Narcotics			✓
Vaping laced with drugs	✓		

Barriers to Accessing Care and Receiving Care for Substance Abuse Issues for Adults and Youth

1) Stigma Associated with Substance Abuse

Participants felt that it was more acceptable to have a substance abuse issue than to have a mental health issue. There seems to be a general acceptance and an attitude that it is not as much of a taboo. There is also a generational difference in the way the issue is handled. The younger generation (youth and young adults) is more open to reaching out for help.

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“The stigma associated with substance abuse is not as bad....(as mental health). It’s cooler. Because in every family, it is so common now.”

“I think it’s generational. The level of acceptance and the greatest denial would be with our older population. I think the openness to accepting help is greater as we get into younger generations.”

“What’s even worse is insurance companies give it a priority over mental health. It’s been my experience.”

2) Culture Around Substance Abuse

Alcohol and substance use are perceived as a means to deal with the daily stress and

“There’s a lot of substance abuse that, again, seems to be an acceptable way of coping that really crosses lines, and affects parenting. I don’t know that it always affects somebody’s ability to maintain their job performance, but it certainly impacts their parenting.”

“It’s a lot of just self-medication. Then they say that they’re parents are doing it, so they’re doing it. It’s trickling down. I have parents, they’re like, “Why is my kid drinking?” I’m like, “What did you do last night?” They’re like, “Oh, I drank.” I’m like, “Oh.” We have kids that my parents will send Ubers because they’re too drunk to go pick their child up, and things like that.”

anxiety of life. Parents/adults do not realize when their behavior crosses the line and children in the household are observing and getting drawn into the same behaviors.

3) Lack of Housing

The issue of housing limitations for people with substance abuse issues parallels what was mentioned in the section on mental health.

“That’s a real problem. If you’ve got someone with an alcohol or any kind of substance abuse, you can’t get them in a group home. If they go into a group home and relapse, then they get kicked out because it’s zero tolerance.”

4) Lack of recovery / treatment programs in close proximity

The closest recovery program identified was in Rockford and often has a wait period. Participants also identified a facility in Hoffmann Estates – the Alexian Brothers behavioral health hospital, but talked about various types of insurance that were not accepted by the facility. Participants also talked about lack of recovery/treatment programs in close proximity as a reason for individuals going to the ER.

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5) Financial barriers

As is the case with mental health, there are numerous financial constraints to obtaining care for substance use issues even if an individual has insurance. Individuals on Medicaid have almost no access to care. With private providers now asking for payment upfront, this is an additional barrier for individuals to access care.

"No, just going to a psychiatrist or a therapist. They're asking for money up front even if you have insurance. "You pay me the \$100, cash."

6) Easy Access to Alcohol and Drugs within the School

Both parents and providers were deeply concerned about the easy access to both alcohol and drugs on the high school premises. There was the perception that not enough was being done by the schools to restrict access and more leadership from the school district is needed to address this issue.

"Electronic cigarettes and Vaping ... Because are so small that they can put them in their wallets and stuff. They can disguise them as appropriate things to have at school. If you talk to the Deans, they have drawers full of things, devices that they confiscate."

here is a little small black market going on in the high school selling JUULs. It's called a JUUL. J-U-U-L-S. That's an electronic cigarette now. They come with little pods that you can put into them. There's a black market at the high school selling pods, selling actual devices, selling all those different pieces."

7) Lack of engagement from the school district

also think Barrington High School has to get a handle on the pot. Every kid there is on pot and they just turn their head. They don't want to deal with it. They should be testing the athletes, they should be doing something. I finally pulled my kid out and she's doing much better in the new school."

"But even the police, like I remember when my sons were in high school, at that Original Tracks of Dog place. After school, I was just appalled at how the kids just took over the whole parking lot and you could tell they were passing drugs around. The owner told me that some of the kids just come in and they don't order anything. They just sit down on the floor. They called the police about it and they said, "We can't really do anything. There's nothing..." I said, "But they're smoking. They're not really supposed to smoke cigarettes, are they? Can't you start there?" He said, "No, we can't really do anything. The parents or something don't want us to do anything."

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RESOURCES AND SERVICES AVAILABLE

Resources Available in the Community to Manage Mental Health and Substance Abuse in Adults and Youth

Focus group participants were aware of several resources/services that were available in the community to manage mental health and substance abuse issues. They acknowledged that there has been an improvement in the past few years in the availability of resources and that there are dedicated agencies and individuals who are working to increase awareness and knowledge around these issues.

“I think there’s a lot of different other community resources do for families that are dealing with mental health, substance usage. I think there’s a lot of informed members of our community who do their best to encourage people to get services and break down that stigma. There’s not a whole lot to work with. I think there’s an increase, since I’ve been here that I’ve noticed in terms of just trying to address the stigma.”

The table below lists all the resources cited by the participants. The caveat to this listing is not everyone can access services at all these facilities because of financial barriers, the specific issue they are dealing with, age, and their place of residence. The website that the Healthy Barrington Coalition Mental Health Subcommittee is working on will help direct individuals to various resources that are appropriate for them. It is anticipated that this website will be live and available by Fall 2018.

Table 3: Resources Currently Available for Mental Health and Substance Abuse

Rosecrance, Rockford
Northwest Community Hospital
Alexian Brothers Behavioral Health Inpatient Facility
Samaritan
Barrington Behavioral Health
Vista West at Waukegan
Thresholds Social Service Agency
Numerous fee for service providers
Website of Barrington area mental health and substance abuse resources
AA for Alcohol Abuse
Kaleidoscope
Awakenings Project – Art therapy

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Recommendations for Resources and Services to Address Mental Health and Substance Abuse from Focus Group Participants

1) An Integrated Approach to Care – Trauma Informed Care

Participants mentioned the fractured system of care that is available, where people are not aware of the services available and where to go to receive the services. They also suggested incorporation of **trauma informed care** into the services being provided. Additionally, they expressed the need for all the gatekeepers such as police, EMT, first responders, nurses, doctors, school staff, pastors at churches who are often the first line of defense, to be trained/educated in trauma informed care. The training should include signs/symptoms but also strategies to address the issue and resources so they can direct the individual to appropriate care. This will ensure that first time offenders do not directly enter the criminal justice system but have a chance to address the issues they have. A recommendation was made to use an established training and systematically train the various gatekeepers over time.

A related issue is the stigma associated with having a record and the impact that has on being employable. There is a need to educate employers on how to assist in integrating these individuals into society and making them productive citizens.

“There has to be mentoring here because if the illness gets worse as they get older and there’s no living room to go to. There’s no job, there’s no housing, they need some hope. There needs to be mentorship and those people should be able to work with organizations that can find the housing and the jobs. There needs to be an integrated approach here.”

“With substance abuse and employment though, they go hand in, you get a job, you have to take a drug test. But what happens when you fail the drug test? Instantly, you’re not employable. Second, third chances. Help them get better, try again. That has to be encouraged and it’s the employers.”

2) Access to a Navigator / Case Management Professional

From the perspective of both the providers and parents/caregivers who participated in the focus groups, managing mental health and substance abuse issues is a complex and multi-dimensional issue. There are many facets to the problem and often people have to stumble into the solution.

Having a navigator or a case manager who can work through all the complex angles of the issues can go a long way in providing good care.

It would be nice if Barrington had someone like a navigator, so to speak. Where it would be a one stop place that they would know all the services. They would know everything about criminal justice and where to go and support, who to talk to, even social outlets. But somebody who had that broad knowledge, they wouldn’t even have to necessarily be a mental health care professional, but someone who had access to everything. It would be nice, she/he could shepherd, offer the answers you don’t have to psychiatric care at the hospital just like a navigator.

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3) Overall Education and Awareness about Mental Health and Substance Abuse

While participants mentioned that there has been an increase in information available, in general they felt that more needed to be done to increase knowledge around both mental health and substance abuse. Participants also mentioned that increased knowledge and awareness of mental health and substance abuse issues is the the only way to alleviate stigma related to these issues. Participants particularly highlighted the need to provide education to children so they are better aware of these issues and know when to ask for help.

4) The Living Room model – a community crisis respite center to be used as an alternative to the ER

Participants talked about the fact that there are a couple of Community Living Room models being implemented in DuPage County and Waukegan. They are drop in centers with trained staff that can serve as a triage location before getting to the ER. In many cases the situation can be managed at these sites with no need to go to the ER. Staff often includes individuals effectively managing their mental health condition. Research has shown that the outcomes for individuals experiencing crisis are better when individuals going through an episode can talk to peers.

5) Accessible Supportive Housing

A repeated theme during all three focus groups, was the need for assistive housing. The groups saw individuals being forced to move out of their community because of lack of housing as a major issue. They also felt that having to relocate to other communities—often far away from their families and caregivers was not an ideal situation.

6) *Peer Group activities*

Activities that bring individuals with similar issues together in a non-threatening social setting creates a peer group and a social support system for individuals with these health issues. Participants suggested walking groups, exercise classes, yoga, meditation, music, art and dance classes as possibilities.

Next Steps

The focus group findings have pointed out several systemic issues in the access to mental health and substance abuse services. This information, combined with the data presented in the body of this report, can provide the coalition actionable steps to be taken to improve the care and services provided to youth and adults with mental health and substance abuse issues. A prioritizing exercise can identify the various actions that can be taken in the context of the resource constraints and will be able to provide direction to the coalition for the next stage of this effort.

Appendix I: Survey Data Tables

TABLE 1.1
SURVEY RESPONSE BY GEOGRAPHIC LOCATION AND YEAR: 2005-2017

Community	2017 ¹		2014 ¹	2011	2008	2005
	Number	Percent	Percent	Percent	Percent	Percent
Barrington	141	40.1%	35.9%	33.0%	31.1%	34.9%
Lake Barrington	52	14.8%	17.2%	13.7%	13.7%	12.3%
Barrington Hills	36	10.2%	7.0%	8.0%	6.5%	8.9%
North Barrington	23	6.5%	6.8%	6.7%	6.9%	5.1%
Deer Park	19	5.4%	4.8%	6.3%	4.6%	6.0%
Unincorporated Lake County	17	4.8%	7.9%	5.5%	3.6%	6.8%
South Barrington	15	4.3%	5.9%	5.3%	6.1%	6.0%
Hoffman Estates	12	3.4%	1.0%	8.0%	8.0%	5.7%
Fox River Grove	9	2.6%	0.0%	0.0%	0.0%	0.0%
Tower Lakes	9	2.6%	3.2%	1.9%	4.6%	3.6%
Unincorporated Cook County	9	2.6%	3.0%	1.5%	2.9%	1.9%
Inverness	5	1.4%	5.9%	5.2%	4.8%	2.1%
Port Barrington	3	0.9%	1.3%	1.1%	1.7%	3.0%
Carpentersville	1	0.3%	0.0%	0.0%	0.0%	0.0%
Unincorporated McHenry County	1	0.3%	0.2%	0.6%	0.2%	0.2%
Unincorporated Kane County	0	0.0%	0.0%	0.0%	0.0%	0.0%
No Response/Other	297			0.6%	1.3%	1.3%
Total	649	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Percent calculated without [No Response] due to the high proportion of non-response.

TABLE 1.2
SURVEY RESPONSE BY AGE AND YEAR

Age Group	2017		2014	2011	2008	2005	2010 Census ²
	Number	Percent ¹	Percent ¹	Percent	Percent	Percent	
18 - 29	10	1.5%	1.9%	1.9%	0.8%	1.1%	5.5%
30 - 44	90	13.9%	15.4%	18.3%	22.1%	25.3%	15.2%
45 - 64	163	25.1%	52.1%	52.3%	52.5%	52.1%	50.9%
65+	98	15.1%	30.6%	26.0%	23.5%	19.6%	28.4%
No Response	288	44.1%		1.5%	1.1%	1.9%	
Total	649	100.0%	100%	100.0%	100.0%	100.0%	100.0%
Median Age	54.8		57.5	56.1	55.1	54.1	55.5

¹Percent calculated without [No Response] due to the high proportion of non-response.

²Data are for the 2010 householders residing within 60010. Census age groups are 18-34, 35-44, 45-64, 65+.

TABLE 1.3
SURVEY RESPONSE BY GENDER AND YEAR

Gender	2017		2014	2011	2008	2005	2010 Census ²
	Number	Percent ¹	Percent ¹	Percent	Percent	Percent	
Female	93	25.8%	64.5%	61.3%	58.4%	56.2%	49.8%
Male	268	74.2%	35.5%	36.6%	40.3%	41.3%	50.2%
No Response	288			2.1%	1.3%	2.6%	
Total	649	100%	100%	100.0%	100.0%	100.0%	100.0%

¹ Percent calculated without [No Response] due to the high proportion of non-response.

²Data are for the 2010 population residing within 60010.

TABLE 1.4
LENGTH OF RESIDENCE IN THE BARRINGTON AREA: 2005-2017

YEARS	2017 ¹		2014 ¹	2011	YEARS	2008	2005
	Number	Percent	Percent	Percent		Percent	Percent
5 years or fewer	77	21.5%	12.2%	19.3%	0-4 years	19.4%	15.6%
6-10 years	35	9.8%	13.5%	17.0%	5-9 years	19.6%	18.7%
11-20 years	80	22.3%	28.3%	28.0%	10-19 years	26.8%	23.5%
21-35 years	103	28.8%	32.5%	33.8%	20 years or longer	32.4%	29.6%
36 years or longer	63	17.6%	13.5%				11.6%
No Response	291			1.9%	No Response	1.9%	1.0%
Total	649	100.0%	100.0%	100.0%	Total	100.0%	100.0%
Median Years	19.2		19.7	17.9	Median Years	13.9	13.7

Table 2.1
BARRIERS TO SHOPPING IN THE VILLAGE OF BARRINGTON: 2005-2014

Response	2014		2011	2008	2005
	No.	Pct.	Pct.	Pct.	Pct.
Lack of selection	291	42.5%	54.0%	56.3%	46.2%
Unable to complete most shopping in one place	258	37.7%	49.6%	40.1%	37.0%
Prices	207	30.2%	39.3%	40.8%	35.5%
Traffic	210	30.7%	36.3%	38.2%	37.7%
Parking	219	32.0%	34.9%	40.1%	45.5%
Times stores are open	94	13.7%	13.9%	14.5%	12.8%
Distance from Barrington	44	6.4%	11.8%	13.4%	14.0%
Need for sidewalks	32	4.7%	2.9%	5.7%	2.8%
Other	50	7.3%	11.6%	3.2%	8.5%
Train congestion	11	1.6%	1.3%		
Traffic congestion	7	1.0%	1.1%		
Scattered	5	0.7%			
Prices	5	0.7%			

Table 3.1
PERCENT RATING SERVICES AS EXCELLENT OR GOOD: 2005-2014¹

Rank	Community Service ²	2014	2011	2008	2005
1.	Education ³	91.4%	80.3%	76.5%	74.9%
2.	Library services	90.2%	85.1%		
3.	Healthcare services	86.9%	64.1%	72.3%	67.2%
4.	Park District services	82.2%	74.2%	59.0%	60.6%
5.	Saving, restoring open space	79.7%			
6.	Community or village services	75.0%	62.2%	55.0%	50.8%
7.	Children's outdoor, nature activities.	65.0%			
8.	Cultural activities, arts	64.7%	30.3%	34.2%	33.8%
9.	Services for youth	54.6%	36.3%	38.7%	37.7%
10.	Services for senior citizens	45.5%	27.5%	38.7%	33.2%
11.	Behavioral, mental health services	37.4%			
12.	Services for the disabled	18.8%	9.7%	10.7%	11.3%

¹When blank, the community service was not rated in that year.

²Many community services were preceded by "availability of" or "quality of" in prior years.

³Responses shown for local primary education in prior years.

TABLE 3.2
PREFERRED SOURCE OF INFORMATION

Source	2017 ¹		2014 ¹	
	Number	Percent	Number	Percent
Friend or family	81	22.1%	189	31.0%
Phone book, directory	2	0.5%	27	4.4%
Church, clergy	20	5.4%	20	3.3%
Online 2-1-1	4	1.1%	4	0.7%
Physician	53	14.4%	29	4.8%
Social Worker, Counselor	25	6.8%	18	3.0%
Local agency	28	7.6%	21	3.4%
Library	4	1.1%	12	2.0%
Internet	140	38.1%	283	46.5%
Other	10	2.7%	6	0.9%
No Response	282		76	
Total	649	100.0%	685	100.0%

¹ Percent calculated without [No Response] due to the high proportion of non-response.

TABLE 3.3
SITUATIONS EXPERIENCED BY HOUSEHOLDS: 2005-2014

Situation	2014		2011	2008	2005
	Number	Percent	Percent	Percent	Percent
Put off health care services because of cost	89	13.0%	20.8%	13.2%	14.0%
Difficulty finding affordable dental service	80	11.7%	13.0%	14.7%	
Difficulty paying bills	76	11.1%	19.5%	18.1%	15.3%
Experienced unemployment due to an involuntary job loss	68	9.9%	13.9%	10.5%	
Difficulty finding assistance to find a job	63	9.2%			
Difficulty finding affordable legal services	58	8.5%			
Put off behavioral or mental health care services	53	7.7%			
Put off buying or taking prescription medication because of cost	48	7.0%			
Difficulty finding child care	44	6.4%	5.2%	7.6%	5.7%
Difficulty finding supportive services for an older adult	42	6.1%	5.5%	5.9%	3.6%
Unable to find recreation activities or park sites locally	34	5.0%	6.9%	9.0%	8.7%
Difficulty finding financial assistance	29	4.2%			
Difficulty finding services for family members with special needs	25	3.7%	3.2%	6.1%	3.0%
Home mortgage foreclosed or unable to pay	18	2.6%	3.4%	1.5%	
Difficulty finding sufficient food for family	10	1.5%			
Other	24	3.5%	4.0%	3.8%	3.8%

Choices not available when blank.

TABLE 3.4
CHARACTERISTICS MISSING IN THE BARRINGTON AREA: 2005-2017¹

Characteristic	2017 ¹	2014	2011	2008	2005
		Perce	Percent	Percent	Percent
Access to sufficient stores, services, or restaurants	N/A	41.7%	54.6%	42.4%	37.9%
Reasonably priced goods, services		22.2%	34.7%	26.7%	25.1%
Traffic control		29.6%	26.1%	43.9%	41.3%
Public transportation		28.0%	24.2%	28.8%	27.0%
Local employment		12.6%	14.7%	17.2%	17.0%
Recreation opportunities		9.9%	13.0%	11.6%	8.9%
Residential rental options		7.8%	7.1%		
Social services		4.1%	3.6%		
Other:		10.8%	13.9%	6.9%	23.0%

¹No directly comparable to 2017 data.

TABLE 3.5
ISSUES NEEDING GREATER ATTENTION: 2002-2014

Issue	2014		2011	2008	2005	2002
	Number	Percent	Percent	Percent	Percent	Percent
Activities for seniors	131	19.1%	13.4%	16.0%	14.9%	12.2%
Activities for teens	227	33.1%	30.3%	33.4%	30.6%	38.8%
Alcohol abuse	103	15.0%	12.0%	13.7%	11.5%	15.2%
Child abuse	45	6.6%	3.6%	3.8%	2.6%	3.3%
Counseling - individual, family, marital	107	15.6%	11.5%	8.2%		
Crime	46	6.7%	3.8%	5.7%	4.9%	4.3%
Disabled persons' jobs, training	67	9.8%	5.3%	6.5%		
Discrimination against gay, lesbian, transgender individuals	48	7.0%	4.2%			
Domestic violence	50	7.3%	5.3%	4.4%	4.3%	3.7%
Elder abuse	24	3.5%				
Emotional support for unemployed	110	16.1%	10.1%			
Gangs, delinquency, youth violence	49	7.2%	5.9%	8.8%	6.0%	7.7%
Help finding employment	148	21.6%	19.5%			
Job retraining, coping with job loss	138	20.2%	12.0%	12.4%		
Need for housing in all price ranges	134	19.6%	17.0%	22.5%	24.3%	27.0%
Property tax equity	249	36.4%	45.6%	42.9%	44.7%	38.2%
Public transportation	248	36.2%				
Racial or socioeconomic discrimination	32	4.7%	6.7%	11.3%	7.0%	7.5%
Recreation for children	49	7.2%	4.6%	10.1%	7.9%	6.2%
Respite services for caregivers			7.3%	10.3%	8.5%	7.8%
Special recreation programs for physically/mentally challenged individuals	69	10.1%	6.7%			
Suicide	144	21.0%				
Support for caregivers	120	17.5%	8.6%	12.0%	8.1%	8.8%
Support groups for parents	69	10.1%	8.4%			
Supportive living for disabled	71	10.4%				
Tolerance of different viewpoints	114	16.6%				
Youth substance abuse	172	25.1%	20.2%	27.1%		
Any other needs?	47	6.9%	8.8%	8.2%	9.8%	3.0%

Table 3.6
SUPPORT RENTAL HOUSING DEVELOPMENT? 2014-2011

Response	2014		2011
	Number	Percent	Percent
Yes	178	26.0%	24.8%
No	235	34.3%	42.9%
Don't know	147	21.5%	27.3%
No answer	125	18.3%	5.0%
Total	685	100.0%	100.0%

TABLE 4.1
SITUATIONS EXPERIENCED BY HOUSEHOLDS: 2005-2014

Situation	2014		2011	2008	2005
	Number	Percent	Percent	Percent	Percent
Put off health care services because of cost	89	13.0%	20.8%	13.2%	14.0%
Difficulty finding affordable dental service	80	11.7%	13.0%	14.7%	
Difficulty paying bills	76	11.1%	19.5%	18.1%	15.3%
Experienced unemployment due to an involuntary job loss	68	9.9%	13.9%	10.5%	
Difficulty finding assistance to find a job	63	9.2%			
Difficulty finding affordable legal services	58	8.5%			
Put off behavioral or mental health care services	53	7.7%			
Put off buying or taking prescription medication because of cost	48	7.0%			
Difficulty finding child care	44	6.4%	5.2%	7.6%	5.7%
Difficulty finding supportive services for an older adult	42	6.1%	5.5%	5.9%	3.6%
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Home mortgage foreclosed or unable to pay	18	2.6%	3.4%	1.5%	
Difficulty finding sufficient food for family	10	1.5%			
Other	24	3.5%	4.0%	3.8%	3.8%

Choices not available when blank.

TABLE 4.2
RESPONDENT WORK LOCATION: 2002-2017

Location	Up to Two Working Adults				Respondent Only		
	2017 ¹		2014	2011	2008	2005	2002
	Number	Percent	Percent	Percent	Percent	Percent	Percent
Barrington area	166	33.0%	33.4%	35.3%	NA		
At Home	84	16.7%	NA		NA		
City of Chicago	53	10.5%	19.4%	6.9%	8.6%	10.9%	8.7%
Cook County outside Chicago	84	16.7%	21.6%	22.9%	29.2%	27.7%	23.5%
DuPage County	11	2.2%	4.4%	4.7%	1.7%	3.0%	3.7%
Kane County	6	1.2%	0.7%	1.7%	2.1%	1.1%	1.7%
Lake County	49	9.7%	7.8%	11.2%	19.1%	18.3%	21.5%
McHenry County	10	2.0%	2.1%	3.8%	3.8%	2.1%	1.7%
Multiple locations, travel	25	5.0%	8.8%	7.4%	NA		
Does not work	NA				29.0%	31.5%	35.2%
Other	15	3.0%	1.6%	6.2%	1.9%	4.0%	2.2%
No Response	NA				4.6%	1.5%	1.8%
Total	503	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Percent calculated without [No Response] due to the high proportion of non-response.

TABLE 4.3
AGE EXPECTED TO RETIRE FROM JOB: 2008-2017

Age	2017 ¹		2014 ¹	2011	2008
	Number	Percent	Percent	Percent	Percent
<50 years	1	0.3%	1.8%	0.4%	1.1%
50-54 years	4	1.0%	0.0%	2.3%	1.7%
55-59 years	20	5.2%	3.7%	2.7%	5.3%
60-64 years	64	16.7%	10.7%	7.4%	8.2%
65-69 years	105	27.4%	20.8%	18.5%	19.3%
70-74 years	46	12.0%	22.2%	17.2%	12.4%
75+ years	19	5.0%	0.0%	6.6%	6.6%
Unsure	17	4.4%	16.8%	19.7%	21.0%
Not applicable/already retired	107	27.9%	24.0%	25.2%	24.4%
No Response	266			4.0%	3.6%
Total	649	100.0%		100.0%	100.0%
Median	66		65	65	65

¹Percent calculated without [No Response] due to the high proportion of non-response

TABLE 4.4
WHERE RESPONDENTS EXPECT TO LIVE DURING RETIREMENT: 2008 -2017

Response	2017 ¹		2014 ¹	2011	2008
	Number	Percent	Percent	Percent	Percent
Stay in your present home	119	30.7%	31.7%	42.6%	54.2%
Downsize to smaller home/apartment in Barrington	36	9.3%	4.5%		
Move to a new single family home in Greater Chicago area				2.3%	
Move in with family living in Barrington area	2	0.5%	0.2%	0.0%	
Move to Barrington area retirement community			1.7%	1.1%	2.9%
Move elsewhere in Greater Chicago area	7	1.8%	3.0%		
Move in with family living in Greater Chicago area				0.0%	2.7%
Move to Chicago area retirement community				0.4%	1.1%
Move to downtown Chicago				2.1%	
Become a sunbird, part of year out of area, part local	56	14.5%	20.1%		
Move out of area such as to Arizona, Florida or elsewhere	71	18.3%	10.3%	17.9%	22.7%
Don't know, unsure	89	23.0%	25.9%	24.4%	
No answer	262			2.5%	2.5%
Other	7	1.8%	2.8%	6.7%	13.9%
Total	649	100.0%	100.0	100.0%	100.0%

¹Percent calculated without [No Response] due to the high proportion of non-response.

* Choice not available when blank.

TABLE 4.5
2017 EXPECTED RETIREMENT AGE BY RESPONDENT CHARACTERISTIC¹:

Characteristic	Under 65	65	70+
Total	34.4%	40.5%	25.1%
Geographic Area			
Village of Barrington	34.0%	51.5%	14.4%
Barrington Area North	28.6%	39.0%	32.5%
Barrington Area South	42.3%	26.9%	30.8%
Gender			
Male	37.9%	36.2%	25.9%
Female	33.5%	42.5%	24.0%
Age Group			
18 - 44	46.3%	38.8%	15.0%
45 - 64	32.5%	43.7%	23.8%
65+	12.9%	35.5%	51.6%

¹Excludes Not applicable/Already retired and Unsure.

TABLE 4.6
WHERE RESPONDENT EXPECTS TO LIVE DURING RETIREMENT
BY RESPONDENT CHARACTERISTICS: 2017*

Characteristics	Barrington Area, Stay In home	Sunbird part area, part elsewhere
Geographic Area		
Village of Barrington	40.7%	15.7%
Barrington Area North	45.4%	19.4%
Barrington Area South	40.0%	20.0%
Length of Residence		
0 - 5 years	43.9%	17.1%
6 - 10 years	13.0%	26.1%
11 - 20 years	49.2%	14.3%
21 - 35 years	40.7%	18.7%
36+ years	50.0%	18.3%
Gender		
Female	43.1%	29.3%
Male	40.0%	33.3%
Age Group		
18 - 44	33.3%	19.3%
45 - 64	36.3%	23.0%
65+	57.6%	10.6%

*Excludes respondents who do not know or did not answer this question.

TABLE 4.7
EXPECTED OR CURRENT RETIREMENT ACTIVITIES: 2008-2017

Retirement Activities	2017		2014	2011	2008
	Number	Percent	Percent	Percent	Percent
Work part-time	124	19.1%	31.7%	35.9%	38.9%
Start a new business	29	4.5%	5.8%	10.1%	7.1%
Work as a consultant	51	7.9%	15.5%	17.0%	15.8%
Take courses	96	14.8%	31.5%	28.6%	31.1%
Volunteer	259	39.9%	54.5%	48.9%	49.2%
Travel	253	39.0%	62.3%	62.2%	69.7%
Time with grandchildren, children			52.4%	57.1%	58.4%
Primary Care-Giver Kids	40	6.2%			
Primary Care-Giver Adult	41	6.3%			
Leisure	244	37.6%			
Other	38	5.9%	7.9%	14.5%	12.0%

TABLE 5.1
PRIMARY SOURCE FOR BARRINGTON AREA WATER: 2008, 2014, 2017

Response	2017 ¹		2014 ¹	2008
	Number	Percent	Percent	Percent
Lake Michigan	42	14.5%	7.1%	10.1%
Shallow aquifers	110	38.1%	45.5%	34.9%
Deep aquifers	137	47.4%	17.3%	22.1%
Rivers/reservoirs			1.3%	1.0%
Don't know	0	0.0%	28.9%	31.9%
No answer	360			
Total	649	100.0%	100.0%	100.0%

¹ Percent calculated without [No Response] due to the high proportion of non-response.

TABLE 5.2
 CONCERNED ABOUT CLEAN WATER SUPPLY IN THE BARRINGTON AREA: 2014,2017

Response	2017		2014	
	Number	Percent	Number	Percent
Yes	199	55.3%	344	50.2%
Not Sure	63	17.5%	240	35.0%
No	98	27.2%	60	8.8%
No Response	289		41	6.0%
Total	649	100.0%	685	100%

¹ Percent calculated without [No Response] due to the high proportion of non-response.

TABLE 5.3
 IMPACT OF CHEMICALS, SALTS AND WASTES: 2014, 2017

Response	2017 ¹		2014 ¹	
	Number	Percent	Number	Percent
Does not affect the groundwater beneath my property	30	8.5%	24	3.5%
Can only affect my well or water supply	12	3.4%	11	1.6%
Can affect my well or water supply as well as neighborhood and immediate area	240	68.4%	514	75.0%
Don't know	69	19.7%	86	12.6%
No answer	298		50	7.3%
Total	649	100.0%	685	100%

¹Percent calculated without [No Response] due to the high proportion of non-response

TABLE 5.4
 SHOULD LOCAL GIVERNMENT PROTECT REPLENISHING OPEN AREAS: 2014, 2017

Response	2017 ¹		2014 ¹	
	Number	Percent	Number	Percent
Yes	303	85.1%	542	79.1%
Not Sure	42	11.8%	97	14.2%
No	11	3.1%	11	1.6%
No Response	293		35	5.1%
Total		100.0%	685	100%

¹Percent calculated without [No Response] due to the high proportion of non-response.

TABLE 5.5
 WATER USE AND POLICY
 BY DEMOGRAPHIC CHARACTERISTICS: 2017

Characteristic	Primary Source Shallow Aquifers	Actions Affect Area	Concerned Future Water	Protect Open Areas
Geographic Area				
Village of Barrington	28.0%	60.0%	56.4%	85.5%
Barrington Area North	46.7%	77.5%	58.5%	89.1%
Barrington Area South	40.6%	71.1%	50.0%	80.5%
Gender				
Female	32.4%	67.0%	55.6%	86.3%
Male	53.8%	71.6%	53.8%	81.3%
Age Group				
18-44	30.4%	62.2%	46.5%	81.4%
45-64	43.3%	73.8%	58.6%	86.4%
65+	36.4%	64.8%	58.3%	86.2%
Length of Residence				
<6 Years	37.8%	67.5%	44.2%	82.4%
6-10 Years	25.0%	74.3%	54.3%	77.1%
11-20 Years	35.8%	65.4%	60.0%	87.3%
21-35 Years	44.8%	71.3%	53.4%	90.3%
36+ Years	37.7%	66.1%	68.3%	82.5%

TABLE 5.6
ACTIONS TAKEN TO PROTECT DRINKING WATER: 2008, 2014

Step Taken	2017		2014	2008
	Number	Percent	Percent	Percent
Restricted use of water during droughts	220	62.5%	68.6%	68.5%
Took unused pharmaceuticals to disposal center	147	41.8%	35.4%	
Installed low-flow water fixtures	139	39.5%	42.3%	38.6% ²
Reduced use of chemical pesticides/herbicides on garden or lawn	201	57.1%	55.9%	48.3% ¹
Reduced use of salt on sidewalk or driveways	204	58.0%	53.1%	
Tested private well water once a year for bacteria and nitrate	50	14.2%	21.3%	
Installed rain garden	31	4.8%	6.4%	
Replaced lawn areas with native plants to reduce watering needs	99	28.1%%	20.6%	22.8% ³

¹Avoided using chemical pesticides on your lawn, garden in 2008.

²Installed low-flow shower heads in 2008.

³Use native plantings to control storm runoff in 2008.

TABLE 5.7
WATER-RELATED ACTIONS TAKEN
BY DEMOGRAPHIC CHARACTERISTICS: 2017

Characteristic	Less Water in Drought	Drug Disposal	Low-flow Fixtures	Fewer Chemicals	Reduced Salt Use
Geographic Area					
Village of Barrington	0.3%	17.0%	17.4%	23.6%	25.0%
Barrington Area North	22.6%	15.7%	13.5%	17.8%	19.2%
Barrington Area South	29.7%	10.2%	10.9%	19.9%	17.3%
Gender					
Female	20.8%	14.5%	12.6%	19.9%	19.8%
Male	21.6%	13.2%	15.4%	17.6%	19.0%
Age Group					
18-44	23.5%	10.4%	11.8%	19.0%	21.7%
45-64	19.1%	14.5%	14.7%	19.1%	18.3%
65+	22.6%	16.4%	12.2%	19.9%	20.2%
Length of Residence					
<6 Years	18.9%	12.1%	13.2%	22.1%	20.5%
6-10 Years	26.0%	12.3%	9.6%	17.8%	21.9%
11-20 Years	21.4%	15.5%	12.3%	18.2%	20.9%
21-35 Years	21.2%	14.5%	14.5%	19.1%	18.6%
36+ Years	20.8%	14.6%	14.2%	18.9%	18.4%

TABLE 6.1
RESPONSIBILITY FOR OLDER ADULT: 2005-2017

Response	2017 ¹		2014 ¹	2011	2008	2005
	Number	Percent	Percent	Percent	Percent	Percent
No	282	79.9%	77.3%	77.5%	75.8%	78.7%
Yes, an older adult living in my home	40	11.3%	5.0%	3.2%	5.0%	4.9%
Yes, an older adult living on his/her own	15	4.2%	10.9%	8.4%	9.9%	8.9%
Yes, an older adult in a retirement community or nursing home	7	2.0%	6.0%	7.4%	5.5%	4.7%
Yes, other	9	2.5%	0.8%	2.3%	1.1%	1.3%
No Response	296			1.1%	2.7%	0.9%
Total	649	100.0%	100.0	100.0%	100.0%	100.0%

¹ Percent calculated without [No Response] due to the high proportion of non-response.

TABLE 6.2
PERSONS NOT COVERED BY HEALTH INSURANCE BY AGE GROUP: 2014, 2017

Age Group	2017		2014	
	Persons Not Covered	Percent	Persons Not Covered	Percent
16-18*	1	5.3%	23	45.1%
19-24	2	10.5%		
25-34	5	26.3%		
35-44	3	15.8%	22	43.1%
45-54	2	10.5%		
55-64	5	26.3%		
65+	1	5.3%	6	11.8
Total	19	100.0%	51	100.0%

*In 2014 the lowest range category was 0-17.

TABLE 6.3
PRESENCE OF ADVANCE DIRECTIVES: 2011-2017

Response	2017 ¹		2014 ¹		2011	
	Number	Percent	Number	Percent	Number	Percent
Yes	236	64.3%	444	73.6%	283	54.0%
No	131	35.7%	148	24.5%	207	39.5%
Not sure	NA		11	1.8%	20	3.8%
No answer	282		82		14	2.7%
Total	649	100.0%	685	100.0%	524	100.0%

¹ Percent calculated without [No Response] due to the high proportion of non-response.

TABLE 6.4
 PRESENCE OF ADVANCE DIRECTIVES
 BY SELECTED DEMOGRAPHIC CHARACTERISTICS: 2011-2017

Characteristic	2017	2014	2011
Geographic Area			
Village of Barrington	61.2%	64.6%	51.4%
Barrington Area North	72.3%	73.1%	58.0%
Barrington Area South	58.4%	66.4%	51.9%
Gender			
Male	73.3%	66.7%	58.9%
Female	62.0%	66.5%	51.1%
Age Group			
18-44	39.6%	47.7%	40.6%
45 - 64	68.9%	68.0%	46.0%
65+	83.3%	81.6%	79.4%

TABLE 7.1
 SUICIDE CONSIDERED: 2005-2017

Response	2017 ¹²	2014 ²	2011 ²	2008 ²	2005 ²
	Percent	Percent	Percent	Percent	Percent
Yes	2.5%	3.7%	3.4%	6.3%	4.3%
Maybe	2.8%	N/A			
No	94.7%	88.5%	93.9%	90.8%	93.4%
No Response		7.9%	2.7%	2.9%	2.3%
Total		100.0%	100.0%	100.0%	100.0%

¹Percent calculated without [No Response] due to the high proportion of non-response.

² In 2017 the question asked about the **past year**. Previous surveys asked if respondent had **ever** made plans for suicide. Three years was the period used for 2011 and 2014.

TABLE 7.2
AGE GROUP OF PERSONS CONSIDERING SUICIDE IN THE PAST YEAR

Age Group	2017	
	Number	Percent
<18	3	15.0%
18-29	2	10.0%
30-44	8	40.0%
45-64	6	30.0%
65+	1	5.0%
No Response	0	15.0%
Total	20	100.0%

TABLE 7.3
TYPE OF ABUSE EXPERIENCED BY RESPONDENTS: 2005-2017

Type of Abuse	2017		2014	2011	2008	2005
	No.	Pct.	Pct.	Pct.	Pct.	Pct.
Emotionally abused (intimidated, coerced, isolated, threatened or degraded)	27	7.9%	4.2%	5.0%	2.7%	4.5%
Physically abused (hit, slapped, kicked or physically hurt)	7	2.0%	0.5%	1.1%	1.1%	0.6%
Sexually abused (forced to have sexual activity)	2	0.6%	0.0%	0.6%	0.2%	0.0%
Financially abused (used your money or assets without your permission)	7	2.0%	1.6%	3.4%	1.5%	1.5%

TABLE 8.1
PROBLEMS OF CHILDREN OR YOUTH IN THE HOUSEHOLD¹

Problem	2017 ¹		2014	2011
	Number	Percent	Perce	Percent
None	51	34.5%		
Anxiety, nervousness	51	34.5%	15.4%	9.4%
Attention deficit disorder (ADD) or ADHD	28	18.9%	10.0%	9.1%
Overscheduled	33	22.3%	10.0%	10.1%
Bullying	25	16.9%	9.1%	6.0%
Excessive Pressure to succeed	43	29.1%	11.0%	
Depression	13	8.8%	7.4%	4.7%
Learning disabilities	12	8.1%	4.9%	5.7%
Sleep deprivation	24	16.2%	8.1%	7.5%
Uncontrolled Anger/Temper Tantrums	8	5.4%	2.2%	1.6%
Pressure to be thin	10	6.8%		
Serious school-related problems	6	4.1%	1.2%	1.9%
Autism or On the Autism Spectrum	7	4.7%		
Aggressive or violent behavior	10	6.8%	3.4%	3.1%
Obesity	7	4.7%	2.2%	
Eating disorders	1	0.7%		
Alcohol use	10	6.8%	3.7%	2.2%
Drug abuse	3	2.0%		
Negative peer pressure ²		0.0%	8.1%	0.9%

¹Based on 375 households with children under 18.

²written in as "Peer Pressure" in 2011.

Appendix II: Survey Goals and Objectives

GOALS:

1. To understand the overall health of the Barrington region, including physical, mental and behavioral health
2. To identify community values, priorities and perceptions.
3. To identify gaps and unmet needs.
4. To identify economic conditions.
5. To identify the best methods to reach community members.

OBJECTIVES:

	Objective	Related Goal(s)	Question #s
a	To understand why people choose to move to or stay in the Barrington region	2	2.1,2.2,6.1
b	To identify barriers to receiving available social services	3	6.7,10.4
c	To describe opinions about exclusivity and inclusivity	2	2.1,6.2
d	To Identify public support for historic housing stock	2	6.3
e	To evaluate public opinions about and knowledge of the region's water supply.	2	5.1,5.2,5.3,5.4,6.4
f	To evaluate public support for affordable housing	2	6.2
g	To Identify shopping behaviors	2	3.1,3.2
h	To identify desired businesses currently unavailable	2,3	3.3
i	To describe the current state of health insurance coverage in the region	1,3	7.1,7.2,7.3,7.4
j	To quantify the number of households in need of supportive services	1	6.4,6.5,6.6,6.7,6.8,7.1,7.2,7.3,7.4,7.5,8.2,9.1,9.2,9.3,9.4,9.5,9.6,10.1,10.2,10.3,10.4,10.5,10.6
k	To quantify where people work	4	4.2,4.3,4.4,4.5
l	To understand retirement patterns	4	4.6,4.7,4.8,4.9
m	To quantify layoffs	4	4.1
n	To quantify proportion of existing health care directive documents and interest in them	1	7.5,7.6,7.7
o	To understand attitudes towards youth drinking	2	8.1,8.3,8.4
p	To Identify youth struggles	1	8.1,8.2,6.2,6.3
q	To Identify caregiver needs	1	9.1,9.2,9.3,9.4,9.5,9.6
r	To understand behavioral and mental health needs	1	10.1,10.2,10.3,10.4,10.5,10.6,4.1,6.2,6.3,8.2
s	To identify favorite media sources	5	

Appendix III: Survey Instruments

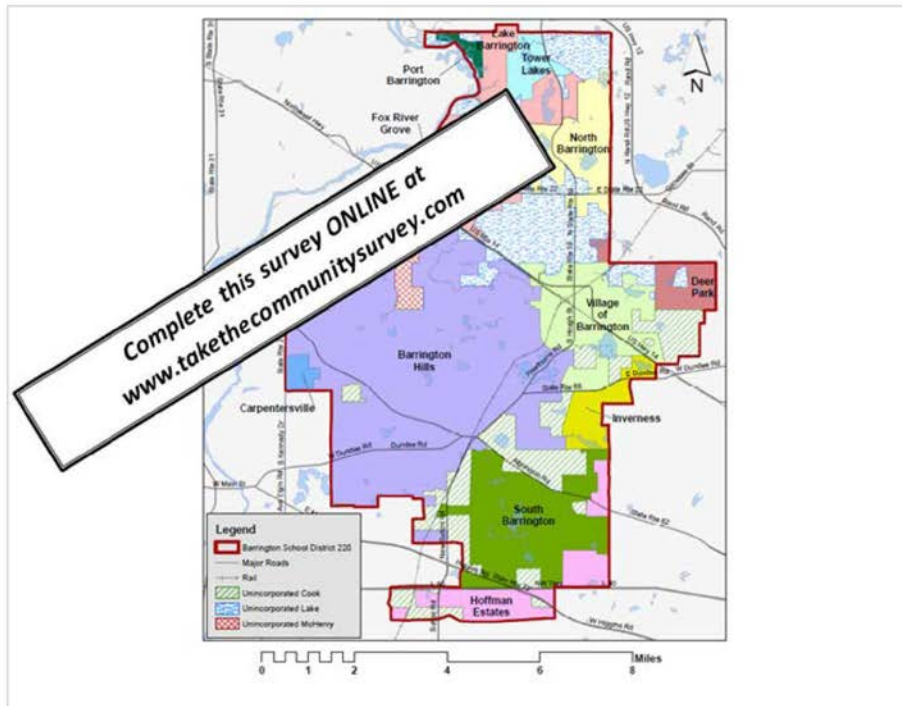
The survey was available in Paper and Web format. Following are the English and Spanish versions of the paper survey instrument. English and Spanish web instruments were identical to the paper survey instruments.



2017 Healthier Community Survey Healthier Barrington Coalition

This survey helps organizations in the Barrington region understand how our community is living, what we value most, and where we can improve. It has been conducted every three years since 1996. Questions span a wide range of topics, including overall health, economic conditions, water conservation, social service needs, cultural shifts, and more.

Please answer the questions to the best of your ability. **There are no right or wrong answers.** Your participation is voluntary and all responses are completely anonymous.



Healthier Barrington Coalition Members

Advocate Good Shepherd Hospital
Barrington Area Chamber of Commerce
Barrington Area Council of Governments
Barrington Area Council on Aging
Barrington Area Development Council
Barrington LEADS
Barrington Area Library
Barrington Area Safety Council

Barrington Area United Way
Barrington Career Center
Barrington CUSD 220
Barrington Park District
Barrington Township
Barrington Youth and Family Services
Character Counts in the Barrington Area
Citizens for Conservation
Cuba Township

Family Service of the Barrington Area
H.E.R.E. in Barrington
JourneyCare
Leave No Child Inside
NAMI
Samaritan Counseling Center
Smart Farm of Barrington
Village of Barrington



Section I: Tell us what you like about the Barrington Region

Q1.1 Why do you choose to live in the Barrington region? (Select ALL that apply)

- Nearby natural resources
- Family
- I like the schools
- Job
- Never thought of living anywhere else
- Proximity to Chicago
- I like the neighborhoods
- Other _____

Q1.2 Referring to the list in the previous question, if you could choose ONE THING that you like MOST, WHICH would it be and WHY?

Section II: Shopping

Q2.1 How much of your shopping do you do on-line (excluding grocery shopping)?

- None at all
- Some
- Most, but not all
- All

Q2.2 What, if anything, makes it harder for you to shop or eat out in Barrington? (Select ALL that apply)

	Shopping (other than groceries)	Eating Out
Distance from Barrington.....	<input type="checkbox"/>	<input type="checkbox"/>
Freight Train Traffic.....	<input type="checkbox"/>	<input type="checkbox"/>
Lack of accessibility.....	<input type="checkbox"/>	<input type="checkbox"/>
Lack of selection.....	<input type="checkbox"/>	<input type="checkbox"/>
Lack of sidewalks.....	<input type="checkbox"/>	<input type="checkbox"/>
Parking.....	<input type="checkbox"/>	<input type="checkbox"/>
Prices.....	<input type="checkbox"/>	<input type="checkbox"/>
Times stores are open.....	<input type="checkbox"/>	<input type="checkbox"/>
Traffic (cars).....	<input type="checkbox"/>	<input type="checkbox"/>
Unable to complete most shopping in one place.....	<input type="checkbox"/>	<input type="checkbox"/>
Nothing keeps me from shopping in Barrington.....	<input type="checkbox"/>	<input type="checkbox"/>



Q2.3 Which stores, products, services, or restaurants not presently available would you like to see locally, if any?

Q2.4 Where do you look for local information? (Select ALL that apply)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Blogs | <input type="checkbox"/> Newspapers |
| <input type="checkbox"/> Direct mail/Newsletters | <input type="checkbox"/> Social media |
| <input type="checkbox"/> E-Newsletters | <input type="checkbox"/> Television |
| <input type="checkbox"/> Handouts or posted fliers | <input type="checkbox"/> Websites |
| <input type="checkbox"/> Local magazines | <input type="checkbox"/> Other |
| <input type="checkbox"/> Radio | |

Section III: Culture, Support Services, and Amenities

Q3.1 "The Barrington region has adequate and high quality..."

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Don't Know</u>
Cultural activities, arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local government services (police, fire, public works, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park Districts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3.2 "The Barrington region needs more ..."

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Don't Know</u>
Affordable Housing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Legal Services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor nature activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residences that are accessible for seniors and/or people with mobility challenges.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3.3 How much of an issue do you think each of the items below are in our region today?

	Major <u>Issue</u>	Minor <u>Issue</u>	Not an Issue <u>at All</u>	I'm Not <u>Sure</u>
Aging-related concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Abuse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination against people who identify as gay, lesbian, bisexual, or transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing more local employment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder abuse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gangs, delinquency, and youth violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intolerance of differing viewpoints.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job retraining after job loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobs and training for the disabled.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property tax equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial and ethnic discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving and restoring historic housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving and restoring open space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse (adults, including alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse (youth, including alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Options.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3.4 Are support services, activities, and educational programs adequate in the Barrington region?
(Select ALL that apply)**

	Need More Support <u>Services</u>	Need More <u>Activities</u>	Need More Educational <u>Programs</u>	NO <u>Needs</u>
Adults with Special Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children with Special Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents and Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Citizens (65 years old and up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teens (11 to 18 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Children (10 years old and under) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV: Working and Retirement

Q4.1 Is anyone in your household having difficulty finding full-time employment?

- Yes
- No

[IF "NO," GO TO Q4.4]

Q4.2 How many people in your household are having difficulty finding full-time employment?

- 1
- 2 or more

Q4.3 Please provide the sex and age range for up to two of the people having difficulty finding full-time employment, referring to the previous question.

Job Seeker 1

- Female
- Male

Age Range

- 16 - 18 years
- 19 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 years and up

Job Seeker 2

- Female
- Male

Age Range

- 16 - 18 years
- 19 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 years and up

Q4.4 Has anyone in your household been laid off or fired in the past year?

- Yes
- No

[IF "NO," GO TO Q4.7]

Q4.5 How many people in your household were laid off or fired in the past year?

- 1
- 2 or more

Q4.6 Please provide the sex and age range for up to two of the people who lost their jobs, referring to the previous question.

Lost Job 1

- Female
- Male

Age Range

- 16 - 18 years
- 19 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 years and up

Lost Job 2

- Female
- Male

Age Range

- 16 - 18 years
- 19 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 years and up

Q4.7 If applicable, please provide the sex and primary work location for up to two working adults in your household.

Worker 1

- Female
- Male

Work Location

- At Home
- Barrington Area
- City of Chicago
- Cook County (Outside Chicago)
- DuPage County
- Kane County
- Lake County
- McHenry County
- Multiple Locations/Travel
- Somewhere Else

Worker 2

- Female
- Male

Work Location

- At Home
- Barrington Area
- City of Chicago
- Cook County (Outside Chicago)
- DuPage County
- Kane County
- Lake County
- McHenry County
- Multiple Locations/Travel
- Somewhere Else

Q4.8 At about what age do you expect to retire?

- | | |
|--|---|
| <input type="checkbox"/> Younger than 50 years old | <input type="checkbox"/> 70 - 74 years |
| <input type="checkbox"/> 50 - 54 years | <input type="checkbox"/> 75 or older |
| <input type="checkbox"/> 55 - 59 years | <input type="checkbox"/> Already retired |
| <input type="checkbox"/> 60 – 64 years | <input type="checkbox"/> I'm not sure |
| <input type="checkbox"/> 65 – 69 years | <input type="checkbox"/> I'm not in the workforce |

Q4.9 What is your expected (or current) living arrangement in retirement?

- | | |
|---|--|
| <input type="checkbox"/> Downsize to smaller home or apartment in Barrington region | <input type="checkbox"/> Move out of the area |
| <input type="checkbox"/> Live part of the year locally and part of the year elsewhere | <input type="checkbox"/> Stay in my present home |
| <input type="checkbox"/> Move elsewhere in the Greater Chicago area | <input type="checkbox"/> Other |
| <input type="checkbox"/> Move in with family living in the Barrington region | <input type="checkbox"/> Not sure |

Q4.10 Which of the following statements best describes your expected (or current) retirement activities? (Select ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Act as primary caregiver for grandchildren | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Act as primary caregiver for my spouse, parent, another adult, or a child with special needs | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Leisure | <input type="checkbox"/> Work as a consultant |
| <input type="checkbox"/> Start a new business | <input type="checkbox"/> Work part-time |
| <input type="checkbox"/> Take courses | <input type="checkbox"/> Other |

Section V: Household Finances**Q5.1 In the past year, has your household had difficulty paying your housing expenses?**

- Yes
- No
- Maybe, not sure

Q5.2 In the past year, has your household had difficulty paying bills other than for housing?

- Yes
- No
- Maybe, not sure

Q5.3 Has your household taken any of the following actions during the past year? (Select ALL that apply)

	Yes, due To <u>COST</u>	Yes, due to <u>LACK OF AVAILABILITY</u>	<u>No</u>
Delayed behavioral or mental health care services... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Delayed buying or taking prescription medications... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Delayed dental care <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Delayed other health care services..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Our household has not taken any of these actions ... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q5.4 Where are you most likely to go for help if someone in your household needs information regarding supportive services and programming? (Select only ONE)

- | | |
|---|---|
| <input type="checkbox"/> Church, clergy | <input type="checkbox"/> On-line 2-1-1 |
| <input type="checkbox"/> Friend or family | <input type="checkbox"/> Phone book, directory |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Library | <input type="checkbox"/> Social worker, counselor |
| <input type="checkbox"/> Local agency | <input type="checkbox"/> Other |

Section VI: Our Youth

Q6.1 Is anyone in your household younger than 18 years old?

- Yes
 No

[IF "NO," GO TO Q6.3]

Q6.2 Which of the following, if any, are issues for persons under 18 in your household? (Select ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Aggressive or violent behavior | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Negative peer pressure |
| <input type="checkbox"/> Anxiety, nervousness | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Attention deficit disorder (ADD) or hyperactivity (ADHD) | <input type="checkbox"/> Overscheduled |
| <input type="checkbox"/> Autism or on the Autism Spectrum | <input type="checkbox"/> Pressure to be thin |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Serious school-related problems |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sleep deprivation |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Uncontrolled anger/ temper tantrums |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> None of the youth in my household have any of these issues |
| <input type="checkbox"/> Excessive pressure to succeed | |

Q6.3 How often do you think there are unsupervised parties where young people have access to alcohol or drugs in your community?

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Often |
| <input type="checkbox"/> Rarely | <input type="checkbox"/> All the Time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> I'm not Sure |

Q6.4 Do you think that parents should be held accountable for underage alcohol consumption that occurred on their property if they knew about it?

- Yes
 No
 I'm not sure

Section VII: Health Care

Q7.1 To the best of your knowledge, how many people in your household are NOT covered by medical insurance?

- None (Everyone has health insurance in my household)
 1
 2 or more

[IF "None," GO TO Q7.4]

Q7.2 Please provide the sex and age range for up to two of the people who are uninsured, referring to the previous question.

Uninsured 1

- Female
 Male

Age Range

- 16 - 18 years
 19 - 24 years
 25 - 34 years
 35 - 44 years
 45 - 54 years
 55 - 64 years
 65 years and up

Uninsured 2

- Female
 Male

Age Range

- 16 - 18 years
 19 - 24 years
 25 - 34 years
 35 - 44 years
 45 - 54 years
 55 - 64 years
 65 years and up

- Q7.3 Why are some people uninsured in your household? (Select ALL that apply)**
- Deductibles too high
 - Premiums too high
 - Don't get sick often/don't need insurance
 - Need help getting insurance
 - I'm not sure why they're not covered
- Q7.4 Have you considered your end of life choices (for example, hospice, do-not-resuscitate orders (DNR), etc.)?**
- Yes
 - No
- Q7.5 Do you have a document that states your wishes for health care decisions in the event you are unable to make them yourself (e.g., living will, healthcare power of attorney, advance directive, DNR)?**
- Yes
 - No
- Q7.6 With whom have you shared your desires regarding health care decisions and/or end of life options? (Select ALL that apply)**
- Attorney
 - Clergy
 - Close friend(s)
 - Doctor(s)
 - Family member(s)
 - Someone else
 - I have not talked to anyone about this

Section VIII: Support for Caregivers

- Q8.1 Are you a caregiver for a spouse, parent, other adult, or a child with special needs, regardless of whether or not they live with you?**
- Yes
 - No
- [IF "NO," GO TO Q8.5]**
- Q8.2 Where does the person who you care for live?**
- In my home
 - On his/her own
 - In a structured facility (for example, nursing home, group home, assisted living, etc.)
 - Somewhere else

Q8.3 Why does this person benefit from having a caregiver? (Select ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cognitive disability | <input type="checkbox"/> Special needs |
| <input type="checkbox"/> Mental/Behavioral health | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Older adult | <input type="checkbox"/> Other |

Q8.4 Which types of respite care would your household benefit from? (Select ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Companion care | <input type="checkbox"/> Overnight program for the person we care for |
| <input type="checkbox"/> Day program for the person we care for | <input type="checkbox"/> Other assistance |
| <input type="checkbox"/> Help with housework | <input type="checkbox"/> Our household does not need any respite care assistance |

Q8.5 Please select any of the following services, if any, which you or a close family member 65 years and up, living in the Barrington region, might benefit from. (Select ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Assistance coping with Alzheimer's, Dementia, or cognitive impairment | <input type="checkbox"/> Home nursing care |
| <input type="checkbox"/> Assistance with benefit programs (e.g., Medicare, Medicaid, etc.) | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Assistance with management of multiple medical conditions | <input type="checkbox"/> Prevention education regarding the risk of falls |
| <input type="checkbox"/> Assistance with medication management | <input type="checkbox"/> Nobody in my household or family nearby needs these services |
| <input type="checkbox"/> Consultation with physician specializing in geriatric care | |

Section IX: Behavioral and Mental Health**Q9.1 Select from the following list, situations which you or someone in your household has experienced during the past year, to the best of your knowledge. (Select ALL that apply)**

- Emotionally abused (intimidated, coerced, isolated, threatened, or degraded)
- Financially abused (your money or your assets used without your permission)
- Physically abused (hit, slapped, kicked, or physically hurt)
- Sexually abused (forced to have sexual activity)
- Nobody in my household has had any of these experiences in the past year

Q9.2 To the best of your knowledge, in the past year, did you or a household member think about seeking professional help for behavioral or emotional (mental health) problems?

- Yes
- No
- I'm not Sure

[IF "NO," GO TO Q9.5]

Q9.3 Did anyone in your household actually seek professional help?

- Yes
- No
- I'm not Sure

[IF "YES," GO TO Q9.5]

Q9.4 Why didn't the person actually seek professional help? (Select ALL that apply)

- Available times not convenient
- Could not get an appointment soon enough
- Could not find help
- Didn't know where to go
- Financial concerns, cost of care
- Lack of insurance
- Could not get there due to limited transportation options
- Stigma of getting help with mental health problems
- Other reason(s) _____
- I don't know why they did not seek professional help

Q9.5 To the best of your knowledge, have you or any members of your household seriously considered or made plans for suicide during the past year?

- Yes
- No
- Maybe

[IF "NO," GO TO Q10.1]

Q9.6 How old is this person?

- Under 18 years
- 18 - 29 years
- 30 - 44 years
- 45 - 64 years
- 65 years and up

Section X: Water and its effect on the environment

Q10.1 To the best of your knowledge, where does your water come from?

- Lake Michigan
- Water deposits deep underground (deep aquifers)
- Water deposits underground closer to the surface (shallow aquifers)
- I'm not Sure

- Q10.2 “The amount of water I use in my household and how I apply and dispose of chemicals, salts, and wastes on my property...” (Select the best option to complete the sentence)**
- can affect my well or water supply as well as the water supply of my neighbor and the immediate area
 - can only affect my well or water supply
 - does not affect ground water beneath my property
 - I’m not sure
- Q10.3 Are you concerned about whether the Barrington area will have enough clean water to supply its residents’ needs in the future?**
- Yes
 - No
 - I’m not sure
- Q10.4 Natural open areas, in addition to their recreational value, serve the purpose of replenishing our groundwater. Local governments can do things to protect open areas (for example, limiting the number of structures on a lot or the amount of pavement allowed). Do you think our local government should do things like this?**
- Yes
 - No
 - I’m not sure
- Q10.5 Which of the following things, if any, has your household done? (Select ALL that apply)**
- Installed low-flow water fixtures
 - Installed a rain garden which draws water into the ground
 - Restricted my use of water during droughts
 - Reduced the use of chemical pesticides or herbicides on my garden or lawn
 - Reduced the use of salt on my sidewalks or driveway
 - Replaced areas of lawn with native plants to reduce watering needs
 - Taken unused pharmaceuticals to a disposal center instead of putting them in the trash or flushing them
 - My household has NOT taken any of these actions
- Q10.6 If you are on a private well (not using water supplied by your municipality or subdivision), how often do you test for bacteria?**
- Once a year
 - Every 2 – 5 years
 - Only when my water looks or smells different
 - Only when the well was originally dug or when I moved in
 - Never
 - I am not on a private well

Section XI: Please tell us a little about yourself and your household**Q11.1 How long have you lived in the Barrington region?**

- 5 or fewer years
- 6 - 10 years
- 11 - 20 years
- 21 - 35 years
- 36 years or longer

Q11.2 Where do you live?

- | | |
|---|--|
| <input type="checkbox"/> Barrington | <input type="checkbox"/> North Barrington |
| <input type="checkbox"/> Barrington Hills | <input type="checkbox"/> Port Barrington |
| <input type="checkbox"/> Carpentersville | <input type="checkbox"/> South Barrington |
| <input type="checkbox"/> Deer Park | <input type="checkbox"/> Tower Lakes |
| <input type="checkbox"/> Inverness | <input type="checkbox"/> Unincorporated COOK County |
| <input type="checkbox"/> Fox River Grove | <input type="checkbox"/> Unincorporated LAKE County |
| <input type="checkbox"/> Hoffman Estates | <input type="checkbox"/> Unincorporated MCHENRY County |
| <input type="checkbox"/> Lake Barrington | <input type="checkbox"/> Somewhere else |

**Q11.3 Which racial and/or ethnic categories best describe you and your household?
(Select ALL that apply)**

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Multi-Racial | |

Q11.4 How old are you?

- 18 – 29 years
- 30 – 44 years
- 45 – 64 years
- 65 – 74 years
- 75 or older



Q11.5 What is your gender?

- Female
- Male

Q11.6 Is your gender identity the same as your sex assigned at birth?

- Yes
- No

Q11.7 Which of the following describes your gender identity?

- Female
- Male
- Trans-Female
- Trans-Male
- Something else
- A gender not listed here. Please specify: _____

Q11.8 Please select as many of the following options as needed to reflect the sexual orientations of people in your household: (Select ALL that apply)

- Straight
- Gay
- Lesbian
- Bisexual
- Queer
- Questioning/Unsure
- Asexual
- A sexual orientation not listed here. Please specify: _____

Section XII: Healthy Community Recommendations

Q12.1 What would you recommend to make the Barrington region a healthier place to live?

Thank you!



For a copy of the final report, please contact the Community Health Department,
Advocate Good Shepherd Hospital at (847) 842-4088.

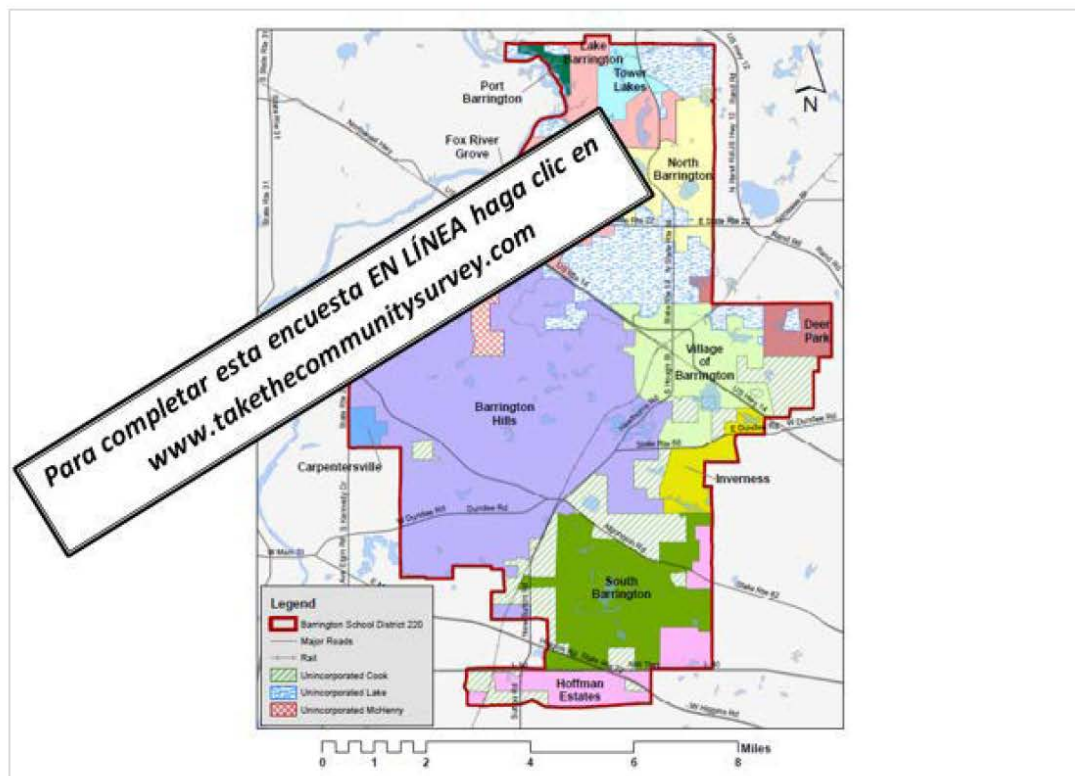


Encuesta 2017 sobre la comunidad más saludable

Coalición Barrington más saludable

Esta encuesta ayuda a las organizaciones de la región de Barrington a comprender cómo vive nuestra comunidad, qué es lo que más valoramos y dónde podemos mejorar. Se lleva a cabo cada tres años desde 1996. Las preguntas abarcan una amplia gama de temas, incluyendo la salud general, las condiciones económicas, la conservación del agua, las necesidades de servicios sociales, los cambios culturales y más.

Por favor, responda las preguntas de la mejor manera posible. **No hay respuestas correctas o incorrectas.** Su participación es voluntaria y todas las respuestas son completamente anónimas. Para obtener una copia del informe final, comuníquese con el Departamento de Salud de la Comunidad, el Advocate Good Shepherd al (847) 842-4088.



Miembros de la Coalición Barrington más Saludable

Advocate Good Shepherd Hospital	Barrington Area United Way	Family Service of the Barrington Area
Barrington Area Chamber of Commerce	Barrington Career Center	H.E.R.E. in Barrington
Barrington Area Council of Governments	Barrington CUSD 220	JourneyCare
Barrington Area Council on Aging	Barrington Park District	Leave No Child Inside
Barrington Area Development Council	Barrington Township	NAMI
Barrington LEADS	Barrington Youth and Family Services	Samaritan Counseling Center
Barrington Area Library	Character Counts in the Barrington Area	Smart Farm of Barrington
Barrington Area Safety Council	Citizens for Conservation	Village of Barrington
	Cuba Township	

Sección I: Cuéntenos lo que le gusta de la Región Barrington

Q1.1 ¿Por qué elige vivir en la región Barrington? (Seleccione todas las que correspondan)

- | | |
|--|---|
| <input type="checkbox"/> Abundantes recursos naturales | <input type="checkbox"/> Nunca pensó en vivir en otro lugar |
| <input type="checkbox"/> Familia | <input type="checkbox"/> La proximidad a Chicago |
| <input type="checkbox"/> Me gustan las escuelas | <input type="checkbox"/> Me gustan los Vecindarios |
| <input type="checkbox"/> Trabajo | <input type="checkbox"/> Otro _____ |

Q1.2 Refiriéndose a la lista en la pregunta anterior, si pudiera elegir UNA cosa que le gusta más, ¿CUÁL sería y POR QUÉ?

Sección II: Compras

Q2.1 ¿Cuántas de sus compras hace en línea (excluyendo las compras de comestibles)?

- Ninguna en absoluto
- Algunas
- La mayoría, pero no todas
- Todas

Q2.2 Si hay algo que le hace más difícil comprar o comer fuera en Barrington, ¿qué es? (Seleccione todas las que correspondan)

	Compras (aparte de los <u>comestibles</u>)	Comer <u>fuera</u>
Distancia de Barrington	<input type="checkbox"/>	<input type="checkbox"/>
Tráfico de trenes de carga	<input type="checkbox"/>	<input type="checkbox"/>
La falta de accesibilidad	<input type="checkbox"/>	<input type="checkbox"/>
La falta de selección.....	<input type="checkbox"/>	<input type="checkbox"/>
La falta de aceras.....	<input type="checkbox"/>	<input type="checkbox"/>
Estacionamiento.....	<input type="checkbox"/>	<input type="checkbox"/>
Precios.....	<input type="checkbox"/>	<input type="checkbox"/>
Horario de las tiendas.....	<input type="checkbox"/>	<input type="checkbox"/>
El tráfico (carros)	<input type="checkbox"/>	<input type="checkbox"/>
No se puede completar la mayoría de compras en un solo lugar.....	<input type="checkbox"/>	<input type="checkbox"/>
Nada me impide hacer compras en Barrington	<input type="checkbox"/>	<input type="checkbox"/>

Q2.3 Hay algunas tiendas, productos, servicios o restaurants que no están actualmente en la zona y le gustaría que estuvieran?

Q2.4 ¿Dónde busca información local? (Seleccione todas las que correspondan)

- | | |
|---|--|
| <input type="checkbox"/> Blogs | <input type="checkbox"/> Prensa |
| <input type="checkbox"/> Correo directo / Boletines | <input type="checkbox"/> Medios de comunicación social |
| <input type="checkbox"/> E-boletines de noticias | <input type="checkbox"/> Televisión |
| <input type="checkbox"/> Folletos o volantes publicados | <input type="checkbox"/> Sitios Web |
| <input type="checkbox"/> Revistas locales | <input type="checkbox"/> Otro |
| <input type="checkbox"/> Radio | |

Sección III: Cultura, servicios de apoyo y Entretenimiento

Q3.1 "La región Barrington tiene una calidad alta y adecuada ..."

	Totalmente de <u>acuerdo</u>	De <u>acuerdo</u>	<u>Discrepo</u>	Muy en des <u>acuerdo</u>	No <u>sabe</u>
Actividades culturales, artes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bibliotecas.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios del gobierno local (policía, bomberos, obras públicas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distritos de parques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transporte público.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escuelas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3.2 "La región Barrington necesita más ..."

	Totalmente de <u>acuerdo</u>	De <u>acuerdo</u>	<u>Discrepo</u>	Muy en des <u>acuerdo</u>	No <u>sabe</u>
Vivienda asequible.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios Legales asequibles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actividades al aire libre.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vivienda de alquiler.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residencias que sean accesibles para las personas mayores y / o personas con problemas de movilidad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3.3 ¿Qué tan problemático cree usted que cada uno de los elementos a continuación son en nuestra región hoy en día?

	<u>Mayor</u> <u>Problema</u>	<u>Menor</u> <u>Problema</u>	<u>No es un</u> <u>problema</u> <u>en</u> <u>absoluto</u>	<u>No estoy</u> <u>seguro</u>
Preocupaciones relativas al envejecimiento.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuso infantil.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delincuencia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La discriminación contra las personas que se identifican como gays, lesbianas, bisexuales o transgénero.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El desarrollo de más empleo local.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La violencia doméstica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maltrato a personas mayores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las pandillas, la delincuencia y la violencia juvenil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La intolerancia a diferentes puntos de vista	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reentrenamiento para el trabajo después de la pérdida del empleo.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trabajo y capacitación para personas con discapacidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equidad de impuestos a la propiedad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La discriminación racial y étnica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preservación y restauración de viviendas históricas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preservación y restauración del espacio abierto.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El abuso de sustancias (adultos, incluyendo alcohol).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El abuso de sustancias (jóvenes, incluyendo el alcohol) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La prevención del suicidio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control de tráfico.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opciones de transporte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3.4 ¿Los servicios de apoyo, actividades y programas educativos son adecuados en la región Barrington? (Seleccione todas las que correspondan)

	Necesitar más servicios de apoyo	Necesitan más actividades	Necesitará más programas educativos	No Necesariamente
Los adultos con necesidades especiales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Niños con necesidades especiales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Padres y Familias.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De la tercera edad (65 años en adelante)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Los adolescentes (11 a 18 años)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Los niños de corta edad (10 años de edad o menos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sección IV: Trabajo y Jubilación

Q4.1 ¿Hay alguien en su hogar que tiene dificultades para encontrar empleo a tiempo completo?

- Sí
 No

[SI NO, VAYA A Q4.4]

Q4.2 ¿Cuántas personas en su hogar están teniendo dificultades para encontrar empleo a tiempo completo?

- 1
 2 o más

Q4.3 Por favor proporcionar el rango de edad y sexo para un máximo de dos de las personas que tienen dificultades para encontrar empleo a tiempo completo, en referencia a la pregunta anterior.

El buscador de trabajo 1

- Femenino
 Masculino

Rango de edad

- 16 a 18 años
 19 a 24 años
 25 a 34 años
 35 a 44 años
 45 a 54 años
 55 a 64 años
 65 años en adelante

El buscador de trabajo 2

- Femenino
 Masculino

Rango de edad

- 16 a 18 años
 19 a 24 años
 25 a 34 años
 35 a 44 años
 45 a 54 años
 55 a 64 años
 65 años en adelante

Q4.4 ¿Alguien en su hogar ha sido despedido o perdido el trabajo en el último año?

- Sí
 No

[SI NO, VAYA A Q4.7]

Q4.5 ¿Cuántas personas en su hogar fueron despedidos o perdieron el trabajo en el último año?

- 1
 2 o más

Q4.6 Por favor proporcionar el sexo y el rango de edad para un máximo de dos de las personas que perdieron el trabajo, en referencia a la pregunta anterior.

Trabajador 1

- Femenino
 Masculino

Rango de edad

- 16 a 18 años
 19 a 24 años
 25 a 34 años
 35 a 44 años
 45 a 54 años
 55 a 64 años
 65 años en adelante

Trabajador 2

- Femenino
 Masculino

Rango de edad

- 16 a 18 años
 19 a 24 años
 25 a 34 años
 35 a 44 años
 45 a 54 años
 55 a 64 años
 65 años en adelante

Q4.7 Si es el caso, indique el sexo y el lugar principal de trabajo de hasta dos adultos que trabajan en su hogar.

Trabajador 1

- Femenino
 Masculino

ubicación de trabajo

- En Casa
 Barrington Area
 City of Chicago
 Cook County (Outside Chicago)
 DuPage County
 Kane County
 Lake County
 McHenry County
 Multiple Locations/Travel
 En algún otro lugar

Trabajador 2

- Femenino
 Masculino

ubicación de trabajo

- En Casa
 Barrington Area
 City of Chicago
 Cook County (Outside Chicago)
 DuPage County
 Kane County
 Lake County
 McHenry County
 Multiple Locations/Travel
 En algún otro lugar

Q4.8 ¿Aproximadamente a qué edad espera jubilarse?

- | | |
|---|--|
| <input type="checkbox"/> menos de 50 años | <input type="checkbox"/> 70 - 74 años |
| <input type="checkbox"/> 50 - 54 años | <input type="checkbox"/> 75 años o más |
| <input type="checkbox"/> 55 - 59 años | <input type="checkbox"/> ya jubilado |
| <input type="checkbox"/> 60 - 64 años | <input type="checkbox"/> no estoy seguro |
| <input type="checkbox"/> 65 - 69 años | <input type="checkbox"/> No trabajo |

Q4.9 ¿Cuál es su situación de vivienda esperada en la jubilación (o actual)?

- | | |
|---|---|
| <input type="checkbox"/> Reducir a un tamaño más pequeño de casa o apartamento en la región de Barrington | <input type="checkbox"/> Salir de la zona |
| <input type="checkbox"/> Vivir parte del año en el área y parte del año en otro lugar | <input type="checkbox"/> Permanecer en mi casa actual |
| <input type="checkbox"/> Trasládarme a otro lugar en el área metropolitana de Chicago | <input type="checkbox"/> Otro |
| <input type="checkbox"/> Mudarme con la familia que vive en la región Barrington | <input type="checkbox"/> No estoy seguro |

Q4.1 ¿Cuál de las siguientes afirmaciones describe mejor sus actividades de jubilación esperadas o actuales? (Seleccione todas las que correspondan)

- | | |
|--|--|
| <input type="checkbox"/> Actuar como cuidador principal de los nietos | <input type="checkbox"/> Viajar |
| <input type="checkbox"/> Actuar como cuidador principal de mi cónyuge, padre, otro adulto o un niño con necesidades especiales | <input type="checkbox"/> Voluntario |
| <input type="checkbox"/> Ocio | <input type="checkbox"/> Trabajar como consultor |
| <input type="checkbox"/> Iniciar un negocio | <input type="checkbox"/> Trabajar a medio tiempo |
| <input type="checkbox"/> Tomar cursos | <input type="checkbox"/> Otro |

Sección V: Finanzas familiares**Q5.1 En el último año, su hogar ha tenido dificultades para pagar los gastos de vivienda?**

- Sí
- No
- Tal vez, no estoy seguro

Q5.2 En el último año, su hogar ha tenido dificultades para pagar las cuentas que no son de vivienda?

- Sí
- No
- Tal vez, no estoy seguro

Q5.3 Ha tomado su hogar cualquiera de las siguientes medidas durante el último año? (Seleccione todas las que correspondan)

	Sí, debido a <u>COSTO</u>	Sí, debido a falta de <u>DISPONIBILIDAD</u>	<u>No</u>
Retraso en los servicios de salud mental o de comportamiento	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retraso en comprar o tomar medicamentos de venta con receta.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retraso en la atención dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retraso en otros servicios de salud.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No hemos tomado ninguna de estas medidas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5.4 ¿Dónde es más probable que busque ayuda si alguien en su casa necesita información de apoyo en relación con los servicios de apoyo y la programación? (Seleccione sólo una)

- | | |
|--|--|
| <input type="checkbox"/> Iglesia, el clero | <input type="checkbox"/> On-line 2-1-1 |
| <input type="checkbox"/> Amigo o familiar | <input type="checkbox"/> Directorio de teléfonos, directorio |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Médico |
| <input type="checkbox"/> Biblioteca | <input type="checkbox"/> Trabajador social, consejero |
| <input type="checkbox"/> Agencia local | <input type="checkbox"/> Otro |

Sección VI: Nuestra juventud

Q6.1 ¿Hay alguien en su hogar menor de 18 años de edad?

- Sí
 No

[SI NO, VAYA A Q6.3]

Q6.2 ¿Alguno de los siguientes temas son un problema para las personas menores de 18 años en su hogar? (Seleccione todas las que correspondan)

- | | |
|--|---|
| <input type="checkbox"/> Agresividad o comportamiento violento | <input type="checkbox"/> Dificultades de aprendizaje |
| <input type="checkbox"/> Uso de alcohol | <input type="checkbox"/> Presión negativa de compañeros |
| <input type="checkbox"/> Ansiedad, nerviosismo | <input type="checkbox"/> Obesidad |
| <input type="checkbox"/> Desorden de déficit de atención (ADD) o hiperactividad (ADHD) | <input type="checkbox"/> Exceso de actividades programadas |
| <input type="checkbox"/> Autismo o espectro de autismo | <input type="checkbox"/> La presión para ser delgada |
| <input type="checkbox"/> Bullying o acoso | <input type="checkbox"/> Problemas graves relacionados con la escuela |
| <input type="checkbox"/> Depresión | <input type="checkbox"/> La privación del sueño |
| <input type="checkbox"/> Abuso de drogas | <input type="checkbox"/> Ira descontrolada / rabietas |
| <input type="checkbox"/> Desórdenes de alimentación | <input type="checkbox"/> Ninguno de los jóvenes en mi hogar tiene ninguna de estas cuestiones |
| <input type="checkbox"/> El exceso de presión para tener éxito | |

Q6.3 ¿Con qué frecuencia usted piensa que hay fiestas sin supervisión en la que los jóvenes tienen acceso al alcohol o drogas en su comunidad?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Nunca | <input type="checkbox"/> A menudo |
| <input type="checkbox"/> Raramente | <input type="checkbox"/> Todo el tiempo |
| <input type="checkbox"/> A veces | <input type="checkbox"/> No estoy seguro |

Q6.4 ¿Cree que los padres deben hacerse responsables por el consumo de alcohol por menores de edad que se produjo en su propiedad si sabían al respecto?

- Sí
 No
 No estoy seguro

Sección VII: Cuidado de la Salud

Q7.1 Hasta donde usted sabe, ¿cuántas personas en su hogar NO están cubiertos por un seguro médico?

- Ninguno (Todos en mi hogar tienen seguro médico)
 1
 2 o más

[SI NINGUNO, VAYA A Q7.4]

Q7.2 Por favor proporcionar el sexo y el rango de edad para un máximo de dos de las personas que no tienen seguro, refiriéndose a la pregunta anterior.

1 sin seguro

- Femenino
 Masculino

Rango de edad

- 16 a 18 años
 19 a 24 años
 25 a 34 años
 35 a 44 años
 45 a 54 años
 55 a 64 años
 65 años en adelante

2 sin seguro

- Femenino
 Masculino

Rango de edad

- 16 a 18 años
 19 a 24 años
 25 a 34 años
 35 a 44 años
 45 a 54 años
 55 a 64 años
 65 años en adelante

Q7.3 ¿Por qué algunas personas no aseguradas en su hogar? (Seleccione todas las que correspondan)

- Deducibles demasiado altos
- Las primas demasiado altas
- No se enferman a menudo / no necesita un seguro
- Necesita ayuda para conseguir un seguro
- No estoy seguro de por qué no están cubiertos

Q7.4 ¿Ha considerado las opciones del final de la vida (por ejemplo, cuidados paliativos, orden de no resucitar (DNR), etc.)?

- Sí
- No

Q7.5 ¿Tiene un documento que indique sus deseos para las decisiones de atención médica en el caso de que no sea capaz de tomarlas por sí mismo (por ejemplo, testamento médico, poder legal para atención de salud, directivas anticipadas, DNR)?

- Sí
- No

Q7.6 Con quién ha compartido sus deseos con respecto a las decisiones de atención de la salud y / u opciones de fin de vida? (Seleccione todas las que correspondan)

- Abogado
- Clero
- Amigos cercanos
- Médico (s)
- Miembros de la familia
- Alguien más
- No he hablado con nadie sobre esto

Sección VIII: Apoyo para los cuidadores**Q8.1 ¿Es usted cuidador para un cónyuge, padres, otro adulto o un niño con necesidades especiales, independientemente de si viven o no con usted?**

- Sí
- No

[SI NO, VAYA A Q8.5]

Q8.2 ¿Dónde vive la persona que usted cuida?

- En mi casa
- En su / su propia
- En una instalación estructurada (por ejemplo, hogar de ancianos, hogar de grupo, vida asistida, etc.)
- En algún otro lugar

Q8.3 ¿Por qué esta persona se beneficia con tener un cuidador? (Seleccione todas las que correspondan)

- | | |
|---|---|
| <input type="checkbox"/> Discapacidad cognitiva | <input type="checkbox"/> Necesidades especiales |
| <input type="checkbox"/> La salud mental / conductual | <input type="checkbox"/> Discapacidad física |
| <input type="checkbox"/> Adulto mayor | <input type="checkbox"/> Otro |

Q8.4 ¿Qué tipos de cuidado de relevo serían beneficios para su hogar? (Seleccione todas las que correspondan)

- | | |
|---|---|
| <input type="checkbox"/> Compañía | <input type="checkbox"/> Programa nocturno para la persona que cuidamos |
| <input type="checkbox"/> Programa de día para la persona que cuidamos | <input type="checkbox"/> Otra ayuda |
| <input type="checkbox"/> Ayuda con las tareas del hogar | <input type="checkbox"/> Nuestro hogar no necesita ninguna ayuda de cuidado de relevo |

Q8.5 Por favor, indique si usted o un miembro cercano de su familia, de 65 años o más, que viven en la region de Barrington podrían beneficiarse con alguno de los siguientes servicios. (Seleccione todas las que correspondan)

- | | |
|---|--|
| <input type="checkbox"/> Asistencia para enfrentar Alzheimer's, demencia o discapacidad cognitive. | <input type="checkbox"/> Cuidados de enfermería en casa |
| <input type="checkbox"/> Asistencia con programas de beneficios (por ejemplo, Medicare, Medicaid, etc.) | |
| <input type="checkbox"/> Asistencia en la gestión de múltiples condiciones médicas | <input type="checkbox"/> Hospicio |
| <input type="checkbox"/> Asistencia en la administración de medicamentos | <input type="checkbox"/> Educación para la prevención en relación con el riesgo de caídas |
| <input type="checkbox"/> La consulta con el médico que se especializa en la atención geriátrica | <input type="checkbox"/> Nadie en mi hogar ni en mi familia cercana necesita estos servicios |

Sección IX: Comportamiento y Salud Mental

Q9.1 Seleccione de la siguiente lista, situaciones que haya experimentado usted o alguien en su hogar en el último año, hasta donde usted sabe. (Select ALL that apply)

- Abuso emocional (intimidado, coaccionado, aislados, amenazados o degradados)
- Abuso económico (su dinero o sus bienes utilizados sin su permiso)
- Abusos físicos (golpeado, abofeteado, pateado o lastimado físicamente)
- Abusado sexualmente (forzada a tener relaciones sexuales)
- Nadie en mi familia ha tenido ninguna de estas experiencias en el último año.

Q9.2 Hasta donde usted sabe, en el último año, ¿usted o un miembro de la familia pensó en buscar ayuda profesional para problemas emocionales o de comportamiento (salud mental)?

- Sí
- No
- No es seguro

[SI NO, VAYA A Q9.5]

Q9.3 ¿Alguien en su hogar buscó ayuda profesional?

- Sí
- No
- No estoy seguro

[SI Sí, VAYA A Q9.5]

Q9.4 ¿Por qué la persona no buscó ayuda profesional? (Seleccione todas las que correspondan)

- horarios disponibles no son convenientes
- No se pudo obtener una cita pronto
- No se pudo encontrar ayuda
- No sabía a dónde ir
- Las preocupaciones financieras, costo de la atención
- La falta de seguro
- No se pudo llegar debido a las limitadas opciones de transporte
- El estigma de obtener ayuda con problemas de salud mental
- Otras razones _____
- No sé por qué no buscaron ayuda profesional

Q9.5 Hasta donde usted sabe, ¿usted o algún miembro de su hogar ha considerado seriamente o hecho planes para suicidarse durante el año pasado?

- Sí (1)
- No (2)
- Tal vez (3)

[SI NO, VAYA A Q10.1]

Q9.6 ¿Qué edad tiene esta persona?

- Menos de 18 años
- 18 - 29 años
- 30 - 44 años
- 45 - 64 años
- 65 años o más

Sección X: El agua y su efecto en el ambiente

Q10.1 Hasta donde usted sabe, ¿de dónde viene el agua?

- Lago Michigan
- Depósitos de agua subterránea profunda (acuíferos profundos)
- Depósitos de agua subterránea cerca de la superficie (acuíferos poco profundos)
- No estoy seguro

- Q10.2 "La cantidad de agua que utilizo en mi hogar y cómo aplico y desecho los productos químicos, las sales y los residuos en mi propiedad ..." (seleccionar la mejor opción para completar la frase)**
- pueden afectar mi salud o el suministro de agua, así como el suministro de agua de mi barrio y el área inmediata
 - sólo pueden afectar mi salud o el suministro de agua
 - no afectan el agua subterránea debajo de mi propiedad
 - no estoy seguro
- Q10.3 ¿Está preocupado por si la zona Barrington tendrá suficiente agua limpia para abastecer las necesidades de sus residentes en el futuro?**
- Sí
 - No
 - no estoy seguro
- Q10.4 Los espacios abiertos naturales, además de su valor recreativo, sirven para la reposición de las aguas subterráneas. Los gobiernos locales pueden hacer cosas para proteger áreas abiertas (por ejemplo, limitando el número de estructuras en un terreno o la cantidad de pavimento permitido). Cree usted que nuestro gobierno local debe hacer cosas como esta?**
- Sí
 - No
 - no estoy seguro
- Q10.5 ¿Cuál de las siguientes cosas, en su caso, ha hecho su hogar? (Seleccione todas las que correspondan)**
- accesorios de agua de bajo flujo instalados
 - Instalado un jardín de lluvia que lleva el agua hacia el suelo
 - Limitado mi uso del agua durante las sequías
 - Se ha reducido el uso de pesticidas o herbicidas químicos en mi jardín o césped
 - Se ha reducido el uso de la sal en mis aceras o calzada
 - áreas de césped reemplazado con plantas autóctonas para reducir las necesidades de riego
 - Llevado medicamentos no utilizados a un centro de eliminación en vez de ponerlos en la basura o tirarlos
 - Mi hogar NO ha tomado ninguna de estas medidas
- Q10.6 Si usted tiene en un pozo privado (no usa agua suministrada por el municipio o subdivisión), ¿con qué frecuencia hace pruebas para las bacterias?**
- Una vez al año
 - Cada 2-5 años
 - Sólo cuando mi agua se ve o huele diferente
 - Sólo cuando el pozo fue excavado originalmente o cuando se movía en
 - Nunca
 - No estoy en un pozo privado

Sección XI Por favor, cuéntenos un poco sobre usted y su casa**Q11.1 ¿Cuánto tiempo ha vivido en la región Barrington?**

- 5 o menos años
- 6 - 10 años
- 11 - 20 años
- 21 - 35 años
- 36 años o más

Q11.2 ¿Dónde vive?

- | | |
|---|--|
| <input type="checkbox"/> Barrington | <input type="checkbox"/> North Barrington |
| <input type="checkbox"/> Barrington Hills | <input type="checkbox"/> Port Barrington |
| <input type="checkbox"/> Carpentersville | <input type="checkbox"/> South Barrington |
| <input type="checkbox"/> Deer Park | <input type="checkbox"/> Tower Lakes |
| <input type="checkbox"/> Inverness | <input type="checkbox"/> No incorporada del Condado de Cook |
| <input type="checkbox"/> Fox River Grove | <input type="checkbox"/> No incorporada del Condado de Lake |
| <input type="checkbox"/> Hoffman Estates | <input type="checkbox"/> No incorporada del Condado de McHenry |
| <input type="checkbox"/> Lake Barrington | <input type="checkbox"/> En algún otro lugar |

Q11.3 ¿Qué categoría étnica/racial mejor describe a usted y a los de su hogar? (Seleccione todas las que correspondan)

- | | |
|--|---|
| <input type="checkbox"/> Indios americanos / nativos de Alaska | <input type="checkbox"/> Nativo de Hawaii o de las islas del Pacífico |
| <input type="checkbox"/> Asiático | <input type="checkbox"/> Blanco |
| <input type="checkbox"/> Americano negro o africano | <input type="checkbox"/> Otro |
| <input type="checkbox"/> Latinos o hispanos | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> Multirracial | |

Q11.4 ¿Cuántos años tiene?

- 18 – 29 años
- 30 – 44 años
- 45 – 64 años
- 65 – 74 años
- 75 años o más

Q11.5 ¿Cuál es su género?

- Mujer
- Hombre

Q11.6 ¿Su identidad de género es la misma que el sexo que le asignaron al nacer?

- Sí
- No

Q11.7 ¿Cuál de las siguientes clasificaciones describe su identidad de género?

- Mujer
- Hombre
- Mujer trans
- Hombre trans
- Algo distinto
- Un género que aquí no se menciona

Por favor especifique: _____

Q11.8 Por favor seleccione tantas opciones como sea necesario para reflejar las orientaciones sexuales de las personas que viven en su hogar: (Elija TODO lo que corresponda)

- Heterosexual
- Homosexual
- Lesbiana
- Bisexual
- Amanerado
- Confundido/inseguro
- Asexual

Una orientación sexual que aquí no se menciona. Por favor especifique _____

Sección XII: : Recomendaciones para una comunidad saludable

Q12.1 ¿Qué le recomendaría para hacer de la región Barrington un lugar más sano para vivir?

¡Gracias!



Para obtener una copia del informe final, comuníquese con el Departamento de Salud Comunitaria en el Hospital Advocate Good Shepherd al (847) 842-4088.

Appendix V: Focus Group Guides

Focus Group Guide Healthier Barrington Study

As part of the Healthier Barrington Study we are conducting discussions with groups such as yours to understand the needs around mental health and substance abuse for both adults and youth in this area. We are conducting 3 focus groups, 2 with parent/caregivers and 1 with providers of care in the area. We would like to learn more about the needs related to mental health and substance abuse in the community, to identify barriers to receiving mental health and substance abuse services and to identify services most needed in your community.

Let's first discuss issues around mental health for adults and youth in your community:

1. What do you see as the major mental health issues affecting adults in your community?
2. What do you see as the major mental health issues affecting youth in your community?
3. If you or someone you knew needed mental health services where would they go/call? Do you know anyone who needed help and did not receive it? What were the barriers?
 - a. For adults
 - b. For youth

(Note to facilitator. Probe for factors contributing to the issues, access to care, cost of care, currently available resources (web/internet etc.) and availability of care).

4. What services / resources are most needed to address the mental health needs in your community?
 - a. For adults
 - b. For youth

Now let's discuss issues around substance abuse experienced by adults and youth in your community.

5. What do you see as the major issues related to substance abuse affecting adults in your community?

(Note to facilitator. Probe for increase in opioid use, overuse of prescription medication, co-occurring diagnoses; alcohol and drug use)

6. What do you see as the major issues related to substance abuse affecting youth in your community?

Note to facilitator. Probe for increase in opioid use, overuse of prescription medication, co-occurring diagnoses; alcohol and drug use

7. If you or someone you knew needed help for substance abuse issues where would they go/call? Do you know anyone who needed help and did not receive it? What were the barriers?
 - a. For adults
 - b. For youth

(Note to facilitator. Probe for factors contributing to the issues, access to care, cost of care, currently available resources (web/internet, PCP, schools, churches etc.) and availability of care).

8. What services / resources are most needed to address substance abuse in your community for adults and youth?
9. Is there anything else you would like to tell us? If you would rather put your comments anonymously on a piece of paper, please use the paper in front of you and put your response in the envelope.

Guía del grupo de enfoque

Estudio para un Barrington más sano

Como parte del Estudio para un Barrington más sano estamos llevando a cabo conversaciones con grupos como el suyo, con el fin de comprender las necesidades de salud mental y abuso de sustancias que tienen los jóvenes y los adultos de esta área. Estamos organizando tres grupos de enfoque: dos para padres y cuidadores y uno para proveedores de atención del área. Deseamos conocer mejor las necesidades relacionadas con la salud mental y el abuso de sustancias en la comunidad, con el fin de identificar las barreras que existen para recibir los servicios de salud mental y de abuso de sustancias, así como identificar los servicios que más se necesitan en la comunidad.

Comencemos por conversar sobre los problemas de salud mental en adultos y jóvenes de su comunidad.

1. ¿Cuál le parece que es el mayor problema de salud mental que afecta a los adultos de su comunidad?
2. ¿Cuál le parece que es el mayor problema de salud mental que afecta a los jóvenes de su comunidad?
3. Si usted o alguien que usted conoce necesita servicios de salud mental, ¿a dónde acudiría o a quién llamaría? ¿Sabe de alguien que necesitó ayuda y no la recibió? ¿Cuáles fueron las barreras que encontró?
 - a. Para adultos
 - b. Para jóvenes

(Nota para el que conduce la sesión. Profundice en los factores que contribuyeron al problema, como el acceso a la atención, el costo de la atención, los recursos disponibles actualmente [web/internet, etc.] y la disponibilidad de la atención).

4. ¿Cuáles son los recursos o servicios más necesarios para atender las necesidades de salud mental de su comunidad?
 - a. Para adultos
 - b. Para jóvenes

Ahora hablemos de los problemas de abuso de sustancias que experimentan los adultos y jóvenes de su comunidad.

5. ¿Cuál le parece que es el mayor problema relacionado con el abuso de sustancias que afecta a los adultos de su comunidad?

(Nota para el que conduce la sesión. Profundice en el aumento del uso de opioides, uso excesivo de medicamentos con receta, diagnósticos concurrentes y uso de alcohol y drogas)

6. ¿Cuál le parece que es el mayor problema relacionado con el abuso de sustancias que afecta a los jóvenes de su comunidad?

Nota para el que conduce la sesión. Profundice en el aumento del uso de opioides, uso excesivo de medicamentos con receta, diagnósticos concurrentes y uso de alcohol y drogas.

7. Si alguien que usted conoce necesita servicios por abuso de sustancias, ¿a dónde acudiría o a quién llamaría? ¿Sabe de alguien que necesitó ayuda y no la recibió? ¿Cuáles fueron las barreras que encontró?
 - a. Para adultos
 - b. Para jóvenes

(Nota para el que conduce la sesión. Profundice en los factores que contribuyeron al problema, como el acceso a la atención, el costo de la atención, los recursos disponibles actualmente [web/internet, médico de cabecera, escuelas, iglesias, etc.] y la disponibilidad de la atención).

8. ¿Cuáles son los servicios y recursos más necesarios para atender el problema de abuso de sustancias en su comunidad en adultos y jóvenes?
9. ¿Hay algo más que quisiera decirnos? Si prefiere escribir sus comentarios en forma anónima, por favor use el papel y el sobre que se le han proporcionado.

Appendix VI: Focus Group Consent Forms

Leave box empty - For office use only

**University of Illinois College of Medicine at Rockford
Research Information and Consent for Participation in Social Behavioral Research
2017 Healthier Barrington Coalition Community Study
Focus Group Consent**

You are being asked to take part in a research study. Researchers have to provide a consent form like this to tell you about the research, to explain that taking part is up to you, to describe the risks and benefits of taking part, and to help you make an informed decision. You should feel free to ask questions.

Principal Investigator Name and Title: Manorama Khare, PhD, Research Assistant Professor
Department and Institution: UIC College of Medicine Rockford
Address and Contact Information: 1601 Parkview Avenue, Rockford, IL 61107-1897,
mkhare1@uic.edu, 815-395-5762

Why am I being asked?

You are being asked to take part in a research study about the health of people living in Barrington Township. As a complement to the 2017 Healthier Community Survey, the Healthier Barrington Coalition seeks to conduct three focus groups to discuss mental health and substance abuse issues in your community.

The purpose of the focus groups is (i) to understand behavioral health (mental health and substance abuse) needs; (ii) to identify barriers to receiving mental health and substance abuse services and (iii) to identify services most needed for adults and youth in the community.

The goal of the study is to understand how mental health and substance abuse issues affect the people living here and to develop programs to improve their health. This will be done by talking with community leaders and by talking with community members like you.

Your participation in this research is up to you. Whether or not you take part in the study will not affect your relationship with the Barrington Township or the University of Illinois College of Medicine Rockford. If you decide to take part in the study, you can choose to stop at any time.

We will be talking with 3 groups of people (a maximum total of 45 men and women) in the Barrington Township.

What is the purpose of this research?

The goal of the study are to understand how mental health and substance abuse issues affect the people living here and to develop programs to improve their health.

What procedures are involved?

If you agree to take part, we will ask you to take part in an audio-recorded group discussion that will last approximately 60-90 minutes. We will conduct 3 such discussions that will include up to 45 men and women from the Barrington Township.

What are the potential risks and discomforts?

There may be some questions that you do not feel comfortable answering. If this is the case, you do not have to answer. If you answer and decide that you do not want the information to be included, that information will be removed from our records. All answers are private and anything you say will be reported without identifying you. A risk of this research is a loss of privacy (revealing to others that you are taking part in this study) or confidentiality (revealing information about you to others to whom you have not given permission to see this information); however, the researchers will protect your privacy and confidentiality and we ask that everyone in the room today do the same.

Are there benefits to taking part in the research?

Taking part in this research study may not benefit you personally, but we will learn more about the mental health of people living in your community. The information will be used to develop new programs to address these health issues.

What other options are there?

You have the option of choosing not to participate in this research at any time.

What about privacy and confidentiality?

The people who will know that you are participating are members of the research team. You will be asked to use only first names and others in the group will be advised to keep your participation confidential. Otherwise information about you will only be shared after asking for your written permission, or if necessary to protect your rights or well-being, or if required by law.

All the information will be reported as a group. The information cannot be linked to any individual person. When the results of the study are published or discussed, no information will be included that would reveal you participated in the study.

Only research staff from the University of Illinois College of Medicine Rockford will have access to the information you provide during the focus group. All files will be stored in a password protected computer in a locked office and will be erased when the project is over. Consent forms will be kept with no information that would identify who participated in a locked filing cabinet in a locked office at the University of Illinois College of Medicine Rockford.

What are the costs for participating in this research?

There are no costs to you for participating in this research, only your time.

Can I withdraw or be removed from the study?

If you decide not to take part in the discussion, you can stop at any time. You may refuse to answer any question or leave the discussion at any time.

Who should I contact if I have questions?

Contact the researcher in charge of this research: Dr. Manorama Khare, UIC College of Medicine Rockford, mkhare1@uic.edu, 815-395-5762.

What are my rights as a research subject?

If you feel you have not been treated in the way explained in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer suggestions, you may call the University of Illinois College of Medicine Rockford Institutional Review Board at 815-395-5942 or e-mail Patrick McIntyre at pmcintyr@uic.edu.

Remember:

Your participation in this study is up to you. Your decision will not affect your current or future relations with the Barrington Township or the University. If you decide to take part in the study, you are free to stop at any time.

Signature of Participant

I have read (or someone has read to me) the above information. I have been given the chance to ask questions. My questions have been answered. I agree to take part in this research. I will be given a copy of this signed and dated form.

Signature

Date

Printed Name

Signature of Person Obtaining Consent

Date (must be same as participant's)

Printed Name of Person Obtaining Consent

Leave box empty - For office use only

University of Illinois College of Medicine at Rockford
Información sobre la investigación y consentimiento para la participación en la
investigación de comportamiento social
Estudio Comunitario 2017 de la Coalición para un Barrington más Sano
Consentimiento para participar en el grupo de enfoque

Se le ha pedido que participe en un estudio de investigación. Los investigadores deben proporcionarle un formulario de consentimiento como este para informarle sobre la investigación, explicarle que su participación es voluntaria, describir los riesgos y beneficios de participar, y ayudarle a tomar una decisión informada. Debe sentirse libre de hacer cualquier pregunta.

Nombre y título del investigador principal: Manorama Khare, PhD, Profesor asistente investigador.

Departamento e institución: UIC College of Medicine Rockford

Dirección e información de contacto: 1601 Parkview Avenue, Rockford, IL 61107-1897,
mkhare1@uic.edu, 815-395-5762

¿Por qué me piden que participe?

Se le ha pedido que participe en un estudio de investigación sobre la salud de las personas que viven en la municipalidad de Barrington (Barrington Township). Como complemento de la Encuesta 2017 Healthier Community (Comunidad más Sana), la Coalición para un Barrington más Sano busca organizar tres grupos de enfoque para conversar sobre la salud mental y los problemas de abuso de sustancias en su comunidad.

Los propósitos de los grupos de enfoque son: (i) comprender las necesidades de salud del comportamiento (salud mental y abuso de sustancias) (ii) identificar las barreras que se presentan para recibir los servicios de salud mental y abuso de sustancias y (iii) identificar los servicios más necesarios para los jóvenes y adultos de la comunidad.

La meta del estudio es comprender cómo los problemas de salud mental y el abuso de sustancias afectan a la gente de la comunidad, así como desarrollar programas para mejorar su salud. Realizaremos esto mediante conversaciones con líderes comunitarios y con miembros de la comunidad como usted.

Su participación en esta investigación es voluntaria. Si decide no participar en el estudio su relación con la municipalidad de Barrington o con la University of Illinois College of Medicine Rockford no se verán afectadas. Si decide participar en este estudio, puede suspender su participación en cualquier momento.

Conversaremos con tres grupos de personas (máximo 45 hombres y mujeres) de la municipalidad de Barrington.

¿Cuál es el propósito de esta investigación?

La meta del estudio es comprender cómo los problemas de salud mental y el abuso de sustancias afectan a la gente de la comunidad, así como desarrollar programas para mejorar su salud.

¿Qué procedimientos se llevarán a cabo?

Si acepta participar, le pediremos que forme parte de una conversación grupal que grabaremos y que durará aproximadamente 60 a 90 minutos. Realizaremos tres conversaciones como esa, en la que participarán hasta 45 hombres y mujeres de la municipalidad de Barrington.

¿Cuáles son los posibles riesgos y molestias?

Puede que haya algunas preguntas que le resulten incómodas. Si ese es el caso, no tiene que responderlas. Si responde y decide que no quiere que se incluya esa información, borraremos su respuesta de nuestros registros. Todas las respuestas son privadas y todo lo que usted diga será reportado sin identificarlo. Uno de los riesgos de esta investigación es la pérdida de la privacidad (revelar a otros que usted está participando en este estudio) o de la confidencialidad (revelar información sobre usted a otras personas a quienes no haya autorizado ver esta información). Sin embargo, los investigadores protegerán su privacidad y confidencialidad y pedimos lo mismo a todas las personas presentes.

¿Hay algún beneficio de participar en esta investigación?

Puede que formar parte de esta investigación no le genere ningún beneficio personal, pero nos permitirá conocer más sobre la salud mental de las personas de su comunidad. La información se utilizará para desarrollar nuevos programas para lidiar con esos problemas de salud.

¿Cuáles son mis opciones?

Tiene la opción de decidir no participar en esta investigación en cualquier momento.

¿Cómo se manejarán la privacidad y la confidencialidad?

Las personas que sabrán de su participación son los miembros del equipo de investigación. Le pediremos que utilice solo su nombre de pila (no su apellido) y a las demás personas del grupo les pediremos que mantengan la confidencialidad de su participación. Asimismo, la información sobre usted solo se compartirá después de obtener su autorización escrita, o si es necesaria para proteger sus derechos o su bienestar, o si la ley lo requiere.

Toda la información se reportará de forma grupal. La información no se podrá ligar a ninguna persona en particular. Cuando los resultados del estudio sean publicados o expuestos, no se incluirá información que pudiera revelar su participación en el estudio.

Solo el personal de la University of Illinois College of Medicine Rockford tendrá acceso a la información que usted proporcionó durante el grupo de enfoque. Todos los expedientes se almacenarán en una computadora protegida con una clave que se guardará en una oficina bajo llave, y se borrarán una vez terminado el proyecto. Los formularios de consentimiento se guardarán sin información que pudiera identificar a los participantes dentro de un archivero bajo llave en una oficina cerrada en la University of Illinois College of Medicine Rockford.

¿Cuánto cuesta participar en esta investigación?

No hay ningún costo para participar en esta investigación, sólo requiere su tiempo.

¿Puedo retirarme o cancelar mi participación en el estudio?

Si decide no participar en la conversación, puede suspender su participación en cualquier momento. Puede rehusarse a responder cualquier pregunta o retirarse en cualquier momento.

¿A quién contacto si tengo preguntas?

Comuníquese con el investigador a cargo: Dr. Manorama Khare, UIC College of Medicine Rockford, mkharel@uic.edu, 815-395-5762.

¿Cuáles son mis derechos como sujeto de investigación?

Si siente que no lo han tratado de la manera explicada en este formulario, o si tiene alguna pregunta sobre sus derechos como sujeto de investigación, incluyendo preguntas, preocupaciones, quejas o si tiene sugerencias, puede llamar a la University of Illinois College of Medicine Rockford Institutional Review Board al 815-395-5942 o enviar un correo electrónico a Patrick McIntyre a esta dirección pmcintyr@uic.edu.

Recuerde:

Su participación en este estudio es voluntaria. Su decisión no afectará sus relaciones actuales o futuras con la municipalidad de Barrington o con la Universidad. Si decide participar en este estudio, puede suspender su participación en cualquier momento.

Firma del participante

He leído (o me han leído) la información anterior. Me han dado la oportunidad de hacer preguntas. Me han respondido mis preguntas. Acepto participar en esta investigación. Me entregarán una copia de este formulario firmado y fechado.

Firma

Fecha

Nombre en letra de imprenta

Firma de la persona que obtiene el consentimiento

Fecha (debe ser la misma que la del participante)

Nombre en letra de imprenta de la persona que obtiene el consentimiento.

Appendix VII: Focus Group Demographic Forms

<p style="text-align: center;">Healthier Barrington Community Study Demographic Information</p>

What is your age? _____ years

Please check your gender?

- Male Female

Which one or more of the following do you say is your race? (check all that apply)

- White
 African American
 Asian
 American Indian or Alaskan Native
 Other _____

Do you consider yourself Hispanic or Latino? (check one)

- Yes
 No

What is the highest level of education you have completed? (check one)

- Elementary school (grades 1-8)
 Some high school (grades 9-11)
 High school graduate or GED
 Some college (no degree)
 Associates degree
 Bachelors degree or above

What is your marital status? (check one)

- Married
 Unmarried, living with partner
 Unmarried, not living with a partner (legally separated, divorced, widowed, or never married)

Are you currently retired?

- Yes
 No

If no, how would you describe your current employment status?

- Work part-time
 Work full-time
 Unemployed
 Homemaker
 Student
 Other (please specify) _____

What is your annual household income? (check one)

- Less than \$15,000 \$35,001 to \$50,000
 \$15,001 to \$35,000 \$50,001 to \$75,000
 More than \$75,000

Proyecto Vida Saludable Información demográfica

¿Cuál es su edad? _____ años

¿Cuál es su género?

- Masculino
- Femenino

¿Cuál o cuáles de las siguientes es su raza? (Indique todas las que corresponda)

- Blanco
- Afro-Americano
- Asiático
- Indio-Americano o Nativo de Alaska
- Otro _____

¿Se considera usted hispano o latino? (marque uno)

- Sí
- No

¿Cuál es el nivel de educación más alto que ha completado? (marque uno)

- Escuela Primaria (grados 1-8)
- Algo de Secundaria (grados 9-11)
- Graduado de Escuela Secundaria o GED
- Algo de Universidad (sin título)
- Grado Associates
- Licenciatura o más Educación Superior

¿Cuál es su estado civil? (marque uno)

- Casado/a
- Soltero/a, viviendo en pareja
- Soltero/a, no viviendo con pareja (legalmente separados, divorciados, viudo/a, o nunca casados)

Si contestó que no, ¿cómo describiría su situación laboral actual?

- Trabajo tiempo parcial
- Trabajo tiempo completo
- Desempleado
- Ama/amo de Casa
- Estudiante
- Otro (especificar) _____

¿Cual es su ingreso anual? (marque uno)

- Menos de \$ 15,000
- \$ 15,001 \$ 35,000
- \$ 35.001 a \$ 50.000
- \$ 50,001 \$ 75,000
- Más de \$ 75,000